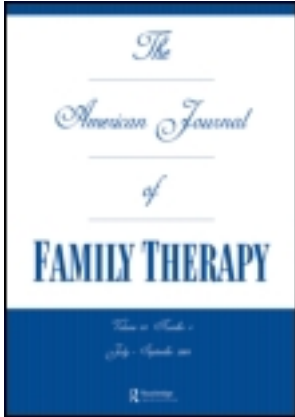


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Revisiting the Sexual Genogram

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The sexual genogram is an essential tool for assessing both transgenerational and current issues regarding sexuality. While the original article on constructing a sexual genogram is comprehensive (Hof & Berman, 1986), not much has been written about it since that time. On the 25th anniversary of the sexual genogram, we wanted to revisit it with an eye on contemporary sexual issues. Several updates are suggested, including comprehensive, inclusive questions to elicit information about the diversity of gender expression, sexual orientation, and sexual communication. Additionally, we encourage the use of the sexual genogram in all forms of treatment (individual and couple), as well as integrating a sexual timeline to understand sexual development over the course of the client's lifetime.

The genogram has been used by mental health professionals for over 30 years, following its development by Murray Bowen (1978). In its most basic form, a genogram includes demographic information about family members (e.g., name, age, level of education) and how they are related to one another (e.g., children, sibling order, marriages, divorces). In an effort to identify areas of emotional intensity, it is particularly useful to examine relationships among family members (e.g., enmeshment, cutoffs, conflict) and other important information (e.g., nodal family events, physical and mental health issues). Most of the information needed to complete a genogram is gathered in the initial stages of assessment; however, the genogram is also a valuable tool for intervention (Timm & Blow, 2005).

The use of the genogram in family therapy grew out of the assumption that presenting problems reflect transgenerational emotional processes (Kerr & Bowen, 1988). As Bowen's use of the genogram became more widely

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known, a standard way of constructing a family genogram was needed. McGoldrick and Gerson filled this need in 1985 with the publication of the first edition of *Genograms in Family Assessment*. McGoldrick and colleagues have since updated this text twice, adding additional information and symbols to account for the complexities of contemporary families (McGoldrick, Gerson, & Shellenberger, 1999; McGoldrick, Gerson, & Petry, 2008). Over time, variations of the standard genogram were developed, including color-coded (Lewis, 1989), spiritual (Frame, 2000), cultural (Hardy & Laszloffy, 1995), solution-focused (Kuehl, 1995), and the focus of this paper—the sexual genogram (Hof & Berman, 1986; Berman & Hof, 1987).

THE SEXUAL GENOGRAM

Hof and Berman (1986) were the first to write about the sexual genogram. The original sexual genogram is not structurally different from a traditional genogram—both look at individual data, transgenerational issues and relationships. The sexual genogram, as the name implies, adds another layer of information specifically about issues of sex and sexuality. Hof and Berman describe a five step process of constructing a sexual genogram; the introduction of what a genogram is, the creation and exploration of the genogram, the addition of sexual components, discussing what the genogram displays, and ending with the integration of the sexual genogram into a treatment plan. The third step, exploration of sexual issues, can be done at home, in session, or a combination of both. This is facilitated by using a series of specific questions related to the experience of sexuality and intimacy in the family of origin both within and between generations. The questions include six main content areas; 1) overt/covert messages regarding sexuality/intimacy and masculinity/femininity, 2) Sexuality/intimacy communication and behaviors, 3) Sexual secrets, 4) Information still missing and how this might be gathered, 5) Partner's perception of each other's sexual genograms, and 6) Wishes about changing the individual's/couple's genogram.

While Hof and Berman integrate many important components into their original work, there are several updates that we consider to be important. The most important of which is a more global assessment of sexuality, including the addition of a sexual history timeline, and comprehensive assessment questions that are inclusive of a wide variety of contemporary sexual issues and behaviors. This focus extends beyond traditional sex therapy with couples to work with individuals as well. Overall, our goal is to update the process and content of the sexual genogram to reflect diverse experiences and specific contemporary issues.

Importance of Sexuality

Sexuality is a large component of our culture. The inclusion of sexual components in a genogram is pivotal if a therapist is to get the complete picture

of an individual or couple's history. Recent research indicates that 42% of females and 43% of males aged 15–19 years have had sexual intercourse (Abma, Martinez, & Copen, 2010), and as much as 97% of men and 98% of women over the age of 25 have had sex (Division of Vital Statistics, 2005). Approximately 6.5% of men and 11% of females have had same sex relations (Mosher et al., 2005). Sexual satisfaction has been shown to have a substantial impact on relationship satisfaction and communication (Litzinger & Gordon, 2005). With such a high prevalence of sexuality in society, inclusion of sexual information on a genogram is helpful in order to get the full picture of a client's world.

Sexual difficulties are prevalent in our culture. According to Laumann, Gagnon, Michael, and Michael (1994), as many as 31% of men and 43% of women reported having some kind of sexual difficulty or dysfunction in the previous year. Issues can include lack of desire, arousal problems, sexual pain, or the inability to have an orgasm (mostly for women, but also occurs in men) to name a few. As such, sexuality is not always a positive experience and the negative aspects of sexuality can have a substantial impact on sexual functioning and satisfaction. Approximately every two minutes someone in the United States is sexually assaulted, mostly women (U.S. Department of Justice, 2007). Only about 40% of all sexual assaults are reported to the police, and 66% of all rapes are committed by someone who knows the victim (acquaintance rape). As such, it is highly likely that at least one in four women who present for therapy will have experienced some form of sexual violence in their life, most likely by someone they know (U.S. Department of Justice, 2007).

Another negative aspect of sexuality is addiction. Exact statistics of sexual addiction are hard to determine, due to the taboo nature of the compulsivity. With a majority of households in the US having access to a personal computer and the internet, pornography is becoming easily accessible (Cooper, Delmonico, Griffin-Shelley, & Mathy, 2004). Most addictions take the form of pornography addiction with rates as high as 8% of individuals who use the internet for online sexual activity (which includes pornography) being “problematic”—spending more than 11 hours per week surfing internet pornography (Cooper, Scherer, Boies, & Gordon, 1999). This addiction often has shown links to an increase in extra-dyadic sexual affairs (Bancroft & Vukadinovic, 2004). According to a recent poll as high as 16% of all partners in a relationship have had an extra-dyadic sexual encounter with men having almost twice as many affairs as women. In addition, at least 30% of all couples have at least fantasized about having an affair (ABC News, 2004).

THEORETICAL FOUNDING

To examine the genogram, and specifically the sexual genogram from a discerning point of view, Critical Theory (Sim, 2005) was chosen as an analytical

method. Critical theory is defined as a broad method of challenging the status quo that looks for new ways of researching and analyzing the construction of individuals' meaning and experiences (Olesen, 2005). Critical theorists attempt to use their work as an affirmation of social or cultural criticism. A critical theorist also acknowledges that power relations, both social and historical, constitute privilege for certain groups. Critical theorists realize that oppression has many faces, and that language and knowledge can be sources of subjectivity and oppression (Olesen, 2005; Sim, 2005). Approaching this project using critical theory was appropriate, since the language and symbols used in genograms can be sources of privilege and oppression (Watts-Jones, 1997).

Out of Critical theory and Feminist theory, Queer theory was developed (Sullivan, 2003). Queer theory is the application of Critical theory concepts to the study of sexual orientation and gender identity, through a constructivist lens (Green, 2007). Queer theory builds upon feminist ideals of challenging power and privilege, and combines this with an examination of the social construction of sexual acts and sexual orientations. Queer theory attempts to examine the very foundation of the construction of societal norms related to gender and sexual expression.

CHANGES TO SEXUAL GENOGRAM SYMBOLOGY AND CONSTRUCTION

Utilizing a Queered-Critical theory approach to the analysis of the sexual genogram, inherent heteronormative and discriminatory symbology were found. Particularly, the use of different symbols to distinguish differences in gender, sexual orientation, and relationship status intrinsically privileged one group over another; labeling groups of people as "different" and requiring separate symbols and construction methods. It is due to this that the changes to the general construction and interpretation of the sexual genogram are proposed, including gender, sexual orientation and attraction, relationship lines, sexual communication and sexual environment.

Gender

Historically, gender has been portrayed dichotomously on a genogram – males get a square symbol, and females get a circle symbol. However, gender and gender expression are no longer as simplistic as this. As such, we suggest an increased awareness and representation of this diversity based on the client's gender identity.

Transgender individuals get a symbol that is based on their current gender identification. For example, a Transgender Male to Female would have a standard circle, with the notation "M2F." Transgender Female to Male

would have a square, with the notation “F2M.” Additional information could be provided as well related to whether they are living full-time as his or her preferred gender, plans for sex reassignment surgery (SRS), or completed SRS. For clients who identify as transgender (this is known as an “umbrella term” for a wide variety of gender presentations) additional information could be provided as to how that is expressed. Examples would include; cross-dressing (dressing as opposite gender occasionally), people who live cross-gender (no intent to have SRS, but living and passing as preferred gender), and drag kings/drag queens (people who dress as a caricature of the opposite gender often for entertainment). This information can be written next their gender symbol, under their name.

Some clients also identify as “genderqueer,” which can include; bigender/pangender (identifying as both man and woman), genderless/agender (neither man nor woman), genderfluid (moving between genders), third gender or other-gendered (e.g., hijras in India, Native American two-spirit people), and those who do not place a name to their gender, or having an overlap of, or blurred lines between, gender identity and sexual orientation. Genderqueer could be designated with a overlapping symbol of male and female, or the preferred gender at the time of genogram completion with additional information provided as seen above.

Sexual Orientation and Attraction

Sexual orientation has also been expressed in constricted ways in the past—most simplistically “gay” or “straight.” Furthermore, since assumptions (or poor assessment questions) were inherently heterosexist, the diversity of sexual orientation was often not fully explored. We suggest that open-ended, non-assuming, non-judgmental questions be used (See Appendix B) to elicit a broad range of sexual orientation options.

The first overt change is that all individuals on the sexual genogram have a designated sexual orientation so as to not marginalize sexual minorities. As discussed above, all individuals have an identified gender. This move away from heteronormativity challenges the therapist from making assumptions of heterosexuality for everyone “unless otherwise noted”. Previously, a triangle symbol was superimposed over the gender symbol, lumping all non-heterosexual orientations into the same category and making an overt symbol of the difference. The word “attraction” is used in addition to or replacement of “orientation,” which some people find inherently dichotomous. As with gender, this information is how the *client* self identifies, not based on any assumptions of the therapist. Assumptions can be wrong in various ways. For example, the therapist may assume the client is lesbian because she is currently dating a woman, or engaging in same sex behaviors, neither of which mean the client *identifies* as a lesbian. The client may be primarily attracted to females and engage only in sexual behaviors with females and

still not *identify* as lesbian, perhaps because they do not like the stereotypes or associations with the word. As such people may prefer the term “queer” or “same sex attracted.” Again, it is not the traditional categories preferred by society (simple, categorical, based on behavior), it is based on the internal preference of the client.

Recommended sexual attraction/orientation designations for lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) are as follows. A female who is primarily attracted to females and *identifies* as a lesbian would have an “L” placed under their name. A male who is primarily attracted to males and *identifies* as gay would have an “G” placed under their name. Females or males who are attracted to both the opposite gender and the same gender and who *identify* as bisexual would have a “B” placed under their name. Some sexual minorities do not like the term bisexual but instead want to move away from the sex and gender of their partner completely, preferring to be considered pansexual (also referred to as omnisexuality or polisexuality) instead. This term means that you are attracted to a PERSON, not a gender. This preference would be denoted on the sexual genogram as a “P.” The “T” in LGBTQ is transgender. The complexity of this was already discussed above.

The “Q” would be placed next to someone who considers themselves “queer” or “questioning.” This category is not mutually exclusive meaning that it could be used in addition to categories identified above. In particular, the term queer, previously an anti-gay epithet, has come to be known as an umbrella term preferred by those who strongly reject distinct sexual identities such as gay, lesbian, bisexual, and straight; and by those who see themselves as oppressed by the heteronormativity of the larger culture. As such, some clients may prefer multiple designations (e.g., bisexual, queer: “BQ”). The letter “Q” could also be used to identify someone who is “questioning” either their gender, sexual identity, or sexual orientation. It is a process of exploration whereby people who may be unsure, still exploring, and concerned about applying a social label to themselves for various reasons are trying to figure it out. This may be a limited period of time, or a identification that people feel comfortable with for a long time. Lastly, heterosexuality, defined as being attracted to primarily to the opposite gender, and *identifying* as such, is noted as appropriate by placing an “H” under the name of the person.

Relationship Lines

In McGoldrick, Gerson, and Petry (2008), there are four different relationship lines to denote different types of relationships (married, co-habiting, long-term committed, and other/unknown). The proposed change is to only have two types of relationship lines—solid (denoting legal marriage, common law marriage, civil unions, long term-committed, engaged, and co-habiting), and

dashed (denoting dating relationships, affairs, unions from which a child was born where there was not a relationship). The rationale for this decision was to create a more accepting and equitable representation of varying relational structures that is less heterosexist and legalistic. Same sex relationships have long been marginalized by not being able to be designated with solid line because of the restriction of not being able to legally marry in most states and countries. The level of commitment present in other relationships (heterosexual and otherwise) are also marginalized. As with gender and sexual attraction, the level of commitment is defined *by the client*. Text notations denoting length of time together and other pertinent information, such as separation, or date of the ending of the relationship, are placed on the line.

Sexual Communication and Sexual Environment

Concepts that are routinely discussed, but not frequently represented on the sexual genogram in a systematic way are sexual communication and the sexual environments. When talking about how clients learned about sexuality, it quickly becomes evident that some people or groups of people are “sex positive,” “sex negative,” or “sex neutral.” A person or a family who would be considered sex positive would be one who created an open, non-judgmental environment, providing accurate information at developmentally appropriate times, and emphasizing self responsibility in decision making. A sex negative person or family sends fear based messages (e.g., “if you have sex, you will get pregnant”) about sexuality and pleasure (both verbally and non-verbally), limits sexual information, and emphasizes negative consequences of sexual behavior. A sex neutral person or family does neither. This is typically reflected in a client that says “It’s like sexuality didn’t exist. No one ever talked about it.” Whole families can be grouped on this dimension by circling them with the specified circle—a dashed line indicates permeability and/or sex positive (e.g., openness and comfort), a solid line indicates an ‘impassable’ boundary, or sex negative (e.g., closed and fear based). Since individuals can carry sex positive, sex negative, or sex neutral designations, this would be done by putting “Sex +”, “Sex -”, or “Sex Ø”. Appendix A provides examples of how to represent sexual communication and environment styles.

Construction

We offer that the updated construction of a sexual genogram consists of three steps; 1. Construct skeletal structure of genogram including the basic components of the family and relational system, 2. Add in sexuality information, 3. Process the resulting diagram, its meaning, and its impact on the client. The revised construction of the sexual genogram is much more inclusive of non-traditional gender expression and orientation. For a more detailed description

of how to construct the general genogram, see McGoldrick, Gerson & Petry (2008).

INCLUSION OF A SEXUAL HISTORY TIMELINE

Another update to the data collection for the sexual genogram is to have the clients do a sexual history timeline. The authors found that having the clients complete a sexual history timeline provided important information about the sexual history of the client that could easily be missed in standard genogram questioning. The sexual history timeline can be sent home as homework in the initial phase of assessment, and may be beneficial to do so. The instructions to the client are to create a timeline depicting their life from birth to their current age and then to place on the timeline significant events related to sex and sexuality. Therapists are provided with a list of questions (See Appendix B) to help with the gathering and processing of information. Another way of framing it to the client is, "What are the most important events in your life that shaped who you are sexually?" As you can imagine, this can include a wide variety of issues and events, some of which are related specifically to the client, but also nested within the larger culture (e.g., public awareness of AIDS) and the family (e.g., the discovery of a parent's affair). Some events (e.g., fetishes) can be embarrassing and/or shameful. Clients are given the freedom to bring the actual timeline in to session, or not. They can share to the degree that they feel comfortable. Given that it is early in treatment, it is understandable that they would be hesitant to share some information. The message of being able to disclose information when they feel ready gives them a sense of control and safety; that being said, therapists should make every effort to encourage clients to talk about things that make them uncomfortable. For those who are comfortable, bringing in the timeline and talking about events in chronological order is recommended.

Inevitably, stories are told as the events are discussed. This is a place where assessment and intervention are inextricably linked. It can be healing in and of itself to tell the stories. As this is happening, connections are sometimes made to the presenting problem (also known as "lightbulb moments"), and narratives begin to be re-evaluated through the new eyes of the client and the questions from the therapist. Information can be added to the sexual genogram itself, but more often it should be added in the form of an actual timeline at the bottom of the genogram.

CONCLUSION

The sexual genogram is a comprehensive tool that can be a helpful way to display and organize intergenerational data related to sexuality in a graphical way. Revisiting the sexual genogram allowed for expanding the clinical

usefulness beyond just use with couples to individual treatment as well, the addition of the sexual history timeline as part of data collection, expansion of therapeutic understanding of gender, sexual identity, sexual orientation, and sexual communication and environment. It is our hope that this update will be useful to therapists working with any client presenting with a sexual issue.




REFERENCES

- ABC News. (2004) *The American sex survey: A peek beneath the sheets*. New York, NY: ABC News Primetime.
- Abma, J. C., Martinez, G. H., & Copen, C. E. (2010). Teenagers in the United States: Sexual activity, contraceptive use, and childbearing. *National Survey of Family Growth 2006–2008. National Center for Health Statistics, Vital Health Stats*, 23(30), 57.
- Bailey, C.A. (1996). *A guide to field research*. Thousand Oaks, CA: Pine Forge.
- Bancroft, J., & Vukadinovic, Z. (2004). Sexual addiction, sexual compulsivity, sexual impulsivity or what? Toward a theoretical model. *The Journal of Sex Research*, 41(3), 225–234.
- Berman, E. M. & Hof, L. (1987). The sexual genogram—Assessing family-of-origin factors in the treatment of sexual dysfunction. In G. R. Weeks & L. Hof (Eds.), *Integrating sex and marital therapy: A clinical guide*. New York, NY: Brunner/Mazel.
- Bowen, M. (1978). *Family therapy in clinical practice*. New York, NY: Jason Aronson.
- Boyd, C. O. (2001). Phenomenology the method. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (pp. 93–122). Sudbury, MA: Jones and Bartlett.
- Cooper, A., Delmonico, D. L., Griffin-Shelley, E., & Mathy, R. M. (2004). Online sexual activity: An examination of potentially problematic behaviors. *Sexual Addiction & Compulsivity*, 11, 129–143.
- Cooper, A., Scherer, C. R., Boies, S. C., & Gordon, B. L. (1999). Sexuality on the internet: From sexual exploration to pathological expression. *Professional Psychology: Research and Practice*, 30(2), 154–164.
- Coupland, S. K., Serovich, J., & Glenn, J. E. (1995). Reliability in constructing genograms: A study among marriage and family therapy doctoral students. *Journal of Marital and Family Therapy*, 21, 251–263.
- Creswell, J. W. (2007). *Qualitative inquiry and research design*. Thousand Oaks, CA: Sage.
- Division of Vital Statistics. (2005). Sexual behavior and selected health measures: Men and women 15–44 years of age, United States, 2002. *Advance Data from Vital and Health Statistics*, 362, 1–56.
- Frame, M. W. (2000). The spiritual genogram in family therapy. *Journal of Marital Family Therapy*, 26, 211–216.
- Freedman, E. (2007). *The essential feminist reader*. New York, NY: Modern Library.
- Green, A. I. (2007). Queer theory and sociology: Locating the subject and the self in sexuality studies. *Sociological Theory*, 25(1), 26–45.







- Hardy, K. V., & Laszloffy, T. A. (1995). The cultural genogram: Key to training culturally competent family therapists. *Journal of Marital and Family Therapy, 21*, 227–237.
- Hof, L., & Berman, E. (1986). The sexual genogram. *Journal of Marital and Family Therapy, 12*, 39–47.
- Kerr, M., & Bowen, M. (1988). *Family evaluation*. New York, NY: Norton.
- Kleinman, S. (2007). *Feminist fieldwork analysis (Qualitative research methods)*. Thousand Oaks, CA: Sage.
- Kuehl, B. P. (1995). The solution-oriented genogram: A collaborative approach. *Journal of Marital and Family Therapy, 21*, 239–250.
- Laumann, E. O., Gagnon, J. H., Michael, R. T., & Michael, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. Chicago, IL: The University of Chicago Press.
- Lewis, K. G. (1989). The use of color-coded genograms in family therapy. *Journal of Marital and Family Therapy, 15*, 169–176.
- Lieberman, S. (1979). *Transgenerational family therapy*. London, England: Croom Helm.
- Litzinger, S., & Gordon, K. C. (2005). Exploring relationships among communication, sexual satisfaction, and marital satisfaction. *Journal of Sex & Marital Therapy, 31*, 409–424.
- Marshall, C., & Rossman, G. B. (2011). *Designing qualitative research*. Thousand Oaks, CA: Sage.
- McGeorge, C., & Carlson, T. S. (2011). Deconstructing heterosexism: Becoming an LGB affirmative heterosexual couple and family therapist. *Journal of Marital and Family Therapy, 37*(1), 14–26.
- McGoldrick, M., & Gerson, R. (1985). *Genograms in family assessment*. New York, NY: W. W. Norton & Company.
- McGoldrick, M., Gerson, R., & Petry, S. (2008). *Genograms: Assessment and intervention* (3rd ed.). New York, NY: W. W. Norton & Company.
- McGoldrick, M., Gerson, R., & Shellenberger, S. (1999). *Genograms: Assessment and intervention* (2nd ed.). New York, NY: W. W. Norton & Company.
- Nichols, M. P., & Schwartz, R. C. (2007). *Family therapy: Concepts and methods* (8th Ed.). New York, NY: Allyn & Bacon.
- Olesen, V. (2000). Feminisms and qualitative research into the new millennium. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 215–255). Thousand Oaks, CA: Sage.
- Richards, L. (2009). *Handling qualitative data: A practical guide*. Thousand Oaks, CA: Sage.
- Sim, S. (2005). *Introducing critical theory: A graphic guide* (3rd Ed.). Minneapolis, MN: Totem Books.
- Sullivan, N. (2003). *A critical introduction to queer theory*. New York: New York University Press.
- Timm, T. M., & Blow, A. J. (2005). The family life cycle and the genogram. In M. Cierpka, V. Thomas, & D. Sprenkle. (Eds.), *Family assessment: Integrating multiple clinical perspectives* (pp. 159–191). Cambridge, MA: Hogrefe Publishing.
- U.S. Department of Justice. (2007). *2007 National Crime Victimization Survey*. Washington, DC: Government Printing Office.

Watts-Jones, D. (1997). Toward an African American genogram. *Family Process*, 36(4), 375–383.

APPENDIX A SEXUAL GENOGRAM DIAGRAM UPDATES

Gender Identity*		
Symbol	Gender	
	Male (specify if transgender Female to male – F2M)	
	Female (specify if transgender Male to female – M2F)	
<p>The abbreviation TG would designate “transgender”.</p>	<p>TG is an umbrella term applied to a variety of individuals, behaviors, and/or groups involving tendencies to vary from culturally conventional gender roles. Can include: cross-dresser, transvestite, androgynes, people who live cross-gender, drag kings/drag queens and, frequently, transsexual</p> <p>Genderqueer</p> <p>Can include:</p> <ul style="list-style-type: none"> • both man and woman (bigender, pangender) • neither man nor woman (genderless, agender) • moving between genders (genderfluid) • third gender or other-gendered; includes those who do not place a name to their gender • having an overlap of, or blurred lines between, gender identity and sexual orientation 	
		
Sexual Orientation/Attraction*		
Orientation	Text Symbol	Definition
Asexual	A	Does not experience sexual attraction
Bisexual	B	Attracted to both male and female genders
Lesbian	L	Female primarily attracted to same gender
Gay	G	Male primarily attracted to same gender
Pansexual <i>Also referred to as omnisexuality or polisexuality</i>	P	Attraction to a person, not a gender
Heterosexual	H	Attracted primarily to the opposite gender
Queer	Q	An umbrella term for sexual minorities that are not heterosexual, heteronormative, or gender-binary
Questioning	Q	Contemplating ones gender and/or sexual orientation

(Continued on next page)

Relationship Status Lines* (Not only defined solely by legal status)	
Symbol	Meaning
	All Committed Relationships, including same sex (as self reported)
	Dating/Non-Committed Relationships/Affairs/A union from which a child was born and there was not a relationship between the partners.
	Two hash marks on line denote end of the relationship, can be used with solid and dashed lines
	One hash mark on line denotes separation, can be used with solid and dashed lines
Sexual Communication (Circle whole groups or families or specify individuals as applicable)	
Symbol	Meaning
	Positive/Open Sexual Communication
	Negative / Closed Sexual Communication
Sex +	Sex positive
Sex -	Sex negative
Sex Ø	Sex neutral (<i>Absence of either sex positive or negative characteristics</i>)

*Self-Reported (identified) by client.

APPENDIX B SEXUAL GENOGRAM AND SEXUAL TIMELINE REFLECTION QUESTIONS

1. How did you learn about sex/sexuality?
 - a. From whom (e.g., parents, siblings, friends, school, media, internet)?
 - b. At what age?
 - c. Was it accurate? Your reaction to this information?
2. In what ways did your religion or spiritual beliefs influence your attitudes toward sex/sexuality?
3. What messages did you receive about masturbation, premarital sex, etc.?
4. In what ways did your culture, ethnicity, or family background influence your attitudes toward sex/sexuality?
5. Overall, do you consider the family you grew up in to be sex positive, negative, or neutral?
 - a. What were your parent's attitudes towards sex? Your siblings?
 - b. How about on your mother's side? Your father's side?

6. What were the sexual boundaries in your house growing up (e.g., nakedness, privacy)
7. How was affection shown in your family?
 - a. Did your parents show affection to each other? If so, in what way?
 - b. Did your parents show affection to you and/or your siblings? If so, in what way?
 - c. Was there anything that made you uncomfortable about how affection was shown in the family?
8. What messages did you get about gender in your family of origin?
 - a. What do men do? What do women do?
 - b. How should men be sexually? How should women be sexually?
9. Were you ever caught or punished for sexual activity?
10. When did you first become aware of your gender?
 - a. Did it coincide with your biological sex? How well did it conform to traditional gender expectations in society and/or your family?
 - b. How do you currently categorize your gender identity? (e.g., male, female, transgender, genderqueer)
 - c. Do you currently have any discomfort with your gender or gender identity?
11. When did you first become aware of your attraction to others?
 - a. Were you attracted primarily to the same gender, opposite gender, or both?
 - b. What was your reaction to this? Your families?
12. How do you currently categorize your sexual orientation/attraction? (e.g., asexual, lesbian, gay, bisexual, queer/questioning, attracted to a person, not a gender)
 - a. Do you currently have any discomfort with your sexual orientation?
 - b. Did you ever have to hide your gender or sexual orientation preferences? If so why? How?
13. Were you teased as a kid? If so, about what? How did this affect you?
14. At what age did you start puberty?
 - a. Was this earlier, later, or about the same as your peers?
 - b. What was your reaction to puberty?
 - c. Did you have accurate information about what would happen in puberty?
 - d. Did you have someone you felt comfortable asking questions about puberty?
15. At what age did you discover masturbation?
 - a. What was your reaction to this?
 - b. Were there ever any embarrassing issues related to masturbation?
 - c. Do you continue to masturbate? If so, how often? If not, why?
 - d. Is there currently anything about masturbation that concerns you?

16. At what age did you first have an orgasm?
 - a. What was your reaction to this?
 - b. Were there ever any embarrassing issues related to orgasm?
 - c. Do you currently have orgasms? If so, what percentage of the time? If not, reasons why?
 - d. In what ways can you experience orgasm (e.g., self stimulation, oral sex, penetrative, etc.)?
 - e. Are you able to have multiple orgasms?
 - f. Have you ever faked an orgasm?
 - g. Is there currently anything about having orgasms, or not having orgasms, that concerns you?
17. At what age were you exposed to pornography?
 - a. What was your reaction to it?
 - b. How much, if any, do you currently use/view pornography?
 - c. Do you have concerns about the amount of time, or content of what is viewed?
18. As a child, did you ever see anyone engaging in overt sexual activity?
 - a. What was your reaction to it? How do you think it affected your sexuality?
19. How would you describe your dating experiences in high school?
20. How old were you when you had your first sexual experience with an opposite sex partner?
 - a. How old was the partner?
 - b. What was your relationship with the partner? Was it consensual vs. non-consensual?
 - c. What was your reaction to this experience (e.g., positive, negative, neutral)?
21. How old were you when you had your first sexual experience with a same sex partner?
 - a. How old was the partner?
 - b. What was your relationship with the partner? Was it consensual vs. non-consensual?
 - c. What was your reaction to this experience (e.g., positive, negative, neutral)?
22. Have you had any negative or upsetting sexual experiences?
 - a. How old were you? What effects has it had on you?
 - b. Have you ever told anyone about this? If so, who? If not, why?
23. How attractive do you feel in general? What are the factors that contribute to this?
 - a. Are there any body image issues that affect your ability to be sexual?
24. How is your general health?
 - a. Any chronic illnesses? Injuries? Past surgeries? Current medications?

25. How is your sexual health?
 - a. Females:
 - i. Menstrual difficulties: menorrhagia, dysmenorrhea or amenorrhea?
 - ii. Fibroids? Ovarian Cysts?
 - iii. When was your last gynecological check up? Any abnormalities?
 - b. Males:
 - i. Discharge from penis during urination?
 - ii. Testicular cancer?
 - iii. Last prostate check? Any abnormalities?
 - c. Have you ever been diagnosed with a sexually transmitted infection/disease or HIV?
 - d. If so, how old were you?
 - e. From whom did you get it from? What was your reaction to it?
26. Are you (or have you ever) experienced any of the following?
 - a. Pain during sexual activity, Inability to orgasm, Orgasm too quickly, Lack of desire, Unable to lubricate (women), Unable to achieve or maintain an erection (men), Involuntary contraction of the vagina preventing penetration (women), Intense fear of sexual contact or thoughts about sexuality
27. How do you feel about your genitals, and about touching and observing a partner's genitals?
28. How often do you have sexual fantasies?
 - a. Are you comfortable with the content of your fantasies?
29. Have you or your partner ever had a sexual fetish?
30. Have you ever engaged in sexual behavior that you worried or knew was illegal?
31. What is your history of being faithful to partners? Your current partner?
 - a. Are you currently attracted to anyone other than your partner?
 - b. Is there a history of affairs (or suspected affairs) in your family?
32. How would you ideally raise your own children? Would it be different from the way that you were raised?
33. Have you ever been pregnant, or gotten someone pregnant?
 - a. Was this planned or unplanned? What was/were the outcome(s) of the pregnancy?
 - b. If you have had children, how did they affect your sexuality?
 - c. Have you ever struggled with infertility?
34. Are there sexual events or information in your family that no one talks about?
 - a. What are they?
 - b. Who knows and who doesn't
35. Do you suspect that there are sexual secrets that have never been told?
 - a. Can you currently talk to your parents about sexuality? Your siblings? Your children?

- b. Do you have information or events about yourself sexually that you have not told anyone about?
- 36. Is there anything about your sexuality or what/who you are attracted to that you are ashamed of?
 - a. If so, what? When did this begin?
 - b. Have you ever talked to someone close to you about it before? How did that turn out?
- 37. What is the meaning/purpose of sex for you?
- 38. How has aging affected your sexuality?
 - a. What do you think your sexual future holds?