



Everyday Sexuality and Social Work: Locating Sexuality in Professional Practice and Education

*Priscilla Dunk*¹, School of Social Work, Faculty of Health and Social Care Sciences, Kingston

Abstract

Social work has seen increased intellectual interest in sexuality. However, little attention has been paid to the relevance of everyday sexuality for professional practice or how this might be integrated within existing social work curricula. This paper proposes that knowledge about everyday sexuality is vital to social workers as they deal with a variety of clients faced with the increasing complexities brought about by late-modernity. Additionally, it is argued that this knowledge base is congruent with the ethical and political dimensions of the profession. The PLISSIT model is presented as a possible pedagogical framework for social work education in this area.

1 Introduction

Recent decades have seen heightened public interest, concern and debate over sexuality. These have been attached to shifts in the nature and duration of commitment patterns, which have been positioned in light of movements such as globalisation and the increased utility of communicative technologies (Bauman 2004). With changes in gendered expectations combined with an emerging message about ‘choice’, divorce rates, for example, have reached unprecedented levels. Sexuality, and its current association with pleasure as opposed to reproduction, has also been couched in risk narratives, including those that stem from moral or religious dogma as well as those perpetuated by harm reduction messages. A rise in sexual politics has also, in some sectors, freed up discussions about normative desire and alternative lifestyles. It is a mistake, however, to think that concerns about sex are purely limited to such demographics.

This relatively new association of sex with pleasure, coupled with other social movements since the 1960s, has seen the emergence of the sexual self as of central concern to the individual immersed in contemporary social life. Each citizen must now negotiate the sexed aspect of their self, namely their *sexuality*. The following World Health Organisation-convened working definition developed by international experts in 2001 positions sexuality as:

“... a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these

¹ Priscilla Dunk is a senior lecturer in the School of Social Work, Faculty of Health and Social Care Sciences which is a joint faculty between Kingston University and St George’s, University of London.

dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.”

Social work’s traditional focus on the broader systems that inform and shape lived experience of individuals and communities fits well with such a definition. The definition tells us that ‘sexuality is a central aspect of being human throughout life’. Social work involves working with human beings, and another similar definition highlights the importance of the social whilst acknowledging people’s sexualities’ *responsiveness* to wider systems of influence:

“Human sexuality is distinct from non-human sexuality in that it is neither immutable nor static but is highly responsive to social forces. Human sexuality is imbued with symbolic meaning and social significance...given that humans are social beings, human sexuality is inevitably influenced by a person’s social location...forms of social stratification, relating to class, status, gender, ethnicity, age and so on, will influence modes of individual self-expression” (Hawkes and Scott 2005, 7).

The social work discipline has seen an increased interest in sexuality (Bywater and Jones 2007; Hicks 2005; Myers and Milner 2007; Trotter and Leech 2003). However, scholars working in this field have primarily been concerned with either specifically defined, marginalised or minority groups, for example, gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) client populations. Less attention has been given to how all actors, regardless of sexual identity, individually construct and negotiate their sexuality in relation to prevalent sexual norms, which is what I refer to as everyday sexuality. This article outlines how such a knowledge of everyday sexuality is vital to the practice and education of social workers who work with a variety of clients faced with increasing complexities brought about by late-modernity. Noting how beliefs about sexuality are often individually fashioned, unregulated and empirically unexamined amongst social workers, it is argued that this knowledge base is also congruent with the ethical and political dimensions of the profession. The PLISSIT model is presented as a possible pedagogical framework for social work education about sexuality.

1.1 Conceptualising Everyday Sexuality

As noted above, much of the literature relating to social work and sexuality explores working with sexual minorities and subsequently there is a dearth of research on the relevance of what I have termed everyday sexuality for social work practice and education. The interdisciplinary area of sexology has been more willing to consider individual sexuality amongst a broader population. For example, Masters and Johnson’s groundbreaking work broke from traditions in the medical model in theory building using empirical work with everyday people. More recent scholarship positions women’s experiences as an alternative to medicalised discourses that prescribe global dysfunction and subsequent physically targeted treatments (Basson 2003; Kleinplatz 2003; Weiner-Davis 2004). Complexities observed at the individual level has resulted in the creation of sexual identity categories that differ from fixed assumptions about sexual identity. An example of this phenomena is men who may be in relationships with women and define themselves as heterosexual and who also have sexual encounters with men. Thus the term ‘men who have sex with men’ (MSM) has been a way to name this phenomenon. Similarly, ‘women who have sex with women’ (WSW) and ‘same sex attraction’ (SSA) have been ways to describe complexities in human sexuality.

Sociology is another field in which a basis for everyday sexuality can be sought. While sexuality in sociology was initially associated with the study of deviance, more recent studies have considered sexuality as part of a mainstream construction of identities.

Weeks' work during the 1970s and 1980s cannot be underestimated in its significance as he brought sexuality into mainstream sociology and out of its prior placement in the sociology of deviance. Where Weeks' (1989) work utilised historical and political developments to shed light upon contemporary sexuality, social theorists more recently have placed sexuality within the remit of 'identity' as an organising concept. Anthony Giddens notes, sexuality

"... is something each of us 'has', or cultivates, [and is] no longer a natural condition which an individual accepts as a preordained state of affairs. Somehow, in a way that has to be investigated, sexuality functions as a malleable feature of self, a prime connecting point between body, self-identity and social norms" (1992, 15).

Social theories, such as those developed by Giddens, ask questions about intimacy that relate to who we are. This means, for example, asking: what does it mean for ideas about the 'self' to engage in sexual relationships? How do macro shifts in the global economy affect how individuals decide who they are and how their relationships fit in to this changing 'self'? One of the advantages to emerge from the 'identity' location is that sexuality can be examined at the individual level without recourse to deviant or medical discourses (Seidman 1997).

2 Why is such knowledge important in social work?

Burgeoning scholarship about sexuality within social work and affiliated fields has centred on those sexual issues pertinent to targeted services or client populations. Such specialised practice settings include the area of HIV/AIDS prevention (Kalichman et al. 2007), young people's services (Weiss 2007) and services directed towards older people (Gott 2005). Empirical investigations and theory building in such differing areas of practice contribute positively to social work knowledge about sexuality. One of the difficulties in positioning sexuality in this way however, is that sexuality is locatable within the client population rather than across all populations, as conceptualised in everyday sexuality. That is, everyday sexuality sees sexuality as being relevant to all whereas sexuality located within specific services relegates its importance to an 'issue' or characteristic of a particular client group. It is proposed that sexuality ought to be of concern to social work because of its relevance to human life.

The proliferation of human rights discourses within all social work client settings has increased reflexivity about what it means to be human. Like sexuality, rights are steeped in cultural, historical and political shifts (Ife 2001). Indeed, rights-based frameworks have been linked to the ethical and political dimensions of social work practice (Banks 2001; Hugman 2005). Drawing upon ideas around human rights, or 'sexual rights' (Cervantes-Carson and Citeroni, 2004) and justice has meant that sexual identity-based discrimination has been highlighted as requiring action (Neu 1998). Re-casting everyday sexuality within such a discourse brings it more in line with another identity marker, that of culture, which is seen to be of key concern to social work (Dominelli 2002; Thompson 2006). Culture is positioned as an aspect of identity, rather than linked to particular areas of practice. Unlike culture however, social workers' values about sexuality are, to date, largely unexplored in contemporary literature. Sexuality education featured as a part of many social work curricula in the 1960s and 1970s however given the plethora of social changes since that time, it would be problematic to assume that social work students' needs have remained the same.

It is however worth noting the experiences of Canadian social work academics who delivered sexuality education to social work students in the 1970s. They (Valentich and Gripton 1975) “offered a seminar in human sexuality...[after their] discovery, as field work consultants, that...[their] students were ill-equipped even to discuss sexual matters with clients, let alone help them with sexual problems” (p 273). During these seminars, conflict arose due to participants’ “different sexual values” about homosexuality (278). Given the lack of current empirical exploration about the needs or values of current social work students in this period of late modernity, it is useful to look to the available research in other areas of inquiry knowledge gained from interdisciplinary and international sources.

International research can be used to provide a context in which social work students’ learning needs can be reflected upon. Empirical work in Turkey, for example, found that social work students’ values about sexuality were linked with gender and religion. Although primarily students were “relatively sexually inexperienced and conservative” they were “more accepting and liberal for others” (Duyan and Duyan 2005, 10).

Recent research with allied health professionals, for example, can also be considered in relation to social workers’ personal and professional sexual values. A qualitative inquiry conducted in the United Kingdom exploring pharmacists’ values towards the deregulation of emergency contraception found that these practitioners:

“Held overwhelmingly negative attitudes to...deregulation, in contrast with their professional bodies. Opposition to deregulation resulted from a clearly articulated set of assumptions about female sexuality, particularly that women are sexually irresponsible, chaotic and devious” (Barrett and Harper 2000, 197).

Similarly, “previous studies have highlighted...discrepancies between nurses’ stated beliefs and actual practice” (Cort et al. 2001, 498). However despite having no sexuality education during nursing studies, community mental health nurses were found in the same study to be *aware* of client sexuality issues despite being reluctant to undertake sexual history-taking as part of patients’ standard care.

Australian educator and researcher Patricia Weerakoon has been a longstanding advocate for sexuality education to be a core part of allied health curricula. In a recent study Weerakoon and others surveyed over one thousand higher education students in allied health (with the exception of social work students), over half of the students reported that “they would not feel comfortable” talking to clients about issues with sexuality (Weerakoon et al. 2004, 189).

How does this relate to social work curricula? Trotter and Leech argue that barriers about discussing sexuality in social work “...are not just confined to students. They also appear to exist in the literature and amongst our colleagues” (2003, 204).

Given these differing experiences in a variety of disciplines and international contexts, it seems evident that values about sexuality within social work are, to date, relatively unexplored. Further, it can be argued that compartmentalising sexuality into specialised areas of practice has acted to eclipse the need for sexuality to be approached as an everyday characteristic of the self. Were sexuality to be seen as a human attribute, it would therefore be of central concern to a profession whose work centres around people.

If we agree that social workers work with people and social systems and that it is important to have knowledge about sexuality, the question ‘what kinds of knowledge do social workers need?’ must be asked. Ought, for example, social work students be taught about the human sexual response? How much ought social workers know about human sexuality? Should topics such as those teaching about physical, social and cognitive development exclusively deal with sexuality? Should sexuality and knowledge about different sexual identities be included within topics that explore social work with diversity? Or, should sexuality be a compulsory, stand alone topic?

3 Sexuality Education for Social Workers

Moving away from seeing sexuality as being locatable within particular areas of practice and more towards seeing everyday sexuality as traversing across differing client groups and practice specialisms calls for a pedagogical model that fits with such a conceptualisation. This is because current social work curricula and professional values do not reflect a similar attitude towards sexuality as another key aspect of identity, culture. The PLISSIT (Annon 1976) model provides an interface between social work student learning needs about sexuality and everyday sexuality needs manifest in practice. Further, using the PLISSIT model for social work education about sexuality would enable educators to build in teaching that elicits and challenges existing values about sexuality.

The PLISSIT model was initially developed to be used within a medical setting (for example, general medical practitioners’ surgeries) to conceptualise clients’ concerns about sexuality. PLISSIT is an acronym for Permission (P), Limited Information (LI), Specific Suggestions (SS) and Intensive Therapy (IT). Each of these sections represents a level in which a client’s needs might be met. The majority of clients are said to be at the P level of interaction, with the IT section having the least amount of clients associated with it and categories in between are ordered from the highest level to the lowest level accordingly.

There is a dearth of literature that critiques Annon’s model, or any subsequent contemporary models that might replace or update the approach taken in the PLISSIT model. It is still widely used in Australia, for example, ‘on the ground’ as an educational tool for sexuality education, particularly in health (Weerakoon and Wong 2002). Thus, doctors and nurses training in sexual health are likely to come across this model. The PLISSIT model could easily be absorbed into mainstream social work curricula, particularly within knowledge-based and values exploration educational tasks. A brief description of the PLISSIT model follows and contributions this model makes to everyday sexuality being located within social work are highlighted.

As noted, permission (P) is depicted as the level at which most clients’ needs are met. Put simply, this level involves the practitioner, in this case the social worker, being perceived as someone to whom clients can talk to about issues related to sexuality. Thus the client is seen as having *permission* to talk to a social worker about sexual concerns. At this stage of intervention, the client’s needs are conceptualised as being met purely by knowing that the professional to whom they have access is someone they can discuss sexual issues with. To reframe this level using a social work lexicon, we might describe it as one where needs arising from everyday sexuality are *normalised*. As noted previously in this paper, social work students’ values about sexuality are largely unexplored in the literature. Additionally it has been argued that the proliferation of sexuality within specialised fields of practice has contributed to sexuality being viewed as relevant in some areas and not in others, unlike its co-identity marker, culture. Given these factors, normalising conversations about sexuality

would only be able to occur if the social work profession had a clearly stated value base from which everyday sexuality could be placed.

Notwithstanding the above, it is important to support students' learning about basic human physiology, sexual behaviour and values as well as psychological and sociological dimensions to the sexual self. This would contribute to providing a foundation whereupon clients could feel able to bring issues of sexuality to a social work practitioner educated to a level whereby sexual concerns were seen as a relevant part of everyday life. Similarly, another outcome of social work education about sexuality is that this knowledge (about sexuality) would be legitimised within social work. Anecdotal evidence suggests that social work practitioners and students, for example, feel ill at ease in including information relating to a person's sexual self when undertaking assessments. Having made everyday sexuality pertinent to social work education and practice formalises this knowledge.

Social workers could draw from their knowledge about everyday sexuality at the next levels of client interaction, where limited information and specific suggestions about sexuality needs are provided. This involves the practitioner giving the client enough information for them to perhaps alter their perception of a sexual concern. A concern that masturbation is 'abnormal' is an example of a client issue that a social worker may be asked about in the course of their work with a client. The practitioner, drawing from their formal learning about human sexuality, would provide limited information if the concern could be resolved by the social worker reporting on the literature relating to this aspect of sexual behaviour (for example, see King 1997; Kinsey 1948; Kinsey 1953; Masters and Johnson 1992; Plummer, 1995; Weiner-Davis 2004; Zilbergeld 1999).

In this SS level, the client takes "active steps" (Annon 1976, 260) to address the problem or concern and the intervention therefore behavioural in nature. In social work, such an approach fits with brief therapy, or task centred approaches (such as described by Doel and Marsh 1992). As with the LI level, there are less clients whose needs fit in to this more intense level of intervention.

It is not intended that the social worker becomes or is expected to be an expert in sexuality. The final level conceptualised in the PLISSIT model recognises that a very small number of clients will need to be referred on for intensive therapy from a specialist in sexual problems which could be, for example, a sex therapist or sexual health counsellor.

4 Conclusion

This paper has argued that the area of sexuality needs to receive formalised attention across a range of social work activities, most notably, within practice and education. This proposed location is distinguishable from approaches that depict sexuality as relevant to sexual minorities. Such a conceptualisation reflects a broader division within the discipline where practice population-based specialisms dominate. These specialisms resonate throughout social work literature and education. Alternatively, this paper has proposed that human rights-based frameworks as well as the approach taken toward another aspect of identity, that of culture, provide a counter to such compartmentalisation.

Sexuality has been positioned as a central dimension of the self and the notion of everyday sexuality has been argued to be a way to conceptualise the needs of all clients as opposed to particular populations or client settings. The PLISSIT model has been highlighted as an approach to pedagogy. Areas for future research have been highlighted and include a need for

empirical investigations into social work students' and practitioners' values and knowledge about sexuality. Given social and individual changes characteristic of late-modernity, social work is at a pivotal time to address what role sexuality will play in the ongoing development of a discipline so intrinsically connected to what it means to be human.

Acknowledgements:

The author thanks Dr Brad West, Markella Boudioni, and the anonymous reviewers, all of whom provided critical feedback on earlier drafts of this paper.

References

- Annon, J.** 1976: *The Behavioral Treatment of Sexual Problems*. Honolulu: Enabling Systems Inc.
- Banks, S.** 2001: *Ethics and Values in Social Work*. Basingstoke: Palgrave.
- Barrett, G. and Harper, R.** 2000: Health Professionals' Attitudes to the Deregulation of Emergency Contraception (or the Problem of Female Sexuality), in: *Sociology of Health and Illness*, 22, pp. 197-216.
- Basson, R.** 2003: Biopsychosocial Models of Women's Sexual Response: Applications to Management of 'Desire Disorders', in: *Sexual and Relationship Therapy*, 18, pp. 107-115.
- Bauman, Z.** 2004: *Liquid Love: On the Frailty of Human Bonds*. Cambridge: Polity Press.
- Bywater, J. and Jones, R.** 2007: *Sexuality and Social Work*. Exeter: Learning Matters Ltd.
- Cervantes-Carson, A. and Citeroni, T.** 2004: *A Project for Sexual Rights: Sexuality, Power, and Human Rights*. American Sociological Association: San Francisco.
- Cort, E., Attenborough, J. and Watson, J.** 2001: An Initial Exploration of Community Mental Health Nurses' Attitudes to and Experiences of Sexuality-Related Issues in Their Work with People Experiencing Mental Health Problems, in: *Journal of Psychiatric and Mental Health Nursing*, 8, pp. 489-499.
- Doel, M. and Marsh, P.** 1992: *Task-centred Social Work*. Aldershot: Ashgate.
- Dominelli, L.** 2002: *Anti Oppressive Social Work Theory and Practice*. Basingstoke: Palgrave Macmillan.
- Duyan, V. and Duyan, G.** 2005: Turkish Social Work Students' Attitudes Toward Sexuality, in: *Sex Roles: A Journal of Research*, 52, pp. 697-706.
- Giddens, A.** 1992: *The Transformation of Intimacy: Sexuality, Love and Eroticism in Modern Societies*. Stanford: Stanford University Press.
- Gott, M.** 2005: *Sexuality, Sexual Health and Ageing*. Buckingham: Open University Press.
- Hawkes, G. and Scott, J. G.** 2005: *Sexuality and Social Theory*, in: Hawkes, G. & Scott, J. G. (eds.) *Perspectives in Human Sexuality*. South Melbourne: Oxford University Press.
- Hicks, S.** 2005: Queer Genealogies: Tales of Conformity and Rebellion Amongst Lesbian and Gay Foster Carers and Adopters, in: *Qualitative Social Work*, 4, pp. 293-308.
- Hugman, R.** 2005: *New Approaches in Ethics for the Caring Professions*. Basingstoke: Palgrave Macmillan.
- Ife, J.** 2001: *Human Rights and Social Work: Towards Rights-Based Practice*. Cambridge: Cambridge University Press.
- Kalichman, S., Klein, S., O'Connell, D., Freedman, J., Eaton, L. and Cain, D.** 2007: HIV/AIDS Case Managers and Client HIV Status Disclosure: Perceived Client Needs, Practices, and Services, in: *Health & Social Work*, 32, pp. 259-267.
- King, R.** 1997: *Good Loving, Great Sex*. North Sydney: Random House

- Kinsey, A. C.** 1948: *Sexual Behavior in the Human Male*. Philadelphia: WB Saunders Co.
- Kinsey, A. C.** 1953 *Sexual Behavior in the Human Female*. Philadelphia: WB Saunders Co.
- Kleinplatz, P.** 2003: What's New in Sex Therapy? From Stagnation to Fragmentation, in: *Sexual and Relationship Therapy*, 18, pp. 95-106.
- Masters, W. and Johnson, V.** 1992: *Heterosexuality*. London: HarperCollins Publishers.
- Myers, S. and Milner, J.** 2007: *Sexual Issues in Social Work*. Bristol: The Policy Press.
- Neu, J.** 1998: Sexual Identity and Sexual Justice in: *Ethics*, 108, pp. 586-596.
- Plummer, K.** 1995: *Telling Sexual Stories*. London: Routledge.
- Seidman, S.** 1997: *Difference Troubles: Queering Social Theory and Sexual Politics*. Cambridge: Cambridge University Press.
- Thompson, N.** 2006: *Anti-Discriminatory Practice*. New York: Palgrave Macmillan.
- Trotter, J. and Leech, N.** 2003: Linking Research, Theory and Practice in Personal and Professional Development: Gender and Sexuality Issues in Social Work Education, in: *Social Work Education*, 33, pp. 203-214.
- Valentich, M. and Gripton, J.** 1975: Teaching Human Sexuality to Social Work Students, in: *The Family Coordinator*, pp. 273-280.
- Weeks, J.** 1989: *Sexuality and its Discontents: Meanings, Myths & Modern Sexualities*. London: Routledge.
- Weerakoon, P., Jones, M. and Kilburn-Watt, E.** 2004: Allied Health Professional Students' Perceived Level of Comfort in Clinical Situations That Have Sexual Connotations, in: *Journal of Allied Health*, 33, pp. 189-193.
- Weerakoon, P. and Wong, M.** 2002: Maximising Opportunities for Learning: Sexuality Education Online. Annual International HERDSA Conference: Research and Development in Higher Education: Perth.
- Weiner-Davis, M.** 2004: *The Sex-Starved Marriage*. London: Simon & Schuster.
- Weiss, J. A.** 2007: Let us Talk About it: Safe Adolescent Sexual Decision Making in: *Journal of the American Academy of Nurse Practitioners*, 19, pp. 450-458.
- Zilbergeld, B.** 1999: *The New Male Sexuality*. New York: Bantam Books.

Author's Address:

Priscilla Dunk, Senior Lecturer
Kingston University and St George's, University of London, School of Social Work
Faculty of Health and Social Care Sciences Länderkennung- Ort
Kingston Hill
Kingston upon Thames
UK-Surrey KT2 7LB
England
Email: pdunk@hscs.sgul.ac.uk

**Social Work
& Society**