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Visual Sexualities: Exploring an Integration of Art and Sex Therapies

Jillien Kahn

Widener University - Main Campus, jillienk@gmail.com

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Visual Sexualities: Exploring an Integration of Art and Sex Therapies

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Abstract

This research explores the potential of integrating art and sex therapies. Three interviews were conducted: two with certified art therapists and one with a certified sex therapist, in order to understand how each of these professionals approaches issues of sexuality and creative expression within his or her practice. The resulting data were compared within and between each interviewee, resulting in three overarching themes through which the challenges regarding this integration can be understood. It was found that there is great potential for an integration of the two therapies, provided clinicians have access to appropriate training, as well as a deeper understanding of individual attitudes toward sexuality as provided by cultural experience.

Keywords: art therapy, sex therapy, sexuality, sexual exploration, sexual identity exploration, sexual dysfunction

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The relationship between art and sexuality is undeniable: examining art from any stage of history will show that sexuality, sensuality, and the human body have been, and continue to be, an abundant source of inspiration across cultures (Bahrani, 1996; Cooper, 1994). The correlation between creativity and sexuality, however, goes much deeper than inspiration – each is an essential, core part of us (Ellis, 2007; Goodwach, 2005). Much like creativity, sex is fluid, controlled and uncontrollable, individual, cultural, and often intimidating. Each requires both self-awareness and the ability to lose oneself in the moment, to understand the mechanics of how something works, and to let go just enough to create something powerful and unique.

Art therapists know that art is a versatile and thorough method of reflection and exploration. It affords access to memories, emotions, and experiences that our limited language often cannot express (Ellis, 2007; Jones, 1994). Creativity is exercise for the brain; it is an essential part of remaining emotionally active and in touch with oneself (Wadeson, 2010). Somehow, though, we have missed the opportunity to explore our own and our client's complex relationships with our sexual selves. In our culture of shame and repression, we forget that sexuality is a vital part of relationship and life satisfaction (Birnie-Porter & Hunt, 2015). It is often an identity, a part of us that we can learn from, use to express ourselves, and that is too often used to inappropriately judge our character and abilities (Pelton-Sweet & Sherry, 2008).

The relationship between art and sexuality is one that can open the door to self-exploration at every level, from the practice of mindfulness (Brotto & Heiman, 2007; McCarthy & Wald, 2013; Monti et al., 2013) to the exploration of gender (Cho, 2013; Hogan & Cornish, 2014), sexual identity (Pelton-Sweet & Sherry, 2008), shame (Saltzman, Matic, & Marsden, 2013), and desire (Wakefield, 2014). The marked lack of research regarding the use of art as a method of sexual self-exploration leaves an enormous hole in our ability to attend to our client's needs. In

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one of the few articles on the integration of art therapy and sex therapy, Ellis (2007) agrees, lamenting the lack of empirical research, largely because the two lend so naturally to one another.

In the field of sex therapy, there is a similar lack of research regarding the use of creativity in sex therapy. Based on a traditional medical model, much of sex therapy is solution focused, using specific methods to fix the problem (Lieblum, 2007). This is a very limited approach considering that most sexual dysfunctions are rooted in psychosocial factors such as anxiety, stress, and relationship struggles (McCabe & Connaughton, 2014). Perhaps, as Ellis (2007) suggests, it is this clinicalization of sexuality that has contributed to the divide between art and sex therapies since art offers a much more individualistic and less linear approach.

This old approach is slowly changing, however, with new methods taking into consideration that desire is complex and can be built through emotional connection and preferred touch (Iasenza, 2010). Furthermore, the challenges of sexuality do not begin and end with sexual dysfunction or differing sex drives. Therapists must also be equipped to discuss an individual's relationship with a sexuality that exists both within the individual and within a larger cultural framework (Jones, da Silva, & Soloski, 2011). According to Meana and Jones (2011), the field of sex therapy is in "a figurative midlife crisis" (p. 58) due to the growing field of sexual medicine and the changing definition of cultural sexual values, a few of which include a heightened importance of eroticism, lifespan concerns, and the acceptance of diversity in sexual preference. This means that the old medicalized approach is making space for a new holistic approach. As we enter a time of sexual exploration, acceptance, and openness, we no longer need to hide behind pathologies and quick fixes.

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In order to better understand the possibility of using art to explore sexuality, an interview was conducted with two art therapists and one sex therapist on each clinician's experience using creativity as a method of sexual self-exploration.

Method

Design of Study

This research used a qualitative approach, through the collection of data from the chosen group of art and sex therapists. The researcher compared reported experiences, finding key elements through semi-structured interviews. Purposive sampling was utilized with local clinicians who have worked largely with expressive therapy and/or sexuality, and were known to the researcher and faculty at Loyola Marymount University who were overseeing the research. Participants were chosen based upon professional licensure and experience as sex therapists and/or art therapists.

Participants. Three participants – Dr. Nick Ryan, MFT, Psy-D, ATR-BC; Kate Loree, MFT, ATR; and JR (pseudonym), MFT, DHS - were chosen based upon professional licensure and experience as sex therapists and/or art therapists. It is important to note that each interviewee was provided the option to be associated with this research through the use of his or her professional name, or to provide an alias in order to remain anonymous. One interviewee chose to remain anonymous. There were no age or gender requirements. All interviewees are LMFTs, two have an ATR (Nick and Kate), and two have doctorates (Nick and JR). All three work with LGBTQ populations; two interviewees work with an awareness of kink, poly, sex work and other sexuality-based lifestyles. All three work with sexual trauma as well as emotional intimacy for couples and individuals. Only one interviewee, JR, the non-art therapist, formally specializes in sex therapy, treating sexual dysfunction and providing sexuality education.

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Data analysis. Interviews were semi-structured with open-ended questions regarding the participant's professional clinical experience treating sexuality concerns. Interview questions primarily consisted of requests for clinical vignettes in order to better understand the clinician's common clients and approach: *share a vignette of the sexuality concern most commonly presented by your clients; share a vignette describing your most memorable case; share a vignette describing your most challenging case, if different* are a few examples, which were followed by appropriate follow up questions. The goal was to allow the topics of sexuality and art therapy/creativity to come up within answers as appropriate, in order to get a better understanding of the participants' authentic orientation and clinical approach. The participants did, however, understand the topic of this research, which may have led them toward these topics more often than they may have otherwise. Each interview lasted about an hour.

Once data was collected, audiotaped interviews were transcribed and analyzed. Analysis was performed by organizing transcribed data by topic discussed, then comparing and contrasting topics within and between interviews. The amount of variance between topics discussed was part of the analysis since the open-ended nature of the interview provided both high variance and many overlapping topics.

To ensure validity and control for bias, the analyses were reviewed both by graduate student peers and the writer's research mentor. The final transcriptions and analyses were also provided to each interviewee for approval.

Results

Each of the following categories presents multiple similarities and differences, which are organized by interview question along with overarching themes.

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Presentation of Sexuality in Clinical Work

Sexuality presents in clinical work for all interviewees at least some of the time. Two basic presentations were discussed: sexuality through verbalization and sexuality in artistic expression. Nick showed verbal expression “almost always,” JR “always, Kate “sometimes.” While artistic expression in general occurs more often for Nick and Kate, the expression of sexuality through art occurs most often for JR and Kate, particularly in reference to Kate’s hospital practice. For hospitalized clients, the conversation about sexuality occurs naturally based upon sexual trauma, often negating the need for specific directives about sexuality, making the comparison challenging. Perhaps a more accurate way to describe this finding is to state that JR gives more sexuality directives than the art therapists.

Common Interventions

In this section, some visual examples have been provided, but clients were not asked for written permission to show actual art created in session. Therefore, the writer has recreated each example based on descriptions of interventions by the interviewee.

All interviewees use expressive techniques with at least some clients, varying from visualizations, to dream work, to sexuality based directives or expressions. For Nick, art is often related to dreams, with the client creating art while Nick journals the dream narrative. Kate often uses art in a similar way, with visualizations, providing the client with a starting point, then providing materials for the client to further explore the visualization. In these visualizations, Kate will often set the scene for the client, and then provide space for the client’s subconscious to fill in the details. She describes these visualizations:

[They are] an art product in their head. [The process is] a journey. I am creating the art expression through the visualization and they’re painting it in ... They’ll take these things

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that come up from their subconscious, which are their resources, then, many times, put them in the art ... The visualization allows them to access the best part of their subconscious, and that part of their subconscious gives them gifts that they are able to grab and put in the art, allowing it to become richer and bigger.

While Kate did not have permission to provide specific examples of her visualizations, some possibilities were discussed. Each visualization can be tailored to the specific needs of the client, for example:

- A calming visualization to help the client release anxiety. This could take the form of a safe space the client has described, a favorite vacation spot, or place created specifically for this purpose.
- Memory visualization to explore either positive or challenging memories. An example of this may be to explore the origin of sexual shame or fear. Starting with primary sexual memories, clients can describe the scene, and then be taken through a visualization to uncover hidden feelings and experiences. With this, art can be used as an aid for the therapist, creating a map for exploration. This can be incredibly challenging work, however, particularly in the case of sexual trauma and should not be taken lightly.

While Kate's descriptions of visualizations ended here, one can imagine the possibilities of creative visualization explorations. These might include exploration of fantasy, sexual scenario, feelings/experiences regarding sexual dysfunction, etc. While the limits of this paper do not allow further discussion of the possibilities of these visualizations, this does open up a possibility for future research.

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JR often uses exposure therapy such as directing a client to visit a sex shop, and then asking the client to journal about what made him or her uncomfortable and how he or she was able to break through that discomfort. Other techniques used often by JR include psychoeducation, externalization, and various physical exercises such as masturbation and peaking techniques.

In terms of sexuality art and/or expressive interventions specifically, Kate uses some sexuality based art directives with her hospital clients such as placing sexually suggestive images in the collage box (see Figure 1) to encourage discussion within her clinical groups although she is most likely to see sexuality in the art of clients who have been victims of sexual trauma. By providing her clients with a more open “art expression,” Kate states, “Inevitably these things come up in the art, particularly when discussing the trauma narrative.” She recognizes common images representing sexual abuse, particularly of closed in, blocked off images such as dark X’s over mouths (see Figure 2), depictions of being boxed in or alone in a dark room. “It becomes a double bind for them . . . that struggle of ‘The box keeps me safe, but the box is killing me.’” Through therapy and healing, Kate shares that the images and the client’s body language slowly become more expansive “literally connecting them to their resources” with the art changing to more organic images and brighter colors such as aqua and yellows (see Figure 3).

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Figure 1. Collage featuring sexually explicit/suggestive imagery.



Figure 2. Boxed in/unable to speak, an example of the red X and dark figures common for victims of sexual trauma.



Figure 3. Looking toward the sun, the open, organic, bright colors indicative of emotional healing.

JR uses art expressions with some clients such as coloring in parts of the body and mirror genital exams, which includes drawing genitals as well as other expressive techniques such as letter writing: “Some common techniques that I will use, let’s say, for example, a person has

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anxiety, or erection difficulties, or vaginismus, or painful sex, I'll have them write a letter to the body part that they're struggling with, or I'll have them write a letter to the anxiety they're experiencing. What I'm trying to do is have them express some of the frustration, some of the pain, some of the guilt, some of the shame, some of the difficulties, but at the same time separate them from that, because a lot of people have fused their identity with their sexual concern and have a difficult time seeing themselves as separate from what they're struggling with."

All three interviewees use visualization and mind/body connection in some form: both Nick and JR use breath work. According to Nick, "We talk about a feeling and at the same time monitor what is going on for them subjectively based on their breathing or how fast their heart is beating."

In addition to these exercises, Nick uses a sand tray and various other items throughout his office in order to help the client remain connected to his or her body. "It's all about tactile and sensory experiences and how to integrate the mind and the body, which is a perfect way to think about sexuality and intimacy because that is, from my perspective, what sex is about: the mind and the body integrating together." According to Labovitz Boik and Goodwin (2000), a sand tray "provides the client access to his/her innermost core or psyche By making concrete what the inner voice is expressing, the client brings into external reality her/his own relationship with her/himself and allows unconscious material to be revealed" (pp. 3-4). The authors go on to state that while the sand can ground the client, it also allows a regression to the self that needs emotional attention. By using this earthy element combined with kinesthetic movement, clients are connected to the self more fully and can lose themselves in the process, or access difficult memories.

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Training/Theoretical Orientation

All interviewees reported using “mindfulness” or “body/mind connection” techniques and relational or attachment approaches. Nick and Kate were trained as art therapists through a program focusing in marriage and family therapy with psychodynamic undertones, which encourages a less directive approach. It is important to note that neither has been trained to use art specifically for the purpose of expressing/understanding sexuality. In contrast, JR is trained in sex therapy, which focuses on the more directive approaches of cognitive behavioral and narrative techniques in addition to some psychodynamic techniques.

Common Presenting Concerns and Client Challenges

All interviewees mentioned anxiety and relationship/intimacy issues as primary concerns for clients, both with regards to sexuality and life issues. In terms of challenges specific to sexuality, all interviewees mentioned shame as a major challenge, often resulting in the client being unable to fully discuss sexual challenges and/or desires. Sexual transference was another challenging factor mentioned by all interviewees although all three support the healing potential of sexual transference when approached appropriately.

Common Therapist Challenges

Nick and Kate both expressed difficulty providing art directives, particularly regarding sexuality, due to feeling as if they were “forcing an agenda” or were being “too directive.” Kate shared that she preferred the term “art expressions [because] art directives sounds too directive; it sounds almost authoritarian.” These clinicians also stressed the importance of meeting a client “where they are at,” highlighting another challenge of therapist agenda versus client agenda. JR, on the other hand, relies heavily on specific directives. He states, “We have to be the ones who

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ask the tough questions. We have to be comfortable with that because if we aren't, they may not come out and share with us.”

Discussion

Three themes emerged in the research, helping to define the specific challenges that came up for each clinician, as well as the possibilities, and providing insight into the existing barriers that have thus far kept the two therapies separate: (a) the importance of theoretical training and scope of practice in unlocking sexuality, (b) inviting the client to explore sex and sexuality using creative expression, and (c) concerns and challenges for the clinician using artistic expression with sexuality. Each theme presents its own set of challenges and clues regarding the solution to those challenges based upon a comparison between and within interviewees.

The first theme, *the importance of theoretical training and scope of practice in unlocking sexuality*, is inextricably interwoven throughout the other challenges. It is in the training and approach of the therapist that confidence and comfort are developed. For the art therapists, limitation exists in the combination of a relatively unstructured, non-directive approach and a lack of sexuality training leaving both clinicians unwilling to push a topic that many clients will not discuss without encouragement. For the sex therapist, the limitation lies in a lack of training regarding recognizing and understanding metaphor and symbolism present in the art, losing an opportunity to gain deeper, meta-verbal understanding of the underlying challenges for the client. For all three clinicians, there is a basic understanding of one another's approaches developed through professional exposure.

While Kate Loree and Nick Ryan are comfortable with sexuality and open to bringing it into their practices, psychodynamic training keeps them from leading the conversation in that direction. This presents a challenge with the nature of our cultural approach to sexuality being

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one of shame and secrecy. Perhaps this data is suggesting that in many cases clients may need to be strongly encouraged to discuss sexuality in order to provide the safety and containment necessary for the conversation to occur.

It is interesting to note that Nick Ryan is more likely (as an art therapist) to intentionally bring sexuality into the clinical conversation, perhaps due to his psychoanalytic training, which directly names the essential relationship between sexuality and the psyche.

The second theme, *inviting the client to explore sex and sexuality in clinical work using creative expression*, rests on the previous challenge. In order for the door to open, the clinician must first have taken this journey and must be prepared to lead the client through. It is important to remember, however, that some clients simply do not want to walk through this door. For the art therapist, the question becomes: how important is it that clients be encouraged to explore this aspect of themselves? If the question is one of sexual trauma, this undeniably becomes a vital piece. For others, the answer seems less clear.

If the issue were one of attachment, each of these three therapists might assess and reflect back to early attachment experiences, providing an understanding the client's current state through that lens. If sexuality is a core piece of our experience, as Goodwach (2005) suggests, it can be argued that this is equally as vital as attachment. How then can art be used to assist in opening this door? An excellent example of this is Kate Loree's work with victims of sexual trauma. Her reports of the client's artistic progression mirroring the personal healing process show that art can lead to understanding without requiring verbalization, a potentially safer way for many clients to begin the conversation. Kate did not need her client to talk about the pain; she could see it in the dark, closed off images that were created. Through these images, she was able to experience the emotions with the client, providing a safe space to begin the conversation.

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For sex therapists, the question lies in how art can augment existing approaches. While JR used creative processes to help clients understand sexual struggles and reach treatment goals, these techniques barely reach the surface of art therapy's potential. If he were trained to look more deeply into the art, using the client's symbolic keys to understand and discuss the challenges on a deeper level, clients could then be approached from a more thorough understanding of the presentation of the dysfunction. The art can also simultaneously provide an understanding of the client's feelings about both the dysfunction and sexuality in general. Perhaps if these internal battles could be recognized and challenged, clients would be more able to see treatment through to completion.

The third and final theme deals with *concerns and challenges for the clinician using artistic expression with sexuality*, which can help in understanding the challenges inherent in treating sexuality issues for all clinicians. While these challenges can be generalized to all forms of therapy and certainly to all three interviewees, it is important to ask if art will help or hinder when approaching these challenges in combination with sexuality. According to Fink and Levick (1973), sexual content is irrepressibly expressed through art making uniquely suited to assist in sexual self-expression and discovery. While more research is needed to answer this question, all three clinicians express a respect for the potential of art to explore the deep complexities of sexuality.

The premise of this research falls on two essential ideas as pointed out in the introduction. First, sexuality is an inextricable piece of our core selves, providing important insight into our experiences and how those experiences intertwine to construct who we are. Second, our world develops visually first, with language giving name and communication to people and objects already existing within that world, with this language of feelings and images often transcending

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the power of verbalization (Riley, 1990). Based upon these understandings, it follows that an integration of art and sex therapies could lend itself naturally and easily to a deeper understanding of the core self.

Unfortunately, the cultural framework around sexuality creates shame and unease when approaching the topic, often giving it a sense of being both just below the surface and completely unreachable. Both clinician and client may face barriers to exploring sexuality such as family, religion, early sexual experiences, peer experiences, and cultural views of sexuality. This research suggests that through education and developing a clinical awareness of personal barriers, therapists can begin to approach sexuality with an increased understanding and openness.

This research used the experiences of three clinicians who use some combination of art or expression and sexuality in their clinical work. Each clinician was interviewed individually to gain an understanding of his or her personal approach in order to compare and contrast within and between interviews allowing a better understanding of the challenges and successes of the three unique approaches. Two interviewees have training in art therapy in addition to psychodynamically-based training in marriage and family therapy. One of the art therapists also received additional training as a psychoanalyst. The third therapist has training in marriage and family therapy and sex therapy. Each of the shared experiences provided a unique approach, understanding, and level of comfort with both art therapy and sex therapy.

While the aim of this research was to understand the challenges associated with the integration of art and sex therapies, it was found that it is important to first understand why this integration has thus far been discussed only minimally. Both art therapist interviewees have a personal comfort and instinct toward issues of sexuality, but neither feels comfortable insisting

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that clients explore this topic, with the exception of treating sexual trauma. JR, the sex therapist, lies at the opposite end of the spectrum, making sexuality the topic of almost every clinical conversation although doing so in a way that seems much more goal oriented and less open to pure self-discovery. If each clinician is using some techniques of both sex and art therapies, the goal becomes understanding how each end of the spectrum can move toward the middle, realizing the opportunity inherent in creativity for a deeper understanding that can contribute to lasting change, as well as what clients may require such as gentle insistence from the clinician in order to create a space safe enough to remove the feeling of exposure when discussing sexuality.

A final important challenge is that of client preference for treatment modality. Not all clients will have an appreciation for art therapy, and not all clients will feel ready to discuss sexuality. Combining the intimacy of sexuality with the depth of art may also feel too vulnerable for some. Based on these findings however, it seems important that clinicians feel prepared to at least initiate and/or invite a dialogue about sex and sexuality, as well as assess the usefulness of expressive techniques and their ability to enhance the effectiveness of the work. It is important to note that these conversations should be approached with encouragement rather than force to avoid a rupture to the therapeutic relationship.

Limitations

Due in part to the preliminary and limited nature of this research, there are many potential challenges to the validity of this data. Participants were invited to participate in this study based on snowball and purposive sampling. The resulting participant number was very small, with professional training and affiliations that may not be shared by other sexuality and/or art therapy clinicians. This may create results skewed toward sexual openness and/or an appreciation for the benefits of art therapy that is greater than the norm.

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Suggestions for Future Research

This research poses many new questions. While it would require additional training to bring sex therapy into the scope of art therapists and vice versa, these findings suggest that a deeper understanding of one another's treatment modality could be beneficial for clients and therapists alike and may not be exceptionally time consuming if approached through short certificate trainings, perhaps. It is not the intention of this research to suggest that either modality change its foundational methodologies or approaches, but rather to point out the importance of a more integrative understanding of sexuality for all therapists, as well as to point out the usefulness of art for many diverse forms of therapy.

Conclusion

This research set out to explore the possibility of an integration of art and sex therapies. Through in depth interviews with three clinicians: two certified art therapists and one certified sex therapist. Overall, the findings illuminated important challenges and benefits and supported the literature review in the possibilities of a beneficial integration.

Through the analysis of the three interviews, several categories emerged and three overarching themes were discussed: (a) the importance of theoretical training and scope of practice in unlocking sexuality, (b) opening the door to sex and sexuality in clinical work using creative expression, and (c) concerns and challenges for the clinician using artistic expression with sexuality. Each theme provided insight into unique challenges and possibilities presented by this integration. The primary problem seems to be that of scope - considering the combination of non-directive psychodynamic training and the lack of sexuality training in most MFT and art therapy programs, there is a clear discomfort when it comes to providing art directives designed to explore sex/sexuality. For sex therapists, creative expression is often used, but with limitations

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due to a lack of training on the potential symbolic and metaphoric meanings present in the product of the expression. By using art and creativity to open the door to sex and sexuality, clinicians may be providing a non-verbal method to express a core construct that our cultural language may not provide words for. The concerns and challenges inherent in discussing sexuality may be, at least in part, alleviated through the use of art, based upon art's unique ability to decrease defenses and communicate constructs that even the client may not have an awareness of. This benefit may be challenged, however, by the client's resistance to the art itself, resulting in increased difficulty bringing the topic into clinical work.

This research has many limitations, including a small sample size and a reliance on participants known to have an appreciation both for the importance of sexuality and the benefits of art therapy. It does, however, provide a foundation for future research and a potential clinical application of integrative approaches.

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