Different sexual orientation and therapy

Name

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By definition, asexuals are people who have absolutely no sexual attraction, not for the opposite or to the same sex, and simply have no interest in sex. If someone considers himself or herself asexual, it does not necessarily mean that he never had sex. It only means that such persons are not attracted to other people to "the normal way". Maybe they had sex, but they realized that it did not mean anything and instead of trying it with a different partner, they think that they can not be sexually excited (Weeks, 2014).

Also, we need to distinguish asexual and of those who choose celibacy. Celibacy is a matter of choice, but asexuality is not. Asexual people may feel romantic affection and can be identified in many romantic orientations. Because this is very sensitive matter, therapist this should be extremely careful in dealing with asexual people and they must set boundaries of professional relationship their work with clients in general (Giddens, 2013).

The boundaries of professional relationships represent a frame or membrane that defines a set of roles, rules, and expectations for each party. A special aspect of this regulation refers to various types of restrictions that are imposed in order to ensure a professional, effective and ethical practice. Limits preserve the integrity of professional therapist and protect the benefit of clients who are in a subordinate, submissive, dependent and vulnerable position in relation to the therapist (Freud, 2014). Limitations in terms of borders are related to the following factors:

time frame, place within which this relationship takes place physical contacts among participants, etc. As the boundaries between people are not static but change over time, the therapist is challenged to learn how to cope with the changes of borders and how to successfully solve difficulties roles overlap. Therefore, one way of coping with the double relationship involves thinking about how you can reduce existing risks (Fuss, 2013).

When working with clients, is extremely important to make difference between boundary crossings - which refers to behaviors that are not typically associated with a given relationship, and boundary violations - which represents the crossing of borders that is hurtful. Violence shatters the limits of a fundamental principle of the Code of Ethics - the principles "does not make other

damage", and leads to the formation of a conflict of interest. A conflict of interest occurs in any situation where client needs are becoming subordinated to therapists interests (Giddens, 2013).

In my work with clients, I would certainly take into account the elimination of all factors that could lead to crossing the border. The rules concerning time, place and money would be strictly complied with and anything concerning my relationship with the client and within the given limits. If I faced with this kind of problem, I'd try to get back the relationship back to the set limits. I would use all reliable therapy methods and try to apply them and if the problems continue, I would end the relationship with the client (Garrow, 2015).

Man can face different kinds of sexual dysfunction which are usually sexual avoidance, impotency and erectile dysfunction, rapid ejaculation, and relationship issues leading to implications for sexual behavior. Men with any form of sexual dysfunctions are depressed, withdrawn into himself, alienated from the partner and usually, they lose self-esteem (Freud, 2014).

Before deciding on the best method of treatment in a given situation it is necessary to find out information from both partners (through functional analysis of behavior and sexual history). The goal would be to identify negative thoughts, their change, develop a positive attitude towards themselves and their sexuality. During this time, there is a permanent sexual education, which lasts throughout the therapy and helps further in accepting themselves and their partner, assertive communication in the sexual sphere and out of sex (if the relationship does not work). In addition, it is possible to use the various relaxation techniques (modified with autogenic training progressive relaxation), as well as certain emotional meditation and relaxation techniques. To be more useful, and to make the effects of the therapeutic process faster and more significant, therapy should include specific physical exercises in the field of sexuality, such as specific exercises that a person works alone, but when you reach a certain level of sexual knowledge (true introspection) (Giddens, 2013).

It is very important to the entire process to involve a partner. Therapy should be practiced 2-3 times a week to make treatment successful and more efficient. Therapists help clients to develop

and improve the sensory focus to integrate new knowledge in the field of intimacy, to directly confront their fears, and later, a satisfactory sexual intercourse is possible. At the beginning, partners would be prohibited to try to achieve a sexual relationship, but it is in the areas of emotional and social intelligence, to form a good basis and strengthened relationship between partners and expand the possibilities of sex as a necessary prerequisite for performing common tasks. Sometimes it takes only a couple of sessions, and sometimes a few months for results to be seen (Weeks, 2014).

Sexual dysfunction in women and in men has a significant impact on their quality of life and their personal self-satisfaction, and therefore it is very important to pay attention to time to react therapist you experience any indications of sexual dysfunction. Sexual dysfunction is a disorder in women leads to unsatisfactory sexual intercourse (Freud, 2014).

The most common forms are:

- anorgasmia
- vaginismus
- dyspareunia
- anaphrodisia

Anorgasmia is an expression for the failure of orgasm resulting lock, and absenteeism part orgasmic sexual intercourse, and to cause at the same time is not the termination of stimulation. Anorgasmia is frequent in women.

Types of anorgasmia are Primary- the lack of achieving orgasm throughout life, secondary - absence of orgasm after by women in the earlier sexual experiences experienced absolute - if it is impossible to therapy orgasm in any way possible stimulation. relative - orgasm is absent only in the particular form of sexual gratification (Garrow, 2015).

The most common psychological cause of anorgasmia is a negative attitude toward sex due to cultural or educational reasons, negative sexual experience in the past, the disorder of the relationship with a partner, lack of information about sex, fear of abandonment, fear of

independence, a sense of sexual guilt over different inclinations of the monotony in a relationship, lack of concentration, anxiety, depression. It is a common fear of losing control of emotions and behavior (Fuss, 2013).

During the initial interview partners or only the woman are given information about the psychological nature of the problem and the role of the patient in treatment. Going through the treatment program women will learn how to focus on orgasm, the feelings associated with it and how to rid a natural response that is suppressed in these women. After the end of treatment, 95% of women can enjoy sex again.

Vaginismus is a painful squeeze the muscles of the vagina, which prevents the penetration of the penis. In some cases, women can enjoy the foreplay and orgasm, or if there is no penetration. Most of the causes are psychological nature. Usually, this lack of communication or information about sex that leads to fear, then traumatic sexual experiences, rape, sexual abuse, fear of pregnancy, fear of infection or sexually transmitted diseases, etc. (Weeks, 2014).

Causes can be:

Physical - inflammatory diseases of the genital and urinary organs, mucous membrane contraceptives.

Psychological - partners rudeness or indifference which causes a lack of stimulation and foreplay and consequently reduced secretion of mucus in the vagina (Freud, 2014).

Anafrodizija is an expression of lack of sexual desire. It is the lack of stimulation in general. Indicate the lack of erotic feelings, sex is like a punishment for women who suffer from anorgasmia. This condition party dissatisfaction and depression; women often come up with different excuses to avoid sex. The causes are mostly psychological in nature: denial of success, pleasure, love, fear that they will be abandoned by partners, difficulty in expressing sexual desires, conflicts, etc. (Traub, 2015).

Psychological factors are the more common cause of failure in sexual activity. Such problems include misinformation, for example, the notion that sexual pleasure is something wrong,

or feelings of guilt about the past traumatizirajućih events, such as incest, rape or unwanted pregnancy. Also, after surgical procedures that remove the uterus or breast, women can experience ourselves as incomplete. Fears such as anxiety, depression, fatigue and marital or interpersonal conflict may result in the absence of relaxation at the stage of excitement. Women with these experiences may be incapable of exercising normal sexual act without counseling therapist (Fuss, 2013).

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