Promoting sexual well-being in professional practice

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Question arising from practice, for practice

Provoked:
- Professional curiosity
- Concern for well-being
- A deeper appreciation that issues of significance may not be what we think
- The need to explore meaning to the individual

“To strip sexuality of its significance or to silence it is to damage the very notion of being human” (Foucault 1990).
Links with Occupational Therapy

- Disability studies, and the study of the lived experience of disabled people is important to promote client-centred occupational therapy practice (McCormack & Collins, 2010).
- Sexual well-being is potentially important in practice, but an often overlooked area. Occupational therapists may have similar experiences to social workers.
Phenomenology...  
a philosophy and methodology concerned with human well-being  
(Galvin and Todres 2013)

- Rich descriptions of human experiences to understand them in new ways and use this knowledge to make a difference in the lived world of ourselves and others  
  (Langdridge, 2007).
- Embodied lived experience: the world is experienced through the body and the world makes us conscious of our bodies  
  (Merlaeu-Ponty, 1962, Finlay, 2009).

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Ethical research requires inclusion of seldom heard voices

Collaboration to explore meaning using human to human communication

In-depth interviews

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Barriers to practitioner engagement

- Embarrassment
- Fear
- Cultural
- Religious
- Lack of knowledge
The concept of sexual well-being threads together the multi-dimensional nature of human sexual experience and is inextricably linked to social environments and personal experience.

- Memory
- Sexual health and personal safety
- Sex as a connection to normality
- Pain relief through sexual activity
The impact of sexual discontent

- Missing out
- Otherness
- Sexual disenfranchisement
- Fear of rejection
- Eroded esteem
- Disconnected with future
Who am I and what does this body mean to me?

The body beautiful and ‘super humans’

I listen to my body, we work together, we are one

My body and I are separate

Gendered experience

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Isolation: internal and external

- Self-imposed isolation
- Absence of any sense of having social capital
- Barriers to access
“Being deemed asexual is the most egregious sexual harm that disabled people contend with because it is a direct assault on our personhood” (Stevens, 2010, p.62)

- Normative conceptions of sexual activity, sexual behaviour and determines what is ‘sexy’ perpetuated by the media (Dune and Shuttleworth, 2009).
- Myth of fantastic, spontaneous sex (Dune and Shuttleworth, 2009).
- Undermines self-esteem and corrodes sexual relationships for most people (Connelly, 2014)

What do you think about this? 
https://www.youtube.com/watch?v=YgUqmKQ9Lrg
As for talking to somebody, no not often. I keep quiet. No I'm not used to it… to be honest some of the questions that I was asked (in first interview), I've never ever been asked that before.

- Non-judgemental attitude
- Knowledge
- Trustworthiness
Implications for occupational therapy

- Need to think about sexual well-being as an important part of a person’s life, identity, roles, occupations.
- Sexual discontent, isolation and assumptions of asexuality may be apparent in occupations.
- Perception of one’s own body can impact on occupational performance.
- Same qualities are required from occupational therapists.
- Opportunities for interprofessional dialogue and working.
Implications: Putting the well-being principle into practice

The connection between sexual and general well-being means it is an issue of relevance to well-being focused, person-centred health and social care practice.

Well-being domains of the Care Act 2014 relevant to sexual well-being:
- Personal dignity
- Physical mental and emotional health
- Protection from abuse and neglect
- Relationships

Well-being is enabled through:
- Primacy of individual’s views
- Protection from abuse and neglect
- Minimum restriction
- Inclusion

Barriers to implementing well-being principle:
- Erosion of social conditions which underpin well-being
- Negative narratives around disability
- Social and economic inequality
- Exclusion
Partnerships to promote sexual well-being: physically disabled people and social care practitioners – ongoing work

- Pilot, finesse and disseminate learning materials
- Original participatory research: the meaning of sexual well-being for physically disabled adults and what this means for social work
- Participatory approach to develop learning materials: advisory group of experts by experience and practitioners
- Focus groups with experts by experience and social care practitioners: how to support disabled people with their sexual well-being

Sexual well-being involves body, mind and environment

Learning materials

Partnerships to promote sexual well-being

Sample cards: Sally Lee and...
References and suggested reading


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