



**Anita Kwok:** Welcome to the Silberman Center for Sexuality and Gender or SCSG Podcast. My name is Anita Kwok, an intern at SCSG. This episode features our Founding Director, SJ Dodd, and George W Turner. They discuss sex therapy, which is Chapter 26 of The Routledge International Handbook of Social Work and Sexualities. Enjoy!

**SJ Dodd:** I am excited to have with me George Turner who contributed two chapters to the handbook. We're gonna talk today about Chapter 26 Sex Therapy: Social Worker's Potential as Sexuality Experts, which appears in part six of the handbook related to practice issues. And George also contributed to Chapter 20 A Vision of Justice, seeing the sex of people with intellectual disabilities. And I have no doubt that we're gonna have another time to talk to George about that chapter because obviously sexuality and disabilities is something that SCSG is very interested in promoting and increasing education around. But today, Sex Therapy and Social Worker's Potential as Sexuality Experts, something very close to the mission of SCSG. I'm thrilled to have with me, George Turner. So George, can you give us a little bit of an intro to start with?

**George Turner:** Good morning from Australia. It's a pleasure to be here and I'm happy to discuss my work as a sexual wellness social worker. I am a senior lecturer at Western City University in Australia, and I'm housed in the social work and community welfare work group. And my area of research focuses on reducing health disparities by advancing sexual health as a sexual wellness, social worker. I'm dedicated to developing sexually competent healthcare professionals and sexually healthy communities. Through my practice, teaching, and my research on this particular chapter, I really relied on my experience as a certified sex therapist. I'm originally from the United States and had a private practice for 15 years. And it was those experiences that really informed the chapter because my career path has been an atypical social work career path in a lot of ways. But I think it's actually perfectly suited for social work. And I think there's a lot of stigma associated with both psychotherapy as well as sex within social work. And I want readers to understand as a certified sex therapist and help clients regain and enhance sexual well-being. A lot of my work and a lot of my training as a social worker perfectly prepared. Before that, I often tell people that there is a standard, if you are a social worker, there has been historically, very few areas that we were allowed to work in regarding sexuality and you know, that's typically been perhaps rape and trauma or even sexual orientation recently. And you know, in, in the eighties, HIV-AIDS prevention work, those were kind of the primary sexuality areas we could work in and be legitimate if you will. My work in helping couples and helping individuals and families has been



not only rewarding, but I think it's been very useful to the communities that I worked in. I worked with OBGYNs, urologists, I work with hospital staff, community health centers and it was around a whole of things, everything from parenting and sex education, to state and sexual health, helping connect my clients, the people that I was working with and helping them understand the medical community and understand their, their treatment. For example, post-mastectomy, the medical community did a really great job in helping this person survive their cancer. But what now what about afterwards? What about, you know, how they connect with their partner or partners? How do they feel about their body and this disconnect? Those are wonderful areas perfectly positioned, are perfectly suited for social workers to get into.

**SJ Dodd:** Those are some fabulous examples for sure. You preempted my question, which was gonna be, how did you get into this field? So that's wonderful. But one of the first questions I have for you because this in class, this comes up for me a lot and you start your chapter really with it. But what is sex therapy? Because people have all these myths and they've got these strange ideas about what sex therapy is and, perhaps because of the taboo we have and not talking about sex, they don't really have an idea of, you know, what is that? And, you know, it seems scary almost to the students.

**George Turner:** Absolutely. And I think that one of the takeaways quite honestly from the chapter is that I want generalist social workers to understand what sex therapy is comfortable with it. And as a treatment modality that they can perhaps tap into within the community in a nutshell, sex therapy is talk therapy. That's what it is. It's talk therapy specialized around sexual health concerns, sexual well-being. I always tell clients and, I hope that social workers are addressing this issue and that is, there's no question that goes on with sex therapy. It is pure talk therapy. I think sometimes that's the first concern that there's something going on or I'm gonna be really uncomfortable. It's not that situation. Talk therapy talks about everything from the pain issues, arousal issues. Typically certified sex therapist partners with different people in the community, such as a public law specialist, a physical therapist who does pelvic floor work. I work a lot with area neurologists and pastoral care as well. Pastoral care professionals out in the community. Sometimes, they're the first point of contact for people and individuals that are experiencing marital or relational challenges. And so having relationships with those people, I would often work simultaneously with those that faith community and helping my client with very specific and sometimes very challenging issues. And I think that's something that's important is the common theme across all my, it ranges the



gamut, but a common theme was that they often felt like there weren't professionals in the community that they could talk to, they knew that they needed some help, but they were frustrated because they didn't feel like they could go to their GP perhaps they didn't really feel like they could talk to their rabbi or their priest and they didn't know where to go. And I think social workers -- we're there, we're there in hospitals in community centers, in schools, in geriatric centers, we're everywhere. And so that's what we do is we really are professionals that address those chay potentially taboo areas and we help our clients understand the connection or perhaps their medical treatment, their host treatment, life, and we address all those issues. So I think this is what is really wonderful about being a social worker and being set a wellness professional.

**SJ Dodd:** Right, and it is that myth that there's going to be somehow touching or nudity or something like that. It's talk therapy focused on sexuality. That's the key.

**George Turner:** Absolutely, the important thing is there is a certifying organization called AASECT that's the American Association of Sexuality Educators, Counselors, and Therapists. And I encourage social workers to get familiar with that organization because they have a list of the certified sex therapists in your area. And that certification is another layer that, that social worker has gone through to become certified to be a sex therapist. And so there's a, there's a higher level of training there, and it's a way to help, you know, safeguard the community and give a sense of professionalism to services out there.

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**SJ Dodd:** I think one of the things that you were saying before and something you bring up in the chapter is it's interesting because perfect fitted almost it seems like between social work and sexuality, and yet we aren't preparing sexually literate social workers. There's sort of two layers to this in my mind. One is that all social workers and you talk about sort of the generalist practice, social workers, all social workers should have some comfort and facility with sexuality. And then a subset of those we need to fill the gap and a subset of those should become sex therapists or certified at a deeper level, but that everybody should have some level of sexual literacy or all mental health providers should have some level of sexual literacy.



**George Turner:** The title chapter might be a little bit misleading because yes, I talk about both of those issues in the chapter. I advocate that I think social workers have this wonderful opportunity to advance training, to find a career path as a certified sex therapist. With that, I think it's critical that we hold on to and that we recognize that absolutely every single social worker could be askable. I tell that to my students that you owe it to your clients to be at least askable and that means not shaming them for coming to you with information. And trust me, clients are always assessing us to see if we're safe. They want to know, can they disclose that they terminate a pregnancy and they talk about that they are involved in an extramarital affair, can they come to you with information about helping their child who's just come out as trans? They want to know if you're safe. So I think number one is all social workers could commit to being askable. I think it's crucial and, you know, as a social worker, you know, we're used to tackling challenging conversations and I know sexuality is, is difficult for a lot of people. I tell my students you don't have to be an expert that's not required and you don't have to be comfortable with the topic because the reality is we step into a lot of uncomfortable conversations as social workers. I tell them, you know, I'm not, I'm not comfortable talking about suicidality, but it's required of me to be competent and be able to go to that space if needed. I need to know where there's resources in the community. I need to understand who/what would be advantageous to have a referral to. So I think yes, it's really important that all social workers have a basic sexual literacy about them.

**SJ Dodd:** Right. In Sex Positive Social Work, I talk a lot about that creating the inclusive and firming environment. Like even the external pieces with having books around that say SEX in big letters on the binder and, and having you know, pay attention to your artwork or your intake forms and what's inclusive there. And that, that goes across the board. That's not just for some social workers or mental health professionals, that's, that's really everyone should be pro-creating that space. But as you say, that doesn't mean they've got to be an expert, but they should be able to create an environment that is open and inclusive and affirming and provides a solid referral if that's what's needed, but not in a way as you say, that creates shame or rejection or...

**George Turner:** Absolutely, it's part of who we are. The reality is, you know, we're a practice discipline. And we work with people and people innately have a sexuality about them, and that's not just about intercourse. That's not just about penetrative intercourse. And I think we have begun to do a better job understanding sexual orientation and incorporating that within social training and curriculums. And it's much



more than that. It's much more than that. It's about [inaudible], it's about consent. It's all these aspects. I use, I use in this daily circles of sexuality, which is a model that really helps me understand the multidimensional aspect of a client's sexuality. So when I have a client walk into the room, I want them to bring all of themselves in the room -- every piece of them. I don't want them to feel like they have to somehow leap part of themselves outside of the room. I want to be inclusive of who they are. We do that around so many areas we recognize that the client should be able to bring in their spiritual beliefs, their ethnicity, and who they are culturally. And I think social workers are a little bit behind, a little bit not as good at recognizing that the clients are sexual people and they need to be able to bring that and it needs to be a part of our assessments. It needs to be a part of our immunity work. It needs to be a part of all that we do when we're working with clients.

**SJ Dodd:** But one of the points is that even people who take an asexual or a romantic identity, the sexual dimension is still relevant because they're probably bombarded with the sort of compulsory sexuality messaging. So even someone who, you know, takes an asexual identity, it's still a relevant dimension to explore and might be - not be - part of the presenting issue, but it's a factor in their experience of the world.

**George Turner:** Absolutely. And just recognizing that all of us are part of this cultural bombardment of role expectations and, you know, symptomatic oppression where sex in tune as kind of a tool of oppression. And that we as social workers want to have that awareness that our clients as well as we live in that world where they may be struggling with very difficult issues. And if we're not willing to go there, if we're not willing to even broach the topic, clients are gonna get that message, they're gonna realize this is not a social worker who's willing or comfortable to go into this space. And why should I bring it up with them? And so they're gonna, they're gonna stuff that stuff down.

**SJ Dodd:** Such a good point.

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**SJ Dodd:** One of the other things that we've touched on a little bit, but I want to come back to is this fit between social work and sexuality as a topic. You've touched on some of the pieces of that. But I think the other things that you say in the chapter and that I think you and I have talked about before actually, is that the holistic nature of social



work, the values... And so I wonder if you'd say a little bit more about just that fit of, you know, if you were arguing to someone, this is why social work and sexuality should be in the curriculum. This is how it fits with the social work profession. What sort of things would you emphasize?

**George Turner:** Wonderful question. One, yes. I think social workers are perfectly positioned because of our training in the biopsychosocial sexual approach to clinical social work. And social workers are unique, unique in the health system. But we take a very holistic systemic view of our approach to working with people. And I think that positions us in a very unique situation because we recognize that when people walk into our office, walk into our workspace, that it's not just a medical issue, it's not just a physical issue that there can be these overlapping psychological relational social immunity, impacting issues that could very much complicate the, the, the client's life. So I think that positions us to really bring something different, something unique, something valuable to the health care theme if you will. And I think the idea that pleasure and sexuality is a strength, it's an asset. And I, I hope that social workers really see that and they lean into that, that, that we should be exploring what brings the client pleasure, how they enjoy life, how they rely, how they censor themselves in the space of relationships, intimate relationships and how they connect with people who touch and emotionality. And that's a space I think unfortunately, social workers are not very comfortable with.

**SJ Dodd:** But you're right, it fits right with the strength perspective and self-determination because there's an agency piece to it too.

**George Turner:** Absolutely. There's a gap in our social work curriculum. You know, the argument is it's so packed already. But there is a gap I think, you know, my students should be able to provide the very minimum be askable. And as a goal, they could be comfortable providing comprehensive, testable, medically accurate, pleasure-centered, kind of referrals and interventions and being able to work with clients in a sex-positive way. That would be the ideal that they, that they're able to do that. And they're able to honor that client's journey and really be able to dip into that unfamiliar area and really help that client, that person serve, you know, realize what they want in a sexual life, sexually healthy life.



**SJ Dodd:** In the chapter you talk about, and you mentioned one of them already, some of the key sexuality models that you use that you think are good tools for social workers. And there are a couple of them that you've used, you talk about cases in the chapter. But are there a couple that you could give us examples of now of some of the useful models that social workers could look more into if they're interested?

**George Turner:** As I mentioned earlier, I really enjoy Dennis Dailey's circles of sexuality. It provides a framework. It has five circles in five areas. And what it does is it reminds me that sexuality is more than just biological, reproductive, that's a circle, But there's the other areas, and it reminds me that all of those areas all five of those are surrounded by a person's culture, values belief system. And that sixth circle really is important to keep me focused on how I approach somebody in my office, somebody I'm working with. That really is the foundation of who I am as a sexual wellness, social worker. It really gives me that direction on how I approach social work. Another really useful model that I like is the Good Enough Sex model. Al Vernacchio has also done a take on this. He called it the pizza model, essentially the good enough sex model. And what it says is that and I think it's useful to remember as social workers that, you know, many of the people that we work with have this image, this cultural messaging of what perfect sex is and what a perfect skeptical person looks like when the good enough sex model says, you know what the reality is, you can enjoy a range of sexual experiences and they don't have to fit into some predefined, socially constructive idea of what normal is. And it gives the social worker again a framework. I really [inaudible] with clients that you know, if all you want to do is cuddle, that's OK. That's a sexual experience, that's an intimate experience. And it's, it's a valid, and it's legitimate. And so I like that model because it really helps many of the people that would come into my office. They are shackled to this idea of what is the best experience, and somehow they're not living up to it. They have somehow failed as, as a woman or as a man, as a partner. They, they fail. They don't have any options. They've just been told that, you know, there's this first base, second base, third base home run, you've got to get to home run otherwise there is no points. And I think that the good enough sexual model really challenges that. Sometimes it's really hard for clients to get on board and really accept and embrace this idea that cuddling is a legitimate sexual experience. They've just taken it in for so long that there has to be somebody who's penetrated, somebody has to orgasm, and there has to be, you know, this firework that go off like in the Hollywood movies. Few of us experience that, you know, it's not what normal, typical sexual





experiences look like for the vast majority of us. And I think social workers, one of the things we could do is normalize sexual experiences.

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**SJ Dodd:** Well, that's what I was gonna say is that because of the bombardment from movies and social media and now the plethora of porn and the availability of that as models of what sex is supposed to look like. Al says the pizza model, it can look all different ways. But also the movies sell us this idea that we're just naturally supposed to know what to do and that it's not supposed to be awkward or clumsy or you're supposed to intuitively understand your partner or partners, and it'll be magical, and you'll just know what to do in the moment when the moment's right. And that leaves you thinking, does this mean the moment's not right because I don't know what to do? But everywhere else we get all these instruction manuals and so much information, and here we're left with very limited information. Sex ed is very minimal or misleading. And so sort of the lack of sex ed leads to this lack of information. And then we're supposed to just automatically know what to do, but sex is taboo, so we can't communicate about it. So we're sort of all set up to fail, really.

**George Turner:** Yeah, quite sad if you think about it because here we have this wonderful gift, this idea of intimacy, physical intimacy hutch in this space where people can share these wonderful experiences of connection. And you're absolutely right. The sex education in the US is just dismal. It's just layered with shame and guilt and misinformation. I think this, this cloud of silence that surrounds all of us. This misinformation, it creates this ripe environment for abuse and trauma and it's, it's, you know, because everything goes underground. And so people don't know where to seek information, especially clientele that I've worked with in the past that adults with intellectual disability, they don't know where to get information because no one's fearing that. So I think, you know, we have to do a much better job. And I think social workers are just naturally who are good educators. We are constantly providing information, we're correcting misinformation. We're clarifying things. To do that in the sexual well-being arena, I think it's just a natural extension of what we're doing already. We have to recognize that most of our clients, most of the people that come into our office have been inundated with bad information. It's a given that many of them are gonna have a lot of years of shame around sexual health, even the best of us. I've been doing sexual health education for a lot of years, and periodically I get that whispering in my





ear. You're not good enough. You know, you're not attractive enough. You know, why are you talking about this? This is taboo. You should not be saying this in an interview for our students. They've never heard the word penis or vulva in an academic setting.

**SJ Dodd:** Right.

**George Turner:** How can we expect them to do or understand this out, in practice, out in the field, because we're not talking about it in the class? We have to really reflect on what are we in creating an environment of sex negativity. I think we have to do better about it because we know that there's just not quality education out there and we know it impact the totality of the people we serve it. We know that abuse is rampant within the disabled community and that people are subject to all kinds of sexual shame regarding cultural values and religious values. So there's a space for us to address and I think we need to step up to the plate. It's the mandate of who I am as a social worker to create a better space for individuals, families, and communities, and that includes a sexual well-being space.

**SJ Dodd:** Is there anything else that you want in terms of taking action? You know, the short one or two-sentence version of what you want us to do?

**George Turner:** That's a tough one. You know, because I think there's just a lot of work to do.

**SJ Dodd:** Right!

**George Turner:** Well, it could be overwhelming for us even, even social workers who want to walk in and you know, they say, “hey George, I agree with you. I think I should do something but I'm not sure where to start. Give me an assessment.”

Do we reflect on your skill sets? And if you're an individual oddity, where are you not comfortable? Where did you not get enough training and asking yourself, “Am I at least askable to clients, how do the people I work with in the community know that I'm approachable? Is it just by the clothing I wear? Is it just for the fact that I'm a social worker that you know?”

No, and I am I making my availability explicit and how can I do that? And you mentioned in some way, you know, staging my office, staging the back of my laptop, staging, you know, the fact that I might put a pin on it says, you know, that I'm a clear



ally or I celebrate pride or that what [inaudible] about sexual health. Really taking that step to lean into that. I think all social workers should really question that. How are they doing that? I think we as a profession really need to ask what can we do in our professional conferences around incorporating a dedicated theme, a dedicated track around sexual well-being. Yes, we have those tracks around queer practice, but health and sexual being is distinctly different. Where's our journal of sexual well-being and social work? What's included? If you can't have a dedicated elective around sexual health, what's included within your practice unit? What's included within your social work and health unit? What's included in field education? What are you reading that you're offering in policy? What do you do within the curricula to incorporate sexual well-being? I feel that this is a legitimate academic conversation. It's a personal and private conversation for most people. But for us as social workers, this is part of what we do. Sexual well-being is social work.

**SJ Dodd:** That's lovely. The last very last question. Just a quick one. What are you working on now?

**George Turner:** Well, right now, I'm resting.

**SJ Dodd:** I just have to say that I just reviewed an article about self-care and social work. So, resting is very appropriate. That is solid social work practice, right?

**George Turner:** It is, it's sometimes hard advice to follow because there's just so much to do. I finished an article with Dr. Bill State who is a sex therapist in the United States. And we're following up on that particular publication. We looked at case studies and provided discussion around sex therapy and what that looks like regarding plants, spiritual religious and valid belief systems. We followed that up and we actually interviewed sex therapists and their comfort level and their abilities to address client spirituality or religion or belief systems. And so I'm analyzing that data right now and hoping to get that published. I also have another bit of data that I'm working on. We did some work around Sydney sexual health and interviewed social workers in those settings - what they believe social workers need to do better, what they thought were a central skill. And so I still need to look at that data. Finally, we have a large Australian grant system here that I'm applying to look at and hoping to examine people who identify as queer and disabled, looking to apply for that grant. So that's consuming a lot of my time right now. I'm so excited to have a set of disability subject unit course that I



am taking this coming fall semester in the US, the spring semester for us and it's my second time teaching it. So I'm really excited because I think I've worked out a lot of the cases in it. And so now I hope it's gonna be a lot smoother and I'm really excited about going back to that particular unit because one that I advocated for and got punched at the school. And it's a part of our offerings, and it's just a wonderful cohort of students, people who are really interested in the intersection of those two topics of sexuality and disability.

**SJ Dodd:** That's perfect. Well, this has been such a treat for me. Thank you so much.

**George Turner:** And I love talking about this topic, and I hope your listeners get a little bit excited, a little bit intrigued, a little bit uncomfortable and, you know, they're prompted to, you know, find out more, and I hope that it's been useful for your listeners.

**SJ Dodd:** Thank you so much.

**Anita Kwok:** We hope it was a pleasure listening to SJ and George discuss sex therapy. For more information on SCSG, visit our website [silbermanscsg.com](http://silbermanscsg.com), or visit our social media all under the handle SCSG\_SSSW. Thank you for listening!