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## Teaching sex therapy as a method of transformative learning: a mixed-methods analysis of efficacy

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### ABSTRACT

Sex therapy is a course that is required in many mental health graduate degrees; the field of sexology and sexual health is growing and developing—but the intersection of pedagogy and sex therapy is currently deficient, especially when considering the impact of this often controversial and value laden topic. The initial mixed methods research study presented here examined the personal and professional impact that a course on sex therapy had on the students. Examined characteristics included the presentation style of the instructor, student's erotophobic or erotophilic perspectives pre and post course, and a qualitative examination of a course evaluation survey. Results indicated that the presentation style of the instructor, course content, and experiential learning activities resulted in significantly increased sex positivity and comfort in discussion issues of sexual health with psychotherapy clients, friends, and family members of students. Specific suggestions and components of the course design are highlighted as part of the change process that helped to advance students' perspectives and encourage personal growth.

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How do you know if you have made an impact on your student's lives? And in turn, then encouraged them to make an impact on society—maybe even, the world? As educators, we have a responsibility to engage in a transformative process to help our students become the best and most active versions of themselves; in whatever capacity that may be. This process has been formulated into what is now titled, *transformative learning* (Mezirow, 1991). This type of education and learning goes beyond acquiring knowledge or skills, but gives the student the ability to think critically and make informed decisions. Students become autonomous thinkers, rather than acting on the thoughts of others and they learn to evaluate their own personal perspective from which they view the world (Gabrove, 1997; Mezirow, 2003). As Mezirow and Associates (2000) explain, students do not simply learn new content but rather “come to a new set of ideas about their ideas” (p. 57).

In order to implement transformative learning within a classroom, educators can use a variety of approaches. One such approach particularly well-suited to the

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application of transformative learning in educational settings is feminist pedagogy. This approach seeks to empower students to be advocates in their own education and be critical of what they learn. By doing this in an educational setting, it teaches students to be advocates in the larger social context and question social institutions (Light, Nicholas, & Body, 2015). The concept of sexuality is laden with implicit social values that have been communicated to every person since birth. When utilizing feminist pedagogical strategies in the instruction of human sexuality courses, students are given permission to question and challenge these implicit messages in order to develop a stronger, more mature understanding of their own beliefs.

However, it is not enough for educators to simply assume they are having an impact. It is crucial for teaching practices to be continuously evaluated in order to determine the effect these practices are having on students. If transformative learning can lead to change within students' way of thinking, it is helpful for educators to monitor whether these changes can actually be seen among their students. Gathering feedback in order to measure the impact of transformative learning is a crucial, but, to the authors' knowledge at the time of writing, it has not yet been applied to the domain of human sexuality courses. With sexuality being a pervasive topic within mental health practitioners' personal and professional lives, it is an area in which students in mental health training programs would greatly benefit from receiving an education which encourages them to challenge ideas, think critically, and be aware of their personal values. As a result, this would lead to students who are better prepared to work with a variety of sexual issues as mental health professionals.

### ***Teaching sex therapy***

Transformative Learning directly applies in sex therapy courses because students are learning to think critically about their own beliefs and values related to sexuality. Courses on human sexuality has been found to decrease prejudice, increase sex-positivity, and strengthen students' self-awareness of their own sexuality (Diambra, Pollard, Gamble, & Banks, 2016; McGrath, 2014; Williams, Prior, & Wegner, 2013). Transformative learning techniques can further promote the personal growth required in order to see these student outcomes.

In the realm of therapy, more people are coming in who are lesbian, gay, bisexual, transgender, questioning, and other sexualities (LGBTQ+), experience sexual dysfunctions, or are experiencing other problems that make the practice of sex therapy more necessary (McCarthy & Wald Ross, 2018). This creates the need for future therapists to be more tolerant of variants in sexuality and sexual functioning, more open to discussing sex with clients, and overall more sex-positive (Burnes, Singh, & Witherspoon, 2017; Cruz, Greenwald, & Sandil, 2017). Teaching sex therapy courses to graduate students could be the catalyst for the transformative process that encourages students to be tolerant and accepting of these variances, and therefore also educate others to be accepting as well.

While teaching sex therapy has the potential to create change in people's opinions on these factors, it is often met with resistance. American society still perceives discussing sex and sexuality as taboo or private, and this extends into the classroom,

despite the sociocultural and clinical pervasiveness of human sexuality (Diambra et al., 2016). University administration and other (often) non-experts in human sexuality often scrutinize these courses, especially because management of student privacy is more challenging. Student privacy needs special consideration in human sexuality courses, as they discuss sensitive topics such as unplanned pregnancy or sexual assault, and there is potential for students to share their personal experiences (Wagner, Eastman-Mueller, Oswalt, & Nevers, 2017). At some universities, privacy concerns led to the requirement of students to sign confidentiality forms agreeing to not disclose any personal information another student shares in class—often created by faculty members and included as part of course “ground rules” (e.g. Carnegie Mellon University, 2019, handout on course ground rules for instructors).

### ***Specific training requirements for accredited mental health programs***

The scrutiny placed on these courses is problematic for several programs, but may be specifically detrimental for couple and family therapy programs. According to the Commission of Accreditation for Marriage and Family Therapy Education, or COAMFTE (2017), it is required that couple/marriage and family therapy (C/MFT) programs include a minimum of 45 clock hours in biopsychosocial health and development across the lifespan, of which human sexuality must be included. In addition to this, COAMFTE (2017) also requires that students complete 90 clock hours of clinical treatment with individuals, couples, and families, of which sex therapy is required to be included. Despite these requirements, sex therapy is not required to be stand-alone course, and these hours are met through other courses. However, limiting time used to discuss human sexuality and the therapeutic approaches used in the treatment of sexual dysfunctions could be a disservice to our students and their clients. As future C/MFTs, working with couples experiencing sexual dysfunctions will not be a rarity, as couples seeing therapists frequently complain of sexual issues (Heafner, Silva, Tambling, & Anderson, 2016). It is also common for individual clients to experience sexual issues that they wish to discuss in therapy. This necessitates education on these issues to be more thorough, as otherwise these emerging therapists could appear undertrained.

Limited training in human sexuality becomes an even bigger problem for other types of behavioral health counseling programs. The Council for Accreditation of Counseling and Related Educational Programs (CACREP), an accreditation association for an array of counseling programs, does not have any human sexuality requirements for clinical mental health counseling programs. CACREP (2015), however, does have requirements for marriage and family counseling programs (different and distinct from COAMFTE or Couple/Marriage & Family Therapy Programs). Considering that clients going to clinical mental health counselors could have sexual concerns, it is a disservice to them that these professionals are not required to have any training in the area. This leaves those in clinical mental health counseling unprepared to work with clients experiencing these problems, therefore creating the possibility for the therapist to become uncomfortable and not properly address their clients' concerns.

The National Association for Social Workers (NASW) and the Council on Social Work Education (CSWE) has created their own accreditation standards—published

under the Commission on Accreditation and Commission on Educational Policy with the CSWE. Their most recent published standards include cultural competence in sexual orientation and gender identity, expression and sexual health—however, require nothing specifically with sex therapy training and/or courses (Council on Social Work Education, 2015).

Thankfully, to provide more specific and detailed requirements for training on sex therapy, the American Association of Sex Educators, Counselors, and Therapists (AASECT) is able to require educational standards for certification as a Sex Therapist. Currently, AASECT Sex Therapist Certification requirements include 90 clock hours of academic coursework in sexuality education in “core knowledge” areas which encompass basic and applied knowledge such as developmental sexuality, socio-cultural competencies, health/medical factors, pleasure enhancement skills, principles of sex research, substance abuse, *etc.* Additionally, 60 clock hours of training in how to effectively carry out (do) sex therapy with patients/clients whose diagnoses include the “Psychosexual Disorders” described in the current edition of the Diagnostic and Statistics Manual (DSM) of the American Psychiatric Association are required. These clock hours must include training in theory and methods, techniques, principles of consultation, ethical decision making, best practice, and specific practicum experience (300 supervised hours). This is in addition to several other requirements including licensure, sexual attitude and values training experiences, academic requirements, and endorsements from respected individuals in the sexual health community (AASECT, 2019).

### ***Student development***

Courses devoted to sex therapy are useful for numerous applications that can benefit both the student therapist and their clients. These courses require students to examine their attitudes towards sex and sexuality, which therefore increase their levels of self-awareness. This increase in self-awareness can lead the student therapist to feel more comfortable in their own sexuality, thereby allowing them to assess, diagnose, and treat sexual dysfunctions and disorders more comfortably (Diambra et al., 2016). Current research has found that human sexuality courses can also lead to decreased homophobia (Finken, 2002; Rogers, Mcree, & Arntz, 2009; Stevenson, 1988; Wright & Cullen, 2001) and decreased prejudice towards the transgender population (McGrath, 2014). In addition to less phobia towards the LGBTQ+ population, current research has also found that human sexuality courses have an affect on other attitudes of students, as well as their own behaviors. Erotophobia, the learned “disposition to respond to sexual cues with a negative affect and evaluation” (Fisher, White, Byrne, & Kelley, 1988, p. 124), has been found to reduce in students after taking a human sexuality course, as well as overall levels of sexual conservatism (Wright & Cullen, 2001). In essence, taking human sexuality courses leads students to be more sex-positive, or more open and accepting of individuals’ differences in sexuality and sexual behavior (Williams, Prior, & Wegner, 2013).

### **Specific aim of this study**

This project seeks to explore evidence and data at the intersection of transformative learning processes, sex positivity, sex therapy training experiences, and pedagogical

processes. The question underlying our study was, *What process or pedagogical techniques in sex therapy education help to increase a student's sex positivity and advocacy/activism in their practice of sex therapy?* Our goal is to uncover a brief, albeit interesting perspective into the process of how students change and become social change agents associated with sex positivity through their clinical work as psychotherapists.

## Methods

### Participants

There were 58 valid participants to complete the study materials, however only 41 completed demographic information questionnaires in their entirety, with age and sexual identity having incomplete answers. All 58 completed the Sexual Opinion Survey, survey on teaching efficacy, and provided qualitative responses for analysis. Of the respondents, all identified as either male (4, 6.9%) or female (54, 93.1%). A vast majority were heterosexually identified (40, 95.2%; 1 lesbian identified, and 1 bisexually identified persons), and age ( $n = 41$ ) ranged from 23 to 58, with 80% below 30 years of age. It was an even split between three years of cohorts/course offerings, with approximately 30% in each cohort or course.

### Data collection

Data was collected at the beginning of each semester (prior to the start of class), and then a second wave (posttest) was requested from the same respondents at the conclusion of course content. Data was gathered through convenience survey methods at a local private southeastern United States university. There was no incentive to participate, and no overt coercion, course requirement, or credit requirements for the students to complete the study. The data that was collected was scored for student improvement, with raw data redistributed back to the students. There was no identifying information collected or ability to be matched with respondent's participation. The data was anonymously entered into a database for analysis, without ability to connect to individual responses. Due to the anonymity and aggregate nature of the data the research was determined exempt from full Institutional Review Board evaluation, due to the research falling in line with commonly accepted educational practices of evaluation—in addition to the indistinguishable nature of the final data to individual respondents.

### Methodology

This study is designed using a Concurrent Transformative Mixed Methods research design (Creswell, Plano Clark, Gutmann, & Hanson, 2003). Specifically, an advocacy lens was applied to the analytical mixture process for interpretation of results from both a quantitative and qualitative perspective. This chosen methodology is best suited for this research due to the smaller number of participants, and the type of data collected and research questions attempting to be answered. Data was collected at the same time, both quantitative and qualitative, and analysis occurred conjointly to determine results and outcomes. The combination of the quantitative and qualitative data collection instruments resulted in an analytical process map as outlined in [Figure 1](#).

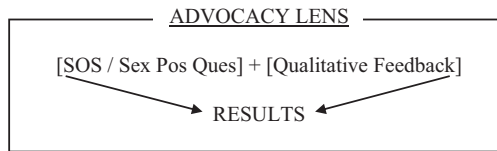


Figure 1. Analytical plan.

### ***Sexual opinion survey***

The Sexual Opinion Survey (SOS), at the time of data collection, was the only instrument freely available to measure sex positivity. The measure was originally developed with undergraduate students in 1977 by White, Fisher, Byrne, and Kingma (1977); with the last update in American populations occurring in 1988 from a majority of the original developers (Fisher, White, Byrne, & Kelley, 1988). In its development, the SOS showed evidence of validity through construct evaluation based in literature defining the erotophobia-erotophilia dichotomy. Discriminant validity was shown through a lack of correlation with measures of social desirability and reactivity to non-sexual course content. Reliability was shown through test-retest reliability across 2 months and two week periods with different groups of participants, all above  $r=.80$ . Cronbach's alpha coefficient was rated above .82, indicating a high rate of reliability and internal consistency.

### ***Sex therapy course feedback form***

The instructor of the course distributed a created survey at the end of the course which included a total of 11 questions, some with a few follow-up or sub questions. The survey was explained to be designed to be as anonymous as possible—no names or identifying information was to be used, and the completed surveys were to be submitted confidentially. If someone chose not to respond, there was no penalty and it would be unknown to the instructor and researchers.

The first 7 questions were ratings about the course textbook and format, presentation style of the instructor, and the student's perceptions of comfort working with sex, academic challenge of the course, and personal challenges in taking the course. The final four questions were qualitative in nature, and asked "Did the course help you become more sex positive?" follow ups of "How?" "Why?" and "In what way?" After that there were pointed questions about how the instructor facilitated change, a request for the student to identify course topics or assignments or procedures that helped with making a change possible, and a final question on whether the course and learned material would be helpful or relevant in their clinical career.

## **Results**

The figure summarizes how the data is analyzed and filters down into the results, however, in mixed methodology research it is important to describe each of these steps, and how the data will interact with each other—influencing the outcome. Our steps included:

1. Enter in data, ensure accuracy. Clean Quantitative data and determine fitness (examine for outliers and missing data). Transfer qualitative data into digital format, double check for accuracy.
2. Score totals for SOS, tabulate univariate results of quantitative data (frequency/descriptive).
3. Determine reliability and validity of SOS Scale.
4. Conduct a Paired-Sample *t*-Test of pre and posttest overall scores to test for change.
5. Conduct MANOVA analysis to determine if participant characteristics of age, gender, sexual identity, or semester in which course was taken have an impact on overall SOS scores.
6. Conduct a Correlational Analysis to determine relationships between variables presentation style of the instructor, comfort with sexuality as a result of class, sex positivity as a result of class, and overall posttest scores as reported and rated by participants.
7. Read through x3 all qualitative responses, gathering a depth of understanding and knowledge of statements.
8. Code qualitative data *in vivo*; connect similar *in vivo* codes into groups; place and connect groupings into final thematic categories. Select representative statements.
9. Layout quantitative results with qualitative results—establish cross-method similarities and determine if interpretation needs to be reexamined based on either half of the data collected.
10. Interpret similarities into conjoint result.

## Quantitative results

In a general survey of participants, 37 (64%) reported that the course helped them to become more sex positive overall; 3 (5%) reported that it did not help them become more sex positive, and 18 (31%) did not answer the question. The Sexual Opinion Survey was found to be highly reliable during pretest ( $\alpha=.887$ ) and posttest ( $\alpha=.878$ ); additionally, at the two time points, a strong correlation was found between mean scores ( $r=.784$ ,  $p<.01$ ). A paired samples *t*-Test for Significance was conducted to determine if there was a significant change in student's erotophilia (sex positivity) or erotophobia (sex negative) pre sex therapy course, and post sex therapy course. There was a significant difference in the scores for pre-test ( $M=53.25$ ,  $SD=18.09$ ) and post-test ( $M=62.25$ ,  $SD=19.77$ );  $t(52)=-5.222$ ,  $p=.000$ . These results suggest that at the post-test time, the students had increased their overall erotophilia (sex positivity) by a significant margin.

In considering the characteristics of respondents, a MANOVA was conducted to determine whether or not these factors would impact the outcome, evaluated with final total Sexual Opinion Scale value. Variables included the semester (year) participants took the course (pretest:  $F(1,37)=3.042$ ,  $p=.091$ ; posttest:  $F(1,37)=.257$ ,  $p=.616$ ), gender (pretest:  $F(1,37)=.239$ ,  $p=.628$ ; posttest:  $F(1,37)=1.92$ ,  $p=.175$ ), sexual identity (pretest:  $F(1,37)=2.396$ ,  $p=.131$ ; posttest:  $F(1,37)=2.144$ ,  $p=.153$ ), and age



(pretest:  $F(1,37)=.757$ ,  $p=.391$ ; posttest:  $F(1,37)=.883$ ,  $p=.354$ ). This indicates that in general, participant's age, gender, sexual identity, and the semester that they took the course have no effect on pretest values.

The final test of the quantitative data was to analyze whether the presentation style of the instructor influenced respondents comfort with sex, sex positivity rating, perceptions of how challenging the class was for the respondent personally, or overall SOS scores at posttest. To examine this, a correlation was performed among these five variables see table 1 for a summary of these relationships.

**Table 1.** Summary of correlation relationships between rated items ( $n = 52$ ).

Rating	1	2	3	4
1. Presentation style	–			
2. Class increased comfort	.450**	–		
3. Class increased sex positivity	.090	–.224	–	
4. Class was personally challenging	.615**	.472**	.057*	–
5. Posttest SOS score	.069	–.015	.368*	–.010

\* $p < .05$ ;

\*\* $p < .001$ .

There was a strong relationship between Presentation Style of the Instructor, and student's beliefs that the class increased their comfort with topics of sexuality. Additional strong correlations were shown between the class being personally challenging and presentation style, and class increasing comfort with sexuality and being personally challenging. Other less significant, but still moderately meaning relationships were shown between the class increasing a respondent's sex positivity and being personally challenged, and the posttest score on the SOS and the class being rated as increasing the sex positivity of the student.

## Qualitative results

When reviewing and progressing through the written qualitative data of the participants, it was clear after the first read-through that there were some common threads of information present in the data. While not surprising, based on the data collection method and questions posed, the overall thematic categories were *Discussion as a Vehicle of Comfort*, *Normalization and Deconstruction of Bias and Stigma*, *Activities to Increase Sex Positivity*, and *Helpfulness*. All four categories overlapped in that comments in either could be connected with teaching methods, and most included comments about how effective those methods were. This is not surprising, considering that the data was mined from a course evaluation perspective. In addition to an overall examination of teaching methodology and effectiveness, most comments had elements of personal growth and introspection—connecting with the goal of transformative teaching. Please note, to protect the confidentiality of participants, pseudonyms were selected from popular androgynous names of the current year at random.

### *Discussion as vehicle of comfort*

Many students reported that the simple act of talking about sex in a “public” context had a profound impact on their own comfort with the topic. As one student stated,

“... by having open discussions in class and a little pressure from you to talk, I felt more comfortable sharing my thoughts and opinions on sex.” (Justice, Group 1) This was often validated as a non-normative experience for the students, such as when another student reported, “It was great to be able to talk about sex in an open and respectful forum, which is not a typical experience for the majority of individuals.” (Hollis, Group 3)

Students engaged in introspection and self-examination through this process of public discourse, where no topics were off limits. As part of class, we would purposely bring up and discuss topics that are “taboo” and “outside the norm”—such as fetishes, attractions, and beliefs of a sexual nature that are not main stream. Many students talked about the way in which our conversations would impact their thoughts, either through thinking of them for the first time, or challenging them to consider different viewpoints. For example, “I’ll admit that some sexual activities seemed weird to me but by talking about them in a non-judgmental way you helped increase my sex positive outlook.” (Charlie, Group 2)

### **Normalization and deconstruction of bias and stigma**

The participants did not always link their self-reflection and growth to the discussion elements directly; more so the experience of hearing or being a participant/learner in the class itself made a change for them. [Because of this class] “I was open to thinking outside my comfort level... It exposed me to new materials and challenged my previous way of thinking.” (Oakley, Group 2) Particularly as they held specific beliefs themselves as individuals—the realization of where these views and values came from. One student remarked, “It was eye opening and helped me to realize there is no right/wrong rigid way to think about sex!” (Page, Group 1)

The participants connected the class itself as the linking factor that helped them to consider sex differently. “Exposure [in this class] for me made me realize that sexual conversations do not have to be viewed negative or judgmental. They don’t have to be avoided either.” (Finley, Group 1) Another student remarked that prior to the class they had felt as though they couldn’t talk about sex because they thought the people they were trying to talk to would view them differently, but now they had less shame. “You facilitated this change by creating a safe environment and open communication where we as students could ask questions and explore ideas without fear. It helped me to realize that it was ok to do that.” (Skyler, Group 1)

### **Reported activities to increase sex positivity**

When the participants were asked specifically what helped them to become more sex positive (if they felt they had become more so), they overwhelmingly talked about the method in which the class started—a sex question and answer session that was titled by the professor as “Stump the Sexpert.” One student remarked “The greatest asset was the sex questions in the beginning of each class. This helped lower personal bias and anxieties ... and elicited awesome conversations in a free way,” (Kylar, Group 2) a sentiment shared by each cohort of students. “I really enjoyed that we started each class out by asking questions that were sex related that we wanted answers to.”

(Justice, Group 1) The concept of “exposure” and creating a place where the students were provided an opportunity to see, hear, and learn about new concepts was a cornerstone of their reported development. Many of the students reported that the use of multiple teaching modalities (learning styles/strategies) kept them engaged and always learning. Such as... *“watching documentaries about topics that are hardly talked about.”* [documentaries about penis size/shape and masculinity, and vulva presentation and femininity] (Ridley, Group 2) *“... allowed me to hear different things I did not expect. Was able to practice not responding.”* (Salem, Group 3)

Some specific assignments in class also helped the students to consider their values and beliefs from a more nuanced perspective. A common statement from the students included sentiments such as ... [by assigning] *“complex interpersonal and reflective assignments and through your presentations and discussions you helped me grow in knowledge and challenged me in breaking my biases.”* (Jax, Group 2) For example, *“The assignment of ‘what is sexual health’ to you ... really made me think and consider different ideas.”* (Nikita, Group 2) Other projects such as a paper in which the students needed to examine familial influences were also mentioned, *“... writing the sexual genogram paper was enlightening. I realized I could think of things differently when my parents couldn’t even tell me why they thought what they did. Or why they told us those things!”* (Ramsey, Group 3)

While the sex questions were clearly a favorite part of the course, and the assignments helped people explore on an individual basis—a frequently mentioned part of the efficacy of increasing sex positive was the humor of the instructor. *“Most of all though it was your sense of humor ... it was also the way you were accepting and worked towards increasing understanding. You were non judgmental and honest.”* (Finley, Group 1)

### **Helpfulness**

When asked about what impact the course and its content had on the student’s clinical practice or their interaction with others, many students discussed how it had transformed their thoughts and beliefs. *“I can embrace even more diversity in sexuality and not just for the hell of it. Before, I embraced things because I felt it was right. Somehow I now feel that I embrace it on a deeper level.”* (Perry, Group 3) Specifically, many students report that they are now more open and connected to other people around issues of sexual expression, as one student mentioned, *“[this class] allowed me to be more accepting of people’s sexual preferences and their definition of sexual health.”* (Jaidyn, Group 3)

When asked how that occurred, the responses ranged—but a majority of participants referenced many of the previous elements of the course that were impactful, but reiterated them. This instilled confidence in the idea of communication, comfort, and deconstruction of shame and stigma as cornerstones to improvement for the students and to create an ability to foster change with clients and others. Many students stated they have already started or would be utilizing more sex positive conversations in their clinical work and within their social and familial settings, *“you normalized and deshamed sex, which was awesome. I am going to use this in my clinical work and with my friends and family!”* (Gentry, Group 2) Which many stated were a direct

result of the introspective self-examination and growth that occurred in the course. “I [have noticed myself] *be less judgmental and more sensitive to clients when they come with sexual concerns of any matter.*” (Brighton, Group 2)

## Discussion

### *Interpretation of the mixed results*

Mixing of the results occurred in real time. As quantitative data was analyzed the researchers were reading over the qualitative data, and as the qualitative data was being coded and interpreted, links were made with the reported quantitative data and results. Some of the major elements uncovered as a result of the mixture can be inferred as the class itself (topic), the pedagogical methods, instructor presentation, and student growth. This mixture process is consistent with the type of methodology chosen, and standard practice within mixed methods research (See Creswell & Plano Clark, 2017).

It appears as though it is not simply taking a class on sexuality that can increase a student’s sex positivity or comfort with the topic—it is instead more heavily influenced by the instructor and the way in which the topics and content is taught (instructor presentation). If you look at the way the students rated the presentation style of the instructor (highly), and compare that with the qualitative results (mentioning humor, openness, safety, judgment free zone) you can see that there is a connection between these concepts—which resulted quantitatively in the students rating their comfort and sex positivity as increasing as a result of the class (which in turn additionally has a connection with how personally challenging the course was rated).

The resulting systemic influence is a ripple effect outward where students are interacting in more sex positive ways, such as talking with their clients, destigmatizing the topic of sexuality, and having more frequent discussions with their clients, friends, and family about sexual health. In addition to these changes in their professional lives as budding therapists, the students also reported deep personal growth and introspection in their qualitative results, which was confirmed in their quantitative ratings.

### *Limitations*

It became apparent early on that the Sexual Opinion Survey was not a great option for evaluating sex positivity as it only measures erotophilia and erotophobia—outdated and antiquated terms that do not adequately represent the spectrum of sexual health as it is currently understood. It is important to note that additional research is being conducted on sex positivity, and hopefully in future research there will be a more adequate measure to assess for this construct as it is currently understood. In addition, the authors would be remiss if they did not mention potential bias in the data collection procedures. For example, the Sexual Opinion Scales were scored by the instructor of the course, and returned to the student—so social desirability may have been a factor in the ratings provided by students. Additionally, as the students were aware of the type of information that was desired as an outcome in the study (assumed based on course content and question/content of items) it is possible there was an element of social desirability and acceptance that must be factored into the generalizability of these results. For example, data collection in the qualitative portion

was heavily influenced and biased by the types of questions that were asked and how they were worded, especially for semi-leading probed follow ups (for example, “*How has this class helped you to become more sex positive?*”). Future studies should be more open ended. Even with these limitations, the researchers believe the data is sound and adequate for interpretation for this study.

### ***What influenced the change?***

The instructor utilized a feminist informed pedagogical teaching methodology that had a permission-based crucible. Feminist pedagogy has activism, advocacy, and empowerment at the core. The process of engaging in feminist teaching methods utilizes a transformative frame when considering the development and dissemination of course content and engaging in the praxis of learning and knowledge discovery. The way in which this particular class was designed and taught had a positive impact in overall increased sex positivity for the students, as rated by the students. The participants stated that the assignments in the course required introspective thought, and that class discussions that were facilitated by the instructor lead to deeper and more meaningful conceptualization of topics. Specific assignments included a personal sexual genogram timeline and narrative (Belous, Timm, Chee, & Whitehead, 2012), a curated reactive experiential element, journal entries on personal growth, and the interactive elements of class discussion and activities (such as the often-mentioned sex question & answer activity that started each class). Each of these assignments were mentioned directly within the qualitative survey. Additionally, the presentation style of the instructor was often directly connected with the interactive elements, which the participants rated as a pivotal and influential component of their increased sex positivity—and thereby the extension of that sex positive to comfort in having affirmative sexual health conversations.

### ***Pedagogical applications***

As this study is a foundational mixed methods analysis of how a single course with a single instructor taught this topic, it is difficult (and some would argue downright inappropriate) to generalize the outcomes and make suggestions for how to incorporate these strategies into a reader’s course on sex therapy. However, if nothing else—it would be appropriate to encourage and attempt to inspire the reader to consider elements discussed in this paper as influential in their own development as an instructor. Specific suggestions would include: Create a genuine and open atmosphere that is full of levity and shows the personality of the instructor, utilize personally meaningful assignments for the students—talking about them in class as personal learning opportunities (not just assignments to be completed for credit), integrate experiential activities frequently in class (such as a question & answer session, video and reaction, drawing elements, no-impact “quizzes” on fun topics like having the students identify what the correct physical shape of the clitoris is, *etc.*), and pushing in gentle ways on shame and bias associated with topics of sexuality (try asking the question, “*If I were to say you had to go home tonight and ask your grandmother*

what an orgasm felt like... how would you do that?"). Also, multiple points of feedback and asking for evaluative suggestions on how to improve the class will consistently improve the design and learning outcomes of the class (Table 1).

### Takeaway thought

It is important to integrate and consider the perspectives of the students themselves in the design of the class (feminist pedagogy), as without their “buy in” to the learning process and willingness to do the work (permission crucible) it would be impossible to deconstruct or engage in dismantling shame in the systems they are a part of (inter- and intra- personally, also known as transformative learning). When students engage in, and the instructor facilitates the development of, transformative learning processes in a sex therapy course—these burgeoning professionals become much more comfortable with topics of sex and sexuality and engage in higher levels of sex positive discussion and the promotion of sexual health.

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### References

- American Association of Sex Educators, Counselors, and Therapists (AASECT). (2019, July 9). AASECT requirements for sex therapist certification. Retrieved from <https://www.aasect.org/aasect-requirements-sex-therapist-certification>
- Belous, C. K., Timm, T. M., Chee, G., & Whitehead, M. (2012). Revisiting the sexual program. *American Journal of Family Therapy*, 40(4), 281–296. doi:10.1080/01926187.2011.627317.
- Burnes, T. R., Singh, A. A., & Witherspoon, R. G. (2017). Sex positivity and counseling psychology: An introduction to the major contribution. *The Counseling Psychologist*, 45(4), 470–486. doi:10.1177/001.1000017710216
- Carnegie Mellon University. (2019, July 9). Ground rules [Handout/Resource]. Eberly Center for Teaching Excellence. Retrieved from <https://www.cmu.edu/teaching/solveproblem/strat-dontparticipate/groundrules.pdf>
- Commission of Accreditation for Marriage and Family Therapy Education (COAMFTE). (2017). Accreditation standards (Version 12.0). Retrieved from <https://www.coamfte.org/>

- documents/COAMFTE/Accreditation%20Resources/2018%20COAMFTE%20Accreditation%20Standards%20Version%2012%20May.pdf
- Council for Accreditation of Counseling and Related Educational Programs (CACREP). (2015). 2016 Accreditation Standards. Retrieved from <http://www.cacrep.org/wp-content/uploads/2018/05/2016-Standards-with-Glossary-5.3.2018.pdf>
- Council on Social Work Education. (2015). Educational policy and accreditation standards for baccalaureate and master's social work programs. Retrieved from [https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS\\_Web\\_FINAL.pdf.aspx](https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx)
- Creswell, J. W., & Plano Clark, V. L. (2017). *Designing and conducting mixed methods research*. (3rd ed.). Los Angeles, LA: Sage.
- Creswell, J. W., Plano Clark, V. L., Gutmann, M. L., & Hanson, W. E. (2003). Advanced mixed methods research designs. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 209–240). Thousand Oaks, CA: Sage.
- Cruz, C., Greenwald, E., & Sandil, R. (2017). Let's talk about sex: Integrating sex positivity in counseling psychology practice. *The Counseling Psychologist*, 45(4), 547–569. doi:10.1177/0011000017714763
- Diambra, J. F., Pollard, B. L., Gamble, R. M., & Banks, B. P. (2016). Teaching a human sexuality course: What are counseling students thinking? *American Journal of Sexuality Education*, 11(1), 76–91. doi:10.1080/15546128.2016.1141737
- Fisher, W. A., Byrne, D., White, L. A., & Kelley, K. (1988). Erotophobia-Erotophilia as a dimension of personality. *The Journal of Sex Research*, 25(1), 123–151. doi:10.1080/00224498809551448
- Finken, L. L. (2002). The impact of a human sexuality course on anti-gay prejudice. *Journal of Psychology & Human Sexuality*, 14(1), 37–46. doi:10.1300/J056v14n01\_03
- Grabove, V. (1997). The many facets of transformative learning theory and practice. In P. Cranton (Ed.), *New directions for adult and continuing education: No. 74. Transformative learning in action: Insights from practice* (pp. 89–95). San Francisco, CA: Jossey-Bass.
- Heafner, J., Silva, K., Tambling, R. B., & Anderson, S. R. (2016). Client-reported-presenting problems at an MFT clinic. *The Family Journal*, 24(2), 140–146. doi:10.1177/1066480716628581
- Light, T. P., Nicholas, J., & Body, R. (Eds.) (2015). *Feminist pedagogy in higher education: Critical theory and practice*. Waterloo, ON: Wilfrid Laurier University Press.
- McCarthy, B., & Wald Ross, L. (2018). Expanding the types of clients receiving sex therapy and sexual health services. *Journal of Sex & Marital Therapy*, 44(1), 96–101. doi:10.1080/0092623X.2017.1321599
- McGrath, K. (2014). Teaching sex, gender, transsexual, and transgender concepts. *Communication Teacher*, 28(2), 96–101. doi:10.1080/17404622.2013.865764
- Mezirow, J. (1991). *Transformative dimensions of adult learning*. San Francisco, CA: Jossey-Bass.
- Mezirow, J. (2003). Transformative learning as discourse. *Journal of Transformative Education*, 1(1), 58–63. doi:10.1177/1541344603252172
- Mezirow, J. & Associates. (2000). *Learning as transformation: Critical perspectives on a theory in progress*. New York, NY: Wiley.
- Rogers, A., McRee, N., & Arntz, D. L. (2009). Using a college human sexuality course to combat homophobia. *Sex Education*, 9(3), 211–225. doi:10.1080/14681810903059052
- Stevenson, M. R. (1988). Promoting tolerance for homosexuality: An evaluation of intervention strategies. *Journal of Sex Research*, 25(4), 500–511. doi:10.1080/00224498809551478
- Wagner, L. M., Eastman-Mueller, H. P., Oswald, S. B., & Nevers, J. M. (2017). Teaching philosophies guiding sexuality instruction in US colleges and universities. *Teaching in Higher Education*, 22(1), 44–61. doi:10.1080/13562517.2016.1213231
- White, L. A., Fisher, W. A., Byrne, D., & Kingma, R. (1977, May). *Development and validation of a measure of affective orientation to erotic stimuli: The sexual opinion survey*. Paper presented at the annual meeting of the Midwestern Psychological Association, Chicago, IL.

- Williams, D. J., Prior, E., & Wegner, J. (2013). Resolving social problems associated with sexuality: Can a “sex-positive” approach help? *Social Work, 58*(3), 273–276. doi:[10.1093/sw/swt024](https://doi.org/10.1093/sw/swt024)
- Wright, L. W., Jr., & Cullen, J. M. (2001). Reducing college students’ homophobia, erotophobia, and conservatism levels through a human sexuality course. *Journal of Sex Education & Therapy, 26*(4), 328–333. doi:[10.1080/01614576.2001.11074440](https://doi.org/10.1080/01614576.2001.11074440)