IS SEXUAL EXPRESSION AN IRISH OCCUPATIONAL THERAPY CURRICULUM BLIND SPOT? THE OCCUPATIONAL THERAPY STUDENT PERSPECTIVE

Occupational Therapy Project 4
Module 0T 6054
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ABSTRACT

The American Occupational Therapy Association (AOTA) validates sexual expression as a legitimate intervention activity by including it in its activities of daily living (ADL) list in the Uniform Terminology for Occupational Therapy. Sexual expression is frequently affected by disability, but seems to be infrequently addressed by practicing occupational therapists (Friedman et al 1997; Couldrick 2005). The literature indicates that occupational therapists omit sexual expression from their treatment process due to lack of training and comfort in addressing client’s sexual expression. (Couldrick 1998 & 2005, Evans 2000)

The aim of this research was to determine Irish occupational therapy students’ opinion in relation to sexual expression and their perception of whether their educational curriculum addressed it.

Method: A questionnaire survey was completed by 33 final year students enrolled in Irish occupational therapy courses. Responses to survey questions were analyzed using SPSS 19.0. Qualitative data obtained from open-ended questions was analyzed using thematic coding.

Results: The barriers to sexual expression intervention identified in the study were similar to previous studies exploring this area. The respondents felt uncomfortable and educationally unprepared to address sexual expression. While 90.9% of the respondents felt it was within the OT role to address sexual expression the majority 97% (N=32) felt that their course did not prepare them. A need for appropriate training in relation to sexual expression was identified.
INTRODUCTION

Occupation lies within the heart of occupational therapy and is considered both the means and end to any occupational therapy intervention (Trombly 1995). As we are occupational beings, engagement in meaningful occupation is considered essential for our health and wellbeing (Wilcock 1998). The literature states that sexual expression intervention is often absent in occupational therapy. The omission of sexual expression intervention contributes to the occupational injustice experienced by individuals with disabilities (Sakellariou and Simó Algado 2006).

According to Couldrick (1999), the client’s sexual expression is a legitimate domain of the occupational therapist professional concern and it is as much at the heart of its purpose as personal care, work and leisure” (Couldrick 1999 p.218). However, the literature states that there is a debate regarding whether it is within the occupational therapy scope of practice and highlights a disparity between ideology and clinical practice (Couldrick 2005).

The barriers to sexual expression intervention were identified in the literature as limited occupational therapist knowledge, training, and experience. There are few research studies, especially recent research studies examining this area. However, studies undertaken indicate that occupational therapists felt uncomfortable and unprepared when dealing with sexual issues (Evans 2000; Jones et al 2005). The extent to which currently accredited occupational therapy programs are providing education in the basics of sexual expression in Ireland is relatively unknown.

Objectives:

1) To identify whether Occupational Therapy students considered a client’s sexual expression a legitimate domain of concern of the occupational therapist.

2) To identify whether students feel their educational course adequately prepares them to address sexual issues in clinical practice.

3) To determine how comfortable these student’s feel in addressing issues of a sexual
LITERATURE REVIEW

DEFINING “SEXUAL EXPRESSION”

Couldrick (2005) defined sexual expression to encompass three diverse terms: sexuality (role and gender identity), sexual functioning (behaviors through which sexuality is expressed) and sexual health (Couldrick, 2005 p315). This definition of sexual expression will be employed in this paper.

SEXUAL EXPRESSION- THE MEANING FOR CLIENTS:

Couldrick postulated that sexual behavior could be positioned at every hierarchical level in Maslow’s (1970) pyramid of motivation (Couldrick 1998, p.494). It was highlighted that in severe traumatic disability, for individuals who are recently injured, sexual expression was an early and foremost concern (Zukas and Ross-Robinson 1991). Miller (1984) stated that for the spinal cord injured patient, sexual functioning could be of more importance to the patient than walking and working. Previous research suggests that engaging in sexual expression is beneficial to physical health (Casta-Kaufteil 2004) and individuals exhibit a “fundamental and profound need for intimate relationships” regardless of age (Kamel and Ramzil 2003). Sexual expression and intimacy can decrease loneliness, increase a positive sense of self and can be an important element of personal identity (Nay, R. 1992). Gianotten et al. (2006) reported that 73% of patients felt it was important that sexual issues were addressed. The World Health Organization (2006) affirms that sexual expression is a human right, stating “the right of all persons to pursue a satisfying, safe and pleasurable sexual life”.

nature in clinical practice
Kennedy (1987) highlighted the tasks and roles undertaken by occupational therapists with regards to sexual rehabilitation which include; energy conservation, joint protection and the provision of adaptive methods and positioning. In pediatrics, the occupational therapist ensures that the child has the opportunity to progress through the “normal” stages of sexual development (Evans, 1985). An educative role has been suggested with regards to education on safer sexual practices to patients (Weinstein, 1992) and in sexual education and training for people with a learning disability (Thompson, 1994). Sexual counseling has also been proposed as a role for occupational therapists (Neistadt 1993).

**LEGITIMATE DOMAIN OF CONCERN**

The literature reveals tensions and uncertainties as to whether sexual expression is in fact a legitimate concern for occupational therapy. Couldrick (1999) states the client’s sexual expression is a legitimate domain of concern of the occupational therapist and “sexual activity is as much at the heart of its purpose as personal care, work and leisure”. This view was refuted by Kielhofner (1993) who said that, despite sexual activity being fundamental, it was not an occupational activity. He believed that sexual activity was rooted in the biological requirements of the individual but was not principally occupational in nature, unlike work, play and self-care.

**EDUCATION:**

The World Health organization (1975) agreed that education in human sexuality should be introduced at the earliest possible stage of training programmes for health science professionals. Conine et al (1979) study revealed the need for in-service training and continuing education workshops on sexual expression. Evans (1985) found that individuals who received formal education on sexual issues were more likely to address tasks of sexual rehabilitation. Payne et al (1988) study of the chairs of American
occupational therapy educational programs concluded that sixty four percent of participants felt it important for students to be competent to address patients sexual functioning. Their study highlighted that eighty eight percent of occupational therapy curricula provided an average of 3.5 hours of relevant education on sexual issues. Couldricks (1998) study highlighted how education on sexual expression has been momentary or non-existent and how therapists frequently have to rely on their personal experience.

**DISCOMFORT**

Other research has revealed that health professionals are not always comfortable when dealing with sexual issues that arise in client’s care (Evans, 2000). In particular they may feel uneasy and ill-equipped to address sexual expression in clinical practice (Guthrie, 1999). Pedretti and Zoltan (1990) suggested that health professionals asexualize the patient. Miller (1984) suggested that discomfort in discussing client sexual expression implies that the client is no longer seen as a sexual being. Asexualizing clients is incompatible with the philosophies of occupational therapy due to the value and worth placed on each individual irrespective of any impairment. Coyle and Young (1998) ascertained that where health care professionals are uncomfortable in situations involving clients’ sexual issues, they are potentially at risk to overlook health care concerns of their patients. Jones et al (2005) study concluded that occupational therapy students reported high levels of discomfort in addressing sexual expression.

**Methodology:**

**DESIGN:**

This research project is exploratory in nature. Exploratory research is largely employed when there is little known about the particular topic of the study (Kumar, 2005). This approach was considered the most appropriate, as there has been little research on the issue of sexual expression in Irish occupational therapy educational programs.
Survey methodology was chosen as similar studies examining the performance and attitudes of occupational therapists in addressing clients sexual issues (Conine et al 1979; Conine and Quastel 1983, Evans 1985) used survey methodology.

A survey was designed and distributed electronically through the use of an Internet based survey tool, Survey Monkey. Some researchers have reported that the answers collected though online surveys are more honest because of greater respondent anonymity (Sharp, 2002).

The survey was a mixture of fixed alternative questions, scenario situations and the Likert rating-scale. The advantage of having fixed alternative questions is that it limits the ability of the investigator to misinterpret the data, therefore, increasing the validity and reliability of the data collected (Mitchell and Jolley 2001). Where closed questions are utilized, the respondent is restricted to answering questions using the categories provided by the researcher - there is little or no scope for the respondent to qualify the meaning of their answers (Mitchell and Jolley 2001). For this reason, open answer questions and Likert scales were incorporated into the questionnaire.

SAMPLE:

The participants were students who were enrolled in Occupational Therapy full-time courses at an Irish University. The inclusion criterion was that participants must be in the final year of the pre-registration occupational therapy course. Other students were excluded as they were considered to have insufficient educational preparation and practice experiences to provide valid answers.

PROCEDURE:

An email providing a description of the research study and containing a link to the online survey was emailed to the practice education coordinator within each of the four universities. Following their approval, the email was forwarded to the final year occupational therapy students.
RELIABILITY AND VALIDITY:

The Survey was designed to be easy to use to increase its reliability and validity (Fink 2006). The questionnaire in its entirety is not valid and reliable in nature as it was designed specifically to address the various objectives of this project. As this is not a standardized questionnaire, the incorporation of instruments previously used in similar studies was included to increase its validity and reliability.

Likert methodology was used as similar studies employed this method (Jones et al 2005) and it is recognized as the easiest and most reliable (Maranell 1974; Kumar 2005). Hypothetical scenarios used were adapted from a similar study exploring occupational therapists comfort with client’s sexuality issues (Yallop, S. et al 1997).

The quantitative data was analyzed through coding, using SPSS version 19.0 which is the Statistical Package for the Social Sciences (Pallant 2007) and is considered one of the most widely available and powerful statistical software packages (Kirkpatrick and Feeney, 2003). Thematic analysis was used to analyze the qualitative data to highlight and reveal the emergent themes.

ETHICS

The University of Limerick’s Clinical Therapies Ethics Committee approved this study. There was no potential risk to the participants, as they were required only to complete a voluntary online survey. As the survey and form is anonymous, the participant’s data cannot be identified.
RESULTS:

The results from the survey are demonstrated as follows; results from the closed survey questions are displayed using descriptive statistics in the form of bar and pie charts and the qualitative accounts are derived from the open ended questions.

Fig 1.0 presents an overview of the demographics in this study.

<table>
<thead>
<tr>
<th>Amount</th>
<th>33 Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male: 15.6 (N=5)%</td>
<td></td>
</tr>
<tr>
<td>Female: 84.4% (N=27)</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>21-25: 54% (N=18)</td>
<td></td>
</tr>
<tr>
<td>26-35: 45.5% (N=15)</td>
<td></td>
</tr>
</tbody>
</table>

Fig 1.0
The majority, 90.9% (N=30), of the respondents felt sexual expression is within the Occupational Therapy domain as evident in Fig 1.1.

Fig 1.1

LEGITIMATE DOMAIN OF CONCERN
ATTITUDES AND BELIEFS

The majority of the participants surveyed 84.8% (N=28) strongly agreed that “Sexual expression was an activity of daily living”. A majority 87.9% (N= 29) also strongly agreed, “sexual expression is a human need”. Over two-thirds strongly agreed 78.1% (N=25) that “sexual expression is important to wellbeing” and 81.8% (n=27) strongly agreed that “sexual expression is a meaningful occupation”. When asked, “it is likely I have clients who wish to discuss sexual issues” 45.4% (N=15) of those surveyed strongly agreed and 36.4% (N=12) agreed. The majority of participants 75.8% (N=25) strongly disagreed with the statement “Clients are not sexual beings”. A majority of 78.6% (N=26) also agreed that they would be “willing to address a client’s sexual expression in clinical practice”. Three quarters 75% (N=24) disagreed with the statement “sexual expression is a low priority to clients”. The majority 48.5% (N=16) was not sure if it is the role of other health professionals to address clients’ sexual expression.
<table>
<thead>
<tr>
<th><strong>Sexual expression is an activity of daily living</strong></th>
<th><strong>Strongly Agree</strong></th>
<th><strong>Agree</strong></th>
<th><strong>Not sure</strong></th>
<th><strong>Disagree</strong></th>
<th><strong>Strongly disagree</strong></th>
<th><strong>Rating Average</strong></th>
<th><strong>Response Count</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>84.8% (28)</td>
<td>15.2% (5)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>1.15</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td><strong>Sexual expression is a human need</strong></td>
<td>87.9% (29)</td>
<td>12.1% (4)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>1.12</td>
<td>33</td>
</tr>
<tr>
<td><strong>Sexual expression is important to mental wellbeing</strong></td>
<td>78.1% (25)</td>
<td>21.9% (7)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>1.22</td>
<td>32</td>
</tr>
<tr>
<td><strong>Sexual expression is a meaningful occupation</strong></td>
<td>81.8% (27)</td>
<td>18.2% (6)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>0.0% (0)</td>
<td>1.18</td>
<td>33</td>
</tr>
<tr>
<td><strong>It is likely I will have clients who wish to discuss sexual issues</strong></td>
<td>45.5% (15)</td>
<td>38.4% (12)</td>
<td>12.1% (4)</td>
<td>6.1% (2)</td>
<td>0.0% (0)</td>
<td>1.79</td>
<td>33</td>
</tr>
<tr>
<td><strong>Clients are not sexual beings</strong></td>
<td>0.0% (0)</td>
<td>3.0% (1)</td>
<td>3.0% (1)</td>
<td>18.2% (6)</td>
<td>75.8% (25)</td>
<td>4.07</td>
<td>33</td>
</tr>
<tr>
<td><strong>I would be willing to address a clients sexual expression in clinical practice</strong></td>
<td>36.4% (12)</td>
<td>42.4% (14)</td>
<td>12.1% (4)</td>
<td>9.1% (3)</td>
<td>0.0% (0)</td>
<td>1.94</td>
<td>33</td>
</tr>
<tr>
<td><strong>Sexual expression is a low priority to clients</strong></td>
<td>0.0% (0)</td>
<td>0.4% (3)</td>
<td>15.6% (5)</td>
<td>37.5% (12)</td>
<td>37.5% (12)</td>
<td>4.03</td>
<td>32</td>
</tr>
<tr>
<td><strong>It is the role of other health professionals to address sexual issues/sexuality in clinical practice</strong></td>
<td>8.1% (2)</td>
<td>8.1% (2)</td>
<td>48.5% (16)</td>
<td>36.4% (12)</td>
<td>3.0% (1)</td>
<td>3.24</td>
<td>33</td>
</tr>
</tbody>
</table>

Fig 1.2
The majority of respondents, 81.8% (N=27), disagreed with the statement “My course curriculum addressed sexual expression”. Over two thirds felt that their “course curriculum did not give appropriate allocated time and knowledge to address sexual expression issues”, 54.5% (N=18) strongly disagreeing and 42.4% (14) disagreeing with the statement. Twenty eight (84.9%) students felt that course curriculum did not address sexual implications in clinical practice.

Fig 1.3
The majority, 97% (N=32), of respondents reported that their course did not prepare them to deal with clients’ sexual expression when working as an occupational therapist.

Fig 1.4
The majority of respondents, 84.4% (N=27), reported that they would not be comfortable working with a client who makes covert sexual remarks. The greater part, 81.9% (N=27), reported that they would not be comfortable asking a client about his/her sexual practice. Almost two-thirds, 57.9% (N=19), disagreed that they would be comfortable if a client asked about sexual options. Seventeen (51.5%) reported that they would not be comfortable providing information to a client on the effects of an illness on the clients sexual functioning while 48.5% reported that they would be comfortable providing such information. Over two thirds reported that they would not be comfortable working on a client goal such as regaining sexual functioning by improving endurance, coordination and strength. However, the majority, 51.5% (N=17), reported that they would be comfortable discussing sexual health issues with clients.

<table>
<thead>
<tr>
<th>I would be comfortable…</th>
<th>Disagree</th>
<th>Don’t know</th>
<th>Agree</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with a client who makes covert sexual remarks</td>
<td>84.4% (N=27)</td>
<td>0.0% (N=0)</td>
<td>15.6% (N=5)</td>
<td>32</td>
</tr>
<tr>
<td>Asking a client about his/her sexual practice</td>
<td>81.9% (N=27)</td>
<td>0.0% (N=0)</td>
<td>18.2% (N=6)</td>
<td>33</td>
</tr>
<tr>
<td>If a client enquired about sexual options</td>
<td>57.9% (N=19)</td>
<td>0.0% (n=0)</td>
<td>42.5% (N=14)</td>
<td>33</td>
</tr>
<tr>
<td>Providing information to a client on the effects of an illness such as stroke, spinal cord injury, cancer on their sexual functioning</td>
<td>51.5% (n=17)</td>
<td>0.0% (n=0)</td>
<td>48.5% (N=16)</td>
<td>33</td>
</tr>
<tr>
<td>Working on a client goal such as regaining sexual functioning by improving endurance, coordination and strength</td>
<td>67.6% (N=19)</td>
<td>0.0% (n=0)</td>
<td>42.4% (N=14)</td>
<td>33</td>
</tr>
<tr>
<td>Discussing sexual health issues with clients</td>
<td>48.5% (n=16)</td>
<td>0.0% (n=0)</td>
<td>51.5% (N=17)</td>
<td>33</td>
</tr>
</tbody>
</table>

Fig 1.5
SCENARIO QUESTIONS:

Respondents were given three sexually themed scenarios outlined in Table 1.6. Respondents were asked whether they felt adequately prepared from their educational course to address these scenarios, their perceived likelihood of encountering such situations in clinical practice and their perceived preparedness educationally to address them. The majority reported that it is likely that they may encounter all three scenarios in clinical practice and felt all three scenarios were within the occupational therapist domain to address. However, the majority also felt that in all three scenarios they were ill prepared by their education to address them.

<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>Scenario 2</th>
<th>Scenario 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 49-year-old man with a colostomy and his 57-year-old wife expressed concern about involuntary urinary and bowel discharge during sex play. The patient’s wife approaches the Occupational Therapist for suggestions for practical management of the colostomy in bed (Yallop, 1997)</td>
<td>A 47-Year-old woman with arthritis expresses anxiety about having intercourse with her husband. She is afraid that she won’t be able to move her hips and clasp her legs around him and wants advice on movement capabilities and positioning... (adapted from Yallop, 1997)</td>
<td>A 28-Year-old single male with quadriplegia with limited hand motion and grip asks the Occupational Therapist for ways he could stimulate himself, to see if he still has the ability to ejaculate.</td>
</tr>
</tbody>
</table>

| Perceived likelihood of encountering scenario | Yes 90.9% (N=30) | Yes 87.5% (N=28) | Yes 81.8% (N=27) |
| Perceived preparedness from education to address scenario | Not Prepared 90.9% (N=30) | Not prepared 85.5% (N=28) | Not Prepared 90.9% (N=30) |

Perceived as O.T role to address

| | Within role 90.9% (N=33) | Within role 100% (N=33) | Within role 84.8% (N=28) |

Fig 1.6
Respondents were asked whether they felt their course had given them any tools that would help in addressing sexual expression. The majority, 60% (N=18), reported that they did not have any O.T tools from their educational course to aid them in addressing sexual expression.

Fig 1.7
OPEN ENDED QUESTIONS:

COMFORT

Participants were asked ‘what would make them more comfortable in dealing with the aforementioned scenarios?’. Their responses were analysed using thematic analysis.

LEGITIMATE DOMAIN OF CONCERN

As evidenced in the Literature review, many of the respondents reported perceived lack of awareness of the occupational therapy role in addressing sexual expression and this attributed to their hesitance in dealing with such situations. When asked, “What would make you feel more comfortable in dealing with this situation”? One respondent noted:

“Having greater knowledge of the remits of an OT in dealing with this area”.

Another respondent stated:

“Clear identification of our role. Set boundaries, it is a very private matter and the realms of practice should be clearly identified before approaching the subject. I would not feel comfortable addressing it at present”.

Despite this perceived lack of affirmation of sexual expression in their curriculum, the respondents still felt strongly it was within their role, as one respondent stated;

“The course addressing the topic of sex as it is an ADL”.

SENSITIVITY

Despite clear statements that it was a legitimate area of concern, several respondents mentioned experiencing difficulty in exploring sexual expression. One questioning:

“How would you approach such a topic in a therapeutic manner?"
They lacked confidence or expressed doubt that they would know how to explore it sensitively and expressed discomfort with the sensitivity of the topic as highlighted in the comment:

“I feel that it would be a very sensitive situation for me to address and would feel uncomfortable”

Another respondent noted:

“I think it is something we should learn to ask in a non-intrusive manner”.

---

**EDUCATION AND TRAINING**

Participants overall felt ill prepared by their course to address sexual expression. the majority of participants did not feel that they had the expertise and interpersonal skills to manage this aspect competently.

One respondent stated:

“I would not feel that I would have the knowledge and experience to deal with this sensitive situation”.

*Another echoed:*

“I wouldn’t feel adequately trained to deal with this situation”.

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**SOCIETY**

Some respondents attributed issues within society as deterrents for example cultural/social/religious taboos as highlighted in the below responses.

“We are supposed to be client centered; however, I feel that sexual expression is somewhat of a taboo”.

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21
“Don’t think Irish people would ask for advice on this. Wouldn’t feel comfortable, particularly with this age group. Would again prefer to have some written info to avoid embarrassment on both parts”.

The respondent also added:

“I feel it is something that clients would liked to have addressed, but they are too embarrassed to ask”

---

**ACTUAL PRACTICE**

Respondents were also asked whether they came across a client’s sexual expression during their practice education. Several have come across issues of sexual expression in clinical practice, but reported a lack of knowledge and confidence in addressing these situations. One stating:

“Many spinal cord injured patients would enquire about sexual functioning abilities and possible avenues of treatment but I would not know much about it and did not know how to address them”.
DISCUSSION:

This research sought the views of final year occupational therapy students enrolled in pre-registration programs in Ireland in relation to sexual expression and their course curricula in addressing it. Overall, the majority of respondents felt their course curriculum was limited in relation to sexual expression; this was evident in both the survey and echoed strongly in the comments. Over two thirds felt their course curriculum did not address sexual expression and did not give appropriate allocated time and knowledge to address sexual expression issues”. The respondents felt that the scenarios given were within their role and believed similar situations could arise in clinical practice but felt unprepared by their course to address. Respondents felt this lack of training resulted in participants feeling that they lacked expertise and interpersonal skills required to address sexual expression, echoing the findings of Couldrick (1998).

Kennedy (1987, p.189) suggested that occupational therapists are the appropriate professionals to address sexual expression as they are ‘specialized in assessing and treating those aspects of human functioning which interfere with the performance of meaningful occupations’. The majority of respondents, however, felt they did not have any O.T transferable skills to help them address sexual expression (Evans, 1987). Students may need education on the transferability of O.T. skills learnt to this topic and how they could utilize these when addressing sexual expression.

This research indicates that Irish occupational therapy students have a positive attitude towards the sexual expression of their clients. The majority of the participants saw sexual expression as fundamental to quality of life viewed it as a human need and important to mental wellbeing. Over two thirds strongly disagreed with the statement “Clients are not sexual beings”. These findings refute the proposed ideology (Pedretti and Zoltan 1990) that health professionals asexualize the client. This study found that the majority of respondents considered sexual expression a legitimate domain of concern refuting the view held by Kielhofner (1993). The majority strongly felt that “sexual expression is an activity of daily living” and “sexual expression is a meaningful occupation”. However, they reported perceived lack of awareness of the occupational
therapy role in addressing sexual expression and this contributed to their hesitance in dealing with such situations. This study supports the literature which states ‘uncertainty exists within the profession about the role of occupational therapists teaching clients adaptive sexual functioning’ (Payne et al 1988, p.229). The majority of respondents reported that they would be willing to address a client’s sexual expression which contradicts literature on this topic that health professionals are often reluctant to enquire into clients sexual issues (Guthrie 1999). However, respondents’ comfort levels may impact on the inclusion of sexual expression in O.T service delivery.

Jones at al (2005) highlighted the importance of the occupational therapist being comfortable when addressing clients’ sexual expression. This study highlights discomfort, and echoes the previous studies that ascertained health professionals are not always comfortable when addressing clients’ sexual expression (Jones et al.2005). A high number of respondents reported that they would not be comfortable working with clients who make covert sexual remarks. Occupational therapy practice frequently involves close personal interaction and proximity between therapist and client, which may include performing bathing and toileting assessments. Because of the intimate nature of these assessments, the occupational therapist may experience inappropriate sexual behavior from clients. As Schneider et al. (1999) reported that out of 144 occupational therapists 72.9% had experienced inappropriate client sexual behavior.

The majority of those surveyed in this study felt their course curriculum did not address sexual implications in clinical practice. Over two thirds reported that they would not be comfortable working on a client’s sexual expression goals. If respondents are uncomfortable in treating sexual expression, it is likely that they will omit it from their occupational therapy intervention (Couldrick 2005).

Respondents reported discomfort in eliciting sexual information from clients. The participants felt they lacked the knowledge on how to raise the subject sensitively and felt they needed training in order to do so professionally. This supports Neistadt (1993) who ascertained that, if sexual expression is undertaken successfully, the therapist must learn the skill of introducing the subject sensitively.
Another highlighted barrier in this study was the client’s openness or acceptance of sexual expression. All the participants in the study saw sexual expression as important to their clients, but some expressed concern in relation to the client’s cultural background and personal beliefs and how this may affect their acceptance and response to the enquiry into the topic. The Literature highlights how elderly people have been brought up with limited access to information and were not generally encouraged to talk about sex (Harris 1987) and some may believe that sex in old age is wrong, offensive and repellent (Scrutton, 1992). Children and sexuality can be deemed the ultimate taboo (Jackson 1982). This may cause difficulty and may harm the therapeutic relationship with clients’ parents when working on as Evans (1985) postulated enabling the child’s progression through the “normal” stages of sexual development.

It is important to note that the respondents discomfort to address sexual expression may be inherent in personal sexual values. Occupational Therapists share the beliefs, myths and values that exist in the society in which they belong. Some literature suggests that attitudes towards sexual issues may differ due to different background characteristics such as economic class (Leigh et al 1998), religion and politics (Ford and Hendick 2003), ethnicity (Belgrave et al 2000) self esteem and control (Sandler et al 1992). Occupational therapists may be reluctant to address sexual expression with clients due to an unconscious denial of the sexuality of their patients and they themselves may have unresolved sexual issues (WHO, 2006). The data collected in this study did not permit speculation on whether these aforementioned variables attributed to this discomfort. Further research is warranted to explore this relationship. Hay et al (1996) ascertained that awareness of one’s own values and beliefs about sexuality and how they impact on relating to clients was essential. Negative attitudes, careless statements, and inappropriate methods regarding sexual matters may seriously damage the patient’s sense of the value of his or her own personal sexual life. Removing personal biases and developing strategies to deal with sexuality issues will facilitate the occupational therapist in creating a supportive and safe environment to discuss and address the client’s sexual issues.
IMPLICATIONS OF THE STUDY:

Although respondents believe sexual expression is within their scope of practice, confusion existed in this study regarding the remits and role of the profession when addressing sexual expression. For this reason, it is important that pre-registration educational programs affirm that clients’ sexual expression is a legitimate domain of concern. It is essential that it be clearly established that sexual expression is an occupational activity that merits the same attention as any other aspect of daily living. The inclusion of even minimal coverage of this topic in occupational therapy curricula may serve to sensitize future professionals to the need to address sexual functioning. This was evident in Couldrick (1998) study which highlighted how for one therapist even one lecture had given her ‘a license’ to address sexual expression in treatment. The respondents highlighted a perceived need for the pre-registration course to embody educational components in addressing sexual expression in their curriculum.

The World Health Organization (1975) ascertained that undergraduate curriculum for all health disciplines should provide educational preparation so students are able to provide at least the following basic service needs:

- Provide information regarding the biological and psychological aspects of sexual development, human reproduction, the variety of sexual behaviour, sexual dysfunction, and diseases.
- Positive attitudes towards sexuality, and the ability to discuss sexual matters objectively and comfortably.
- Demonstrate understanding and objectivity toward sexual expression issues and inform and advice regarding sexuality and sexual problems.

In the light of this research, educational components would improve the quality of the occupational therapy pre-registration curriculum and would increase the likelihood of client sexual expression being addressed. Respondents felt that that personal experience alone is not sufficient; knowledge and understanding of the diversity of sexual behavior is required. As the respondents reported discomfort in addressing the topic of sexual functioning, the manner in which students are taught to deal interpersonally with clients’ sexual expression is important. Occupational therapy
students require information about sexual dysfunction in illness and disability as well as some helping strategies (Neistadt 1993). Education could facilitate sexual expression to be incorporated within a normal part of practice, enabling it to be embedded innately, and with less anxiety, into specific professional skills.

LIMITATIONS OF THE STUDY

This research was completed with occupational therapy students, whose exposure to clients was limited to supervised clinical placements. Students may anticipate high levels of discomfort in sexually themed clinical interactions however they may feel comfortable when engaged in clinical practice. Future research assessing the level of comfort of occupational therapists would be beneficial. It cannot be assumed that this level of agreement exists in the body of the profession. This study provides some understanding of the breadth of the issues involved in the hope debate is stimulated and further research inspired.

FUTURE RESEARCH

The methodology in this study has provided some insight into the research question, which, it is hoped, will fuel debate and increase professional awareness. The findings would benefit from verification by a large-scale study. It would be beneficial to investigate the current status of sex education in Irish occupational therapy curricula via a questionnaire survey to department chairs of the university programs or by analyzing their curriculum to ascertain whether they formally address the topic in lectures. As this research was mainly quantitative in nature, a more qualitative exploration of occupational therapy student’s perception of sexual expression and perception of academic curriculum in relation to the topic may yield more conclusive data. This could contribute to the development of Irish educational programs that meet the perceived needs of the OT student.
CONCLUSION

Occupational therapy is often described as a holistic approach to working with individuals according to their occupational needs (Blair and Hume, 2002). Despite valuing the humanity of the individual and advocating holism, the respondents in this study felt that sexual expression was not incorporated within the pre-registration training. This research has attempted to establish student's opinion in relation to sexual expression and its relationship to their professional domain, gain insight into their perception of their academic curricula in relation to this.

The majority of participants believed that sexual expression was as a legitimate ADL, was a meaningful occupation and was integral to a client’s wellbeing. However, participants felt their academic training was limited in relation to sexual expression echoing the literature on this topic. The majority of participants did not feel that they had the expertise and knowledge required to assess and treat this aspect competently within their occupational therapy practice. The respondents noted that their lack of confidence and perceived incompetence when treating clients with these issues was closely allied to limited education and training. Some participants felt that they did not have the skills to introduce the topic sensitively and were not, therefore, in a position to assess client sexual expression problems and direct clients to other resources where appropriate.

Respondents discomfort with client's sexual expression was evident both from the survey and open-ended questions. They attributed this discomfort to the lack of training, sensitivity of the topic and cultural concerns. Zukas and Ross-Robinson (1991) stated: “the ability and opportunity to sexually express oneself is a basic need of all human beings”. There has been a growing realization that the universe of activities required for independent daily living is broader than the conventional list of such activities as dressing, feeding, bathing, and cooking. The profession has extended its concerns to less traditional areas of functioning such as sports, leisure and sexual expression (AOTA 2002). Pre-registration training needs to reflect this to decrease the disparity between ideology and clinical practice. As therapist beliefs of what constitutes
their occupational domain and the remits of their profession are shaped by the pre-registration educational course. Training needs to address sexual expression to resonate with a belief that sexual expression is as much at the heart of its purpose as personal care, work and leisure and give them license to reflect this in clinical practice. After all, ‘sexual expression may be of higher priority to an individual than other activities of daily living’ (Couldrick 2005, p.317).
References:


Couldrick, L. (1998b) *Sexual issues: an area of concern for occupational therapists?* British Journal of Occupational Therapy, 61(11), 493-496


