

THE KNOWLEDGE OF SOCIAL WORKERS IN PRIVATE PRACTICE REGARDING HUMAN SEXUALITY AND SEX THERAPY

by

ELMARI CRAIG

Submitted in fulfilment of the requirements for the degree of

MAGISTER ARTIUM IN SOCIAL WORK

in the

FACULTY OF HUMANITIES
UNIVERSITY OF PRETORIA

Study leader: Prof dr MSE du Preez

NOVEMBER 2002



ACKNOWLEDGMENTS

Appreciation is expressed to several people who have contributed significantly to the successful completion of this study:

- First, last, and always, I want to acknowledge the Source of everything that is life – and of life itself.
- My husband Ken, for his continuous emotional support as well as his patience and dedicated technical assistance. There are advantages being married to an academic!
- Michael, for having to spend longer hours at kindergarten and for showing me what unconditional love is all about.
- My mother, Ina, for her continuous motivation, support and belief in me. Thank you for always being there. Thank you for your willingness to assist whether with typing of labels, editing or general administration. This degree is as much yours as it is mine!
- My father, Johan, who taught me how to write independently and creatively. Thank you for the continuous support and understanding.
- Prof Domeena Renshaw, for being my mentor on a professional and personal level, and for instilling in me a love and a passion for the field of human sexuality and couple therapy.
- Ds. Johann Symington, a real-life angel. Words cannot express!
- My study leader, Prof. Rita du Preez, for professional guidance and support over many years.
- Dr. Madeleine Nolte, for her friendship, support and professional guidance since the beginning of this study.
- Dr. Reineth Prinsloo, for always being available to help and to motivate, and for her friendliness and support over many years.
- Dr. Rina Delport for her time and friendliness in assisting me with the research methodology.
- Dr. Boraine and Me. Rina Owen from the Department of Statistics for guidance with the statistical analysis of the data.
- The National Research Foundation and the University of Pretoria for bursaries, which made this study possible.
- To all my clients who, in sharing themselves, were my greatest teachers.



THIS DEGREE IS AFFECTIONATELY DEDICATED TO:

My husband KEN

- my helpmate, partner, and friend A man with compassion and love, who has shown me
that love can overcome anything, and that miracles are truly possible!

My son MICHAEL

Who has brought such joy and happiness to his father and me.

My mother INA

Who is far more than a mother to me.
Who sent me into this world without any incapacitating sexual hang-ups and for being my friend and my most loyal supporter.



SUMMARY

Title: The knowledge of social workers in private practice

regarding human sexuality and sex therapy

by

Elmari Craig

Study leader:

Prof dr MSE du Preez

Department:

Social Work

Degree:

Magister Artium in Social Work

Sexual problems or dysfunctions remain one of the prominent reasons for marital and relationship problems, often resulting in divorce. Sexuality is however only one of many components of a marriage or of a committed relationship. Relationship problems and sexual problems are often interlinked. The fact that sexual problems are often only symptoms of deeper relationship issues, makes the social worker the ideal person to treat these sexual problems from a holistic perspective and within a relationship context.

The nature of this research study evolves around the proposed lack of knowledge of social workers in private practice, and who specialise in couple therapy, regarding human sexuality and sex therapy. This research study is valuable for the social work profession as the knowledgebase of social work is extended. Social workers come into close contact with individuals seeking couple therapy. Social workers might often be required to assist individuals or couples with sexual problems, as relationship difficulties and sexual problems often co-exist. This study is further of value because the importance of the integration of sex therapy and couple therapy is shown.



A qualitative research approach is used, and applied research is conducted. An exploratory research design is utilised and a self-constructed, mailed questionnaire is used as method of data collection.

The following conclusions can be drawn and the following recommendations made:

- There exists an interaction between sexual difficulties and relationship problems.
- Sexual dysfunctions do not occur in a vacuum, and must be viewed within the context of the total system of the client.
- The social worker is the ideal person to deal with sexual difficulties, as he or she is well trained in the dynamics of marriage and relationship therapy.
- An integrative, holistic and post-modernistic approach to therapy for sexual difficulties has emerged.
- There is a movement today toward the combination of sex therapy and couple/relationship therapy.
- There are concerns that social workers in private practice specialising in couple therapy, may have a lack of knowledge regarding human sexuality and sex therapy. The respondents in this study answered only 58.53% of the knowledge based questions correctly.



- There is a need for specialised education and training of social workers in the field of human sexuality and sex therapy.
- Training in human sexuality and sex therapy should be included in the undergraduate, post-graduate and continuing education levels of social worktraining.
- This research study supplies a basis for future research studies. The content of the study can aid in the development of a course in human sexuality and sex therapy aimed at social workers specifically.



OPSOMMING

Titel: Die kennis van maatskaplike werkers in privaatpraktyk rakende menslike seksualiteit en seksterapie

deur

Elmari Craig

Studieleier:

Prof dr MSE du Preez

Departement:

Maatskaplike Werk

Graad:

Magister Artium in Maatskaplike Werk

Seksuele probleme of disfunksies is steeds van die mees prominente redes vir verhoudingsprobleme. Seksuele probleme is waarskynlik dié enkele faktor wat paartjies finaal laat skei.

Seksualiteit is egter net een van die vele komponenete van 'n verhouding. Verhoudingsprobleme en seksuele probleme is dikwels verwant aan mekaar. Die feit dat seksuele probleme dikwels bloot simptomaties is van dieperliggende verhoudingsprobleme, maak die maatskaplike werker die ideale persoon om hierdie probleme, holisties en vanuit 'n verhoudingskonteks te behandel.

Die aard van die navorsing het gehandel rondom die beweerde gebrek aan kennis van die maatskaplike werker in privaatpraktyk, wat spesialiseer in verhoudingsterapie, rakende menslike seksualiteit en seksterapie.

Die waarde van hierdie navorsing lê daarin dat die professie maatskaplike werk se kennisbasis uitgebrei is. Maatskaplike werkers het dikwels kontak met paartjies wat verhoudingsterapie verlang. Daar mag dus dikwels van die



maatskaplike werker verwag word om paartjies met seksuele probleme by te staan aangesien verhoudingsprobleme en seksueleprobleme nou verwant is.

Toegepaste navorsing, vanuit 'n kwantitatiewe benadering is onderneem en die verkennende navorsingsontwerp is gebruik. 'n Selfontwerpte posvraelys is gebruik as wyse van data insameling.

Die volgende gevolgtrekkings en aanbevelings kan gemaak word:

- Daar bestaan 'n wisselwerking tussen seksuele probleme en verhoudingsprobleme.
- Seksuele probleme kom nie in 'n vakuum voor nie, en moet gesien word vanuit 'n verhoudingkonteks en as deel van die kliënt se totale sisteem en funksionering.
- Die maatskaplike werker is 'n ideale persoon om seksuele probleme van kliënte aan te spreek, aangesien hy/sy goed opgelei is in die diamika van huweliks- en verhoudingsterapie.
- 'n Geïntegreerde, holistiese en post-moderne benadering tot terapie vir seksueleprobleme word vandag gevolg.
- Daar is ook vandag 'n neiging om seksterapie en verhoudingsterapie te kombineer.
- Daar bestaan kommer dat maatskaplike werkers in privaatpraktyk wat in verhoudingsterapie spesialiseer, 'n gebrek aan kennis rakende menslike seksualiteit en seksterapie mag hê, aangesien die respondente net 58.53% van die kennisgebasseerde vrae korrek beantwoord het.
- Daar bestaan 'n behoefte vir gespesialiseerde opleiding van maatskaplike werkers in menslike seksualiteit en seksterapie.



- Opleiding in menslike seksualiteit en seksterapie behoort op voorgraadse, nagraadse en deurlopende ontwikkelingsvlakke te geskied.
- Hierdie studie bied 'n basis waaruit toekomstige navorsingstudies kan vloei om 'n kursus in menslike seksualiteit en seksterapie, vir maatskaplike werkers spesifiek, te ontwikkel.



KEYWORDS

- 1. Sex therapy
- 2. Human sexuality
- 3. Sexual health
- 4. Couple therapy
- 5. Knowledge
- 6. Comfort
- 7. Social work
- 8. Social worker
- 9. Private practice
- 10. Sexual dysfunctions

SLEUTELTERME

- 1. Seksterapie
- 2. Menslike seksualiteit
- 3. Seksuele gesondheid
- 4. Verhoudingsterapie
- 5. Kennis
- 6. Gemaklikheid
- 7. Maatskaplike werk
- 8. Maatskaplike werker
- 9. Privaatpraktyk
- 10.Seksuele disfunksies



TABLE OF CONTENTS

CHAPTER 1 GENERAL INTRODUCTION AND OUTLINE OF STUDY

1.1	Introduction	
1.2	Motivation for the choice of subject	3
1.3	Problem formulation	6
1.4	Goal and objectives of study	8
1.4.1	Goal	
1.4.2	Objectives	
1.5	Theoretical assumption	
1.6	Research approach	
1.7	Type of research	
1.8	Research design	
1.9	Research procedure and strategy	
1.10	Pilot study	
1.10.		
1.10.		
1.10.	_	
1.10	•	
1.11	Description of the research population, boundary	
	sample and sampling method	
1.12	•	19
1.13	Definition of key concepts	20
1.13	3.1 Sex therapy	20
1.13	3.2 Human sexuality and sexual health	23
1.13		
1.13		



		27
1.13.5	Couple therapy	29
1.13.6	Social Work	20
1.13.7	Social Worker	30
1.13.8	Knowledge	, 3U
1.13.9	Comfort	. 31
1.14	Problems encountered with this research	
1.15	Outline of this research study	
1.16	Summary	34
-115		
	PTER 2	
	AN SEXUALITY AND SEX THERAPY: AN	
OVE	RVIEW	
2.1	Introduction	36
2.2	Historical overview of sex therapy	38
2.3	Definitions of human sexuality, sexual health and s	ex
	therapy	42
2.3.1	Human sexuality	. 42
2.3.2	Sexual health	. 45
2.3.3	Sex Therapy	46
2.4	Perspectives on human sexuality	51
2.4.1	The biological dimension	52
2.4.2	The physiological dimension	63
2.4.3	The psychological dimension	75
2.4.4	The behavioural dimension	76
2.4.5	The clinical dimension	77
2.4.6	The cultural dimension	78
2.4.7		
2.4.8		



2.5	Summary	80
CHAF	PTER 3	
CLINI	CAL SEX THERAPY	
3.1	Introduction	84
3.2	Historical overview	86
3.3	The state of theory in sex therapy	90
3.4	Classification of sexual disorders	91
3.4.1	Sexual Dysfunctions	92
3.4.2	Paraphilias	96
3.4.3	Gender identity disorders	
3.4.4	Sexual disorders not otherwise specified	101
3.5	A model to treat sexual distress	101
3.5.1	Annon's model	103
3.5.2	Stahmann's addition	103
3.5.3	Renshaw's modification	104
3.6	Treatment modalities for sexual dysfunctions	s105
3.6.1	Male erectile disorder	105
3.6.2	Premature ejaculation (rapid ejaculation)	111
3.6.3	Male orgasmic disorder	113
3.6.4	Priapism	114
3.6.5	Female sexual arousal disorder (FSAD)	114
3.6.6	Female orgasmic disorder	115
3.6.7	Dyspareunia	116
3.6.8	Vaginismus	119
3.7	Sex therapy techniques	120
3.7.1	. Medical history	120
3.7.2		



3.7.3	Systematic desensitisation	121
3.7.4	Sensate focus	122
3.7.5	Self awareness and masturbation	123
3.7.6	Specific exercises	123
	Summary	127
CHAP		
THE IN	NTEGRATION OF COUPLE THERAPY APY	AND SEX
4.1	Introduction	131
	Sex therapy within couples therapy	
	Components of a marriage or committed re	
7.0		
404	Family of origin	
4.3.1		
4.3.2	Motive for marriage	
4.3.3.	Choice of partner	
4.3.4	Communication skills	
4.3.5	Conflict resolution skills	
4.3.6	Self image	
4.3.7	Role division	
4.3.8	Career	
4.3.9	Personal and collective growth	
4.3.10		
4.3.11		
4.3.12		
4.3.13		
4.3.14	•	
4.3.15	5 Love	144



4.3.16	Trust and respect146
	Time146
4.3.17	Touch
4.3.18	Commitment147
4.3.19	
4.3.20	Compromise
4.3.21	Realistic Expectations
	Intimacy as key component of a healthy sexual and
	emotional relationship148
4.4.1	Defining intimacy
4.4.2	Levels of intimacy
4.4.3	Love, intimacy and sex153
4.5	The role of the social worker in dealing with clients with
•	sexual difficulties
4.6	Summary 159
CHAI	PTER 5
EMP	IRICAL RESULTS
5.1	Introduction162
5.2	Biographical information of respondents 163
5.2.1	Sex of respondents164
5.2.2	
5.2.3	Age of respondents
5.2.5	Age of respondents
5.2.4	
	Marital status of respondents 167
5.2.4	Marital status of respondents
5.2.4 5.2.5	Marital status of respondents



5.2.8	Years of private practice experience176
5.2.9	Home language of respondents177
5.2.10	Race178
5.2.11	Religious denomination of respondents179
	Opinions regarding sex therapy in social work practice
5.5	180
5.3.1	Ability of respondents to refer clients for sex therapy.180
5.3.2	The need for social workers to be trained in human
5.5.2	sexuality and sex therapy according to respondents181
5.3.3	Suggested level of additional sexology education182
	Most frequent sexual difficulty of couples seen by
5.3.4	respondents183
	Frequency of sexual problems presenting in respondent's
5.3.5	practices
500	Interaction with clients with sexual difficulties 185
5.3.6	Comfort level of respondents regarding sexual issues
5.3.7	
	186
5.3.8	Source of primary sex education
5.3.9	Need for sex thorapy
5.3.10	-
5.4	Knowledge regarding human sexuality and sex therapy
5.4.1	Masturbation offers a satisfactory outlet at all ages for the
	release of sexual tension192
5.4.2	Oral sex is something that the majority of sexually active
	people engage in 192
5.4.3	It is difficult to refer to the various parts of the genitals by
	their scientific names when discussing sexually-related
	issues with clients



5.4.4	It is possible to discuss sexually-related matters with my
	partner193
5.4.5	Sexual fantasies are powerful aphrodisiacs because they
	offer people a chance to enjoy sexual activities they might
	not normally – or necessarily ever – want to experience
	193
5.4.6	Sexual fantasies can lead to immoral behaviour 194
5.4.7	Masturbation practised too frequently causes fatigue and
	physical debilitation 195
5.4.8	Masturbation is sometimes an effective alternative to
	penetrative sex within a marriage195
5.4.9	Oral sex is dangerous and should be avoided 196
5.4.10	Pre-marital sex is harmful and should be avoided 196
5.4.11	Anal sex is painful and leads to HIV infection 197
5.4.12	Homosexuality can effectively be reversed by behavioural
	modification198
5.4.13	Anal sex is only practised during male sex 198
5.4.14	There are some heterosexual couples who enjoy anal sex
5.4.15	Functionally speaking the circumcised penis does not
	have a foreskin to retract during coitus or masturbation as
	the uncircumcised penis has
5.4.16	Priapism is an ability of some men to attain erections
	frequently and with minimum stimulation 200
5.4.17	Retrograde ejaculation means delayed ejaculation201
5.4.18	Males have a greater sexual capacity than females 201
5.4.19	The most important hormone in sexual motivation in
	males and females is testosterone202
5.4.20	All orgasms are intense, explosive events 203



5.4.21	The term paraphilia	203
5.4.22	PLISSIT model as basis for sex therapy	
5.4.23	Average time longer for a woman to reach orgasm,	
	for a man	204
5.4.24	Percentage of women able to reach orgasm with	
	penetration only	
5.4.25	Possibility of women to be multi-orgasmic	205
5.4.26	The term fetishism	206
5.4.27	The Kinsey scale	. 206
5.4.28	Cause of menopause	206
5.4.29	Penis size	207
5.4.30	Sexual performance in older men	207
5.4.31	The phases of the sexual response cycle in proper	
	sequence	207
5.4.32	The term coitus interruptus	208
5.4.33	The term vaginismus	208
5.4.34	Techniques to treat premature ejaculation	209
5.4.35	The term sensate focus	209
5.5	Correlations	
5.6	Summary	
5.6.1	Bibliographical information	214
5.6.2	Opinions regarding sex therapy in social work prac	
		215
5.6.3	Comfort level of respondents regarding sexual issue	ues
		215
5.6.4	Knowledge-base of respondents regarding human	
	sexuality and sex therapy	215



CHAPTER 6

GENERAL SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1	Introduction217	•	
6.2	the study		
U. 2	218	3	
6.2.1	Summary218	3	
6.2.2	Conclusions 22	1	
6.2.3	Recommendations 224		
6.3	Chapter 2: Human sexuality and sex therapy: An		
	overview 22	5	
6.3.1	Summary 22		
6.3.2	22		
6.3.3			
6.4	Chapter 3: Clinical sex therapy 23		
6.4.1	၁၁		
6.4.2	າລ	2	
6.4.3			
6.5	Chapter 4: The integration of couple therapy and sex		
	therapy 23		
6.5.1	25		
6.5.2	2 Conclusions		
6.5.3			
6.6.	Chapter 5: Empirical results 24		
6.6.1	2.		
6.6.2	3		
6.6.3	.		
6.7	Testing of the research goal24		

xviii



^ 7 4	Goal246
6.7.1	Goal
6.8	Testing of the research objectives247
6.8.1	To explore and describe, through a literature study, the
	nature, status and characteristics of human sexuality and
	sex therapy from a theoretical point of reference247
6.8.2	To explore the role of sex therapy in couple therapy from
	a theoretical point of reference and within the social work
	context248
6.8.3	To determine the level of knowledge of the social worker
	in private practice, specialising in couple therapy, with
	regards to human sexuality and sex therapy 248
6.8.4	To make recommendations regarding the shortcomings of
	social workers' knowledge regarding human sexuality and
	sex therapy, identified by means of this study 249
6.9	Testing of the research question 249
6.10	Formulating of hypotheses250
6.11	Value of this study251
6.12	Concluding remarks 252
•	
Refe	rences 254



LIST OF FIGURES

_,4	Schematic representation of layout of chapter 2	37
Figure 1	External female genital anatomy	53
Figure 2	Internal female sexual anatomy	57
Figure 3		60
Figure 4	External male genital anatomy	63
Figure 5	Internal male sexual anatomy	65
Figure 6	Illustration of the sexual response cycle	71
Figure 7	Graphic presentation of the sexual response cycle	85
Figure 8	An outline of chapter 3	102
Figure 9	PLISSIT model	102
Figure 10	A social work perspective on the integration of sex	402
	therapy and couples therapy	103
Figure 11	Sex of respondents	164
Figure 12	Age of respondents	165
Figure 13	Marital state of respondents	167
Figure 14	Year first degree was obtained	169
Figure 15	Highest qualification obtained by respondents	170
Figure 16	Other courses related to marriage and	
J	relationship therapy and sex therapy attended	171
Figure 17	Years of social work experience	175
Figure 18	Years of private practice experience	176
Figure 19	Home language of respondents	177
Figure 20	Race	178
Figure 21	Religious denomination of respondents	179
Figure 22	and the second in human	
riguie 22	sexuality and sex therapy	181
E' 02	and the second difficulty of counies	183
Figure 23	- roughlame precented in	
Figure 24		184
	respondent's practices	185
Figure 25		
Figure 26		186
	issues	100



Figure 27	Source of primary sex education	187
Figure 28	Statistics of number of correct, incorrect and	
- 19	unsure answers to described knowledge	
	questions	191
Figure 29	Correlation between years of social work	
9	experience and knowledge as determined by	
	number of correct answers	210
Figure 30	Correlation between years in private practice	
1,194.19	and knowledge as determined by number of	
	correct answers	210
Figure 31	Correlation between qualification level and	
	knowledge as determined by number of	
	correct answers	211
Figure 32	Correlation between number of days of	
• .g	additional courses attended and knowledge	
·	as determined by number of correct answers	211
Figure 33	Correlation between age of respondents and	
	knowledge as determined by number of	
	correct answers	212
Figure 34	Correlation between professed knowledge and	
- 	knowledge as determined by number of correct	
	answers	213



LIST OF TABLES

Table 1	The sexual response cycle – Males	72
Table 2	The sexual response cycle – Females	73
Table 3	Type of course, duration and presenting	
	Institute	172
Table 4	Number of courses attended by respondents	173
Table 5	Institutions where courses were attended	174
Table 6	Ability of respondents to refer clients for sex	
	Therapy	180
Table 7	Suggested level of additional sexology	
	Education	182