Sexual wellbeing in therapeutic conversations

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Introduction

In this article, we explore the concept of *sexual wellbeing* and how it can help us respond more effectively to the contemporary challenges facing psychosexual and relationship therapy. Kirstin offers a new framework for understanding sexual wellbeing and Karen reflects on how the framework could be used to support therapeutic conversations.

The language of "wellbeing" is now deeply embedded in our everyday lives. We talk about wellbeing in the context of work, finances, mental health, community, and relationships. And yet, outside of therapeutic settings, sexual wellbeing is rarely named, let alone explored.

This omission is striking. Given that most people view sex as a significant part of their lives, it seems odd that sexual wellbeing is not a more visible or mainstream aspect of general wellbeing discourse. Why do we routinely talk about emotional and relational wellbeing but hesitate to include sexual wellbeing in the same breath?

Of course, the term *sexual wellbeing* is not new. Many therapists - and some clients - are already using it. It has a growing presence in academic sexology and professional literature. But despite this, the term often functions as a vague umbrella; used inconsistently, without shared definition or clear clinical application. It risks becoming a buzzword: evocative but lacking substance.

That would be a missed opportunity. Because, when used with intention, sexual wellbeing has the potential to be a transformative concept, one that helps us shift the therapeutic conversation from dysfunction and pathology to health, meaning, and fulfilment. It invites clients to think not just about what is “wrong” with their sex lives, but what they want *more* of - what sexual flourishing might look like for them.

We offer a framework for using sexual wellbeing more deliberately in clinical work. We suggest that doing so can help clients articulate their sexual values, goals, and

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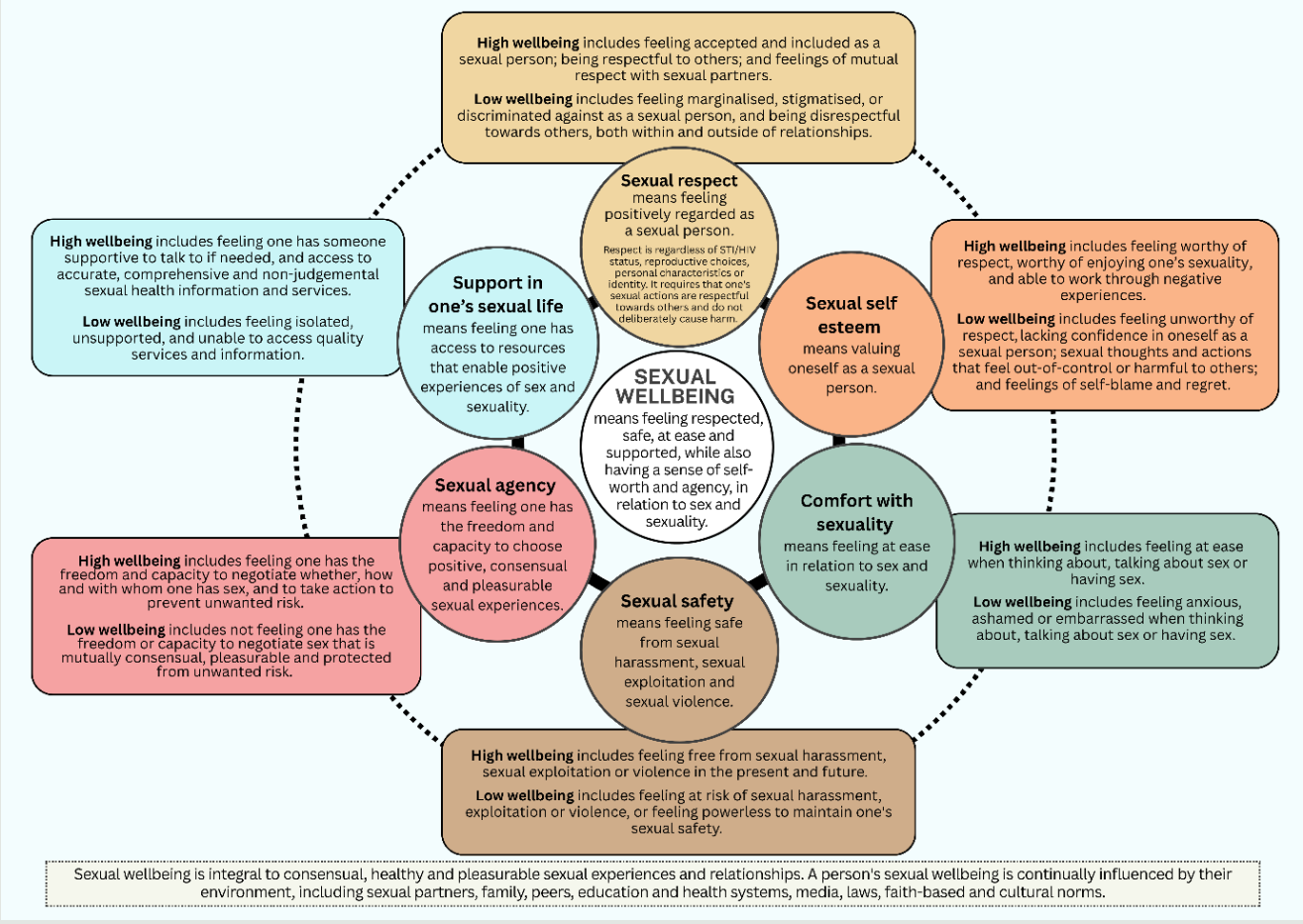
experiences in ways that are generative and empowering, reshaping how we talk about sex in the therapy room, and beyond.

What is sexual wellbeing?

Sexual wellbeing is relevant not only to how we feel during sexual activity but also to thoughts and feelings about one's sexual self that occur at other times. It encompasses comfort with one's own body, ease in discussing sexuality, and a broader sense of self-worth, agency, and relational safety. It is dynamic and context-dependent, shaped by cumulative life experiences and influenced by interpersonal, cultural, and structural factors. Importantly, it is relevant across the lifespan, and to all clients, regardless of sexual behaviour or relationship status (Mitchell et al, 2021; Mitchell et al, 2023; Lewis et al, 2024).

The Sexual Wellbeing Framework



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Untangling the Terms: Clarifying Sexual Wellbeing in Therapeutic Practice

In therapeutic settings, the term *sexual wellbeing* is often used interchangeably - or confused - with sexual function, and sexual satisfaction. This conceptual blurring can limit therapeutic conversations and narrow the scope of what is explored with clients. To support more intentional and expansive work, it's important to distinguish these concepts clearly.

Sexual (dys)function refers to 'the ways an individual is *unable* to engage in sexual activity in the way they would wish' (World Health Organisation, 2022) and is focused on problems such as erectile difficulties, painful sex and difficulty reaching orgasm.

Sexual Satisfaction is a global evaluation of the positive and negative dimensions of one's sex life, including satisfaction with sexual activities and sexual relationships (Lawrance & Byers, 1995).

Sexual function and sexual satisfaction rarely account for the deeper emotional and psychological experiences that shape a person's sexual life overall (outside of a particular relationship). They rarely capture the long-term impact of trauma, or the role of internalised shame, cultural scripts, or relational power dynamics. Nor do they address the client's freedom to express their sexuality without fear of judgment or harm. Both are influenced by expectations that are frequently shaped by gender roles, socioeconomic factors, and structural inequalities. In contrast, *sexual wellbeing* extends beyond whether someone is having sex, or even whether they can. It invites a wider inquiry - into meaning, desire, identity, agency, and emotional connection - regardless of sexual activity.

Why sexual wellbeing now?

We are currently seeing significant changes in how people express and experience sexuality. Increased access to explicit digital media, a decline in partnered sex, and a rise in masturbation suggest a possible uncoupling of sex from intimacy. At the same time, awareness of consent and rejection of everyday harassment are growing, even as coercive behaviours and the influence of misogynistic online spaces (the "manosphere") are on the rise. Norms around gender and sexual expression are also evolving: men are expected to be both dominant and emotionally sensitive; women are openly claiming sexual agency; same-gender experiences, anal sex, and 'rough sex' are increasingly part of mainstream sexual repertoires. Body ideals have shifted, with

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heightened attention to cosmetic enhancement. Relationship norms are changing too; consent is now more salient, meeting partners online is routine, and there is growing interest in exploring models other than monogamy.

These shifts do not exist in isolation. They are unfolding against a backdrop of broader social and political pressures: increasing loneliness, worsening mental health, an ageing population, growing inequality, mounting anxiety about the climate crisis and threats to democratic institutions. In some regions, we are also witnessing a reversal of hard-won sexual rights, including restrictions on sex education and access to abortion; and intensifying struggle to protect the rights of trans people. These dynamics all shape how clients understand and experience their sexual lives. It is in this context that the concept of *sexual wellbeing* becomes especially valuable.

How could sexual wellbeing help?

Sexual wellbeing offers a powerful lens for therapeutic work, helping to normalise sexuality as a core dimension of everyday wellbeing rather than something separate or exceptional. Unlike models focused on dysfunction or risk, sexual wellbeing is inherently salutogenic (a source of health). It emphasises clients' internal and external strengths, inviting exploration of what makes sex meaningful, satisfying, or "good enough". It invites richer, values-based conversations: not just about solving problems, but about cultivating pleasure, connection, and self-expression. In couple therapy, it can help partners explore how their experiences of sexual wellbeing align or diverge, and how this shapes their shared sense of intimacy, especially during transitions like parenthood, menopause, illness, or relationship endings.

Clinically, the concept invites deeper reflection on the social, psychological, and structural forces that shape a person's sexual life. It supports trauma-informed practice by creating space to explore past experiences - including harm, shame, or the absence of adequate sex education - without pathologising the client. It also allows for integration of co-occurring issues such as mental health challenges or experiences of sexual violence by highlighting how these intersect. Sexual wellbeing is relevant across the lifespan and can enrich therapeutic dialogue from puberty to later life, including in the context of disability, medication, and chronic illness.

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What would a therapeutic conversation about sexual wellbeing look like?

In this section we present the six domains of sexual wellbeing in the framework proposed by Kirstin and colleagues. Karen offers some insights into how each of these might manifest within therapeutic conversations. We include conversation prompts and issues for therapists to consider.

Sexual respect *means feeling positively regarded, accepted and included as a sexual person. Respect is regardless of STI/HIV status, reproductive choices, personal characteristics or identity. It requires that one's sexual actions are respectful towards others and do not deliberately cause harm.*

Our relationship with sexual respect - and developing a sense that our sexuality is respected by others - starts in our early years.

- We might ask our clients; How did others respond to your emerging sexuality in childhood/adolescence? (for example, with masturbation or early sexual partners?). It's common for emerging sexuality to feel like something which needs to be hidden, or for it to be met with concerns from those around us.

For those who are part of a minoritised group (particularly those from gender and sexuality minorities), this messaging can be compounded by 'othering' and an increased sense of shame.

- We might ask our clients, if they feel or have felt disrespected by others, what impact does this have on their sense of pride or shame in engaging with their own sexuality? What impact does their relationship with respect have on their current sexual expression?

An essential aspect of sexual respect involves being able to observe and respond appropriately to the boundaries of others. How do our clients respond when a partner does not want to have sex and they do? Can they tolerate this with understanding, or do they employ verbal or nonverbal subtle digs, coercion or pressure to get their needs met?

Inquiring about other aspects of a client's identity that relate to their sexuality may provide further insight. For example, being older, disabled, or living with a long-term sexual health condition are aspects that have often been unfairly seen by society as less deserving of sexual expression.

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Sexual self-esteem *means valuing oneself as a sexual person and feeling worthy of respect, worthy of enjoying one's sexuality and able to work through negative experiences.*

Sex research has demonstrated the link between low sexual self-esteem and sexual function problems (Sakaluk, 2020). For those working in this space, this may be unsurprising to read, as clients who present with sexual function problems will often report difficulty in feeling entitled to take up space as a sexual person. For example, young women are often taught - directly or indirectly - that an adequate bar for a "good" sexual experience is one where their partner is satisfied and nothing bad happens. They may struggle to feel worthy of having their own needs met, especially with new partners. From this starting point, pleasure and comfort can be harder to achieve.

For some, the way in which they experience their sexual desires or seek out sexual experiences can receive less respect or understanding by wider society, and negative value judgements may lead to increased shame.

- We might ask our clients 'who is this a problem for, and why?' as a way of identifying the source of poor sexual self-esteem (ie, not from their preferences or identity, but from a conservative and rigid dominant narrative). For others, they may be able to identify **personal costs** from their sexual choices, which are negatively affecting their sexual self-esteem.

Power and sexual agency are inextricably linked and sexual choices or acquiescence in the face of others pushing their own sexual interests/preferences is likely to feature heavily for those with less power.

- Clients might present to us with a sexual function concern such as feeling out of control with sex. But to work with this effectively, we may want to ask them questions about their sexual self-esteem. How do they perceive themselves sexually? Do they feel confident as a sexual person? If not, what are the power systems dictating what 'normal' sex lives look like?

All the clients we work with are on a lifelong sexual journey, and one which is likely to include some instances of regret.

- We might ask our clients how the experiences they have had in the past influence their sexual wellbeing now (for example, if they feel they inadvertently breached someone else's autonomy or consent, at a time in their life when they were lacking in sexual experience or self-awareness.) Supporting these clients to understand and

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forgive themselves for past sexual experiences can allow growth for current and future sexual wellbeing.

Comfort with sexuality *means feeling at ease when thinking about, talking about sex or having sex – and not feeling anxious, ashamed or embarrassed.*

Sexual comfort is a prerequisite for effective sexual communication, and the literature is clear that being able to talk about sex has many positive sexual outcomes for individuals and relationships. Being at ease talking about, thinking about or having sex can create a culture of sexual growth, diversity and creativity.

- We might ask our clients; how comfortable do you feel talking about sex with your sexual partner(s) or friends? What gets harder or feels blocked when you don't feel able to talk about it? What may be possible for you in your sex life if you felt more comfortable? What would you do or say if it felt easier to express yourself?

A lack of sexual comfort may lead to not being fully present in a sexual encounter, and the evidence for mindfulness on people's sexual lives is relevant here. In clinical encounters sexual discomfort can often feel like the norm rather than the exception with clients commonly disclosing anxiety or embarrassment in relation to sex. Successfully working on a sexual problem such as painful penetrative sex, might have little long term benefit, if the pain is a symptom of not being able to communicate one's needs, rather than a problem of penetration per se. Working with clients on increasing their sexual comfort, may have wider reaching consequences on sexual fulfilment in future sexual encounters than 'just' reducing pain, due to the capacity it brings for ease in talking, increasing comfort around sex and being present.

Sexual safety *means feeling safe from sexual harassment, sexual exploitation and sexual violence in the present and future.*

Sexual harassment, exploitation and violence is sadly all too common and these experiences are particularly difficult to raise and confront.

- We might begin by asking clients whether they feel at risk of harm from the demands or actions of others, or whether the actions of others in the past prevents them from feeling sexual safety now.

For those who have experienced sexual trauma, the legacy of past trauma may create a current sense of not being safe, even with current respectful and thoughtful partners.

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- We might ask our clients how they soothe their activated nervous systems? What contexts or societal systems reinforce or betray that sense of safety? We might prompt them to develop boundaries and feel comfortable to communicate those boundaries to feel a stronger sense of sexual safety.

This domain is about whether someone f*eels* safe. But some clients may *feel* safe when their life circumstances suggest elevated risk. Therapists can help clients explore what feeling safe and unsafe means to them in the context of their current relationships and social networks.

Sexual agency *means feeling one has the freedom and capacity to choose positive, consensual and pleasurable sexual experiences. This includes the freedom and capacity to negotiate whether, how and with whom one has sex, and to take action to prevent unwanted risk.*

In many ways, the current landscape of our digital world provides a richer opportunity to discover wider networks, interests or sex positive messages outside of our immediate peer, familial or social communities, allowing access to ideas which have the potential to shift our perspective and increase agency. In contrast, a shift in dating/ sexual culture into online dating/app based ways of meeting partners may have its own contextual rules around when one has sex and what that sex looks like. For example, one group of young women in a therapy group (run by Karen) talk freely about how they are not able to negotiate when they have sex, or what type of sex they have with new sexual partners they have met on apps, as this would be against the social expectation of the number of dates by which one should have sex via app connection, and would result in them being rejected by this potential romantic partner). Shifts in social norms, or those portrayed in social media or porn may also be salient in cases of young women experiencing a lack of agency around directing sex away from social expectations, for example in making choices about whether types of sex such as anal sex should feature in their sex lives and the desire to have strangulation as part of sex.

Feeling a lack of agency around when or how sex happens is not unique to any group within society and is heavily affected by dominant societal scripts. Aside from having limited exposure to diversity of sexual scripts one must also feel that they have enough personal agency to risk reputational damage or rejection by negotiating whether, how and with whom one has sex with. In our therapy work, we are uniquely placed to enquire whether they want to engage in sex at all, what types of sex and for whose benefit. This includes conversations about sexual and reproductive health. Clients who struggle to feel entitled to raise the topic of sexual health or contraception with a new sexual

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partner - despite wanting to - provide us with clues about their wider sexual wellbeing. We might ask ourselves, in what other ways is low sexual agency affecting their sex lives? What else are they struggling to negotiate?

Support in one's sexual life *means feeling one has access to resources that enable positive experiences of sex and sexuality. This includes feeling one has someone supportive to talk to if needed, and access to accurate, comprehensive and non-judgemental sexual health information and services.*

Being supported in one's sexual life is a key aspect of social and community resilience. Individuals who feel supported are more able to work through difficult past experiences and progress in other aspects of sexual wellbeing such as self-esteem and agency. This is an opportunity to talk with clients about their external sources of support. Who else can they talk to? What challenges might they perceive in talking to others? What concerns them?

Conclusion

Psychosexual therapy has historically linked sexual wellbeing closely with sexual function, pleasure, health and justice, but we have suggested here that sexual wellbeing - as a distinct and clearly articulated concept - is uniquely placed to support conversations with clients about the challenges they face in contemporary society.

Focusing on sexual wellbeing, also allows us to move beyond 'problems' to personal growth through a sexual lens, and allows us to tackle some of the key challenges we face sexually in these times of systemic and societal change. As therapists, we might position our role as offering a proactive space to flourish sexually, with the idea that sexual wellbeing will enrich peoples' lives, rather than a reactive support to solve problems as they arise, and that this may require a change of how we work, or how we brand how we can be of service. Lastly, we might ask ourselves what responsibility we have to combat, add to or challenge common discourses about sex and sexuality which impact on these domains of sexual wellbeing, particularly in an increasing digital age.

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