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Online Masters of Counseling: CNS 767 Human Sexuality

Assignment 1.2: Applying the Comprehensive Model

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According to the contextualized sexuality model (CSM), sexuality is one of the key parts of being a human and as such it is ingrained within many different areas of influence (Murray, Pope, & Willis, 2017). Within this model, there are seven categories of influence: “physiology, developmental influences, psychology, gender identity and sexual orientation, intimate relationships, cultural and contextual influences, and positive sexuality” (Murray et al, 2017, p.3). Each category of influence has a reciprocal relationship with the other categories in that what happens in one area affects the other areas and vice-versa, and they cannot be understood in isolation from one another.

In Case Illustration 1.1 we are introduced to Susan and Kent, a young couple in their thirties who just welcomed their third child to the family. Susan is a full time stay-at-home-mom and Kent is an emergency room doctor who works long hours. By the time the new baby reached two months old, Kent had hoped he and Susan would have resumed sexual intimacy but Susan expressed that she does not “have anything left for Kent” (Murray et al., 2017, p. 10). This is because she is exhausted after caring for the children all day long, and it is quite possible that she has not yet fully recovered from the difficulties of the pregnancy and delivery. Applying the CSM to Susan and Kent, there are two categories of influence that immediately stand out: physiology and intimate relationship.

In working with this couple, the first theme I would address is the exhaustion Susan is experiencing. This exhaustion seems to be at the core of her lack of any desire for intimacy with Kent. One of the primary influences for this relationship is physiology. Susan is feeling physically exhausted and this is affecting her ability to interact fully with Kent, at least at the level they once enjoyed. It was specifically stated that both the pregnancy and delivery were

particularly difficult for Susan, and with the additional work required to take care of a newborn, on top of two other children, it is possible that Susan has yet to fully recover from simply having another child and it is possible that there are left over physical issues preventing her from desiring physical intimacy now. Being intimate is both a physical and a mental act requiring physical and mental energy that she doesn't seem to have currently. Kent's physiological state must also be considered as well. He has a physically demanding job as well, however, this does not seem to be directly affecting his desire to be intimate, it could be affecting his ability to offer support to Susan in other ways if he is also feeling exhausted.

The second theme I would address would be Kent's longing for physical intimacy with Susan. The primary influence is the intimate relationship between Kent and Susan and it is assumed that Kent is specifically desiring physical intimacy. Intimacy does not only need to be the act of sex nor simply physical, but for many people, it does. Because Kent was hopeful that he and Susan would resume their intimacy, it can be assumed that the couple has a history of a healthy intimacy in their relationship. Intimacy can be a powerful instrument of connection for many couples (Murray et al., 2017) and when the level of intimacy changes, the connection can feel threatened. It is also possible that some couples may gauge the health of their relationship based on their sex-life, but this does not hold true for all couples or always in a couples' relationship.

It is also possible that the developmental influence of a growing family is a factor in Susan and Kent's relationship. Not only are they adding another child, both adults are getting ready to enter middle adulthood, which may bring its own changes in their sexuality as well as changes in their life goals and priorities. Additionally, if more information were available now,

it could be explored whether there are any other psychological influences for Susan that may also be affecting her desire to be intimate such as body images, anxiety, or post-partum depression.

Reference

Murray, C., Pope, A., & Willis, B. (2017). *Sexuality counseling: Theory, research, and practice*.

(Kindle edition). Thousand Oaks, CA: Sage Publications, Inc.