Sex talk:

Family therapists' experience of addressing sexual issues in therapy

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Abstract

This study explores the relationship between systemic family therapists' personal experiences with sex, their professional contexts, and their comfort in discussing sexual topics in therapeutic settings. By investigating how these personal histories, attitudes, and professional trajectories influence their approach to discussing sex and sexuality, this study uncovers the subtle dynamics shaping these therapeutic interactions. It also fills a research gap by examining the impact of therapists' resonances in initiating conversations about sex. Nine family therapists were engaged through face-to-face semi-structured interviews. Thematic Analysis (TA) was utilised to interpret the findings. The analysis revealed five central themes that explore the connections between therapists' personal histories and their current comfort in discussing sex and sexual issues in therapy. These themes highlight how therapists' familial backgrounds, individual beliefs, and life experiences influence their comfort and readiness to address sexual topics. Additionally, the study examines the impact of educational backgrounds on therapists' approaches to handling sexual issues in therapy sessions and explores challenges therapists face when clients' issues mirror their own personal narratives. In conclusion, this study underscores the nuanced relationship between therapists' personal resonances and their professional practice in addressing sexual issues. By highlighting the interplay between personal backgrounds and therapeutic approaches, it emphasises the importance of ongoing reflexivity and self-awareness for effectively navigating discussions of sexuality with clients. The outcomes of this study provide recommendations for future research and implications for practice, supervision, and training in systemic psychotherapy.

Keywords: Resonance, sexual issues, family therapy, qualitative research, thematic analysis.

Dedication

I dedicate this dissertation to my family, whose love and belief in me have been my guiding light throughout this journey.

I also dedicate this work to all those who suffer in silence due to the stigma and silence surrounding the topic of sex and sexual issues.

May this research contribute to breaking the silence and fostering open, honest conversations that lead to healing and understanding.

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List of Acronyms

CPD	Continuous Professional Development
IPA	Interpretative Phenomenological Analysis
MFT	Marriage and Family Therapy
TA	Thematic Analysis
UREC	University Research Ethics Committee

Contents

Chapter 1: Introduction

1.1 Preamble

Throughout my developmental journey of becoming a therapist, a critical focus has emerged regarding the potential impact of personal experiences on my professional practice. Throughout my training, I have actively engaged in self-exploration to discern the intersections between my personal experiences and various thematic elements. Among these, the domain of sex and sexuality has emerged as a particularly compelling personal resonance as I explored how my upbringing impacted my ease in discussing these issues.

Consequently, this inquiry seeks to delve into the influence wielded by a therapist's personal resonances concerning sex and sexuality. This exploration is positioned to shed light on the complex interplay between personal experiences and therapeutic engagement within this specialised domain.

1.2 Research rationale

Higher degrees of sexual self-disclosure are associated with more satisfying sexual experiences and relationships (Byers & Demmons, 1999). However, talking about sex is often a taboo topic, and one that is not disucssed in many relationships (Anderson et al., 2011), including the therapeutic relationship (V. W. Hilton, 1997). In their quantitative research involving practicing psychologists, Miller & Byers (2012) discovered that inquiring about sexual matters was not standard practice. Despite consensus among researchers and academics on the significance of sexual health in counselling (Sansone & Wiederman, 2000), there is uncertainty regarding how much weight practitioners give to this aspect during counselling sessions (Russell, 2012). In a lot of cases, it is therefore up to the therapist to bring it up (Harris & Hays, 2008). Brassard et al. (2012) found that 60% of mixed-sex couples seeking therapy reported sexual dissatisfaction, despite not specifically seeking therapy for sexual difficulties. In a study conducted among patients attending a general practice clinic, it was found that 68% of women and 75%

of men reported experiencing at least one issue related to dissatisfaction, avoidance, infrequency, or non-communication (Read et al., 1997).

Given these findings, it is clear that a notable gap exists between the prevalence of sexual issues in therapy and the attention they receive. This lack of discussion is possibly linked to the therapists' personal experiences and resonances, which may shape their comfort levels and perceptions regarding sexual topics. Family therapists, like all professionals, carry personal experiences and biases. This study seeks to uncover how these factors influence therapists' comfort and willingness to address sexuality in their practice.

1.3 Relevance of this study

There is research that addresses therapist comfort, willingness, and attitudes in addressing sexual issues in therapy (M. J. Anderson, 2002; Harris & Hays, 2008; Moore, B. 2018; Juergens et al., 2009). There is also research that addresses personal resonances (Elkaïm, 1997, 2019) and the person of the therapist (Jensen, 2008, 2016; Baldwin, 2000). However, it has been challenging to find relevant studies on the ways in which psychotherapists' personal and private experiences impact aspects of their therapeutic work and relationship with clients (Jensen, 2016).

A research gap has been identified in that there is a paucity of literature that addresses the connection between the therapist’s personal resonances and the comfort, and willingness in initiating a conversation about sex in therapy. Moore (2018) suggests more research is needed on how attitudes influence a therapist's readiness to begin and address sexual matters. Findlay (2012) encourages narrative therapists to write more about talking about sex in therapy. Previous research implies that knowledge and comfort with sexual content are interdependent. Decker (2010) suggests that further examination is required to explore if this is actually the case. Expanding upon Markovic's (2007) work, this research will delve into the personal resonances influencing therapists' comfort and willingness to engage in discussions about sexuality. With the findings, trainers and supervisors may be better

informed about what aspects may facilitate the willingness of systemic family therapists in initiating a conversation about sex during therapy.

1.4 Research Question

The major objective of this dissertation is based on the research gap that explores how personal resonances with sex influences clinical practice. This exploratory study was guided by the following research question:

In what ways is the therapist's personal experience with sex, and talking about sex, connected to their professional practice as systemic family therapists?

The methodology employed in this dissertation involves Thematic Analysis (TA), a qualitative approach used to explore and interpret patterns within data, allowing for an in-depth understanding of subjective experiences. The methodology chapter will elaborate on this broad research question.

1.5 Epistemological Framework

1.5.1 Social Constructionism.

Social constructionism posits that our comprehension and experience of the world, including its objects, events, and particularly people, are products not solely of an objective reality but rather of how these elements are represented and formed through language and social interactions (Burr & Dick, 2017). It underscores the idea that our worldviews are socially determined, shaped by the conversations, interactions, and discourses that permeate our societal fabric (Hoffman, 1990).

Sexuality, as a facet of human experience, is profoundly influenced by cultural norms, values, and beliefs. These elements are not inherent but transmitted and reinforced through societal conversations, perpetuating specific narratives that shape individual understandings of sex and relationships. These conversations occur within various contexts, from intimate family settings to broader social circles, each significantly contributing to the construction of attitudes and beliefs regarding sexual behaviour, intimacy, and relationships.

1.6 Theoretical Framework

The theoretical framework that I find best suited for this study are Elkaïm's personal resonances theory, Jensen's map of relational resonance and Bowen's family systems theory.

1.6.1 Elkaïm's Personal Resonances

The word resonance, introduced by Elkaïm, is used to describe two different kinds of things: one is the amplification of similar elements that are also shared by different systems that interact with each other (Elkaïm, 1997). This amplification happens when their structures or world constructs overlap. The other is the function that this amplification gives to all of these structures or world constructs (Chouhy, 2008). Thanks to the concept of resonance, when a therapist learns how to use themselves as a therapeutical instrument, they know how to use the systemic function of resonance to create new possibilities for the therapeutic system. Once the therapist has learnt how to utilise the feelings and perceptions that the system awakens and/or enhances from their own family history, they can prevent the world constructs of members of the family system from reinforcing each other (Elkaïm, 2019). Exploring the theoretical framework of resonance—particularly the interplay between personal experiences, professional practice, and the dynamics of initiating conversations about sex—offers a lens to comprehend the intricate connections between therapists' personal resonances with sex and their clinical approach.

1.6.2 Map of Relational Resonances

The concept relational resonance is used to describe a way of thinking about how therapists' own values and personal and private experiences shape their work as therapists. The idea of resonance was created to help people understand what happens when a client or a family talk to a therapist and shares an account that reminds the therapist of something from their own life (Jensen, 2012). In this study, I am looking at the connections between a family therapist's private and personal life and their professional life.

1.6.3 Bowen's Family Systems Theory

According to Kerr and Bowen (1988), family systems theory describes the family as a complex social system in which the interactions among members influence each other's behaviors. Through the lens of family systems theory, I aim to uncover how therapists, as integral parts of this interconnected system, are influenced by their personal experiences and how these experiences, in turn, shape their approaches to addressing sexual issues within the family therapy context.

1.7 Self-Reflexivity

In undertaking this study, I initially grappled with discomfort due to the conservative views revolving around sex which, for the most part, characterised my upbringing. However, as a Personal, Social and Career Development teacher, I learnt to challenge myself as i increased my confidence in engaging students in these conversations. Interestingly, sharing my research idea often sparked comfortable discussions on sex. These experiences fuelled my curiosity to explore how therapists' personal backgrounds affect their approach to addressing sexual issues. This study aims to echo my journey and advocate for integrating sex discussions within therapeutic settings to enhance awareness and understanding.

1.8 Layout of the study

Following this introduction, Chapter 2 will review relevant literature, Chapter 3 will detail methodology and design, Chapter 4 will analyse findings, and Chapter 5 will summarise key findings, discussing limitations and implications for clinical, policy, and research domains.

Chapter 2: Literature Review

This review addresses the growing recognition within family therapy of the need to incorporate discussions on sexual issues. It provides an encompassing understanding of therapist-related aspects—knowledge, attitudes, education, and personal backgrounds—focusing on the crucial role of therapists' self-awareness in navigating these complexities. Due to limited published literature on systemic family therapists discussing sex, this review expands its scope by integrating insights from studies with psychologists, social workers, and other health professionals and as well as unpublished dissertations.

2.1 The literature review strategy

Through Hybrid Discovery (HyDi), a search engine that integrates various databases for comprehensive research across all printed and online resources at the University of Malta, multiple online databases like ProQuest, PubMed, and Wiley Online Library were researched.

A thorough search was conducted to identify any literature that supports the intricate relationship, between family therapists' personal experiences with sex and their professional practices as systemic family therapists. In Appendix A, a comprehensive list of search terms utilised for the literature review is provided.

As part of my research process, I employed a snowballing technique to ensure inclusivity and access to a wide range of perspectives. This method involved meticulously examining the reference lists of the research articles, books, and relevant dissertations that had been identified. By actively pursuing references cited within these primary sources, my goal was to reveal valuable insights in the literature that might not have been readily discovered through traditional search methods.

2.2 Therapist Knowledge regarding sexual topics

Formal education in human sexuality, and experience receiving supervision specifically tailored to address sexual issues, improve marriage and family therapists' ability to engage in sexuality discussions with their clients (Harris & Hays, 2008). In contrast, therapists may be less inclined to initiate

conversations regarding topics related to sexuality when they are concerned about their own lack of accurate information or knowledge concerning sexuality (Risen, 2016). Additionally, when therapists grapple with their own personal anxieties surrounding sexuality and sexual matters, it may potentially impede their ability to provide competent therapy services (Cross, 1991; Timm, 2009).

According to Harris and Hays' (2008) quantitative study, nearly half (48%) of the variation in clinician self-efficacy when it comes to addressing sexual topics can be attributed to factors like education, supervision, and knowledge. Miller and Byers' (2008, 2009) quantitative study affirmed the value of ongoing education as a means of advancing sexual education, emphasising the specific prerequisites necessary for honing the skills required to assist clients in this domain.

So far, attempts to establish a link between comfort and knowledge have produced inconclusive results. Harris and Hays (2008) found no such link, and Decker (2010) agreed, correlating with earlier findings by Ford and Hendrick (2003). In contrast, Haag (2008) and Weerakoon et al. (2008) discovered a significant affirmative relationship between knowledge and comfort, contradicting their peers' findings.

2.3 Therapist attitudes on sex

In the realm of family therapy, therapists' attitudes toward discussing sexuality are pivotal factors shaping their comfort and willingness to broach these sensitive topics with clients. Various studies have consistently highlighted the significant impact of therapists' attitudes on their readiness to navigate discussions about sexuality (Russell, 2012; Shalev & Yerushalmi, 2009). While knowledge about sexual health is acknowledged as influential, it's the attitudes that emerge as a central determinant influencing therapists' comfort and their proactive engagement in conversations about sexual health (Papaharitou et al., 2008). These attitudes often root themselves in personal values and experiences, significantly impacting therapists' preparedness to engage in dialogues about sexuality (R. Hilton, 1997). Studies consistently reveal that therapists' comfort levels in addressing sexual matters closely intertwine

with their attitudes and knowledge base about sexuality (V. W. Hilton, 1997; Juergens, 2006; Cort et al., 2001).

Kazukauskas and Lam's study (2010) shed light on this connection, showcasing that a significant proportion—17% in terms of comfort and 19% in ability—of observed differences among healthcare practitioners in addressing patients' sexual concerns could be attributed to variations in both knowledge and attitude. This highlights a compelling implication: targeted educational approaches aimed at bolstering knowledge and fostering positive attitudes substantially elevate healthcare practitioners' comfort levels when handling patient sexuality issues.

Russell's (2012) research underscores this by emphasising that therapists' attitudes toward sexual health, rather than just their level of sexual health knowledge, significantly shape their inclination to address such matters with clients. The study emphasises that while understanding sexual health is crucial, the depth of this knowledge alone does not predict the likelihood of therapists discussing sexual health concerns with clients. Consequently, thereis a pressing need for further training to identify and surmount perceived barriers, equipping counsellors with the skills necessary to adeptly navigate sexual health topics in therapy settings.

2.4 Sexuality education in Therapist training programs

Timm (2009) proposes that individuals undergoing therapist training should actively engage in discussions about sexuality to enhance their familiarity with human sexual behaviour. This involvement not only aids in monitoring one's personal development throughout the process but also has the potential to evoke reflection regarding their own experiences. According to Harris and Hays (2008), the duration and nature of education can influence therapists' level of comfort and willingness to discuss sexual matters. These recommendations align with the discourse surrounding sexuality education in therapist training programs. According to Markovic’s (2007) findings from a qualitative study suggest

that systemic training institutions should facilitate the development of confidence, knowledge, and skills among future therapists in this domain, encompassing all training levels and post-qualification practice.

In a quantitative study amongst sixty-nine program directors, Zamboni and Zaid (2017) underscore the significance of human sexuality within MFT programs, highlighting the widespread acknowledgment among program directors regarding its pivotal role in the curriculum. Their study reveals a consensus among these directors concerning the importance of integrating discussions around human sexuality into the educational framework. However, the study also reveals a concerning aspect: a substantial proportion of programmes—up to 40%—lack faculty members specialised in this domain. This dearth of expertise poses a potential threat to the quality of education delivered in these programmes, with possible repercussions on the preparedness of future therapists in addressing sexual matters within therapeutic contexts. Moreover, while the survey notes the prevalent emphasis on diversity issues within sexuality, it raises pertinent concerns regarding potential unintended consequences. While diversity aspects are crucial, an overemphasis on these facets might inadvertently limit the discourse, potentially confining sexuality discussions solely to specific relationship types or overemphasising the concerns of sexual minorities. This could inadvertently sideline broader aspects of sexuality, such as parenting and adolescent sexuality, essential in the holistic preparation of therapists (Zamboni and Zaid, 2017).

Dermer & Bachenberg (2015) advocate for a comprehensive conceptualisation of sexual health, urging clinicians to encompass sexual pleasure and the freedom of sexual expression within their understanding. They emphasise the necessity for credentialing agencies to include a focus on sexual health within their training standards. Moreover, the discussion around sexual health should transcend the traditional medical, disease-focused model, embracing affirmation of sexual expression, pleasure, and eroticism. The assertion that sexual health is a fundamental right, applicable to everyone regardless

of diverse backgrounds like age, socioeconomic status, ethnicity, physical and mental ability, sexual orientation, or religion, stands as a foundational principle.

2.5 Role of therapist comfort when talking about sexual issues

There is some research on the attitudes of different professionals' comfort talking about sexual issues, for example research with counsellor's comfort. In a quantitative study, M. J. Anderson (2002), found that the three variables of liberal sexual attitude, sexual training experience, and sexual experience, when combined, accounted for over 28% of the variance in sexual comfort scores among research participants. Further research could expand upon these findings by exploring additional factors that might influence sexual comfort through qualitative methods such as interviews or focus groups with counsellors, as suggested by M.J. Anderson. These investigations could unveil new insights with significant implications for counsellors and counsellor educators.

Cupit's (2010) research revealed that the level of sexual comfort and readiness of counsellors to discuss sexual topics with couples was influenced by factors such as their competence in sexual education and training, experience in discussing sexuality during supervision, their own sexual views, and their age. The years of experience of counsellors was found to be related to their sexual comfort. Hays (2002), in his doctoral dissertation, and again later in a quantitative study with Harris in 2008, suggest that sexuality education and supervision are key to therapist comfort. Sexuality education and supervision enhance individuals' understanding and ease around sexual matters. Therapists are more inclined to discuss sexuality with clients when they feel comfortable. The study conducted by Juergens et al. (2009) revealed that the willingness of rehabilitation counsellors to engage in conversations about sexuality with their clients is influenced by their level of knowledge about sexuality, their educational background, their views about the sexuality of disabled individuals, and their own comfort with discussing sexual topics.

2.6 Therapist willingness to initiate a conversation about sex

A practitioner's comfort level regarding sexual issues can significantly influence their willingness to engage in discussions about sexuality with clients (Timm, 2009). However, the exploration of therapists' willingness to discuss sexual matters with clients is a sparse domain of study in the field of counselling literature (LoFrisco, 2013). Rehabilitation counsellors who are certified to work with individuals with autism spectrum disorder (ASD) showed a significant level of comfort while addressing sexual subjects. This comfort was not influenced by gender, but was substantially associated with their own views, perceived ability to manage conduct, and overall attitude (Easton, 2015). This underscores the relevance personal beliefs and perspectives in shaping therapeutic conversations.

Research emphasises the multifaceted impact of counsellors' personal attitudes, values, and education on their readiness to engage in discussions about sexuality. Counsellors who view sexuality as a crucial bonding activity between partners tend to exhibit greater comfort in addressing sexual topics (M. J. Anderson, 2002). Anderson's findings are further supported by Juergens et al. (2009), who highlighted the direct influence of counsellors' knowledge, education, attitudes toward disabilities, and comfort with sexuality on their willingness to discuss these sensitive issues with clients. Juergens et al.'s research underscores the intricate interplay between personal beliefs, professional knowledge, and comfort levels in shaping therapists' approach to sexual discussions. Moreover, M. J. Anderson's (2002) work aligns with the notion that counsellors with more liberal sexual attitudes and values tend to display heightened levels of comfort when broaching these subjects. These collective findings highlight the significance of individual attitudes and educational factors in shaping therapists' willingness to engage in conversations about sexuality.

Yelton and Delfin (2015) illuminated disciplinary discrepancies in willingness, with social workers displaying a lower inclination to initiate sexual discussions compared to other mental health counsellors. However, the study's limited sample size suggests caution in generalising these findings.

Despite several studies exploring diverse factors influencing therapists' willingness, inconclusive or conflicting outcomes persist, particularly regarding age and demographic influences (Harris & Hays, 2008; Decker, 2010; Cupit, 2010). The need for comprehensive investigations into the interplay between personal attitudes, training, and willingness to address sexual topics with clients remains evident.

Moreover, as gender dynamics play a crucial role in therapists' comfort levels regarding sexual discussions (Fisher et al., 1988; Schover, 1981; Lewis & Bor, 1994), recent studies have delved deeper into the gender disparities among trainee therapists, shedding light on intriguing patterns that merit further exploration (Hanzlik & Gaubatz, 2012).

2.7 Gender Disparities in Trainees' Comfort Discussing Sexual Concerns with Clients

Conflicting evidence exists regarding the influence of gender on knowledge and attitudes towards sexuality. Fisher et al. (1988) conducted a quantitative study which revealed no significant gender difference among medical students in terms of sexual knowledge, attitudes, attendance at sexual educational sessions, and willingness to address sexual concerns. In contrast, Schover (1981) observed that female psychotherapists exhibited greater comfort than their male counterparts in discussing patients' sexual issues. Conversely, a quantitative study by Lewis and Bor (1994) found that male nurses were significantly more inclined to engage in discussions about sexuality with their patients compared to female nurses.

A more recent quantitative study by Hanzlik and Gaubatz (2012) involving trainee doctorate students in clinical psychology revealed an intriguing pattern of gender differences between trainees and their prospective clients. Both male and female trainees reported comparable comfort levels discussing sexual concerns with female clients. However, female trainees felt significantly less comfortable than their male peers when discussing sexual concerns with male clients. This trend was evident in both global comfort appraisals and when considering specific client concerns.

Considering the gender dynamics observed in trainees' comfort levels discussing sexual concerns, the subsequent sections explore therapeutic approaches emphasising the therapist's self-awareness and personal experiences. These models offer a holistic approach to therapist training that acknowledges and utilises individual strengths and vulnerabilities, fostering self-awareness and mastery of self. This integrated understanding equips therapists to engage confidently in discussions about sexuality within the therapeutic setting, providing valuable insights into how individual experiences and gender disparities shape therapeutic interactions.

2.8 Person of the therapist (Aponte)

In exploring the concept of the Person of the Therapist and its implications for systemic family therapists dealing with sexual issues in therapy, it is evident that therapists' personal experiences and self-awareness significantly shape their professional practice, particularly when addressing sensitive topics like sexuality within systemic family therapy. This approach delves into therapists' use of their strengths, flaws, values, and emotional experiences within the therapeutic relationship, emphasising the fusion of personal and technical aspects of therapy.

Aponte's Person of the Therapist training model aims to cultivate three fundamental elements: mastery of self, access to personal experiences, and purposeful utilisation of the self in therapy. This comprehensive training integrates personal introspection with clinical practice, empowering therapists to identify their biases, recognise signature themes, and leverage personal vulnerabilities as assets in therapeutic interactions (Aponte, 1994).

Supervision within this model is geared toward enhancing therapists' effectiveness by using their personal selves as instruments for assessment and intervention. It acknowledges the intrinsic connection between personal values, judgments, and the therapeutic process, encouraging therapists to envision how their personal insights can guide assessment, goal-setting, and interventions throughout therapy (Aponte & Carol Carlsen, 2009).

The Person of the Therapist model accentuates the critical role of therapists' self-awareness and comfort in discussing sensitive subjects such as sexuality. Exploring how therapists' personal experiences either impede or facilitate discussions about sexual matters offers valuable insights into how this model influences therapists' approaches within systemic family therapy contexts.

2.9 Self of the therapist (Rober)

According to Jensen (2008), despite the fact that self-of-the-therapist work has been recognised as an important component in psychotherapist development, there appears to be a research gap on how the personal experiences of the therapist impact the therapeutic process. There has been, however, a rise in interest in the therapeutic alliance in systemic therapy and the use of self while interacting with families (Satir, 2013). This resulted in several clinical and theoretical papers highlighting the vital role that the self-of-the-therapist's plays in the training and growth of effective psychotherapists (Rober, 2011).

2.10 Therapists' family of origin (Satir)

In exploring the Satir's concept of the family of origin it is evident that a therapist's personal experiences significantly shape their professional practice in systemic family therapy. Lum (2002) emphasises the importance of therapists resolving their unresolved family of origin issues to achieve emotional health and therapeutic congruence. Unresolved issues might lead therapists to react in various ways to client problems, affecting their ability to stay focused or engaged in therapy. This underscores the significance of therapists addressing their own personal experiences to be fully present for their clients.

Satir's model, as highlighted by Lum (2002), stresses the necessity for therapists to attain congruence, being fully human and authentic within therapy sessions. This congruence is fundamental in reducing the reliance on transference or counter transference and modelling a connected relationship.

When therapists achieve congruence, they embody a state of awareness, self-acceptance, and inner reflection.

2.11 Resonance

The notion of resonance, introduced by Mony Elkaïm, signifies the interconnectedness between various aspects of life, where shared rules or emotions emerge across related systems (Elkaïm, 1997). It manifests as a form of symmetry, inviting individuals to engage in familiar patterns within different contexts. Resonance, in this context, aims to attribute meaning to the circular relationship between a therapist's personal life and clients' narratives (Jensen, 2012).

Resonance, as a concept, unfolds into personal and relational dimensions for therapists (Jensen, 2012). It operates within the therapist's internal landscape and emotions (personal resonance) and concurrently within the interactions among family members and between the therapist and the family (relational resonance). This dynamic interaction manifests when clients' narratives activate the therapist's personal experiences, often at an implicit, embodied level.

Resonance offers insight into how a therapist's previous personal experiences or emotional connections linked to sexuality might reverberate or exert influence during therapy sessions. These past encounters or emotions could potentially evoke a similar emotional response, shaping the therapist's feelings, comfort level, or readiness to engage in discussions about sexual topics with their clients. Essentially, the therapist's own history or emotional associations with sex might impact their ability to comfortably and openly address sexual matters with clients during therapy sessions.

The map of relational resonance, originally designed by Jensen, seeks to articulate how a therapist's personal life influences their therapeutic practice (Jensen, 2008, 2012). It provides a framework to discuss these connections, offering concepts like “reciprocal resonance” (Jensen, 2012, p. 7) and “therapeutic colonization” (Jensen, 2012, p. 9). These terms enable the exploration of how personal experiences can both enrich therapeutic engagement and potentially introduce blind spots or

non-therapeutic actions. While Jensen has not made specific reference to sexuality, it could very well be an area of resonance, suggesting further avenues for investigation in this realm.

Elkaïm's perspective shifts the view of therapists' emotions from a potential hindrance to an asset within the therapeutic system (Elkaïm, 1997; Maestre, 2019). He defines resonance as a confluence between different systems, where shared elements create a resonant effect amplifying sensitivities and reinforcing worldviews within the family or couple system (Elkaïm, 1997). This process sustains the equilibrium of the system's collective worldview (Elkaïm, 2019).

Jensen's (2008) work further emphasises the map of relational resonance as a tool to understand how therapists' lived experiences intertwine with their engagement with families in therapy. It highlights the importance of recognising and exploring these connections within supervision to harness their potential benefits and mitigate their drawbacks in clinical practice (Jensen, 2008; Jensen, 2012).

2.12 The role of Clinical supervision

Understanding the resonance between therapists' personal experiences and their clinical work sheds light on the importance of clinical supervision. Just as resonance manifests within therapists' interactions with clients, supervision serves as a platform for therapists to process and navigate their emotional responses, especially in areas as sensitive as sexuality.

Clinical supervision plays a pivotal role in supporting therapists as they navigate sensitive areas such as sexuality within therapy sessions. Long & Serovich (2003) emphasise the importance of supervisors' awareness and responsiveness to trainees' discomfort or biases, especially concerning sexual minority clients. Suggestions are offered, such as allowing hesitant trainees to observe therapy sessions involving sexual minorities, monitoring their cases while broadening their knowledge base, and assisting them in honouring ethical codes without discrimination based on sexual orientation.

Supervisors are urged to be cognisant of common stereotypes and create an environment conducive to learning and challenging biases.

LoFrisco (2013) further accentuates the significance of the supervisory relationship in addressing therapists' discomfort with sexual issues. Supervisors are encouraged to create a safe space for supervisees to explore their internalised views on sexuality, aiding them in managing their reactions to clients' sexual issues, whether negative feelings of shame or even positive bodily reactions. Ridley (2006) reinforces this, suggesting that supervisors play a crucial role in helping counsellors process and manage uncomfortable feelings related to sexuality, emphasising that positive supervisory experiences significantly contribute to therapists' comfort with this topic.

Hays (2002) supports the idea that education and supervision specifically addressing sexuality issues are key determinants of therapists' initiation of sexuality-related discussions with clients. Supervision experiences focusing on sexuality positively influence therapists' confidence and willingness to broach these topics in therapy sessions.

Decker's (2010) study highlights that while supervisors may not possess expertise on all sexual issues, they play a vital role in guiding trainees to become more competent in addressing clients' presenting problems related to sexuality. This involves encouraging trainees to expand their knowledge, attend workshops, seek additional resources, and even pursue further training on sexual issues—a practice that supervisors themselves often engage in to benefit their trainees.

Clinical supervision emerges as a crucial space for therapists to address their discomfort and biases regarding sexual issues. Supervisors' roles encompass creating a safe learning environment, guiding trainees to broaden their knowledge, and fostering positive supervisory experiences that contribute significantly to therapists' comfort and competence in addressing sexuality within therapy sessions.

2.13 Self Reflexivity

My perspective shifted in the process of drawing up this literature review. Initially focused on knowledge, I was surprised to discover the significance of factors like childhood experiences, values, attitudes, and gender dynamics. My background in education led me to prioritise the role of knowledge, yet my personal comfort in discussing sexual issues stemmed from experiences as a teacher, in educational settings rather than formal training. The lack of qualitative studies prompted further reflection, motivating me to explore the impact of therapists' family backgrounds on their willingness to address sexual issues.

2.14 Conclusion

This chapter reviewed how therapists' personal experiences with sex influence their role as family therapists, focusing on their comfort discussing sex. It explored the link between therapists' personal connections to sexuality and their willingness to engage in such discussions. The next chapter outlines the study's methodology.

Chapter 3: Methodology

This chapter outlines the rationale for selecting a qualitative approach and Thematic Analysis as the data analysis method. It also covers participant recruitment, the interviewing process, data analysis procedures, verification methods, and ethical considerations.

3.1 Research questions

The purpose of this study was to explore the following research question: In what ways is the therapist's personal experience with sex, and talking about sex, connected to their professional practice as systemic family therapists?

This exploratory study also considered the following research questions:

1. What is the connection between family therapists' personal resonances with sex and their willingness and comfort in initiating a conversation about sex with clients?
2. What personal experiences help or hinder the therapists' willingness and comfort in discussing sexual issues with their clients in therapy?

3.2 Why Adopt a Qualitative Approach?

Since the aim is to obtain subjective insights through the stories of Maltese systemic family therapists, a qualitative approach was preferred over a quantitative one (Flick, 2009). This is essential since the goal of the study is to address a research gap concerning the relationship between certain aspects from family therapists' personal experiences and their implications on their clinical practice. Qualitative studies commonly employ an idiographic approach, which prioritises the distinctive qualities of phenomena over the pursuit of broad generalisations. Typically, qualitative studies follow an inductive methodology, focusing not on theory testing but on the development and deepening of understanding (Dallos & Vetere, 2007).

3.3 Thematic Analysis

Thematic Analysis (TA) was selected as the ideal methodology for this study due to its versatility and effectiveness in interpreting qualitative data. It offers a structured approach to identifying patterns and themes within a dataset, making it particularly suitable for uncovering common themes related to therapists' personal experiences and discussions about sexuality in their professional practice (Braun and Clarke, 2022).

Furthermore, TA seamlessly aligns with the research question, which seeks to explore connections and commonalities among therapists' experiences. Its theoretical flexibility permits an inductive, experiential analysis focused on patterned meaning, crucial for understanding the complex interplay between therapists' personal experiences and societal discourses on sexuality. By contextualising these experiences within broader sociocultural discourses, TA facilitates a nuanced exploration of therapists' lived experiences in addressing sexual issues within therapy sessions.

As a researcher, TA provides a systematic framework to engage with and analyse textual data while upholding the foundational principles of social constructionism. It acknowledges that research findings are constructed rather than discovered, shaped by the interaction between the researcher, the data, and the sociocultural context. TA's flexibility allows for both inductive and deductive approaches, accommodating the exploration of themes in a way that suits the unique nature of the research area. This adaptability proved beneficial, given that the research did not neatly align with pre-existing theoretical frameworks (Braun & Clarke, 2022). Additionally, TA enables a more active role for the researcher in the analysis process, allowing for personal interpretation and involvement, particularly important when investigating connections between personal experiences and professional practice. This active involvement maintains rigor while enhancing the depth of understanding in the analysis.

In the process of designing this research study, I considered other research methods. One such method was Narrative Analysis, which centers on the examination of how individuals construct stories

to derive meaning from their experiences, as described by Dallos and Vetere (2007). While Narrative Analysis can be particularly insightful when exploring personal narratives related to sex, it presented challenges when applied in a context where the narratives are not purely individualistic but involve systemic interactions of the therapist with couples and families. TA allowed me to capture interconnected themes that might be missed by a more individual-focused approach.

Another methodology of choice, Interpretative Phenomenological Analysis (IPA), was also rejected. IPA is often chosen when researchers aim to deeply explore the individual experiences of participants (Willig, 2013). Given my research interest in systemic family therapists' personal experiences and their implications for professional practice, TA was better suited to capture the breadth and diversity of responses from different therapists, offering a more holistic view of the topic.

Given the limited knowledge and discussion about addressing sexual topics in the context of family therapy, both within the Maltese setting and globally, it was considered prudent to first understand the current ways of discussing sexual matters in therapy before delving into the formulation of any preliminary theories on the subject. Hence, grounded theory, a method focused on deriving theory from data (Willig, 2013), was not chosen for analytical objectives.

3.4 Sample size

I had difficulty deciding on the ideal sample size for this research project. According to Braun and Clarke (2013), six to eight participants was adequate to gather reliable data for a small research project. Later on, however, this idea has been challenged by Braun and Clark themselves in 2022. It seems that several recommended statistical methods and formulas for estimating RTA sample size are flawed in a variety of ways (Braun & Clarke, 2022). In the end, I decided to concentrate on information power rather than finding the ideal sample size (Braun & Clarke, 2022). Information power is a concept to describe the strength and richness of data that a researcher can collect from a particular participant or source. Information power is influenced by several factors, including the sample size, the

specificity of the research question, the quality of the data, and the diversity of the participants. Malterud et al., (2016), suggest that instead of precise calculations, information power encourages the researcher to consider the information richness of their dataset and how it relates to the study's objectives and requirements. This was exactly what I did and focused on getting rich data from the nine participants.

3.5 Selection criteria

To produce an in-depth knowledge of discussing sex and sexual issues in therapy, it was necessary to recruit a particular set of participants. Eligibility requirements were a master qualification in systemic family therapy, attending regular supervision, and at least five years of clinical experience. I chose to necessitate a minimum of five years of experience so that participants are more likely to have encountered clients with sexual issues.

3.6 Recruitment Process

The persons being recruited are professional, warranted, systemic psychotherapists. Publicly available contact information was used to communicate with them. An information letter (Appendix B) was sent via email inviting them to participate in the study should I get ethical clearance. In total, I emailed fifteen professional systemic psychotherapists. All replied in the affirmative except for one who did not reply and another one who declined to participate. This left me with thirteen participants, which was more participants than I needed to carry out this study. When I was ready to start the interviews, I invited participants according to the date and time of their acceptance email. Those participants who were no longer needed for the study were thanked for their willingness to be part of the study.

3.7 Data Collection

Data collection involved semi-structured interviews, which Braun and Clarke (2013) identify as the “dominant form” (p. 78) in qualitative research. These interviews served as a versatile, reliable, and collaborative method for gathering and exploring participants' perspectives and ideas.

3.7.1 Semi-structured interviews and interview schedule

The nondirective nature of semi-structured interviews permits participants to freely discuss whatever material they think pertinent to the topic (Willig, 2013). Yet, it is essential to acknowledge my position as the researcher driving the interview. An interview schedule (Appendix C) was designed to keep the interview on track. This schedule comprised of fourteen main questions that were designed to be open-ended on purpose. This allowed for the freedom to probe further by asking in-depth, investigative questions whenever necessary.

3.7.2 Conducting the interviews

Once I had the approval of the University Research Ethics Committee (UREC) at the University of Malta (Appendix D), I contacted the participants again. A convenient time and location was arranged to protect their privacy, safety, and comfort (Magnusson & Marecek, 2015). Participants were notified that the interview schedule would be emailed to them prior to the actual interview. This strategy was implemented to allow participants to become acquainted with and anticipate the research questions. Before every interview, the research was explained, and the consent form (Appendix E) was signed once the participants understood their rights.

A total of nine interviews were conducted throughout December of 2023 and January 2024, lasting around an hour each. The interviews were carried out in Maltese or English, depending on the participants' preference. Our previous email exchanges aided in establishing my connection with the participant. The first few minutes of the interview were devoted to establishing rapport with participants. Before beginning the interview, participants were given the option to ask questions or clarify any information. Once the interview was complete, I proceeded to debrief the participants. At the conclusion of each interview, a leaflet with support services available was handed out as part of the debriefing (Appendix F). Finally, the participants were thanked for their time and openness.

3.7.3 Transcribing the Interviews

All interviews were meticulously transcribed by myself following the guidelines of Braun and Clarke (2013), capturing each word verbatim (McLellan et al., 2003). While deeply engrossed in the audio interviews, I carefully documented verbal and non-verbal cues, marking pauses and employing punctuation to enhance the written transcripts' fluidity and "readability", as advocated by Braun and Clarke (2013, p. 163). I included my own comments and personal reflections alongside each transcript, offering preliminary thoughts on emerging themes and highlighting significant moments. Following the transcription, I revisited the audio recordings to ensure "accuracy" (Braun & Clarke, 2006, p. 88), striving to remain faithful to the source material (Creswell, 2013). This marked the beginning of my data immersion, recording reflections and intriguing points for later analysis (Willig, 2013).

3.7.4 A note on translation

For eight of the interviews, the participants spoke in Maltese. To preserve the authenticity of their accounts, I analysed these interviews in their native language. However, when presenting the final findings, selected excerpts were translated into English. It is important to acknowledge that this translation process involves some degree of interpretation on my part and may carry the risk of losing nuances due to various contextual factors. While I made efforts to ensure the translated excerpts remain faithful to the original version. I encourage Maltese-proficient readers to consult the original excerpts available in Appendix G.

3.8 Data Analysis

Following transcription of each interview, I followed Braun and Clarke's (2022, p. 35) recommended phases of analysis, which consisted of:

"Phase 1: Familiarisation with the dataset

Phase 2: Coding

Phase 3: Generating initial themes

Phase 4: Developing and reviewing themes

Phase 5: Refining, defining and naming themes

Phase 6: Writing up"

During the analytical process, I kept the research questions next to me, at every step of the way, in order to keep relating initial codes and themes to the scope of the study.

During the first phase, that of familiarisation, as outlined by Braun and Clarke (2022), the aim was to deeply immerse myself in the dataset while maintaining a critical engagement with the material. Upon uploading the transcripts into the software, each transcript was meticulously scrutinised, and appropriate code labels were assigned to specific segments of text relevant to my research question. The coding process was carried out manually, with MAXQDA 2024 (VERBI Software, 2021) serving as a tool to organise the codes alongside the data extracts. This method was applied consistently across all transcriptions (see Appendix H). MAXQDA 2024, was then utilised to group codes, along with the corresponding data extracts, based on their relevance to the research questions. MAXQDA 2024, also facilitated the organisation of codes into sub-themes and subsequently into themes.

Similar codes were aggregated and grouped into sub-themes, which were then collated into major themes relevant to the study's research scope. This process organised the data into coherent patterns that highlighted the subjective, collective narratives constructed by participants, focusing on their experiences discussing sex in their family therapy practice.

3.9 Credibility and Trustworthiness of the Study

Respondent and contextual validity, an independent audit, and self-reflexivity were used to ensure credibility and trustworthiness.

3.9.1 Respondent validation

Respondent validation involves sharing findings with participants to ensure mutual understanding and gather feedback on data interpretations, fostering transparency and recognising the

influence of the researcher's perspective (Dallos & Vetere, 2007). In this study utilising the TA methodology, respondent validation aims to capture the essence of participants' expressions. Additionally, to verify the authenticity of relevant codes, a participant reviewed the coded transcription (Creswell, 2013).

3.9.2 Contextual Validity

Contextual validity assesses how well the research aligns with existing literature in the field. It is often established through literature reviews, which inform research questions and place the study within the context of previous work. This process helps researchers demonstrate the validity of their findings, investigate discrepancies, and contribute to advancing understanding and practice (Dallos & Vetere, 2007).

3.9.3 Independent Audit

Enlisting an informed outsider to review data analysis and transcripts and gauge comprehension is a standard approach for analysing interview transcripts. The primary goal of an independent audit is to validate the logic and relevance of the existing analysis. Following an assessment of transcripts and data analysis by my supervisor, who also served as the auditor, we identified areas of clarity and confusion.. Any disagreements resulted in dialogues in which we discussed my analytical choices and the auditor explained their concerns, potentially prompting changes in the initial data analysis based on the auditor’s observations.

Furthermore, to ensure authenticity and coherence, all processes leading up to and affecting the research were validated with the supervisor. Parts of the interview transcriptions and resulting themes were evaluated and validated together during sessions with the supervisor to ensure coherence and that they remained authentic to the participants’ narratives (Dallos & Vetere, 2007).

3.9.4 Self-reflexivity

As a researcher exploring the intersection of family therapists' personal experiences with sex and their professional practice, it is imperative to acknowledge my own biases and predispositions that could influence the interpretation of the data and analysis. Growing up in a Catholic environment and working within an all-girls Catholic school, my upbringing instilled certain values and perspectives about sexuality that might inadvertently shape my lens in examining this topic.

My personal background in a conservative setting might affect how I perceive the therapists' attitudes towards discussing sex within family therapy. For instance, my Catholic upbringing might have emphasised modesty and reserved discussions about sex, potentially influencing my understanding of why therapists might exhibit discomfort in initiating conversations about sensitive sexual matters with clients. Furthermore, my own curiosity about sex and sexual issues, manifested in pursuing additional training in psychosexual therapy, might predispose me towards viewing open dialogue about sex as essential within therapeutic settings. This inclination could potentially shape my interpretation of therapists' comfort levels in discussing sexual issues based on my belief in the importance of such discussions. Additionally, my openness to discussing sex with friends and colleagues while feeling reticent about such conversations with my parents adds another layer of personal bias. This contrast may impact how I perceive the therapists' comfort levels in addressing sexual topics, recognising the complex interplay between personal experiences and professional conduct.

Awareness of these biases informs my approach to this research, prompting a continuous examination of how these predispositions might influence my analysis. Despite my openness to discussing sex in certain settings, I acknowledge the possibility that this openness may not universally apply to others, including the therapists under study. Thus, this self-awareness guides a more nuanced interpretation of their experiences and challenges, ensuring a comprehensive understanding of the

connection between personal experiences and professional practice in systemic family therapy regarding sexual issues.

3.10 Ethical Considerations

3.10.1 Informed consent

Informed consent is a strategy designed to ensure that individuals understand the implications of participating in a research study. According to Mack et al. (2005), it is one of the most crucial instruments for maintaining respect for individuals throughout the research process. Participation is voluntary and participants could withdraw at any momen twhile any information gathered up to that point would be destroyed.

3.10.2 Confidentiality

I maintained strict data confidentiality and participant anonymity throughout my research. I pseudonymised all collected data, assigning secure codes that were stored in an encrypted file on my password-protected computer, with exclusive access granted only to me. Any hard-copy materials containing identifying information were securely placed in a locked cabinet or drawer. I ensured that these materials were stored securely during the study and planned for their destruction upon my graduation. Furthermore, to safeguard the confidentiality of transcripts and recordings, I securely stored them in a restricted location, making necessary alterations to remove any potential identifying details. Access to transcripts was limited to me and my tutor. I also informed participants of the confidentiality measures, assuring them that their names and identities would remain confidential throughout the audio recording and transcription processes, which I conducted solely for the research study's purpose.

3.10.3 Potential distress

As experienced family therapists, participants were well-versed in managing potential distress, given their extensive training. Nevertheless, precautions were taken to mitigate any potential distress,

such as allowing participants to abstain from responding at any point. Eligible participants were required to attend regular clinical supervision, addressing the integration of personal and professional aspects, with supervision providing a platform for examination and resolution (Ulleberg & Jensen, 2018). Post-interview debriefing ensured no difficulties arose during the process, and participants were provided with a list of support services (Appendix F).

3.11 Conclusion

This methodology chapter outlined the processes and rationale behind the research design decisions. The next chapter will present the analysis which will employ a qualitative reporting approach by combining the results and discussion elements into a single chapter called analysis, as recommended by Braun and Clarke (2022).

Chapter 4: Analysis

Braun and Clarke (2022) emphasised the importance of interpreting data within the context of the relevant scholarly fields, stating that “data must be interpreted and connected to the scholarly fields [the] work is situated within” (p. 129). To adhere to this principle, this chapter will adopt a qualitative reporting style, merging the results and discussion sections under the header “analysis”, as suggested (p. 131). This approach aims to facilitate a comprehensive understanding of the data within the existing literature.

This study set out to address a research gap concerning the limited exploration of the relationship between a therapist's personal resonances and their comfort and willingness to address sexual topics in therapy. In the next sections, I will synthesise the primary findings from the research study outlined in Table 1, encapsulating the main themes and subthemes generated.

This chapter endeavours to analyse and contextualise the key findings derived from these discussions, offering a deeper understanding into how therapists' personal experiences and professional trajectories shape their approach and interactions with clients, particularly in the sensitive domain of sexual issues in therapy.

4.1 Introducing the Participants

The nine participants in the study are Maltese family therapists with diverse backgrounds and experiences. Seven are female and two are male. Their experience ranges from four to sixteen years, representing a mix of seasoned professionals and newcomers. Ages span from 33 to 47 years. Training backgrounds vary, most holding a Masters’ degree from the University of Malta, the Institute of Family Therapy Malta, and one participant trained abroad. Given the small population of family therapists in Malta, a table with the basic details of each participant has been omitted to preserve their anonymity. This approach ensures that the confidentiality of the participants is maintained while still providing a comprehensive overview of their diverse backgrounds and experiences.

Table 1: List of Themes and Subthemes that Emerged from Data Analysis of Participants

Theme	Subthemes
Theme 1: Family of Origin Influence on Sexuality and Therapeutic Practice	1.1 Childhood Experiences and Developmental Influences 1.2 Taboos and Silence: Exploring the Avoidance of Conversations about Sexuality within Family Dynamics 1.3 Interplay Between Personal and Professional Perspectives 1.4 Impact of Upbringing on Current Perspectives
Theme 2: Educational Influences on Therapeutic Exploration of Sexual Dynamics	2.1 Formal Education and Training 2.2 Importance of Ongoing, Self-Directed Learning and Professional Development 2.3 Gaps in Knowledge and Training
Theme 3: Personal Beliefs, Values, and Their Impact on Sexual Discourse	3.1 Personal Experiences and Biases 3.2 Cultural and Religious Influences 3.3 Ethical Considerations
Theme 4: Personal Life Experiences and Their Influence on Addressing Sexual Matters	4.1 Relationship Status and Relationship Dynamics 4.2 Parenthood and Family Dynamics 4.3 Navigating Boundaries: From Upbringing to Therapeutic Practice
Theme 5: Circling Discrepancies: Therapists' Comfort and Action on Sexual Issues	

4.2 Theme 1: Family of Origin Influence on Sexuality and Therapeutic Practice

The participants demonstrated an ability to reflect on their experiences within their family of origin and how these shape their attitudes, beliefs, and approaches to discussing sexuality in therapy. Participants recounted episodes from their personal experience that they believed significantly influenced their comfort and willingness in talking about sex in therapy. Some of the links mentioned by the participants will be put forward through the following sub-themes.

4.2.1 Childhood Experiences and Developmental Influences

This section delves into the formative years of the participants, shedding light on the pervasive taboo surrounding aspects of sex and sexuality within their upbringing. Memories shared by the participants vividly illustrate the impact of this taboo, shaping their early perceptions and attitudes towards sexual topics.

All nine participants echoed a common theme from their childhood - the taboo nature surrounding this topic. Virginia, for instance, recalls, “when you see your mum and dad, not even giving each other a kiss, or hugging each other, not even a cuddle…nothing” (Virginia, Pos. 113). Similarly, Alfred's memories centre on his parents' evident discomfort with sexual topics, noting, “the memories that I have are of my mum and dad changing the television channel when there is a sex scene” (Alfred, Pos. 37).

> Katherine mentions experiencing certain incidents that influenced her perception of sexuality: I remember this particular year, I forgot how old I was….I had this swimsuit… usually I loved buying a new swimsuit every year, however, that year, I did not want to buy a new swimsuit because I remember I had developed physically from the previous year, and this swimsuit was with a french cut, and it was really….and I felt…when my father saw me, he told my mum, ‘tear it apart!’ those kind of experiences. (Katherine, Pos. 20)

Ruth questioned why the aspect on reproduction was not introduced in the same order as other parts of the body:

> I remember clearly, we had these books, 'How My Body Works', and the spine of every issue would then form part of a large pattern, and I had them all, […] I used to read them with my parents, anyway, one particular issue was skipped, and I used to think, why don't we have this issue? We have the whole set, but we don't have this […] eventually I discovered that it was about the reproductive system. It was introduced later on; I think when my parents felt that I was mature enough for it. But I remember questioning, if it was ok for me to understand all the other body parts, why was this part so difficult for me to understand? (Ruth, Pos. 32)

The findings suggest that therapists' attitudes and comfort levels when discussing sexuality with clients are deeply influenced by their early experiences. Memories of minimal affectionate gestures between parents and explicit avoidance of anything surrounding sex at home illustrate the lasting impact of upbringing on therapists. This connection suggests that therapists must address unresolved family of origin challenges in order to heal and become therapeutically congruent (Lum, 2002). These experiences not only shape therapists' comfort levels but also influence their approach to therapy, impacting how they navigate conversations around intimacy, desire, and sexual health.

Next, we will explore another sub-theme focusing on the lack of conversations surrounding sex and sexuality within participants' families, providing further depth to our analysis.

4.2.2 Taboos and Silence: Exploring the Avoidance of Conversations about Sexuality within Family Dynamics

The findings shed light on the impact of the absence of conversations surrounding sexuality, on therapists' perceptions and attitudes toward discussing sexual topics within therapy. Participants universally described an upbringing where, not only was sexuality avoided, but also discussions about sex were considered taboo and actively avoided, reflecting pervasive silence. Direct excerpts from the

interviews illustrate the depth of this avoidance, with phrases like “it was out of bounds,” (Caroline, Pos. 42) and “definitely not!” (Alfred, Pos. 57) echoing sentiments of discomfort and inhibition. Reflecting on their upbringing, participants revealed a collective experience of discomfort and inhibition rooted in their childhood environments. The absence of open dialogue about sex within their families perpetuated feelings of shame, guilt, and secrecy surrounding sexual topics. William vividly articulates the reinforcement of this taboo, stating:

> So, basically, the upbringing is there, it's always been this taboo subject, you can't talk about it. And because of that, it just feeds into this whole culture of secrecy. We end up reinforcing this idea that we can't talk about it, so then anything related to sex … in secret, in secret, that's just not healthy. (William, Pos. 21)

Virginia similarly reflects on the significant taboo, recalling, “Actually, it's a huge taboo, and let's not even discuss it... and don't you dare bring up anything in front of the girl, for example, got it?” (Virginia, Pos. 35). Nancy reinforces the absence of dialogue by stating, “Not spoken about at all! It was never spoken about at home,” (Nancy, Pos. 29).

The taboo and silence within family dynamics contribute to the reinforcement of secrecy and shame surrounding sexual topics (Ussher et al., 2017). The culture of secrecy perpetuated by this taboo further complicates discussions around sexuality in therapy, as therapists navigate the interplay between personal beliefs and professional responsibilities.

In navigating these formative experiences, participants exhibit varying degrees of reflexivity. Nancy for instance describes her journey of breaking the taboo surrounding sexual talk and prioritising healthy conversations about sex:

> talking about sex was a taboo...so I think, I feel that I worked to break that, because very often sexual talk, sex, is like something dirty, something undesirable or vulgar so I think I have an

> agenda, kind of, let's talk about it in a healthy, adult way so to say, and I do feel it is a priority now. (Nancy Pos. 16)

The study emphasises the importance of self-reflection and awareness for therapists to navigate the complexities of addressing sexuality in therapy. This sentiment is echoed by Emily:

> … what stays with me […] is more about the interview itself, it's like it sowed some more seeds for reflection…So I believe that if there is […] more self-reflexivity, things that help us grow […] so in the same way I think it can stimulate further curiosity and things to reflect upon as therapists in general. (Emily, Pos. 409)

Emily's and Nancy's narratives underscore the ongoing process of self-reflection and proactive efforts to challenge societal taboos, emphasising the importance of therapists' commitment to fostering open, healthy dialogues about sexuality in therapy.

Byng-Hall (2008) clarified this process by introducing the concept of scripts. He underscored the importance for family therapists to engage in reflection to better understand their own scripts. This could assist them in developing heightened awareness during their interactions with clients and enable them to address potential situations that are "likely to trigger their action or to draw them into adopting a particular attitude to what is going on in the family" (Byng-Hall, 2008, p. 140). By fostering self-awareness, therapists can separate their own thoughts, feelings, and identity from those of their clients, maintaining autonomy while remaining emotionally connected.

Understanding the influence of childhood experiences on therapists' perceptions and practices regarding sexuality, is crucial for enhancing therapeutic effectiveness and providing competent, ethical care. Bowen's (1978) theory of differentiation of self provides a valuable framework for understanding the complexity therapists encounter in integrating personal experiences with professional practice. Therapists' backgrounds, including their upbringing and family dynamics, shape their behaviour and interactions within therapeutic relationships. Achieving healthy differentiation of self requires therapists

to navigate between their personal values and professional duties when addressing sensitive topics such as sexuality in therapy. This delicate balance between personal beliefs and professional obligations is essential for fostering an environment of trust, respect, and openness within therapeutic relationships.

As Caroline aptly reflects,

> And now you know, with time you reflect, and you become a therapist, you work a lot on yourself. And so, I think, yes, it did stem from perhaps the unavailability of being able to discuss certain issues at that age. (Caroline, Pos. 37)

Caroline's insight underscores the impact of personal reflection and self-work in shaping therapists' ability to engage with sensitive topics such as sexuality in therapy. It highlights the evolution from personal experiences, such as childhood limitations in discussing certain issues, to professional growth as a therapist committed to addressing such issues with sensitivity and competence. Caroline also longed for better communication with her mother about sexuality: “I believe I perhaps wished for a better communication with her…but I could not even think of bringing up the subject, and it was quite heartbreaking,” (Caroline, Pos. 17).

Emily reflects on the strict environment surrounding sexual topics, expressing:

> Um, and automatically, I just kept everything hush-hush...I remember noticing how strict they were, especially with my sister. I don't think they were as strict with my brother, probably because he's a boy... And then, I think I learned to navigate things without them. (Emily, Pos. 95)

Caroline emphasises the enduring boundaries,

> I still don't discuss with them [the parents] these issues however, with them and even with my friends, certain boundaries, are still there. So as a friend, as a daughter, I don't go on those issues. I like to keep it private. (Caroline, Pos. 37)

Alfred encapsulates the prevalent feelings noting, “I think guilt and shame related to sex rather than anything else,” (Alfred, Pos. 105).

4.2.3 Interplay Between Personal and Professional Perspectives

Most participants mention the link between their personal experiences in their families and their roles as systemic family therapists. They reveal how their backgrounds intersect with their professional identities, influencing their therapeutic approaches. William reflects on the emotional burden from his personal experiences, stating:

> Especially when it comes to this subject, the reaction has always been negative, bad, hell... So, with it, a lot of shame is associated, a lot of guilt is carried, um, and without realising it, everything is being judged and functioning from all of this. (William, Par. 9)

Virginia considers the challenges of maintaining professional boundaries amid personal reflections:

> As a therapist, I carry this with me because when I see people who find it difficult, for example, to engage in intimacy... physically, initially... um, there, yes, I make sure that they understand this isn't automatic... meaning that certain transference and countertransference will always be present in therapy. (Virginia, Par. 121)

Sue acknowledges her positioning, stating, “So that I can also see how I am positioning myself and how I am influencing the therapy process without being aware,” (Sue, Pos. 36).

Katherine reflects on her own pace with getting more comfortable talking about sex so she can understand that some clients need their time too:

> But I want to be careful not to push them... more than they can handle... these are small steps, and I appreciate how I... I didn't go from that to this overnight, as in, it was a gradual process, so maybe that's why. (Katherine, Pos. 80)

These excerpts highlight the significance of self-awareness and reflexivity in navigating the intersection between childhood experiences and professional roles. Several interviewed therapists acknowledged that discussions about sexuality typically arise from the client's initiative. This observation

mirrors findings from Cruz et al.'s (2017) study, which noted psychologists' tendency to refrain from addressing sexual topics unless explicitly raised by the client. Furthermore, this study underscores the impediment to therapy posed by psychologists' challenges in handling clients' shame, often rooted in their own discomfort with matters of sexuality. Psychologists' attitudes, comfort levels, and expertise concerning sexuality markedly influence their capacity to skilfully broach sexual subjects with clients. Among the therapists involved, some articulated how the absence of discussions about sexuality during their own upbringing might have contributed to their reluctance to initiate such conversations. Indeed, some even pondered how their comfort levels might have diverged had their childhood experiences been different as Ruth illustrates:

> I feel that if, for example, my family discussed the topic more openly and I had the opportunity to learn the language of discussing the subject, and perhaps at school as well, I think it would have been supportive for me. Then, when I come to address the subject myself, because sometimes you don't even have the language of how to enter into the subject, how to address it, meaning apart from considering it maybe as a taboo aspect, of shame, of embarrassment. (Ruth, Pos. 40)

In navigating these formative experiences, therapists' personal attitudes and comfort levels play a crucial role. Heath (2011) emphasises that avoiding discussions about sexual practices does not eliminate discomfort or the practices themselves. Practitioners must openly discuss such topics with others to effectively engage with clients. Clients observe practitioners for cues, and discomfort or judgment may discourage clients from discussing sexuality. Similarly, Baumgartner (2011), reflecting on Heath's work, urges therapists to address their comfort level in discussing sexuality, highlighting its intertwining with social justice concerns and the perpetuation of sexual violence and oppression.

4.2.4 Impact of Upbringing on Current Perspectives

Participants reflected on how their upbringing influenced their attitudes towards discussing sex in therapy. While some participants expressed a departure from their upbringing by adopting a more open approach to discussing sexual issues with clients, others still struggle to address sexual issues due to the lingering impact of their upbringing. This interplay between personal upbringing and professional practice resonates throughout their experiences and may lead to discomfort and avoidance in addressing such topics. For instance, William's acknowledgment of the influences of his upbringing, reflecting a proactive approach: “I challenged myself, because I was brought up in an incredibly religious environment, I was brought up in an environment where this discourse was almost never allowed” (William, Pos. 17).

Nancy's recognition of the importance of human needs in relationships signifies a departure from her upbringing's norms, “In the end, I think I appreciate the opposite, meaning that they are important human needs in a relationship” (Nancy, Pos. 29).

On the other hand, Emily's discomfort with discussing taboo subjects like sex and feelings of shame associated with it highlight the lasting impact of early familial dynamics on her current perceptions: “I really feel like it's not spoken about, we don't talk about it... I have no idea where I stand if I start to open up about certain things, so I'd rather not talk...” (Emily, Pos. 138). Additionally, Emily expressed frustration with feelings of shame associated with sexuality: “Yeah, it brings with it so much shame... shame, blame, guilt... I think if there isn't [an atmosphere of not being judged]. I wonder how can you open up?” (Emily, Pos. 269).

Caroline's acknowledgment of being inclined to be more open about sexuality, contrasting with her parents, underscores the enduring influence of family experiences on her attitudes and behaviours, “So this perhaps has programmed me to become more open about it and not to be like my parents, [not to be] like my mother, mostly,” (Caroline, Pos. 12).

The study by Young et al. (2003) enhances the practical understanding of incorporating family of origin work with skill development in family therapy training. It proposes practical strategies for optimising the valuable advantages derived from family of origin work while mitigating the potential risks associated with this powerful training method. By contextualising the participants' reflections on their upbringing within the framework provided by Young et al., we gain insight into the complex interplay between family dynamics, personal beliefs, and therapeutic practice.

The link between the influence of our family of origin on sexuality and therapeutic practice, as explored in Theme 1, and the educational influences shaping the therapeutic navigation of sexual dynamics, as will be discussed in Theme 2, is evident in the unaddressed issues stemming from childhood. The absence of acknowledgment or resolution during training perpetuates the culture of silence surrounding these matters. It feels as though our training environment, much like our upbringing, avoids confronting these issues. The educational influence will be explored further in the next theme.

4.3 Theme 2: Educational Influences on Therapeutic Exploration of Sexual Dynamics

Participants in the study noted a connection between their formal education and their comfort levels in discussing sex. Additionally, they emphasised the ongoing impact of their educational experiences on their professional development in family therapy. They highlighted the potential of educational interventions not only to bridge the gap left open by family influences but also to directly address such gaps through comprehensive training. They also discussed the importance of training that delves into nuanced issues of resonance within the context of family therapy. This theme explores the links between participants' education, therapeutic practice, and continual learning in addressing sexual dynamics within therapy, offering valuable insights into how education shapes their approach.

4.3.1 Formal Education and Training

Participants emphasised the importance of formal education, particularly at master's level, in equipping them with the necessary knowledge and skills for their professional roles. Some found it helpful, while others noted persistent gaps in knowledge, especially in addressing sensitive topics like sex and sexuality. This aligns closely with recent research conducted by Emond et al. (2024), which emphasises the necessity for all relationship therapists to undergo professional training in sexuality. It also highlights the significance of addressing sexual matters in the context of relationship therapy.

Starting from her compulsory educational journey, Ruth realises that the lack of comprehensive sexual education begins as early as secondary school:

> We also found it in schools, I found a similar approach where even the science textbook page is skipped, so I started to get the message that the topic of sex is skipped, do you understand? We discuss everything, talk about everything, but the topic of sex is delayed, skipped... (Ruth, Pos. 32)

Moving on to the training at Masters' level, not all the therapists interviewed were trained in addressing sexual issues in therapy as illustrated by Emily: "I don't remember there being much material where the intimate, relational aspect of sexuality was discussed, I don't think so" (Emily, Pos. 31). Some expressed that although they had training, it was minimal and not so helpful. Those who expressed discomfort in addressing sexual issues often attributed it to insufficient training during their studies or CPD. Sue described her uncertainties about her preparedness to address certain areas, and knowledge gaps following her graduation, stating, "When I graduated, I didn't know how to address certain areas, and certain knowledge, how I would ask" (Sue, Pos. 261). This is in line with Byers (2011), who found a correlation between therapists' self-efficacy in addressing sexual issues and their level of training. Additionally, Millers and Byers (2012) underscored the role of graduate education in enhancing sexual intervention self-efficacy among therapists.

Other participants highlighted the positive impact of their formal education and training, particularly at the master's level, in equipping them with the necessary skills and confidence to address sexual issues in therapy. They emphasised how their academic experiences provided them with a foundation to navigate sensitive topics effectively, filling in the silence of their family of origin. The significance of the training environment, which functions akin to a familial support system, is recognised as providing a different perspective that can greatly shape trainees' beliefs about discussing sex. However, it is essential to acknowledge that if this training environment avoids discussions about sex, it could perpetuate discomfort surrounding these topics.

Caroline reflected on the significance of discussions during training sessions: “We mentioned it various times. And I think the thing that we brought it up frequently, I think it made it even more helpful and I was more prepared to then ask about it with my clients so” (Caroline, Pos. 156). Similarly, Virginia shared how training sessions focused on sexual relationships between couples contributed to her preparedness: “But I remember how we talked about the sexual relationship between the couple numerous times... It helped... it helped a lot.” (Virginia, Pos. 329). Virginia further elaborated on the value of group discussions during training, emphasising how sharing experiences within a supportive environment enhanced her understanding and readiness:

> I feel like they stayed with me and up to a certain point, we lived these experiences. Understand that we had four years of classes... and four years of hearing stories, understand? but I still feel like they stayed with me because... it's not like when you're talking with your mum or your dad or with someone outside and with your friends... the therapist experience is different. (Virginia, Pos. 341)

Katherine expressed gratitude for the openness of their training group as it provided a corrective experience, highlighting how discussions on sexual aspects were facilitated, allowing each participant to share their experiences and insights:

> In our training, I mean, we addressed it and one of the things that I am very grateful for is the group that we had, the group with whom we studied... But um, we were a good group, so we were very open, and we discussed sexual aspects, and when we discussed the technical aspects, then everyone shared their experiences, etc... (Katherine, Pos. 124)

At the same time, having prior education in sexual issues did not inherently translate to ease in addressing sexual topics during therapy sessions. This observation aligns with the research findings of Harris and Hays (2008), suggesting that therapists' perceived sexual knowledge alone does not directly impact their initiation of discussions regarding sexuality with clients.

These varied perspectives illustrate how the master's level and professional training of therapists play a crucial role in shaping their preparedness to address sexual issues with clients, highlighting the need for further enhancement in this aspect of professional education.

4.3.2 Importance of Ongoing, Self-Directed Learning and Professional Development

This sub-theme explores supplementary reading, workshops, conferences, continuing education on sexuality, as well as the importance of supervision in shaping the therapists' comfort.

A key finding of this study was the therapists' commitment to continuous learning and staying updated with research and best practices in addressing sexual issues. Therapists highlighted the value of continuous learning beyond formal education as William emphasised:

> I try to attend one to two conferences, trainings, whatever, every year, as a family therapist. Many times, I prefer going abroad, and I'd say I enjoy it because it exposes me to different cultures, professionals working in different contexts, and so there's a chance for sharing, for learning from each other. (William, Pos. 77)

These opportunities not only offer avenues for personal growth but also facilitate learning from professionals operating in diverse contexts, enriching therapists' understanding and approach to addressing sexual issues within therapy sessions. Nancy emphasised the necessity of self-sought

education, “if someone starts talking about a sexual issue that I'm not familiar with, then you need to inform yourself” (Nancy, Pos. 117). As Virginia also pointed out, “First and foremost, you update yourself with knowledge as much as you can” (Virginia, Pos. 427). Sue also values self-sought knowledge, but she still feels that it is not enough: “one reads, does own personal research, reads journals, but still I was feeling that I do not have enough tools” (Sue, Pos. 36).

Supervision, often mentioned during the interviews, emerged as a cornerstone of therapists' ongoing professional development. This corroborates Harris & Hays (2008) study that highlights the impact of supervision on the comfort levels of therapists. Ruth highlighted its significance, noting, “I realised through supervision, meaning I was discussing this because I started feeling like I'm stuck and going in circles, because sometimes you have that feeling that there is something, but we are constantly missing it...” (Ruth, Pos. 132).

This part reveals an intriguing contrast among therapists regarding their attitudes towards further education on issues related to sex and sexuality. Surprisingly, one therapist expressed disinterest in learning more about topics relating to sex, particularly sexual lifestyles that diverge significantly from her own values: “it's not that I don't want to learn about it, but I'm not interested to invest in learning much about different sexual concepts that are far from mine,” (Caroline, Pos. 188). This presents an interesting case for reflection, prompting questions about the underlying reasons for this disinterest and whether it stems from personal discomfort or professional biases. While Caroline expressed a reluctance to extensively invest in learning about sexual concepts significantly distant from her own, she acknowledged the importance of ongoing learning. On the other hand, the majority of therapists, including those who already feel comfortable addressing sexual issues in therapy, expressed interest in further education in the area of sexuality. This reflects a proactive approach to professional development and a recognition of the ongoing learning process inherent in therapeutic practice. They acknowledged the need to address gaps in their knowledge to provide effective therapy. It also

underscores the therapists' commitment to providing comprehensive and effective care to their clients, recognising the significance of addressing sexuality within the context of family therapy.

Therapists emphasised the significance of ongoing, self-directed learning and engagement in professional development activities to bolster their proficiency in addressing sexual issues. They highlighted the value of attending workshops, conferences, and continuing education opportunities, corroborated by Love and Farber (2017) who underscored the importance of seeking out continuing education, especially for therapists lacking comprehensive training in sex, gender, and sexuality.

These findings shed light on the intricate links between therapists' educational experiences, ongoing professional development, and their approach to addressing sex in therapy sessions. Therapists recognise self-directed learning, ongoing professional development, and supervision as crucial for maintaining competence in addressing sexual issues. By acknowledging and addressing gaps in knowledge and training, therapists enhance their competence and efficacy in providing quality care to clients, underscoring the importance of continual learning and professional development in family therapy, particularly concerning the nuanced and sensitive topic of sexuality. These processes help therapists stay updated on trends, research, and best practices, improving the quality of client care.

4.3.3 Gaps in Knowledge and Training

This subtheme highlights areas where therapists may encounter gaps in their knowledge or training related to sexual issues. It addresses that impact therapists' ability to effectively address sexual issues in therapy.

Therapists interviewed expressed having difficulty finding CPD courses that address how to work with sexual issues in therapy. Despite their dedication to ongoing learning, therapists acknowledged encountering gaps in their knowledge and training related to sexual issues, impacting their ability to effectively address sexual issues in therapy. Challenges such as limited exposure to certain populations or sexual identities, inadequate training on specific concerns, and cultural competency gaps were

identified. They highlighted the need for comprehensive CPD programs that specifically target sexual issues, including diverse sexual orientations, cultural backgrounds, and specialised concerns. These therapists emphasised the importance of ongoing education to ensure they can provide inclusive and effective therapy for clients with diverse sexual experiences and needs.

Most of the participants expressed various concerns regarding their preparedness to address sexual issues within therapy sessions. Sue noted a lack of training and lectures specifically dedicated to discussions around sex, “We didn't learn about this topic in the course, meaning I didn't have any credit, not even specific credit... we didn't even have conversations around sex” (Sue, Pos. 20). Similarly, Emily highlighted the hindrance of not being knowledgeable from an educational standpoint, “The fact that I am not knowledgeable from the educational side, I think it hinders me” (Emily, Pos. 22). Others, like Ruth, expressed a sense of inadequacy in their readiness to address specific topics after completing their training, “I can't say that when I graduated from the course, I felt comfortable addressing the topic well or that I felt so prepared.” (Ruth, Pos. 184).

Nancy highlighted the challenge of encountering unfamiliar sexual practices, such as those related to swingers, which left her feeling unprepared and navigating uncharted territory*: “*People coming from a background of swingers who want to explain to me their sex life as it is, make me feel quite unprepared... It's like uncharted territory, and I don't even know where to begin tackling it” (Nancy, Pos. 65).

These quotes collectively underscore the challenges therapists face in addressing sexual issues within therapy sessions due to gaps in their knowledge or training.

4.4 Theme 3: Personal Beliefs, Values, and Their Impact on Sexual Discourse

The findings from the interviews shed light on the profound influence of therapists' personal beliefs and values on their interactions with clients regarding sexual issues. Participants reflected on how their past experiences, including their own attitudes towards sex, and their biases, shape their

comfort levels, communication styles, and responses to clients' disclosures. This theme delves into how therapists' cultural backgrounds and religious beliefs, shape their perspectives on discussing sexual issues in therapy, influencing their roles as systemic family therapists.

4.4.1 Personal Experiences and Biases

Participants discuss how their personal experiences and biases affect their interactions with clients regarding sexual issues. They reflect on how past experiences, attitudes towards sex, sexual relationships, and biases influence their comfort levels, communication styles, and responses to clients' disclosures.

William highlighted how his life experiences have provided opportunities for deeper exploration of the topic, emphasising his openness to discussing taboo subjects, “With what life threw at me, gave me more opportunity to explore... I absolutely do not look at it as taboo, in fact, I face it head-on” (William, Pos. 21).

Similarly, Virginia connected the ups and downs of her relationships to her understanding of clients' experiences, highlighting the personal relevance of her own marital experiences to her therapeutic approach:

> Everyone has their ups and downs [...] I perhaps can understand […] some people are not able to understand, some are not able to understand that if this will take long... This leads to a breakup, so we don't stay with each other... I always think of this, to keep this in mind when I come for therapy with people. (Virginia, Pos. 27)

Ruth discussed biases that emerged during sessions, acknowledging challenges in addressing certain topics due to age-related biases:

> Once I had a couple, um, here it comes out quite clearly the underlying biases, it’s amazing... They were quite older... um and it took me long to realise that it might be useful to ask around

> sex, we meet from one session to another, [...] Somehow my thoughts ignored it... but I don't know why but I didn't make the connection that this could be related to sex. (Ruth, Pos. 128)

Nancy expressed discomfort in discussing sex and sexual issues in particular situations such as: "If someone is here to be obnoxious, then I'm not comfortable with that […] If someone is talking about sex, but you feel that he's showing off…or wanting to shock" (Nancy, Pos. 20). Moreover, Katherine highlighted the importance of personal beliefs and experiences, particularly in understanding the significance of sex within relationships:

> Firstly, I think there's a personal belief, meaning for me, sex is very important in my personal life as well, and in my intimate relationships, so... I want couples who come to therapy to either maintain their sex life, or if there are any difficulties.... I would want to make them aware of the need to address them. (Katherine, Pos. 12)

Caroline shared her preference of working with particular clients especially when it comes to sex talk,

> …those who are more direct. I mean, they're not shy to talk about it. Yeah, perhaps more similar to me. […] it's more about the attitude of a person being a bit more not extrovert but a bit more already open to talk about these things. I mean that comes easier rather than someone who's very introverted and shy and always beating around the bush… (Caroline, Pos. 132)

Alfred's discomfort when working with women he finds attractive highlights the need to maintain boundaries and be aware of personal feelings and perceptions:

> When I have a client, for example, who I find attractive... And she's a woman... This discomfort is mine, [...] Obviously, this happens with women in general, but obviously, with someone I might be attracted to, you know how? I start feeling like I'm being intrusive, and I feel like I'm being too intimate... you know? I feel like I'm crossing some boundary... I am very aware of it, aware of my feelings, aware of how she might be perceiving me. (Alfred, Pos. 109)

Love and Farber (2017) emphasise the importance of therapists checking in with their own hesitations and areas of discomfort regarding discussing sex, which can enhance their ability to identify with what may feel forbidden to clients. Additionally, V. W. Hilton (1997) suggests that therapists' attitudes often root themselves in personal values and experiences, further emphasising the need for self-reflection and awareness in addressing sexual issues within therapy sessions.

4.4.2 Cultural and Religious Influences

Participants reflected on how cultural norms, and religious teachings intersect with their professional roles, shaping their approach to addressing sexual issues with clients.

William shared insights into how his upbringing in a religious environment influenced his perception of certain topics “Because I myself was brought up in a deeply religious environment, in an environment where this discourse was almost never allowed to be spoken about” (William, Pos. 17). He further reflected on the pervasive influence of religion in his family dynamics: “My mother was immersed in a very religious environment, so this was reflected also at home. Everything was church, catechism classes, church, catechism” (William, Pos. 17).

Katherine emphasised the importance of cultural sensitivity, particularly when working with clients from diverse cultural backgrounds, “If they're not ready to talk about it, especially when there are cultural differences, meaning when I have more, um, Arab cultures... so the topic is more tight,” (Katherine, Pos. 8).

Emily highlighted the lasting influence of religious institutions, particularly in shaping societal attitudes towards sexuality: “The Church... although I believe that... its impact is diminishing, but there is still a significant influence, especially from the generation older than mine.” (Emily, Pos. 49)

Caroline acknowledged the impact of her Catholic upbringing on her worldview and professional practice: “they did impact me the way I was raised and catholic like environment so,” (Caroline, Pos. 230).

Alfred discussed the influence of religious upbringing on familial dynamics, particularly regarding parental roles and religious adherence: “Even where my parents are coming from... they're both religious... but especially my father, I would say more... Not extreme... more, um, rigid where religion is concerned ... a bit more...” (Alfred, Pos. 65)

These findings underscore the significant impact of therapists' personal beliefs and values on their therapeutic approach to sexual discourse. The intersection of cultural background (Markovic, 2007), religious beliefs, and personal experiences with professional roles reveals the complexity of addressing sexual matters within the therapeutic context. Burnham's notion of the social graces (Burnham, 2012), including aspects such as religion and culture, are inherently intertwined with therapists' personal beliefs and values. For instance, a therapist's religious beliefs may influence their attitudes toward sexuality and shape their comfort level in discussing sexual matters with clients. Similarly, cultural background and personal experiences related to appearance, ethnicity, and sexuality can also inform therapists' perspectives on sexual health and influence their therapeutic approach. Therefore, understanding and acknowledging these personal factors are crucial for therapists to maintain self-awareness and sensitivity when navigating discussions about sexuality with clients, as emphasised by Russell's (2012) research. Therapists who are mindful of their own positioning vis-à-vis issues of culture and religion, and how they intersect with their professional roles are better equipped to address sexual issues effectively and ethically within the therapeutic setting.

4.4.3 Ethical Considerations

This sub-theme explores the therapists' ethical considerations surrounding discussions of sexual matters in therapy sessions, it examines the influence of therapists' professional ethics on their therapeutic interventions.

Participants spoke about the ethical responsibility towards addressing sexual issues in therapy. This is in line with Dermer & Bachenberg (2015) who insist that family therapists have an ethical

responsibility, based on the principles of human rights, to provide the highest level of care for their clients' sexual health requirements.

William highlighted this responsibility, emphasising the impact it has on both him and his clients, as well as the ethical imperative to provide support:

> I see that it brings along responsibility, a responsibility that arises from the fact that these clients have come to me, seeking help […] so they are also entrusting me with a certain responsibility to assist them. But at the same time, that responsibility is sometimes challenged because they are not allowing me to help them to the best of my ability, in that case, I will let them know. (William, Pos. 29)

Caroline echoed the sentiment, emphasising the importance of discussing sexual topics to understand the dynamics within a couple: "I still believe it's a topic that you have to go into, to really understand how far or near are the couple," (Caroline, Pos. 180).

Ruth highlighted the significance of addressing the sexual aspect as an integral part of the client's identity, suggesting that overlooking it may neglect an essential aspect of the client's identity:

> I believe that the aspect of sexuality can be a very important part of the client's identity as well, and without addressing it, we are leaving out a part of the client's or the couple's identity outside the room, and once it is brought in, it is like bringing another part of the client into the therapeutic relationship. (Ruth, Pos. 168)

Nancy expressed a concern for the client's well-being, "Because I felt it would be a disservice to the client if I didn't... it was not fair…" (Nancy, Pos. 57).

Moreover, Katherine emphasised the importance of acknowledging sexual identity as part of a person's overall identity, advocating for giving it a voice within therapy*:*

> We have our family identity, being a mother, daughter, sister, partner, whatever… we have our professional identity, etcetera, and we also have our sexual identity. I think it needs a voice, it

needs a voice for a human being to be thorough, to be complete, to be fulfilled. (Katherine, Pos. 128)

4.5 Theme 4: Personal Life Experiences and Their Influence on Addressing Sexual Matters

This theme examines how therapists' relationship status and their roles as parents, impact their approach to discussing sexuality with clients. The research of Jensen (2012) highlights important links between therapists' private and personal lives and their clinical practice. These links, as shown by Jensen (2008), manifest as resonance, wherein therapists' personal experiences profoundly shape their understanding and approach to client interactions. Personal resonance influences therapists' interpretations of client situations and relationships, ultimately impacting their clinical practice. As emphasised by Lum (2002), therapists must address unresolved family-of-origin issues to achieve emotional health and therapeutic congruence. Unresolved personal issues may lead to various reactions in therapy, such as getting stuck or losing focus, underscoring the importance of therapists' self-awareness and resolution of adult relationship dynamics.

Furthermore, the interplay between therapists' personal and professional perspectives emerged as a central theme. Participants reflected on how their personal backgrounds intersect with their professional identities, shaping their therapeutic approaches. This finding aligns with the research of Ulleberg and Jensen (2018), who assert that therapists' personal experiences, family backgrounds, and cultural influences significantly shape their practice. The complexity of this interplay was evident as participants navigated feelings of guilt, shame, and discomfort stemming from their upbringing while striving to adopt more open and supportive approaches to discussing sexual issues in therapy.

4.5.1 Relationship Status and Dynamics

This sub-theme examines how therapists' own relationship dynamics, including communication patterns and experiences of intimacy, affect their willingness and comfort level in addressing similar issues with clients.

William reflects on the parallelism between his personal and professional selves, emphasising the influence of his relationship experiences on his therapeutic approach, “Naturally, you can't separate yourself professionally from yourself personally... Now the wisdom comes in how all of that will be used, in favour of whoever is before me” (William, Pos. 89).

Virginia acknowledges the impact of her relationship experience on her therapeutic interactions, “That's why I use my experience [as a married woman], but I don’t tell them ‘Listen to me because this happened to me’ I was only open if I felt safe” (Virginia, Pos. 125). Katherine reflects on the unique perspective she brings to therapy as someone who experienced different relationship statuses, “I think here comes the aspect that I am single. This helped me where these different types of lives, sexual lives, etc. come in, because If I was still married, […] that’s the only life I sort of know...” (Katherine, Pos. 182).

Alfred emphasises the significance of creating a conversational space for clients based on his own relational experiences, “I know that when I was growing up, in my relationships, there were so many questions, so many doubts, so many things you want to have space to maybe mention.” (Alfred, Pos. 85)

4.5.2 Parenthood and Family Dynamics

While only two participants explicitly discussed the influence of their role as parents on their practice, their insights shed light on the profound impact of this role which is in line with Jensen’s (2012) study.

Nancy emphasises the importance of providing her children with a safe space to discuss sexual matters, drawing from her own experiences, “I make sure that I will... That she's super informed about sexual orientation, sexual interest, sexual matters, how it’s done, and who and how... I am very, you know... very open with her..." (Nancy, Pos. 29).

However, Nancy also reflects on the challenges of addressing sexual issues with young clients the age of her own children:

> If a fifteen-year-old comes and tells me that they are sexually active... and want to talk about their sex life... I think I would freak out... More for a different reason, rather than me not being comfortable, I start thinking, but he is still young, to be already having...you know…But we know it happens... so then I do not know if... talking about it might mean that I am saying yes, It's OK to have sex at that age so then that's a whole different kettle of fish. (Nancy, Pos. 145)

Caroline mentions that: “With my daughters, with my husband and with my clients. […] I think it's an area where I find myself very comfortable” (Caroline, Pos. 38).

These participant reflections highlight the nuanced ways in which therapists' roles as parents shape their attitudes and approaches to discussing sexuality both within their families and in therapeutic settings.

4.5.3 Navigating Boundaries: From Upbringing to Therapeutic Practice

This sub-theme explores balancing personal experiences with professional boundaries to enhance therapeutic rapport and understanding with clients.

Virginia reflects on her past experiences of feeling overly responsible within her family of origin, recognising how this dynamic influences her approach to boundaries in therapy.

> As a therapist, I carry this with me... because when I see people like that... who find it difficult, for example, for them to enter into this intimacy? Physically at first... um, there, yes, I put forward that listen, this is not automatic... meaning certain transference and countertransference will always be there in therapy. (Virginia, Pos. 121)

This reflection aligns with Aponte et al.'s (2009) emphasis on therapists understanding their personal experiences to maintain emotional detachment, vital for effectively addressing clients' emotional challenges without being overwhelmed.

In line with R. Hilton (1997), Katherine shares her cautious approach to discussing sensitive topics especially with clients of the opposite sex, emphasising the need to maintain clear therapeutic boundaries while creating a supportive environment for exploration:

> I am very careful, if for example I have a young man specifically, um, who are not in a relationship, and we are discussing sex... I make sure to be attentive and that I make it clear this is a therapeutic space... (Katherine, Pos. 68)

Caroline's input unveils the impact of the distinct boundaries ingrained during her upbringing on her therapeutic practice, “No, not even jokes. No talking, no jokes. I mean. No, that boundary was very clear, very set” (Caroline, Pos. 42). Her delineation of these boundaries reflects a rigid framework established in her family of origin, setting the stage for her understanding of personal boundaries. She acknowledges grappling with instances where clients breach familial boundaries, highlighting the discomfort she feels when confronted with familial intimacy surpassing her own experiences: “[the clients talk about] being a bit too personal between them [their families], and this couple between their siblings and I immediately… that struck me immediately because it was something we didn't have” (Caroline, Pos. 42). Caroline's reflection extends to instances where she encounters behaviours that diverge from her own familial norms, particularly regarding physical boundaries among siblings:

> perhaps certain touching, certain playful touching that siblings I don’t know….it wasn't something I used to do but I do see it, ... sexual touching even I can't explain it...because I had an incident some time ago when I commented on it like, kind of how come do you feel comfortable to grab your sister's breasts? (Caroline, Pos. 50)

This juxtaposition underscores her recognition of the stark contrast between her upbringing and the behaviours she encounters in therapy sessions.

Her poignant remark, “And yes, I think that comes from the fact that these things were never lived at my home,” (Caroline, Pos. 50) encapsulates the source of her discomfort and boundary

enforcement in therapeutic settings. This observation further underscores the importance of family of origin exploration, a theme extensively discussed by Satir (Lum, 2002).

Alfred discusses the nuanced nature of boundaries in therapeutic interactions, highlighting the importance of approaching sensitive topics with care and sensitivity to foster a sense of safety and trust, “I worry [...] that I am overstepping my boundaries. I am very aware of them, aware of my feelings, aware of how she might be perceiving me...” (Alfred, Pos. 109). This aligns with V. W. Hilton's (1997) perspective where she emphasis that risks of intimacy in therapy are clear, yet dealing with them is vital to the process.

4.6 Theme 5: Circling Discrepancies: Therapists' Comfort and Action on Sexual Issues

The exploration of the gap between therapists' comfort levels and their self-reported engagement in discussing sexual topics assumes heightened significance within the context of interviews conducted with participating family therapists. While all therapists acknowledged the significance of addressing sexual issues, their self-reported action during therapy sessions did not always align with this recognition. This discrepancy aligns with findings by Reissing and Di Giulio (2010), who revealed that only a minority of psychologists admitted discomfort discussing sexuality. Drawing from the interviews, it becomes evident that while many therapists self-reported comfort in discussing sexual issues, their behaviour during therapy sessions, as per their own accounts, often diverged from this assertion. Instances of hesitation or avoidance surfaced, indicating a gap between self-perception and actual practice. Furthermore, during the interviews, some of the participating therapists expressed discomfort in addressing certain issues in therapy, waiting for their clients to initiate the conversation or feeling uncomfortable with specific clients. Interestingly, post-interview conversations revealed that some participants were more forthcoming with personal information and biases once the official interview and recording had ended, shedding light on the complexity of discussing sensitive topics and the nuances of therapist-client dynamics beyond the formal interview setting.

Caroline, for instance, asserted comfort in discussing sex, stating, “Honestly, I find no difficulty” (Caroline, Pos. 8). However, her discomfort with certain topics becomes apparent as she acknowledges feeling less acquainted with subjects like swinging or threesomes, confessing, “while perhaps swinging, I don't accept or it's less of… I feel less acquainted with, in touch with it. I'm sorry” (Caroline, Pos. 242). She further adds, “making use of threesome as a sexual pleasure for the couple, it goes against my values. So, I think I would find it difficult to stay with” (Caroline, Pos. 196), highlighting the discrepancy between her professed comfort and her actual readiness to engage with certain sexual topics.

This discrepancy, reflecting findings from Miller and Byers (2009), highlights that many psychologists, while comfortable discussing sexuality, fail to address sexual concerns. In family therapy, where sexuality intersects with broader dynamics, this inconsistency underscores the complexity of addressing sexual issues. It prompts reflection on factors influencing therapists' behaviour. Despite intentions, there can be an incongruence between aspirations and client interactions, emphasising the need for ongoing self-reflection and understanding individual relational patterns (Aponte, 1994).

This disconnection can be explored through the lens of resonance, where alignment between beliefs, values, and actions is crucial for effective therapeutic practice. The concept of resonance, as proposed by Mony Elkaïm (1997), offers a profound perspective on understanding therapists' engagement with clients' experiences and perspectives within therapeutic relationships. Resonance prompts therapists to reflect on the significance of their emotional and cognitive responses within the therapeutic process, emphasising that what they feel and think in a therapeutic system serves a function for that system. For example, if a therapist finds themselves feeling upset towards a client, they can use resonance to explore the usefulness of this feeling for the client's worldview and experiences. Rather than solely focusing on their own personal history or countertransference, therapists can consider how their emotional responses may be indicative of the client's underlying needs or patterns of interaction (Elkaïm, 2005).

By adopting this approach, therapists move beyond traditional frameworks of transference and countertransference, which primarily focus on the therapist's internal experiences. Instead, resonance encourages therapists to consider the broader implications of their feelings and thoughts for the client's therapeutic journey. However, factors such as personal discomfort, fear of boundary violations, adherence to cultural norms, or lack of training and experience in addressing sexual issues may contribute to a lack of congruence between therapists' beliefs and actions. These factors impede the therapists' ability to authentically engage with clients' experiences and may hinder their effectiveness in addressing sexual matters in therapy.

To bridge this gap and enhance congruence in addressing sexual issues, therapists can draw upon Elkaïm's principles by fostering curiosity, empathy, and openness to clients' experiences. By authentically engaging with clients' concerns and perspectives related to sexuality, therapists can establish a sense of connection and trust conducive to meaningful therapeutic exploration and growth. Furthermore, Elkaïm's emphasis on collaboration and co-construction of meaning in therapy aligns with the goal of empowering clients to actively participate in discussions about sexuality. Through collaborative exploration, therapists can help clients navigate sensitive topics, fostering a sense of agency and ownership over the therapeutic process.

Integrating Mony Elkaïm's (1997) concept of resonance into therapeutic practice provides a valuable framework for understanding and addressing the discrepancy between therapists' recognition of the importance of discussing sexual issues and their actual behaviour in therapy. By promoting congruence in therapeutic practice through authentic engagement, collaboration, and empowerment, therapists can better support clients in exploring and addressing sexual matters in a meaningful and empowering way.

4.7 Conclusion

In conclusion, the findings discussed in this chapter reveal the nuanced interplay between therapists' personal experiences and their professional practice in the context of addressing sexual issues within therapy. Through comparisons with existing literature and the introduction of new insights, this study contributes to a deeper understanding of this complex relationship. Overall, these findings underscore the importance of recognising and addressing the influence of personal experiences on therapeutic practice, highlighting the need for ongoing self-reflection and awareness among therapists.

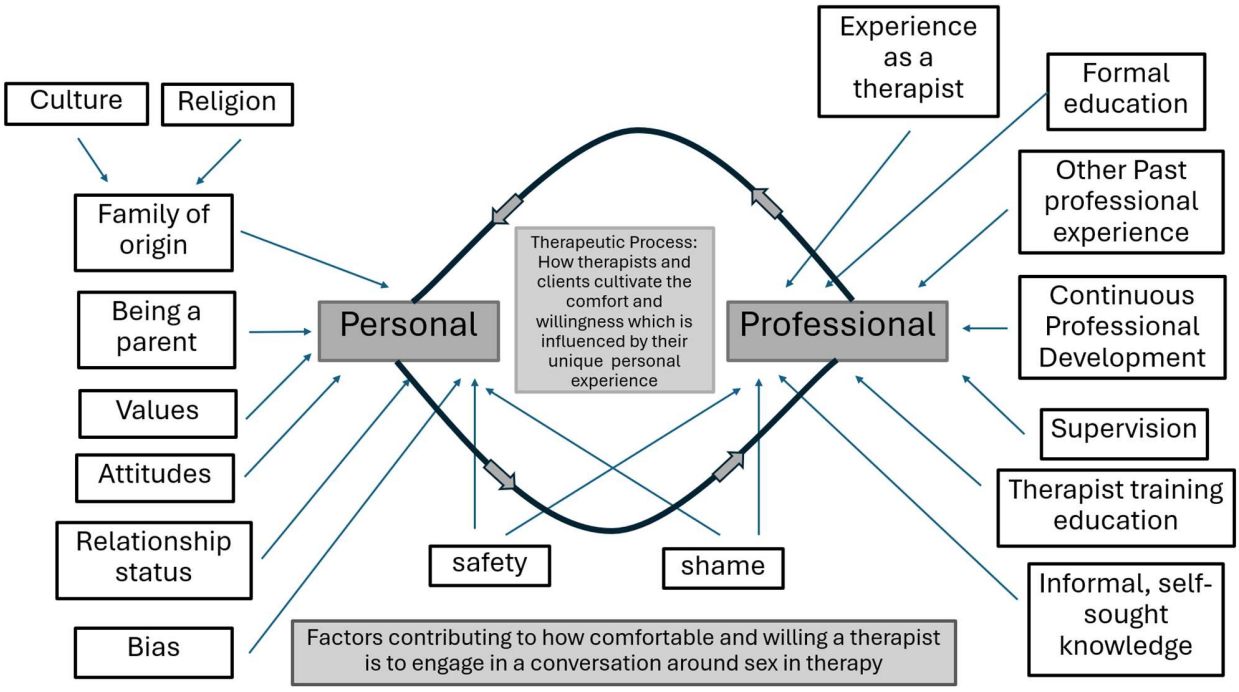

Diagram 1: Factors contributing to how comfortable and willing a therapist is to engage in a conversation around sex in therapy.

Chapter 5: Conclusion

This chapter concludes the study by summarising key findings, addressing limitations, and offering recommendations for future research, practice, training, and supervision in systemic family therapy. It emphasises the significance of the study and presents salient findings, addressing a gap in the literature. Few studies have qualitatively examined the link between family therapists' personal experiences with sex and their professional practice, making the insights gained from this research especially valuable.

5.1 Summary of Salient Findings

This study delves into the diverse perspectives and reflections of participating therapists, aiming to uncover the impact of personal experiences on their therapeutic approach, particularly regarding discussions of sexuality.

The findings reveal a profound influence of childhood experiences and family dynamics on therapists' perceptions and practices regarding sexuality in therapy. Participants universally recounted childhoods marked by a taboo surrounding sex, fostering discomfort and avoidance of sexual discussions.

Bowen's (1978) theory of differentiation of self provides a lens to understand how therapists integrate personal experiences with professional duties, highlighting the importance of self-reflection for navigating sensitive topics like sexuality in therapy. The study emphasises the interplay between therapists' personal and professional perspectives, shaping their therapeutic approaches. The complexity of this interplay calls for heightened self-awareness and reflexivity among therapists to effectively address sexuality-related concerns with clients.

A key finding highlights therapists' commitment to continuous learning and professional development in addressing sexual issues. While formal education plays a crucial role, gaps in training underscore the need for ongoing education and skill enhancement. The majority of therapists expressed

interest in further education, reflecting a proactive approach to professional development and a recognition of the importance of addressing sexuality within family therapy.

Therapists' personal beliefs and values significantly influence their approach to discussing sexual issues with clients. Personal experiences, biases, and attitudes shape therapists' comfort levels and communication styles in addressing sexuality within therapy sessions. These findings underscore the importance of therapists' self-awareness and sensitivity in navigating discussions about sexuality with clients.

The exploration of therapists' comfort levels and their actual engagement in discussing sexual topics reveals potential discrepancies between self-perception and practice. Instances of hesitation or avoidance indicate the complexity of addressing sexual issues within family therapy. Ongoing self-reflection is essential for therapists to bridge the gap between intentions and actions in therapeutic practice.

In conclusion, this study highlights the nuanced relationship between therapists' personal resonances and their professional practice in addressing sexual issues within therapy. By shedding light on the interplay between personal backgrounds and therapeutic approaches, this research underscores the importance of ongoing self-reflection and awareness among therapists in navigating discussions of sexuality with clients.

5.2 Implications for Practice, Training and Supervision

5.2.1 Implications for Practice

The study highlights a strong connection between therapists' personal experiences, particularly upbringing and cultural context, and their comfort discussing sexual matters in therapy. This underscores the importance of reflective practices for therapists to understand and navigate these influences effectively. By engaging in self-reflection, therapists can enhance their effectiveness in addressing sexuality-related concerns with clients.

5.2.2 Importance of training

In accordance with prior research, the study found that therapists highlighted their lack of training as a contributing factor to their discomfort. It underscores the importance of creating safe learning environments in training programs, suggesting initiatives like dedicated mock sessions focused on sexuality. These hands-on opportunities can better prepare therapists-in-training to confidently address sexuality-related concerns in therapy.

5.2.3 The importance of supervision

While supervision did not feature prominently in the study, its importance in aiding therapists in addressing sexual issues is evident. Supervisors can create a safe environment for therapists to explore personal resonances with sex. They should actively encourage discussions on sexuality and provide support as therapists navigate these conversations with clients. Given its role as a trusted space, supervision offers therapists an ideal opportunity to practice discussing sexual issues and gain confidence. By fostering an open and supportive supervisory relationship, supervisors can empower therapists to address sexuality-related concerns more effectively.

5.3 Limitations of Study

One participant declined participation due to discomfort discussing the topic, while another accepted to participate only if I did not have enough participants. This highlights the sensitive nature of the research topic and the likelihood that participants who agreed to participate may have been more comfortable or open-minded about discussing sex. Consequently, the findings may not fully capture the perspectives of therapists who are less comfortable with the topic, limiting my understanding of factors influencing comfort and willingness in discussing sexuality during therapy sessions.

The study's participant pool skewed predominantly toward one gender, with only two male participants. Achieving a more balanced representation of both genders could have provided deeper insights into how therapist and client gender dynamics influence discussions surrounding sexuality in

therapy sessions. The existing literature suggests that gender dynamics play a significant role in shaping comfort levels and willingness to engage in such conversations (Hanzlik & Gaubatz, 2012; Lewis & Bor, 1994) making this gender imbalance a noteworthy limitation.

While the study identified the potential influence of relationship history and parental roles on therapists' perspectives regarding sexuality in therapy, these factors were not extensively explored during the interviews. Due to the need to maintain focus, inquiries into these areas were limited. As a result, the depth of understanding regarding how relationship history and parental roles impact therapists' views on sexual issues with clients remains limited.

5.4 Recommendations for Future Research

To capture both quantitative trends and qualitative nuances, future studies could consider employing mixed-method approaches. Researchers might opt to explore the influence of relationship history and parental roles on therapists' perspectives regarding sexuality in therapy. This could involve incorporating specific interview questions or qualitative probes to elicit richer insights into how these factors shape therapists' views and practices.

There is a pressing need for research investigating the nuanced roles that therapist and client gender play in facilitating discussions surrounding sexuality within therapeutic settings. Exploring how these factors intersect and influence the comfort levels and willingness to engage in such dialogues could deepen our understanding of the dynamics at play. Researchers should prioritise achieving a balanced gender representation among participants to better understand how therapist and client gender dynamics influence discussions surrounding sexuality in therapy.

Future studies could employ diverse and targeted recruitment strategies to ensure a broader representation of therapists from different backgrounds and comfort levels regarding discussing sexuality in therapy. This may involve providing comprehensive information about the study to potential

participants, and incorporating an anonymous online questionnaire to encourage participation among individuals who may feel uncomfortable discussing such topics openly.

5.5 Conclusion

Let us embrace the notion that as therapists, our personal journeys intertwine with our professional paths in profound ways. By acknowledging and embracing this interconnectedness, we embark on a journey of continual reflexive exploration and growth. Through this process of reflexive inquiry, we not only enrich our own lives but also enhance our ability to serve our clients with sensitivity, empathy, and ethical integrity. May this study serve as a reminder of the transformative power of reflexive awareness in our therapeutic endeavors, specifically in discussing sex and sexual issues. By fostering a deeper understanding of how our personal experiences with sex influence our professional comfort and willingness to engage in these conversations, we can illuminate the path toward more compassionate and effective care in the dynamic landscape of family therapy practice.

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Appendix A: Search Terms

The following are keywords and phrases I used both singularly and combined in my search. In every search, I used the terms therapist, counselor, psychologist, and would change the terms and re-run the search to determine if there was any further research:

Therapist willingness to discuss sexuality

therapist willingness to initiate sexual discussions

therapist discuss sexuality

therapist attitudes on sexuality

therapist comfort with sexual topics/sexuality

therapist sexual knowledge,

therapist sexual comfort,

therapist supervision sexual/sexuality

therapist experience sexual/sexuality

therapist sexual attitudes

therapist graduate sexuality attitude

therapist personal resonance

Appendix B: Information Letter

2nd February 2023

Information letter

Dear Sir/Madam,

My name is Marija Helen Attard Raute and I am a student at the University of Malta, presently reading for a Master in Family Therapy and Systemic Practice. I am presently conducting a research study for my dissertation titled Sex talk: Family therapists' experience of addressing sexual issues in therapy. This is being supervised by Ms. Roberta Farrugia Debono. This letter is an invitation to participate in this study. Below you will find information about the study and about what your involvement would entail, should you decide to take part.

The aim of my study is to explore whether there is a connection between family therapists' personal resonances with sex and their willingness and comfort in initiating a conversation about sex with clients. I would like to understand what personal experiences help or hinder the therapists' willingness and comfort in discussing sexual issues with their clients in therapy. Your participation in this study would help contribute to a better understanding of what may facilitate a talk about sex in therapy. Any data collected from this research will be used for purposes of this study.

The overall findings of this study may be submitted for publication in a scientific journal or presented at scientific conferences. In accordance with the requirements of some scientific journals and organisations, the coded data (anonymised) may be shared with the other fellow researchers and in other related studies. Your anonymised data will be kept in a locked filing cabinet or a period of at least five years after being published in such journals.

Should you choose to participate, you will be asked to participate in an individual in-depth interview of 45-60 minutes. The interview can take place in person, at a place that is convenient to you or over zoom, whatever suits you best. Participants in this study need to be attending ongoing supervision. These interviews will be recorded, transcribed and analysed by myself through Reflexive Thematic Analysis.

Participation in this study is entirely voluntary; in other words, you are free to accept or refuse to participate, without needing to give a reason. You are also free to withdraw from the study at any time, without needing to provide any explanation and without any negative repercussions for you. Should you choose to withdraw, any data collected from your interview will be erased as long as this is technically possible (for example, before it is anonymised or published), unless erasure of data would render impossible or seriously impair achievement of the research objectives, in which case it shall be retained in an anonymised form. A copy of the draft of the findings will be sent to you for reviewing and you will have 4 weeks to rectify or change the data.

I hereby invite you to kindly consider participating in my research study. By participating in this research, you would contribute to enhance the family therapists' self-reflectivity, which in turn can support them to be better equipped in approaching the topic of sex with the couples and family systems that they encounter.

If you choose to participate, please note that there are no direct benefits to you. Your participation does not entail any known risks.

Please note also that, as a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and where applicable ask for the data concerning you to be erased. The participants' transcripts and audio-recordings will be stored securely and separately on encrypted password-protected files in a password-protected computer. Transcripts will be pseudonymised at source and any identifying details pertaining to the participants and their clients will be altered or omitted and will not feature in the study. Personal data will be stored securely and separately from the pseudonymised data, also in an encrypted manner. Any hard- copy materials will be placed in a locked cabinet/drawer for which only I shall have the key. Participants will be informed that interview data may not be entirely anonymised, as personal data, such as the consent form, can be linked to the pseudonyms. However, all personal data will only be accessible to me, and so participants would only be identifiable to me. The pseudonymised transcripts will then be available to my supervisor and if needed, to my examiners. Transcripts and recordings will be destroyed upon graduation according to regulations set by the University of Malta.

A copy of this information sheet is being provided for you to keep and for future reference.

Thank you for your time and consideration. Should you have any questions or concerns, please do not hesitate to contact me by e-mail marija.attard.01@um.edu.mt. You can also contact my supervisor by e-mail roberta.farrugia-debono@um.edu.mt

Sincerely,

Marija H. Attard Raute	Ms. Roberta Farrugia Debono
marija.attard.01@um.edu.mt	roberta.farrugia-debono@um.edu.mt
Researcher	Supervisor

Appendix C: Interview Schedule

Interview questions

Title - *Sex talk: Family therapists' experience of addressing sexual issues in therapy.*

Main research questions

- *What is the connection between family therapists' personal resonances with sex and their willingness and comfort in initiating a conversation about sex with clients?*
- *What personal experiences help or hinder the therapists' willingness and comfort in discussing sexual issues with their clients in therapy?*

1. How do you feel about initiating a conversation about sex with clients? Why do you think you feel this way? What personal experiences, do you think influence how you feel about talking about sex?
2. How do you go about asking about sex?
3. In what ways do you think your family of origin may have had an influence on your current willingness and comfort in discussing sexual issues? How was it talking about sex with your family of origin?
4. Do you recall any session where you felt uncomfortable discussing sexual issues with clients? What happened? What was different?
5. In which situations do you find it is difficult to initiate a conversation about sex?
6. Do you recall any therapy sessions where you felt it was important to talk about sex? Can you elaborate on these circumstances? How did you go about it? What helped you address the topic of sex?
7. Do you recall any therapy sessions where you felt it was important to talk about sex, but you didn't address it, or you didn't address it as much as you would have liked? What hindered? Can you elaborate on these situations? Can you give any examples?

8. How does addressing sexual issues impact the therapeutic relationship?
9. Has there been specific training or educational experiences that significantly impacted your comfort level in discussing sexual issues?
10. How have your evolving perceptions and experiences shaped your approach to discussing sexual issues in therapy throughout your career?
11. In what ways has your willingness to initiate a conversation about sex changed over time? What do you think contributed to this change?
12. In what ways has your comfort levels changed over time? What do you think contributed to this change?
13. Can you describe instances where your views on sex, both personal and professional, have influenced your interactions with clients regarding sexual matters?
14. What do you think would help in increasing the comfort and willingness of therapists in discussing sexual issues?

Debriefing

We are coming to an end of the interview, is there anything you would like to add?

Appendix D: Ethical Approval

09/04/2024, 13:36 University of Malta Mail - Research Ethics Application - Approved by FREC, no UREC decision needed

L-Università ta' Malta

Marija Helen Attard Raute <marija.attard.01@um.edu.mt>

Research Ethics Application - Approved by FREC, no UREC decision needed

1 message

SWB FREC <research-ethics.fsw@um.edu.mt> 27 February 2023 at 15:01
To: Marija Helen Attard Raute <marija.attard.01@um.edu.mt>
Cc: Roberta Farrugia Debono <roberta.farrugia-debono@um.edu.mt>, "Ms Ingrid M. Grech Lanfranco" <ingrid.grech-lanfranco@um.edu.mt>

REDP Application ID: SWB-2023-00069

Dear Marija Helen Attard Raute,

Your ethics application regarding your research titled *Sex talk: Family therapists' experience of addressing sexual issues in therapy* has been **approved**.

Attached find a **copy of the feedback sheet** containing FREC's feedback and approval. Kindly check the sheet in case of any comments from FREC.

Faculty Research Ethics Committees are authorised to review and approve research ethics applications on behalf of the University of Malta, except in the case of sensitive personal data. In this regard, your ethics proposal **does not need to be sent to UREC-DP**. Hence, **you may now start your research**.

Disclaimer: *The research team should note that only the English versions of the documents submitted have been reviewed by FREC. It is the duty of the research team to ensure that all documents in Maltese (or any other language) are faithful translations of the English version.*

Regards,

L-Università ta' Malta

Faculty Research Ethics Committee

Faculty for Social Wellbeing
Room 113, Humanities A Building
+356 2340 2237/3220
um.edu.mt/socialwellbeing/students/researchethics

[SWB-2023-00069 - Feedback Sheet 1].pdf
110K

Appendix E: Consent Form

Participant's Consent Form

Sex talk: Family therapists' experience of addressing sexual issues in therapy.

I, the undersigned, give my consent to take part in the study conducted by Marija Helen Attard Raute. This consent form specifies the terms of my participation in this research study.

1. I have been given written and/or verbal information about the purpose of the study; I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.
2. I also understand that I am free to accept to participate, or to refuse or stop participation at any time without giving any reason and without any penalty. Should I choose to participate, I may choose to decline to answer any questions asked. In the event that I choose to withdraw from the study, any data collected from me will be erased as long as this is technically possible (for example, before it is anonymised or published), unless erasure of data would render impossible or seriously impair achievement of the research objectives, in which case it shall be retained in an anonymised form.
3. I understand that I have been invited to participate in an interview in which the researcher will ask a set of questions to explore the relationship between certain aspects from family therapists' personal experiences and their implications on their clinical practice. I am aware that this will be a one time interview of approximately 45 - 60 min. I understand that the interview is to be conducted in a place and at a time that is convenient for me.
4. I understand that my participation does not entail any known or anticipated risks.
5. I understand that there are no direct benefits to me from participating in this study. I also understand that this research may benefit others by better informing trainers and supervisors about what aspects may facilitate the willingness of systemic family therapists in initiating a conversation about sex during therapy and incorporate this in the training of future therapists.
6. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased.
7. I understand that the overall findings of this study may be submitted for publication in a scientific journal or presented at scientific conferences. In accordance with the requirements of some scientific journals and organisations, the coded data (anonymised) may be shared with the other fellow researchers and in other related studies. Your anonymised data will be kept in a locked filing cabinet or a period of at least five years after being published in such journals.
8. I have been provided with a copy of the information letter and understand that I will also be given a copy of this consent form.

MARK ONLY IF AND AS APPLICABLE

- ☐ I agree to this interview being audio recorded.
- ☐ I do not agree to this interview being audio recorded.

9. I am aware that, by marking the first-tick box below, I am giving my consent for this interview to be audio recorded and converted to text as it has been recorded (transcribed).
10. I am aware that extracts from my interview may be reproduced in these outputs, either in anonymous form, or using a pseudonym.
11. I am aware that I may choose to have the interview online; in that case the researcher will use Zoom and will activate the Require Encryption for 3rd party endpoints SIP/H-323 function. The researcher will only audio record the session.
12. If I feel that the interview has distressed me in any way, I may make use of the support services information that Marija H. Attard Raute will give me at the beginning of the interview. I am aware that this document comprises a list of free services. The document also includes fee-paying services which I understand I will have to pay for should I decide not to use free services.
13. I am aware that my data will be pseudonymised; i.e., my identity will not be noted on transcripts or notes from my interview, but instead, a code will be assigned. The codes that link my data to my identity will be stored securely and separately from the data, in an encrypted file on the researcher's password-protected computer, and only the researcher will have access to this information. Any hard-copy materials will be placed in a locked cabinet/drawer. Any material that identifies me as a participant in this study will be stored securely for the duration of the study and destroyed upon graduation.
14. I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.

I have read and understood the above statements and agree to participate in this study.
I confirm that I am currently attending regular clinical supervision.

Name of participant: _____

Signature: _____

Date: _____

Marija H. Attard Raute
Marija.attard.01@um.edu.mt
Researcher

Ms. Roberta Farrugia Debono
roberta.farrugia-debono@um.edu.mt
Supervisor

Appendix F: Information About Support Services

SUPPORT SERVICES

Dear Participant,

I hope this email finds you well.
I would like to take this opportunity to thank you for your participation in this study. I appreciate your involvement and cooperation throughout this entire process.

I would like to remind you of the aims of this study; namely to explore whether there is a connection between family therapists' personal resonances with sex and their willingness and comfort in initiating a conversation about sex with client.

This study was not anticipated to cause distress and the interview questions were formatted in as sensitive a manner as possible. However, if your participation has led you to experience any distress or discomfort for whatever reason, then overleaf I have included some information about services that offer free and fee-paying professional support that you might find helpful.

Kindly do not hesitate to contact me if you have any queries.
If you require any additional information or wish to report any concerns about this study, please do not hesitate to contact both myself, on 79051496 or my research supervisor on 79537698.

Kind regards,

Name of student researcher: Marija H. Attard Raute
Course: Master in Family Therapy and Systemic Practice
Student's contact email: marija.attard.01@um.edu.mt
Student's contact number: 79051496
Research supervisor: Ms. Roberta Farrugia Debono
Supervisor's email: roberta.farrugia-debono@um.edu.mt
Supervisor's phone number: 79537698

Title of Research Study: Sex talk: Family therapists' experience of addressing sexual issues in therapy

FREE SERVICES

Richmond Foundation
info@richmond.org.mt +356 21 224580/ 21 482336/ 21 480045
Supports both individuals who are experiencing mental health problems as well as those around them. Apart from supporting individuals by offering therapeutic help, Richmond Foundation also guides individuals by teaching the necessary skills to live and work independently. Their services include support groups, assisted living solutions, educational programmes, as well as counselling services.

Supportline 179 (24/7 access)
This is Malta's national helpline acting to provide support, information about local social welfare and other agencies, as well as a referral service to individuals who require support. It is also a national service to individuals facing difficult times or a crisis. Their primary mission is to provide immediate and unbiased help to whoever requires it.

Kellimni.com (24/7 access)
http://kellimni.com/21244123/21335097
kellimni.com is an online support service in which trained staff and volunteers are available for support 24/7 via email, chat and smart messaging. This service is managed by SOS Malta.

Crisis Resolution Malta
Offers immediate care. Crisis resolution 24/7. The team of volunteers which answer the phone are all professionals, and the consultation service is free.
crisismalta@gmail.com/ +356 9933 9966

Crisis intervention Mater Dei
Supports in various crisis situations related to mental health. Monday to Friday 7am – 5.30pm. +356 2545 3950

PAID PROFESSIONALS

Counsellors:	Malta Association for the Counselling Profession (MACP)	www.macpmalta.org
	Council for the Counselling Profession (CCP)	ccp.msfc@gov.mt
Family Therapists:	Malta Association of Family Therapy and Systemic Practice (MAFT-SP)	maft.systemicpractice@gmail.com
Psychologists:	Malta Chamber of Psychologists	mcp.org.mt
	Malta Psychology Profession Board	mppb.msfc@gov.mt
Malta Association of Psychiatrists:		map.org.mt
Psychotherapists:		www.facbook.com/MaltaAssociationForPsychotherapy

Appendix G: Original Interview Transcript excerpts in Maltese

Alfred

jiġifieri l-memorji li għandi jiena huma ta' ommi u missieri jeqilbu it-televixin meta jkun hemm xena ta' sess. (Alfred, Pos. 37)

guilt u shame naħseb related to sex rather than anything else, (Alfred, Pos. 105)

meta jkolli client li per eżempju li f´ghajnejja tkun attractive…U tkun mara…Din l-iskumdità tkun tiegħi, […] Ovvjament din tigrili man-nisa inġenerali imma ovvjament ma xi ħadd li b'xi mod inkun attrat lejh jiena taf kif? Nibda nħoss li qisni qed inkun intrusive, u qisni qed inkun too intimate…taf kif? Qisu qed naqbez xi boundary... inkun vera aware minnha, aware mil-feelings tieghi, aware mill-mod kif jista' jkun hi qed tippercepini. (Alfred, Pos. 109)

anke għax il-parents tieghi gejjin minn… huma reliġjużi it-tnejn li huma….imma missieri speċjalment naqa iktar…Mhux estrem ta…iktar emm aktar riġidu fejn jidħol emm religjon..naqa iktar… (Alfred, Pos. 65)

naf jiena meta kont qed nikber, meta fir-relazzjonijiet tiegħi kemm kien hemm mistoqsijiet kemm kien hemm forsi dubji, kemm ikollok affarijiet li tixtieq ikollok spazju fejn forsi tista' ssemmihom. (Alfred, Pos. 85)

Nibza […] li qisu qed naqbez boundary. Inkun vera aware minnha aware mil-feelings tieghi, aware mill-mod kif jista' jkun hi qed tippercepini … (Alfred, Pos. 109)

Caroline

And now you know, with time you reflect and you become a therapist, you work a lot on yourself. And so I think, yes it, it did stem from perhaps the unavailability of of being able to discuss certain issues at that age, (Caroline, Pos. 37)

I believe I perhaps wished for a better communication with her…but I could not even think of bringing up thesubject, and it was quite heartbreaking, hux… (Caroline, Pos. 17)

I still don't discuss with them [the parents] these issues however, with them and even with my friends, certain boundaries, are still there. So as a friend, as a daughter, I don't go on those issues. I like to keep it private, (Caroline, Pos. 37)

So this perhaps has programmed me to become more open about it and not to be like like my parents, like my mother, mostly. (Caroline, Pos. 12)

We mentioned it various times. It was, it was so. And I think the thing that that, that we brought it up frequently, I think it made it even more helpful and I was more prepared to then to then ask about it with with my clients so. (Caroline, Pos. 156)

it's not that I don't want to learn about it, but I'm I'm not interested to invest in in learning much about different different sexual concepts that are far from mine. (Caroline, Pos. 188)

…those who are more direct. I mean, they're they're not shy to talk about it. Yeah, perhaps more similar to me. […] it's more about the attitude of a person being a bit more not extrovert but a bit more already open to to talk about these things. I mean that comes easier rather than someone who's very introverted and shy and always beating around the bush… (Caroline, Pos. 132)

they did impact me the the way I was raised and catholic like environment so. (Caroline, Pos. 230)

I still believe it's a topic that you have to go into, to really understand how far or near are the couple. (Caroline, Pos. 180)

With my daughters, with my husband and with my clients. […] I think it's an area where I find myself very comfortable. (Caroline, Pos. 38)

No, not even jokes. No talking, no jokes. I mean. No, that boundary was very clear, very set. (Caroline, Pos. 42)

[the clients talk about] being a bit too personal between them [their families], and this couple between their siblings and I immediately… that struck me immediately because it was something we didn't have. (Caroline, Pos. 42)

perhaps certain touching, certain playful touching that siblings jien naf….it wasn't something I used to do but I do see it, jien naf ... sexual touching even I can't explain it...because I had an incident sometime ago when I commented on it like, kind of how come do you feel comfortable to grab your sister's breasts? (Caroline, Pos. 50)

And yes, I think that comes from the fact that these things were never lived at my home, (Caroline, Pos. 50)

Emily

ħaġa li tibqa' miegħi […] għax it´s more about l interview minnha nnifisha, qisu għax titfa' daqsxejn iktar seeds for reflection.... so nemmen….Li anka jekk….Ikun hemm ftit iktar […] self reflexivity things biex nikbru minnhom […] So naħseb bl istess mod naħseb tista' tqanqal ħafna affarijiet u be curious....To create further curiouslity... and reflect further upon ta anke bħala therapist in ġenerali….. (Emily, Pos. 409)

emm u automatically naħseb…jiena kont…Kollox hush hush….Naħseb kont nara naħsebli nara li kienu strict, speċjalment m'oħti, naħseb ma kienux strict ma' ħija, qisu għax kien tifel…Imbagħad jiena naħseb li I learnt and to navigate mingħajrhom. (Emily, Pos. 95)

Tant inħoss li it's not spoken about, we don't talk about it.... Li m'għandix idea how I stand kieku jien nibda niftah fuq ċertu affarijiet allura ngħid….I´d rather not talk... (Emily, Pos. 138)

heqq, tant iggib maghha shame...shame, blame, guilt... naħseb jiena jekk m'hemmx dawn [an atmosphere of not being judged]. I wonder how can you open up? (Emily, Pos. 269)

ma niftakarx li kien hemm wisq hemm materjal fejn jidħol l aspett intimu, relazzjonali mill-att sesswali ma naħsibx (Emily, Pos. 31)

il-fatt li I am not knowledgeable mil lat edukattiv naħseb it ħinders me…. (Emily, Pos. 22)

Il-knisja.. għalkemm nemmen li….l-impatt tagħha qed…jonqos imma xorta ghad hemm influwenza kbira, speċjalment mil-ġenerazzjoni li huma akbar minnha. (Emily, Pos. 49)

Katherine

Niftakar sena partikolari insejt kemm kelli zmien….Kelli din il-malja… is-soltu niehu gost nixtri malja ġdida kull sena. U ghal dik is-sena ma ridx nixtri malja ġdida għax niftakar kont żviluppajt fiżikament minn sena ghal ohra, u din il-malja kienet bil-french cut, u vera kienet….U vera ħassejtni… u

missieri meta kien ra, kien qallha lil ommi…qattahilha minn hemm! dawk….It-tip ta' esperjenzi… (Katherine, Pos. 20)

Imma rrid noqgħod attenta that I do not push them before aw… more than they can take…dawn huma affarijiet passi żgħar napprezza kif jiena….ma kbirtx minn hekk ghal hekk, as in, it was a gradual process so hemmhekk forsi. (Katherine, Par. 80)

Fi training tagħna, jiġifieri konna nindirizzaw u wahda mill affarijiet li jiena I am very grateful ukoll il grupp li konna il grupp ma' min studjajt we were, […] Imma emm konna grupp sew allura. We were very open so konna niddiskutu aspett aspetti sesswali u meta ddiskutew b'mod tekniku imbagħad kulħadd jaqsam l esperjenzi tiegħu u eċċetra… (Katherine, Pos. 124)

l-ewwel nett nahseb hemm belief personali, jigifieri for me sex is very important in my personal life as well, u fir-relazzjonijiet intimi tiegħi, allura… qisu nkun nixtieq li il-koppji li jiġu għat-terapija għandi qisu jew jmantnuha, jew jkun hemm xi diffikultajiet….Inkun irrid ngħidilhom jindirizzawhom. (Katherine, Pos. 12)

jekk humiex lesti jitkellmuh eeeehhh speċjalment meta jkun hemm cultural differences, jiġifieri meta jkolli kulturi iktar emm ħa ngħidlek hekk….arab mainly…hemmhekk is-suġġett narah iktar issikkat, (Katherine, Pos. 8)

We have our family identity, being a mother, daughter, sister, partner, whatever … we have, our professional identity eċċetra eċċetra and we have our sexual identity ukoll I think that it needs a voice, it needs a voice for a human being to be thorough, to be complete, to be fulfilled, (Katherine, Pos. 128)

Issa naħseb hawnhekk jidħol aspett li jiena single. Din naħseb għenitni llum il-ġurnata fejn jidħlu dawn id-different types of lifes, sexual lifes eċċ għax nimmaġina, […] li kieku jiena llum il-ġurnata għadni miżżewġa, [...] that's the only life i know sort of… (Katherine, Pos. 182)

I am very careful, jekk ikolli eżempju xi żgħażagħ jew ġuvintur b'mod speċjali emm li mhumiex f'relazzjoni u qed niddjalogaw fuq is sess….qisu noqgħod attenta that i make it clear this is a therapeutic space… (Katherine, Pos. 68)

Nancy

Not spoken about at all!! It was never spoken about at home. (Nancy, Pos.29)

li titkellem fuq sess kien taboo...allura naħseb li nħoss hdimt biex dik nkisser dik, għax ħafna drabi sexual talk, sex qisu li ħaġa maħmuġa xi ħaġa undesirable jew ħamalla so i think I have an agenda, li qisu, Lets talk about it in a healthy adult way, biex ngħid hekk sewwa, and I do feel it a priority now... (Nancy, Pos. 16)

u naħseb finalment jiena ngħid li napprezza l-kontra, jiġifieri li huma human needs importanti f'relazzjoni. (Nancy, Pos. 29)

jekk xi ħadd jibda jitkellem fuq sexual issue li jiena m' iniex familjari magħha.... Imbagħad titlaq tiġri tfittex! (Nancy, Pos. 117)

forsi nista' ngħid li għandi ċertu skumdità nuqqas ta' esperjenza ġrawli jekk jiġi xi ħadd li joqgħod fit-trouple *(in a 3 person relationship)* bejn tlieta perezempju....So emm nies li ġejjin minn background ta swingers u jridu jispjegawli is-sex life taghhom kif tkun hemmhekk inhossni naqra unprepared... jigifieri it's like unchartered territory ux...u ma nkunx naf minn fejn ha naqbad nibda.. (Nancy, Pos. 65)

jekk xi ħadd hawn biex joqgħod jiħħamalla, then I'm not comfortable with that […] jekk xi ħadd qed jitkellem fuq sex, imma issa tħossu inti biex jixxowja... jew biex jixxukja. (Nancy, Pos. 20)

Ghax ħassejtu disservice lill-klijent jekk ma naghmiliex...qas kienet fair... (Nancy, Pos. 57)

I make sure that I will… That she's super informed about sexual orientation, sexual interest, sexual matters, how, kif isir is-sess, u ma min u kif....I am very, taf kif....very open maghha... (Nancy, Pos. 29)

Jekk jiġi xi fifteen year old jghidli li huwa sexually active.....and want to talk about their sex life..jien nahseb li niffreakja...Iktar for a different reason, iktar milli ghax mhux komda, ghax nibda nghid forsi, ghadu zghir dan, jew ghadha zghira din biex diga' speċi is having....Avolja we know it happens....so then I do not know if....talking about it might mean that I am saying yes, It's OK to have sex at that age so then that's a whole different kettle of fish.... (Nancy, Pos. 145)

Ruth

niftakarha ċara kellna l-kotba tagħhom, How my bodyworks , u kull edition jingħaqdu u jaqdu dan il patterns, u kollha għandi, […] u kont narahom mal parents tiegħi, insomma u nqabeż wieħed partikolari, kien nieqes….U kont ngħid imma dan ghax m'għandniex, għandha sett kollu u dan m' għandniex […] eventually skoprejt li kien ta reproductive system u ħareġ iktar tard, meta naħseb li parents ħassew li kont ftit iktar matura imma I always used to question tipo jekk kont okay biżżejjed li nifhem partijiet oħra tal-ġisem għax din il-parti kienet daqshekk diffikultuża biex nifhimhom? (Ruth, Pos. 32)

naħseb li kieku eżempju l-familja tieghi iddiskutietu iktar open is-suġġett u kelli l-opportunità li nitgħallem il-lingwaġġ ta' kif niddiskuti s-suġġett, u forsi l-iskola wkoll, naħseb li kienet tkun ta' sapport għalija u mbagħad meta niġi biex nindirizza s-suġġett jien għax kultant lanqas ikollok il-lingwaġġ ta' kif ħa tidħol fis-suġġett, kif ħa tindirizza, jiġifieri apparti qisu l-aspett forsi ta' ħabi, ta' shame, ta' skumdità. (Ruth, Par. 40)

l-iskola wkoll sibna, sibt qisu approach simili fejn il-paġna tal-ktieb tas-science tinqabeż ukoll, so qisu bdejt nieħu l-messaġġ li suġġett tas-sess jinqabeż, qed tifhem? Niddiskutu fuq kollox, nitkellmu fuq kollox, imma s suġġett ta' sess qisu jiġi delayed, jinqabez… (Ruth, Par. 32)

U qbadtha through supervision, jiġifieri kont qed niddiskuti għax bdejt inħossni qed neħel u qed nghaqqad ma' xi ħaġa ma tafs, għax kultant ikollok dik il-feeling li hemm xi ħaġa imma we constantly missing it… (Ruth, Pos. 132)

ma nistax ngħid li kif ħriġt mill-kors ħassejtni komda li nindirizza s-suġġett eżatt jew li ħassejtni daqshekk preparata… (Ruth, Pos. 184)

Darba kelli koppja, […] Kienu naqra akbar fl-età….emm maybe they were in their mid sixties? Round about…emm u istra u domt biex ħsibt li jaf tkun useful li insaqsi hekk fuq suġġett tas-sess u niltaqgħu minn session għall oħra, u ngħid imma qisu dejjem għad fadal xi ħaġa li qed nduru ma' dwarha, qed ngħaqdu magħha, u somehow m'aħniex nindirizzawha, hsiebi somehow injora….imma ma nafx għala imma m´ghamiltx il-connection li jista' jkun relatata mas-sess u forsi jħossuhom xi ftit skomdi li jtellgħu is-suġġett huma ghax jin lanqas biss semmejt, taf kif, mmm sure enough kienet relatata mas-sess (Ruth, Pos. 128)

nemmen li l-aspett tas-sess jista' jkun parti mportanti ħafna mill-identita tal-klijent ukoll li mingħajr ma nindirizzaw qisu dejjem qed inħallu parti mill-identità tal-klijent jew tal-koppja barra mill kamra, u once li ġġib lilha wkoll iqisu ġġib parti oħra mill-klijent fit-therapeutic relationship, (Ruth, Pos. 168)

Sue

biex anke jien nara kif qed nippożizzjona lili nnifsi u kif qed ninfluwenza l-proċess tat-terapija mingħajr ma nkun naf, (Sue, Pos. 36).

ħa taqra okay, ħa tagħmel ir-riċerka, ħa taqra journals, imma xorta bdejt inħossni li m'għandix l-għodda biżżejjed (Sue, Pos. 36)

Heqq aħna fil kors ma tgħallimniex fuq din it tema, jiġifieri ma kellniex credit u lanqas credit speċifiku..... lanqas kellna conversations around sex ukoll (Sue, Pos. 20)

meta ggradwajt ma kontx naf kif ħa nindirizza ċertu areas, u ċertu knowledge, kif ħa nsaqsi. (Sue, Pos. 261)

Virginia

inti x´hin tara lil ommok u missierek lanqas biss jagħtu bewsa, jgħannqu lil xulxin, lanqas biss jiccuddlejaw… xejn, (Virginia, Pos. 113)

Anzi taboo kbir u ara nitkellmu fuqu... u ara ma nsemmu xejn quddiem it tifla pereżempju fhimt, (Virginia, Pos. 35)

bħala terapista nġorrhom miegħi dawn jien…għax x´ħin nara nies li hekk… isibuha diffiċli pereżempju li jidħlu f'din l-Intimità tajjeb? Fiżika l-iktar għall bidu…emm hemmhekk ehe I put forward li isma' this is not automatic…jigifieri certu transference u countertransference dejjem ħa jkun hemm fit-terapija, jiġifieri, (Virginia, Par. 121)

pero emm niftakarni kemm il darba tkellimna fuq is-sexual relationship ta' bejn il koppja jiġifieri….It helped…it helped a lot. (Virginia, Pos. 329)

Naħseb hekk dawk baqgħu miegħi u hekk għexnihom sa ċertu punt ghamilna dawk is-sentejn…ifhem…aħna kellna erba' snin kors…u erba' snin smajna stejjer fhimt? imma imma naħseb baqgħu miegħi għax… mhux bħal meta qed titkellem m´ommok jew ma missierek jew ma' xi ħadd hemm barra u ma' sħabek….l esperjenza ta´ therapist huwa differenti. (Virginia, Pos. 341)

l ewwel nett you update yourself with knowledge kemm jista' jkun…. (Virginia, Pos. 427)

kulħadd ikollu l-ups u downs tiegħu […] Jiena forsi kapaċi nirraġunaw […] Imma n-nies hemm barra mhumiex kapaċi jirraġunawa emm mhumiex kapaċi jirraġunaw li if this will take long…Dan ħa twassal għall għal break up, twassal biex ma nibqgħux ma' xulxin eventually jien mhux ħa nibqa' l istess mal partner tiegħi….ma nibqax nirreaġixxi l istess allura naħseb jiena….Dik dejjem naħseb li nżomm f'moħħi meta niġi waqt it terapija man nies (Virginia, Pos. 27)

bħala terapista nġorrhom miegħi dawn jien…għax x´ħin nara nies li hekk.. isibuha diffiċli pereżempju li jidħlu f'din l-Intimità tajjeb? Fiżika l-iktar għall bidu…emm hemmhekk ehe I put forward li isma' this is not automatic…jigifieri certu transference u countertransference dejjem ħa jkun hemm fit-terapija, jiġifieri. (Virginia, Pos. 121)

William

jiġifieri it-trobbija qiegħda hemm hu, qisu dan kien it-taboo subject li ma tistax titkellem fuqu, li tibda awtomatikament tirrinforza l-kultura tal-habi…. mela tibda tirrinforza l-kultura tas-sigriet, li inti dan ma nistgħux nitkellmu fuqu, mela allura inti whatever it has to do with sex ….fil-moħbi, fil-moħbi, jiġifieri which is not healthy, which is not healthy. (William, Pos. 21)

b´mod speċjali meta dan is-suġġett reazzjoni imqar għal kelma, dejjem kien dnub, ħażin, infern… allura miegħu jġorr ħafna shame, iġorr ħafna guilt, emm u mingħajr ma dak li jkun ikun qed jinduna, jkun qed jiffunzjona minn dan kollu, (William, Par. 9)

U jien stess emm iċ-challengjajt lili nnifsi, għax jiena stess trabbejt f'ambjent religjuz immens, trabbejt f'ambjent li dan d-diskors kważi qas nistgħu nitkellmu. (William, Pos. 17)

Jiena nipprova illi kull sena, tajjeb, bħala terapista tal-familja, nattendi mill-waħda sa zewg konferenzi, trainings, whatever, ikunu x' ikunu tajjeb, ħafna mid-drabi nieħu pjaċir li jkunu barra minn Malta, emm u ngħid nieħu pjaċir l-għaliex emm tesponini għal kulturi differenti, professjonisti bħali li jaħdmu f'kuntest differenti, u allura hemm ċans ta' sharing, ta' tagħlim minn xulxin (William, Pos. 77)

għax jiena stess trabbejt f'ambjent religjuz immens trabbejt f'ambjent li dan d-diskors kważi qas nistgħu nitkellmuh. (William, Pos. 17)

il-mama kienet mrobbija f'ambjent b'saħħtu ħafna reliġjożament, allura anke fit-trobbija irriflettiet din. Kollox knisja, kollox muzew, knisja, muzew, (William, Pos. 17)

jiena nara li dik iġġorr magħha responsabbiltà, responsabbiltà li ġejja mill-fatt ukoll li dawn il-klijenti ġew għandi, qed jgħiduli ghina….jekk jogħġbok ghina..mela qed itunu wkoll ċerta responsabbilta lili biex ngħinkom imma fl-istess ħin dik ir-responsabbiltà qed tnaqqruli minna għax m'intomx in a way hekk tħalluni nghinkom bil-full capacity tiegħi allura jekk inti qed inħossok tohodli it-tapit minn taħt saqajja, jien se ngħidlek. (William, Pos. 29)

Naturalment ma tistax tifred lilek innifsek professjonalment, minn lilek innifsek personalment…Issa l-għaqal, u l-għerf qiegħed, fil-fehma tiegħi, kif se juża dak kollu jien, a favur ta min ghandi quddiemi. (William, Pos. 89)

Appendix H: Sample of Coded Transcript