Sex Positivity and Counseling Psychology: An Introduction to the Major Contribution

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Abstract
In this introduction article to the Major Contribution on sex positivity in counseling psychology, we define sex positivity and its intersections with counseling psychology’s framework of social justice, wellness, and resilience. We describe related foundational aspects of sex positivity that counseling psychologists may integrate into their research and training, theory, and practice. Following this introductory article, the authors of four subsequent manuscripts in this Major Contribution focus on (a) the history of sex positivity in counseling and psychology, (b) training and supervision related to sex positivity in counseling psychology programs, (c) research on sex positivity within counseling psychology, and (d) clinical practice implications of sex positivity in counseling psychology.

Keywords
sex positivity, sexuality, sex therapy, sex counseling

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Professionals from multiple mental health disciplines have identified the need for clinicians to move from pathology-based models of sexuality to sex-positive models that encourage sexual well-being (World Health Organization, 2006). However, attention to sex-positive approaches in counseling psychology have lagged behind. In particular, among mental health practitioners, more work is needed to increase their willingness and comfort in addressing issues related to sexuality. **Sex positivity** is a term used to describe individuals and communities who emphasize openness, nonjudgmental attitudes, freedom, and liberation about sexuality and sexual expression (Donaghue, 2015). Sex-positive counseling frameworks assert that sexuality is a critical aspect of the counseling process that is often overlooked or purposely ignored by mental health practitioners (Reissing & Di Giulio, 2010). Scholars have sought to understand the influence that positive psychology has had on sexuality (Arakawa, Flanders, Hatfield, & Heck, 2012; Burnes, Rojas, Delgado, & Watkins, 2017). For instance, in a content analysis of peer-reviewed articles in sex research journals, Arakawa et al. (2012) found that very few articles examined what they termed “positive sexuality.” Although an examination at the intersection of positive psychology and sexuality may be difficult to find within certain domains of professional psychology, we argue that sex positivity is particularly aligned with counseling psychology values because it conceptualizes sex and sexuality as part of healthy development, enhancing client wellness and resilience throughout the lifespan.

The core values of social justice, resilience, and wellness that guide counseling psychology provide a rationale for counseling psychologists to become leaders in incorporating sex-positive frameworks into their research, practice, training, and supervision. These values entail working with clients holistically over the lifespan from a strengths-based perspective. The goal of this Major Contribution is to initiate a dialogue on current sex-positive approaches by exploring the history, practice, and training of counseling psychologists. In this article, we provide a context for understanding sex positivity in counseling psychology in order to frame the articles in this Major Contribution. The subsequent four articles discuss (a) the history of sex positivity in the counseling and psychology fields, (b) training and supervision in sex positivity, (c) research on sex positivity within counseling psychology, and (d) clinical implications of integrating sex positivity in counseling psychology.

**Sex Positivity and Counseling Psychology**

Sex positivity has become a framework that integrates the physical, somatic, emotional, intellectual, social, and spiritual aspects of sexual practice and sexual being in positive, enriching ways (Syme, Mona, & Cameron, 2013).
The World Health Organization has noted that within a sex positivity framework, an individual’s sexual intimacy, orientation, and eroticism are viewed as enhancing the individual’s personality, communication, and love (2006). Many historical definitions of sexual wellness have exclusively focused on physical health and well-being. Although the sex-positivity framework includes physical health, it also expands upon the concept of sexual wellness to include an individual’s multiple and intersecting biological, psychological, social, and emotional elements of functioning. This perspective offers a powerful tool to assist counseling psychologists in creating a continuum of attitudes about sexuality between the poles of complete sex negativity and complete sex positivity. Such a continuum could help counseling psychologists understand that individuals rarely identify as completely sex positive (e.g., they do internalize societal values of shame and fear relating to sex) but are often not completely sex negative, either (e.g., they do sometimes see sex as enriching, nourishing, and fun). Thus, counseling psychologists can facilitate a paradigm shift away from negative, pathology-focused sexuality that solely focuses on behavior, towards positive understandings of sexuality that expand the consideration of sexual identities, processes, and outcomes. A paradigm shift such as this has implications for sex positivity as a global movement (Ponzetti, 2015), as well as for the internationalization of counseling psychology.

From our perspective, sex positivity is less about the application of positive psychology to sex research, training, and practice approaches, but rather about a complete transformation of how counseling psychologists have come to learn and understand sex in the broadest sense. Scholars (e.g., Hook, 2007; Watkins & Shulman, 2008) have called for a critical examination of how the field of psychology views sexuality and sex therapy. Sex-positive approaches begin with the assumption that a wide variety of sex practices and desires are an inherently healthy and important component of human development and connection. Upon this foundation, sex positivity in counseling psychology entails an exploration of the many ways that clients, trainees, practitioners, and researchers have internalized sex-negative attitudes and belief systems. After identifying sex-negative influences, counseling psychologists can then collaboratively explore the ways that sex negativity impacts how they work with clients and trainees, as well as the way in which they engage in sex research. This neglect of the centrality and diversity of one’s sexual life and identities can lead to disconnection with clients, misunderstanding of sex concerns, and imposition of counseling psychologists’ attitudes on clients and trainees. Such outcomes may involve viewing sex in a narrow manner, where sexuality is overlooked, minimized, or pathologized.
**History of Sex Research in Counseling Psychology**

Issues of sexuality have long been a focus of research for counseling psychologists. Historically, there have been some articles (e.g., White, Fichtenbaum, & Dollard, 1967) published in counseling psychology journals that explored sexuality with regard to diagnostic symptoms. Notably, *The Counseling Psychologist* published a Major Contribution in 1975 that focused on issues related to sex counseling. This series of articles documented the intersection of human sexuality and counseling psychology through a variety of approaches, such as by discussing adolescent sexuality (Elias & Elias, 1975), identifying and describing ways to enhance sexual pleasure in diverse couples in middle age (LoPiccolo & Miller, 1975), and addressing sexual liberation in older adulthood (Sviland, 1975). These articles underscored how counseling psychology values of wellness, resilience, and strength-based approaches to mental health intersected with sexuality, and also noted the importance of questioning pathologizing views of sexuality.

Much of the literature on sex positivity published since that time has been generated outside of the counseling and psychological fields, in disciplines such as social work, women’s studies, gender studies, sociology, and others (e.g., Glick, 2000; Kelly & Hoeri, 2015; Williams, Prior, & Wegner, 2013). As the sexual revolution of the 1960s and 1970s ended, counseling psychology’s attention shifted to issues of gender as a part of diversity and multiculturalism in the 1980s (e.g., Hardin & Yanico, 1983; O’Neil, 1981). The focus of sex research became more identity-based, typically examined the experiences of lesbian and gay clients (Buhrke & Douce, 1991; Burns, 1980), and later bisexual clients in the 1990s (Croteau, Bieschke, Phillips, & Lark, 1998), rather than focusing broadly on sexual health and functioning (Ellis, 1975).

In addition to these shifts away from sex research within counseling psychology, many of the most significant texts on sex positivity have historically been published outside of academia in the popular press (e.g., Easton & Hardy, 2009; Queen & Schimel, 1997; Queen, 2002; Taormino, 2008; Taormino, Shimizu, Penley, & Miller-Young, 2013). Among the variety of writings on sex positivity, there is consensus that sexual practices and desires are grounded in many overlapping cultural perspectives, fostering a variety of sex identities (Taormino, 2008; Williams et al., 2013). From the sacred sexual practices of Hindu scripture represented in the Kama Sutra to the puritanical repression of sex in Anglo-Saxon culture, sex and beliefs about sex are culturally informed. Despite the Western tendency to conceptualize healthy sexuality only within narrowly defined cultural parameters, sexual norms have been documented to vary widely throughout the world, across cultures, and over time (Popovic, 2006).
Traditional Sexualities Within Counseling Psychology

In counseling psychology, the most common understandings of diverse sexualities have entailed a focus on lesbian, gay, bisexual, and queer concerns. As many White, Western paradigms have understood sexuality using evolutionary theory, cisgender, heterosexual couples that engage in procreative sex are often seen as standard, and other individuals are shamed, silenced, hypersexualized, or asexualized. However, sex positivity helps to expand the notion that sexual diversity does not only include sexual orientation identities. Rather, sex positivity represents physical wellness and the presence of safe (noncoercive), pleasurable sexual experiences and relationships. Sex positivity is a “positive and respectful approach to sexuality” (World Health Organization, 2006, p. 5) for all persons along the sex and gender spectra, highlighting the right for people to make choices regarding their bodies and their abstention from, or involvement in, a wide diversity of intimate relationships and sexual behaviors (Burnes, 2017).

With such a definition, identities of self-identified “sexual minorities” may also include variations in relationship values and structures such as people who self-define their identity as monogamous, polyamorous, or in other language that most closely aligns with how they approach, understand, and experience relationships (Britton, 2005; Britton & Bright, 2014). In addition, because many media representations of sexual relationships are between heterosexual-identified people in monogamous relationships, the media may fail to present realistic portrayals of same-sex relationships, polyamorous relationships, or relationships involving certain behavioral representations of love that may be considered abnormal. Therefore, queer relationships do not explicitly refer to relationships in which at least one individual is gay, lesbian, or bisexual; rather, they refer to a way of engaging in sexual relationships that transcends societal understandings of “normal sexual relationships” (Taormino et al., 2013).

Expanding Counseling Psychology Understandings of Sex Positivity

As counseling psychologists deepen their understandings of sex positivity, it is important to note that all types of relational and sexual connectedness are considered valuable, as long as there is honest communication, safety, and consent among the parties involved (Richards & Barker, 2013). Moreover, certain language and terms (e.g., polyamory, kink, bondage-discipline/domination-submission/sadism-masochism [BDSM]) should be understood from a psychological perspective. In addition to knowing these sex-positive terms,
counseling psychologists should consider how these constructs become relevant in counseling and psychological practice (Cruz, Greenwald, & Sandil, 2017 [this issue]).

**Understanding polyamory.** Specifically, *monogamy* refers to the practice of sexual exclusivity between two people, whereas *polyamory* refers to relational and sexual practices where there may be multiple concurrent partners and various structures of sexual relationships. Polyamorous relationships are often incorrectly thought of as synonymous with nonmonogamous or open relationships. It is important to note that polyamory refers to openly conducting multiple sexual and/or emotional relationships simultaneously with the knowledge and consent of all involved in, or affected by, these relationships (e.g., “I love multiple people”). On the other hand, an open or closed relationship refers to a factual arrangement about a specific relationship (e.g., “I love my partner, but either/both my partner or/and I are open to sexual contact with others”; Veaux & Rickert, 2014). For example, a married client can have an open relationship that involves sexual encounters with multiple people outside of the client’s marriage; however, these sexual relationships do not have emotional significance to the client, and therefore do not mean that the client is in a polyamorous relationship. Rather, polyamory signifies that the client is in emotional (and often sexual) relationships simultaneously with multiple people. Although there are no representative statistics on the number of individuals who define their relational orientation as other than monogamous, much less as polyamorous, some data indicate that roughly 5% of adults in the United States may be engaged in consensually nonmonogamous relationships, of which polyamory represents an unknown proportion (Conley, Ziegler, Moors, Matsick, & Valentine, 2013). Thus, it is important that counseling psychologists honor a variety of different emotional, physical, and sexual connections between partners as part of adopting a sex-positive approach to mental health (Richards & Barker, 2013). Neglecting attention to the variations of sexual relationships that exist can influence the client-therapist relationship if psychologists are not well trained in these areas (Sansone & Wiederman, 2000).

In polyamorous relationships, individuals may use a variety of labels to describe their multiple partners. Specifically, some individuals may identify a *primary partner*, signifying a sexual or romantic partner with whom an individual has a relationship that is more significant and/or prioritized in some way compared to the other partner(s). Many polyamorous individuals resist terms such as *primary*, as they may have multiple partners that have equal significance. In some cases, terms such as *anchor partner* might be used to denote support without exclusivity (Taormino, 2008). In polyamorous relationships,
there is a large emphasis placed on communication and negotiation about the number of partners (primary or otherwise) that may exist, and whether additional romantic and/or sexual partners are encouraged. These additional relationships may vary in length, focus, and agreements.

Working with kink and BDSM communities. *Kink* and *BDSM* are terms often used synonymously to describe communities that eroticize power, often enacted through erotic role-play (Ortmann & Sprott, 2013). These represent forms of sexual expression in relationships that have seen little attention in the mental health literature (Taormino, 2012). In this article we use the terms kink and BDSM interchangeably, as has often been the case in the literature. However, it is worth noting that although the BDSM acronym emerged from the psychiatric and medical fields, which have historically pathologized such sexual expressions, kink, kinky, and kink identified are terms practitioners used to describe themselves and their activities. These terms may refer to a broader array of activities or sexualities than BDSM and can be synonyms for one another (Sisson, 2007). Counseling psychologists who practice from a sex-positive approach should seek to understand and acknowledge kink and BDSM experiences, as well as communities of clients. As sex-positive approaches to mental wellness value all different forms of pleasure connected to consent, respect, and open and honest communication (Queen & Schimel, 1997; Richards & Barker, 2013), the ways in which partners engage in sexual arousal and behavior with one or more partners may include less commonly documented forms of sexual expression. In BDSM communities, people typically take on roles that are submissive, dominant, or both (i.e., referred to as switch), with specific behaviors associated with each role. Sex-negative assumptions about BDSM communities include beliefs that these communities are engaging in these behaviors only as a result of trauma, or that those who take on submissive roles are without power (Taormino, 2014). In fact, individuals engaging in BDSM typically carefully negotiate consent and parameters of agreed-upon activities in advance of sexual practices, and such agreements are typically informed by discussions of power and control.

Kink has evolved over the last several decades from a largely hidden and highly stigmatized sexual subculture into an increasingly normalized flavor of erotic variety. Prevalence data support this claim, as estimates have indicated that 11 to 14% of adults in the United States have tried BDSM at least once (Janus & Janus, 1993), and that in a nationally representative survey of Australians, 1.4 to 2% of adults reported engaging in BDSM within the past year (Richters, de Visser, Rissel, Grulich, & Smith, 2008). Although historically absent from the literature, there is a growing, yet still nascent body of work that has begun to document and investigate this specific form of sexual
expression. Kink appears to be a common element of sexual fantasy, with over 60% of a large Canadian sample, men and women, reporting fantasizing about one or more aspects of kink, such as sexual domination or submission, bondage, or spankings (Joyal, Cossette, & Lapierre, 2014). Contrary to the sex-negative assumptions that kink-identified individuals exhibit pathology, numerous studies have demonstrated that individuals who engage in BDSM report no higher, and often lower, levels of psychological distress than the general population, score within normative ranges on personality inventories, have equivalent attachment style distributions to controls, and are no more likely to have suffered sexual abuse or coercion (Connolly, 2006; Cross & Matheson, 2006; Richters et al., 2008; Wismeijer & van Assen, 2013). Despite these data, sex negativity has been the predominant lens used in professional scholarship on kink until relatively recently. Kink continues to be stigmatized by many researchers and practitioners, largely because of long-since discredited conflations of consensual BDSM with nonconsensual sexual violence reported in the forensic literature, and the resulting continued inclusion of sexual sadism and sexual masochism in the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013; Khan, 2015; Shindel & Moser, 2011). This stigma and bias often manifests in the therapy room, potentially leading clinicians to engage in inappropriate pathologizing, perpetrate microaggressions, and engender feelings of shame in clients who kink identify (Barker, Iantaffi, & Gupta, 2007; Kolmes, Stock, & Moser, 2006). As Khan (2015) noted, such sex-negative attitudes from clinicians and others may “contribute to distress and stigma, which perversely justifies the pathologization in a feedback loop” (p. 55).

In contrast, a sex-positive approach that celebrates sexual diversity and variety as inherently normative can help ameliorate the shame that many clients engaging with kink already feel, and moreover, can help clients identify their sexuality as a source of potential strength, resilience, and growth (Burnes, Peters-Long, & Schept, 2012). For example, Kleinplatz (2006) argued that BDSM can facilitate increased levels of intimacy and communication for couples as well as heightened self-knowledge. Empirical studies support such assertions. For instance, Sagarin, Cutler, Cutler, Lawler-Sagarin, & Matuszewich (2009) found that BDSM activity can lower physiological stress levels and increase relationship closeness. Other researchers and authors have described the many ways in which BDSM, rather than representing traumatic reenactments, can facilitate profound healing of past traumas by providing a safe and controlled space for participants to confront past hurts (Khan, 2015; Lindemann, 2011; Ortmann & Sprott, 2013). Sex positivity allows one to escape the false dichotomy of normality versus pathology, and approach different sexual practices, subcultures, and interests with an attitude of curiosity.
Sex Positivity in Clinical Practice

Counseling psychologists should be aware that sex positivity can be a form of resilience against erotophobic societal messages, values, and biases (e.g., Syme et al., 2013). Erotophobia has been defined as the “...irrational reaction to the erotic which makes individuals and society vulnerable to social control” (Patton, 1985, p. 103). Wright and Bae (2016) have expanded this definition to include such concepts as erotophilia, antisocial dispositions, and sensation seeking. Scholars (e.g., Hawkes & Egan, 2008) have conceptualized erotophobia as influencing individuals’ mental well-being, including engagement in negative health-related behaviors (e.g., smoking, increased alcohol use), and decreased self-esteem. Wright and Bae (2016) have noted that individuals are socialized by certain erotophobic messages about sexuality, resulting in shaming erotophobic fears and attitudes that have a direct negative impact on individuals’ resilience, or ability to bounce back from adverse events (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014).

Sex positivity, which celebrates inclusiveness and diversity in approaches to sexuality, could confer enhanced resilience to clients holding erotophobic attitudes by ameliorating the internalized negativity that may otherwise be generated. Many kink-identified individuals have reported experiencing significant shame and internal distress, particularly early in their sexual identity development, due to the frequent demonization of kink sexualities (Yost & Hunter, 2012). A sex-positive psychologist would be able to not only avoid exacerbating this distress by inadvertently reinforcing this cultural stigma, but would also be able to help normalize such desires and help clients explore their potential strengths (Joyal, Cossette, & Lapierre, 2014; Kleinplatz, 2006; Kolmes, Stock, & Moser, 2006). As the construct of resilience has a home within the strength-based discipline of counseling psychology, sex positivity is a particularly critical construct for counseling psychologists.

The various facets of the sex positivity framework can help expand clinicians’ comfort with sexuality-related material (Miller & Byers, 2010), encourage practitioners to integrate a thorough cultural assessment at intake, as well as to attend to the specific ways clients’ cultural worldviews shape attitudes and knowledge about sexual practices. In addition, counseling psychologists working with clients within a sex-positive framework may more specifically assess and explore how individuals’ experiences of their
identities related to race, ethnicity, gender, sexual orientation, disability, and class, among others, intersect with sexual desire and practices.

The transformation of counseling psychologists to attend to sex positivity in practice and research entails helping them understand certain terms and language used. In this manner, there are some parallels to the earlier lesbian, gay, bisexual, transgender, and queer movement within counseling psychology, where there was a call for attention to the use of new language and affirmative terms. Although this major contribution is calling for more consistent sex-positive training and supervision, the term sex positivity also signals to both monogamous and nonmonogamous clients and communities the value of consensual sexual expression and desires. For instance, the literature on HIV/AIDS and gay men—especially gay men of color—focuses on the risks related to anal sex. This perspective aims for prevention, yet often pathologizes anal sex by neglecting to explore the role of pleasure, roles, desires, and other factors in this behavior. From a sex-positive perspective, these latter factors become primary as ways of understanding and exploring—for example—anal sex, rather than focusing on the behavior only as a risk factor for HIV/AIDS prevention.

**Sex Positivity, Multiculturalism, and Social Justice**

Adopting a sex-positive approach to clinical practice for counseling psychologists requires that they attend not only to the diversity of sex and sexuality practices, but also to cultural and developmental identities influencing sex and sexuality (Queen, 2002). From this perspective, the idea of “deviance” is abandoned; instead, counseling psychologists’ focus is on multiple perspectives related to achieving love of self and advancing one’s connection with one or more others (Queen, 2002). For example, sex-positive approaches often emerge within a White and Western context (Iantaffi, 2012); thus, practitioners should be conscious of this history and of the larger cultural context of sex and sexuality around the world. In addition, as Leiblum (2006) noted, “thirty years ago, sex therapy was the province of the so-called YAVIS patient (young, attractive, verbal, intelligent, and socioeconomically privileged). Nowadays, clinicians are more likely to see older, culturally diverse individuals with varying levels of income, education, or health” (p. 18).

Further, much literature on sexuality often neglects those of varying ability statuses. Syme et al. (2013) created a model for counseling psychologists to conceptualize, assess, and treat the sexual health of individuals of varying abilities that have survived cancer. This model illustrates the need for sex positivity as a movement to incorporate a broader multicultural focus. In addition, clinicians need to note the specific ways in which ability status can
intersect with sexuality to provide new understandings of sexual desire and behavior (Eisenberg, Andreski, & Mona, 2015; Mona, Syme, & Cameron, 2014). Addressing clients’ diverse desires and expressions is of paramount importance when clients identify as having a disability, and psychologists should understand the various ways that these identities should be brought into a sex-positive conceptualization of the client.

Counseling psychologists are uniquely trained to conceptualize clients’ well-being from multicultural and social justice perspectives; therefore, they may use this unique training to explore the experiences of people of color who have histories of both oppression and liberation within the sexual liberation movement. People of color, for example, have commonly faced racialized exoticization, fetishization, and objectification. For instance, Iantaffi (2012) discussed the influence of White privilege on providing sex therapy with his clients and the importance of being mindful of the ways in which this privilege shaped his work with clients of color. In addition, Hall and Graham (2013) asserted that the cultural context of sexual desire must be acknowledged in the training, supervision, and practice of sex therapy in order to explore the cultural messages that clients have about sex and sexual desire. Consequently, counseling psychologists working with people of color from a sex-positive framework must integrate attention to structural racism and race-related trauma into their work (Hall & Graham, 2014).

McGoldrick, Loonan, and Wohlsifer (2006) noted that sexual partners from different ethnic backgrounds must acknowledge oppressive messages that label individuals who are different from themselves as exotic and therefore erotic. Further, pervasive patriarchy may have a different impact on women’s and men’s ability to be sex positive, and can therefore contribute to sexual objectification and sexual abuse (Wright & Bae, 2016). Intersecting oppressions of racism, sexism, and homophobia can create communities in which sexuality is thought of as taboo and unable to be talked about, appears threatening, and is expected to be explored with individuals from one’s own racial and ethnic group (Collins, 2004). As such, it is crucial to understand how culture, environment, and context play into messages that individuals’ receive about sexuality, their self-concepts as sexual beings, and their ability (or lack thereof) to examine and integrate attitudes, beliefs, and behaviors related to sex.

As counseling psychologists address issues of sex and sexuality with multicultural and social justice implications in mind, it is important for them to have awareness and knowledge about people who identify as asexual. For instance, asexual people may not identify with, or define themselves by, their sexuality. Asexual identities reflect a range of experiences that include wanting to engage in romantic, affectionate relationships, although often may not include a focus on sex or sexuality (Scott, McDonnell, & Dawson, 2016).
Current Major Contribution

In this Major Contribution, the authors of the four other manuscripts describe how sex positivity can be operationalized into various facets of the practice of counseling psychology. The authors cohesively define sex positivity and its intersections with counseling psychology’s framework of social justice, wellness, and resilience, exemplifying how sex positivity can be applied to counseling psychology history, training, research, and practice.

First, Mosher’s (2017 [this issue]) article provides a detailed account of the history of sex-positive approaches across the academic and popular press. In this article, the author offers a theoretical account of sex positivity within the field of psychology from a historical lens and offers recommendations for more sex-positive theoretical approaches based on historical themes and trends. Second, Burnes, Singh, and Witherspoon (2017 [this issue]) present original data in their article related to the status of sexuality training within doctoral curricula in counseling psychology, and discuss the current and potential future integration of sex positivity into such training programs.

In the third manuscript, Hargons, Mosley, and Stevens-Watkins (2017 [this issue]) describe the results of a content analysis examining sex research articles published since the inception of the *Journal of Counseling Psychology* and *The Counseling Psychologist*. The authors aimed to identify the proportion of articles published with a sex-positive focus. Their findings help counseling psychologists know where our strengths in sex-positive research have been, and the areas that remain understudied and underdeveloped. Lastly, in the fourth manuscript, Cruz et al. (2017) introduce concrete strategies and interventions for counseling psychologists to incorporate sex positivity into their practice. Specifically, the authors introduce a model for incorporating sex positivity into various stages of the counseling process.

Conclusion

In summary, counseling psychologists are well positioned to lead the charge of integrating sex positivity within and outside of counseling psychology. Grounded in values of social justice—, resilience—, and strength-based approaches, counseling psychologists have unique perspectives to offer regarding sex and sexuality practice and research. Counseling psychologists have the opportunity to not only reexamine training and practice with regard to sex and sexuality within the discipline but also to bring forth sex-positive approaches within the broader field of psychology to transform current practices.
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