Sx-wk11



Assignment I learned many things about couples and sexuality when I was writing my final paper. I found that the way an individual attaches to their primary caregiver in their formative years will affect them later in life. When they have problems with attachment, they eventually have attachment injuries and these can stop them from becoming an intimate couple or staying an intimate couple. This means that the goal of working with attachment injuries was to help the couples establish a secure attachment instead (Rastogi and Thomas, 2009, p. 372).

The therapy that works best with attachment injuries is Emotionally Focused Couples Therapy (EFT) that was developed by Les Greenberg and Sue Johnson. EFT has nine steps that couples are led through and each one builds upon the other. There needs to be more multicultural research in this area to find out how EFT will work with a variety of couples. All of these challenges will prevent a couple from having a satisfying, enriching and intimate sexual relationship. As Humphrey (2007) stated, couples who are attached securely to themselves and other people will be better able to commit to each other within their couple relationship.

Personally, I felt that attachment theory is very relevant to all types of relationships because people have to understand how to get close with each other if they want to move into sexual relationships. I think that attachments start by becoming friends and learning about each other. As the relationship progresses, if both individuals have formed secure attachments in their earlier relationships, a sexual relationship will happen easily and when it is time.

Assignment 2

Older people have always been an interesting aspect of my interest.

Generally, they seem to be very active and very much alive. I have seen many elderly people who are still very active sexually. I think that although they may have physical problems, they do not have to stop living their lives. I agree that we need to " develop effective and safe treatments for these sexual problems". One of the challenges with this I believe is that there are many stereotyped ideas that people have regarding how people are when they are older. Many facilities that have older people will deny that they are sexually active; in fact, many discourage this activity. However, people in close quarters do fall in love just like anyone else and they should be allowed to have sex naturally in the way they would if they were living at home. I agree that mental healthcare professionals and healthcare personnel should make provisions for communication around the sexual expression of older people. In many situations, depending on when people were born, they may not understand some of the intricacies of sex. Often education in this area will help them have a more satisfying relationship as they get older. Because people are living longer, it is essential that mental health practitioners understand the issues that face older adults, whether it is their sexuality or other challenges. The counselor should also understand their own biases around older people having sex. One of the issues that all adult children have is the fact that their parents can still be sexual at an older age. Their sex may not be as often as it used to be, but they can still be sexually active. Counselors must know this and understand that it is important to understand that older people may also bring sexual problems to the counseling session.

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