Second Term 2021-2022

THEO 5957

Special topics on pastoral studies and counselling II: Sex Therapy in Church Settings

Teacher: Dr Yiu Chi Pang, Christopher

I. Introduction:

Discussion and teaching about human sexuality is usually of far less emphasis than spirituality in churches in Hong Kong. Pastoral care and relevant therapies on sexual dysfunctions and related problems are also in gross deficit for Christian believers as sexuality issue is a taboo carrying a rather negative image among church fellows and even pastors. Together with the fact that the world and our society has gone too far in sexual diversity, sex related problems in churches are becoming more and more complicated and usually revealed itself as a tip of the iceberg, the whole picture is rather hidden. Changes are urgently needed to embrace the practical needs of church members in a changing and diversified society about human sexuality. Pastors are strongly encouraged to learn about basic techniques on sex therapy in order to provide grounded pastoral cares on this aspect. Sex therapy is a distinct professional discipline consists of biological, pharmacological, psychological, sociocultural approaches toward its therapeutic goals. In this course, students will be exposed to these various aspects about sex therapy under the backbone of Christianity, student are expected to acquire knowledge of these aspects to recognise and initiate treatment, or appropriate referral to profession, in church setting.

II. Course outlines:

- Self-evaluation on sexual attitudes is mandatory in the first part of the course in order to lead student to understanding about various value systems affecting their conceptualization on sexual issues
- Introduction to biological aspects in the practice of sex therapy including sexual/reproductive anatomy; physiology about sexuality (sexual response cycle); male and female sex hormones; sex or intimacy related hormones (Pheromones and Oxytocin) will be addressed to explain the biological aspect about sexual intimacy. Congenital anomalies, defects in anatomical structure and physiological wellbeing will be illustrated as how these abnormalities would give rise to sexual dysfunction, while at the same time relevant pharmacological and surgical treatments on these diseases will be briefly addressed. Student are expected to acknowledge the importance of biological wellbeing in the contribution to successful and satisfactory sex life among couples, and be alert as when to initiate

medical consultation for dysfunctioning couples. Information on safe sex, contraception and sexually transmitted diseases (etiology and treatment) will also be addressed.

- Positions of sexual intercourse are important element in sex, students should be able to compare and contrast the differences among these different positions in term of angle, rhythm and depth of vaginal penetration for physical stimulations; techniques and preferred sex positions for pregnant women, elderly couples, men with premature ejaculation and couples with painful condition during sexual intercourse etc are included.
- Students are expected to appreciate the complexity and diversity of sexuality in the current society and how this trend is affecting the Christian population. Different value systems will be examined throughout this course, students should be sensitive about these value systems and to integrate these principles with theological discussions to formulate practical and contextual views on sexuality in church setting. These views form the backbone of sexual education and pastoral counselling for church members.
- Overview of sexual dysfunction with emphasis on common male (erectile dysfunction, premature ejaculation) and female (vaginismus, sexual desire disorder) sexual dysfunctions will be introduced; medical therapy, sex therapy (sensate focus exercise, for these conditions will also be addressed.
- Counselling to survivors of sexual abuse, sexual addiction and paraphilia, and controversial issues about gender identity disorder and homosexuality will be discussed and introduced to students using case study format. Students are encouraged to learn being open minded about these difficult problems encountered in church, and be mentally ready to embrace the potential clients.
- Approaches to clients in sexual violence and family violence will briefly be touched, especially about the crisis management for these clients and the social resources in this aspect.

III. Course schedule and learning objectives:

Date	Topics	Learning objectives
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10 Jan	 Introduction of the counselling approaches in sex therapy; Introduction to human sexuality; Sex, gender and gender role, Genderbread person model; Human sexuality and value systems; 	 Introduction on human sexuality and overview about the course Appreciate the diversity on human sexuality
17 Jan	 Introduction to sexual anatomy and physiology: neuro-endocrine axis of sexual and reproduction system; Male sexual anatomy: penis, glans penis, testes, scrotum, prostate, male sex hormone; Female sexual anatomy: vagina, clitoris, G-spot, breast, female sex hormone; Congenital anomaly of sexual anatomy; Introduction to human sexual response cycle 	 Understand and learn about biological aspects on human sexuality Students are expected to integrate biological and pharmacological knowledge about sex therapy to provide sex education and initiate referral for couple/person with sexual dysfunction
24 Jan	 Intimacy and human sexuality; Pheromones and Oxytocin; Introduction of positions for sexual intercourse; Menopause and Andropause; Sex in the elderly; 	 Learning about principle of sexual position toward physical stimulation during intercourse, including preferred positions for pregnant women, couple with sexual dysfunction etc; Sexuality in the aged, with reference to changes in physical status
31 Jan	Off class	
7 Feb	 Overview of sexual dysfunction: physiological and psychological etiologies contributing to sexual dysfunction; Introduction of emotional focus therapy (EFT) marital therapy 	Appreciate the etiologies of sexual dys- functions: physical vs psychological fac- tors
14 Feb	Common sexual dysfunction in male and treatments	Diagnosis and treatment of common male sexual dysfunction (erectile dys- function and premature ejaculation etc)
21 Feb	Common sexual dysfunction in fe- male and treatment	Diagnosis and treatment of common fe- male sexual dysfunction (vaginismus, sexual desire disorder etc)
28 Feb	Field visit to sex shop	
7 Mar	Homosexuality and sexual minorities	Understand the diversity of sexuality and stimulate critical thinking about gender issues in church setting

14 Mar	 Child sexual abuse Sexuality of sexual abuse survivors and relevant counselling 	 Identify sexual dysfunction commonly encountered in the survivors of sexual abuse; Counselling to empower survivors to restore sexuality
21 Mar	 Sexual addiction as obsessive compulsive disorder Addiction cycle Habitual masturbation Sexual desire disorder 	 Diagnostic criteria and case study Understand the principle of addiction cycle and its implication to management of sexual addiction
28 Mar	Atypical sexual behaviors and Para- philia	Diagnostic criteria and case study
4 Apr	Student Reading Week	
11 Apr	 Safe sex Contraception Sexually transmitted disease 	 Understand the importance of safe sex Various contraceptive methods and their effectiveness Diagnosis and treatment for STD
18 Apr	Group presentation	
25 Apr	Sexual attitude review	SAR to review and understand the standpoint and value system affecting one's view on sexuality

IV. Course assignments

	Date/ deadline	Proportion
Class attendance		10%
Group presentation (case presentation)*	Tentative date: 18 Apr 2022 Reflection paper: 2 weeks after presentation	40%
Take home examination	10 May 2022 (Exam questions will be posted on 4 Apr 2022)	50%

Students are required to hand in hard copy using double spacing for all written materials to teacher

^{*}Form a group of 3-4 students: to present a case of a real client or couple with sexual dysfunction or related problem, including the history of presentation, diagnostic criteria, predisposing factors, management in terms of sex therapy principles, progress on treatment in church setting. Students are required to write a reflection paper after the group presentation of not more than 1000 words (Chinese 1200 words). Deadline of reflection paper is 2 weeks after group presentation.

before the deadline of submission.

- V. Contact of teachers
- Dr Yiu Chi Pang, Christopher
- Email: chriscpyiu@yahoo.com.hk

VI. Academic honesty and plagiarism

Attention is drawn to University policy and regulations on honesty in academic work, and to the disciplinary guidelines and procedures applicable to breaches of such policy and regulations. Details may be found at: http://www.cuhk.edu.hk/policy/academi-chonesty/.

With each assignment, students will be required to submit a signed declaration that they are aware of these policies, regulations, guidelines and procedures. In the case of group project, all students of the same group should be asked to sign the declaration, each of whom is responsible should there be any plagiarised contents in the group project, irrespective of whether he/ she has signed the declaration and whether he/ she has contributed directly or indirectly to the plagiarised contents

For assignments in the form of a computer-generated document that is principally text-based and submitted via VeriGuide, the statement, in the form of a receipt, will be issued by the system upon students' uploading of the soft copy of the assignment. Assignments without the properly signed declaration will not be graded by teachers. Only the final version of the assignment should be submitted via VeriGuide.

The submission of a piece of work, or a part of a piece of work, for more than one purpose (e.g. to satisfy the requirements in two different courses) without declaration to this effect shall be regarded as having committed undeclared multiple submission. It is common and acceptable to reuse a turn of phrase or a sentence or two from one's own work; but wholesale reuse is problematic. In any case, agreement from the course teachers concerned should be obtained prior to the submission of the piece of work.

VII. Suggested reading:

Textbook:

Spencer A Rathus, Jeffrey S Nevid, Lois Fichner-Rathus (2009). Human Sexuality in a world of diversity. Boston, US. Pearson International Edition.

Other subjected reading:

Altman, A.& Ashner, L. (2002). Making love the way we used to.... or better. (Paperback) Chicago, Illinois: Contemporary Publishing Group, Inc,

Balon, R, & R. Seagraves. (2003). Sexual pharmacology: Fast Facts. London: W. W. Norton & Co.

Berman, J. & Berman, L. (2001). For women only: A Revolutionary Guide to Overcoming Sexual Dysfunction and Reclaiming Your Sex Life New York: Henry Holt and Company, LLC.

Birch, R.W. (1996). A sex therapist's manual: Assessment questionnaires, therapeutic stories, and other practical clinical materials. Columbus, OH: Professional Education Consultants Publishing.

Bregman, S. (1975). Sexuality and the Spinal Cord Injured Woman. Sister Kenny Institute.

Buckley, P.F. (Ed.) (1999). Sexuality and serious mental illness. Amsterdam: Harwood Academic Publishers.

Charlton, R and Yalom, D. (Ed.) (1997). Treating sexual disorders. San Francisco: Jossey-Bass.

Cooper, A., (Ed.) (2002). Sex & the internet: A guidebook for clinicians. New York: Brunner-Routledge.

Costa, de C. (2003). Dick: A guide to the penis for men & Women. Sydney: Allen & Unwin.

Crenshaw,T (1997).The alchemy of love and lust. New York: G.P., Putnam's Sons.

Druckerman, P., (2006). Lust in Translation: Adultery Around the World.

Fisher, Helen. (2004). Why we love: the nature and chemistry of Romantic Love.

Fisher, H. (2005). The first sex: The natural talents of women and how they are changing the world. New York: Random House.

Haines, S. (2004). The survivor's guide to sex: How to have an empowered sex life after childhood sexual abuse. Cleis Press.

Joannides, P. (2005). Guide to getting it on, (4th Ed.). Oregon: Goofy Foot Press.

Kaplan, H. (1974) (or latest edition). The New sex therapy. New York: Brunner/Mazel.

Kaplan, H. (1983). Disorders of sexual desire. New York: Brunner/Mazel.

Kaplan, H. (1988). The illustrated manual of sex therapy. (2nd Ed.). New York, NY: Brunner-Routledge.

Kaufman, M., Silverber, C., & Odette, F. (2007). The ultimate guide to sex and disability. San Francisco, CA: Cleis Press Inc..

Komisaruk, B.R., Beyer-Flores, C., & Whipple, B. (2006). The science of orgasm. Baltimore: The Johns Hopkins University Press.

Kroll, K. & Klein, E.L. (1995). Enabling romance: A guide to love, sex, and relationships for the disabled. New York, NY: Harmony Books.

Levine, S. & Risen, C., & Alotof, S.(2007). Handbook of clinical sexuality for mental health professionals. New York: Brunner-Routledge.

Leiblum, S. & Rosen, R. C. (2006). Principles and practice of sex therapy: New York: The Guildford Press. (A good textbook. Out of print due to the death of first author last year. May get old edition on Amazon)

Litvinoff, S. (1999). Sex in loving relationships. London: Vermilion.

LoPiccolo, J. & LoPiccolo, L.(1978). Handbook of sex therapy. New York: Plenum Publishing.

Maltz,W. & Homan, B. (1997). Incest and sexuality: A guide to understanding and healing. Lexington, MA: Lexington Books.

Masters, W.H., Johnson, V.E., & Kolodny R. (1993). Biological foundations of human sexuality. New York, NY: Harper Collins College Publishers.

McCarthy, B. & McCarthy, E. (2003). Rekindling desire. New York: Brunner-Routledge

Mooney, T.O., Cole, T.M., & Chilgren, R.A. (1975). Sexual Options for Paraplegics and Quadriplegics. Boston: Little, Brown & Co.

Neistadt, M. E..(1987). Choices: A Guide To Sex Counseling With Physically Disabled Adults. Malabar, Fla.: Krieger.

Paget, L. (2001). The big O. New York: Broadway Books.

Perels, E., (2008). Mating in Captivity. New York: Harper.

Rosen, R.C., & Leiblum S.R. (Eds.)(1995). Case studies in sex therapy. New York: The Guilford Press. (Contains interesting cases for demonstration and discussion)

Sipski, M.L., & Alexander, C.J. (2003). Sexual function in people with disability and chronic illness: A health professional's guide. Gaithersburg, MD: Aspen Publication.

Skinner, K.B. (2005). Treating pornography addiction: The essential tools for recovery. Provo, Utah: Growth Climate, Inc..

Solot, D., & Miller, M. (2007). I love female orgasm: An extraordinary orgasm guide. New York: Marlowe & Co..

Steen, E.B., & Price, J.H. (1988). Human sex and sexuality. New York: Dover Publications.

Tannahill, R. (1992). Sex in history. Scarborough House/Publishers.

Weiner-Davis, M. (2000). The sex-starved marriage: A Couple's Guide to Boosting Their Marriage Libido by Michele Weiner-Davis Simon & Shuster.

Weinstein, E. (1988). Sexuality Counseling: Issues & Implications. Pacific Grove, Calif.: Brooks/Cole Pub. Co.

Westheimer, R.K., & Lopater, S. (2004). Human sexuality: A psychosocial perspective. Philadelphia: Lippincott Williams & Wilkins.

Wincze, J.P., & Carey, M.P. (2001). Sexual dysfunction: A guide for assessment and treatment. New York: The Guildford Press. (Paperback version, cheap and good for reference)

Winks, C. & Semans, A. (2002). The good vibrations guide to sex. San Francisco, CA: Cleis Press Inc..

Zilbergeld, B. (1999). The new male sexuality. New York: Bantam Books

吳敏倫 (1998)。〈如何克服性機能障礙〉。香港明窗出版社。

吳敏倫 (1996)。〈知己知彼〉。香港MEI出版社。

鄧繼強 (1998)。〈性愛心理、藝術與道德〉。香港明窗出版社。

江漢聲、晏涵文 (2003)。〈性教育〉。北京:中國青年出版社。

劉達臨 (2001)。〈性的歷史〉。台北:台灣商務印書館。

曾文星 (2002)。〈性心理〉。北京:北京醫科大學出版社。

邱貴生 (2006)。〈至情至性〉。香港:三次坊出版有限公司。

邱貴生、吳穎英 (2006)。〈性在有情〉。香港:明報出版社。

邱貴生主編 (2008) 。 <浪漫與偏見:情性康復手冊>。香港:文化社會有限公司。

	Excellent	Good	Needs Improvement	Unacceptable
Thesis	A clear statement of what is being proposed or argued in the paper.	The thesis is easily detectable after reading the paper, but it is not presented in a single and clear statement.	The thesis is present, but a reader must work hard to reconstruct from the entire paper.	There is no thesis or central argument/pro- posal to tie the paper together, or the thesis is unclear.
Arguments	Each reason, support, or argument to follow the thesis is made clear, thorough, relevant and convincing. Proper references are consistently made to the text in question (biblical and/or a textbook) to show why the proposed thesis is valid.	Arguments made to support the thesis are clear, but less thorough, relevant, and/or convincing. References are often made to the text in question (biblical and/or a textbook) to show why the proposed thesis is valid, but this is done not as consistently.	Arguments made to support the thesis are acceptable but sketchy or their relevance unclear. Some references are made to the text in question (biblical and/or a textbook) to show why the proposed thesis is valid.	Arguments to support the thesis are missing, irrelevant, or not convincing. The paper makes lots of claims or assertions that are not substantiated. There are few or no references to the text in question (biblical and/or a textbook) to show why the proposed thesis is valid.
Counter-Arguments	The paper acknowledges, anticipates, and accounts for conflicting evidence, counterexamples, counter-arguments, and/or opposing positions, even ones that are not obvious or not yet been made in writings of others.	The paper acknowledges and accounts for obvious conflicting evidence, counter-examples, counter-arguments, and/or opposing positions.	The paper acknowledges and accounts for a few obvious conflicting evidence, counterexamples, and counterarguments, but miss other obvious opposing positions. Or the paper acknowledges counter-arguments without accounting for them.	No awareness or acknowledgment of conflicting evidence, counter-examples, counter-arguments, or opposing positions.

	Excellent	Good	Needs Improvement	Unaccept
Organization	The paper's flow, from one paragraph to another, is consistently sensible, logical, and always with clear transitions. The movement from introduction to the body and then the conclusion is easy to follow and coherent.	The paper's flow, from one paragraph to another, is largely sensible and logical. Transitions are mostly appropriate. The movement from introduction to the body and then the conclusion is distinguishable if not easy to follow.	There are signs of sensible and logical organization, but these are mixed with abrupt or illogical shifts and ineffective flow of ideas. The movement from introduction to the body and then the conclusion is not clearly distinguishable.	The paper doe flow well in to organization of argument of the Transitions from the graph to parage from one idea next are missis movement from duction to the and then the cosion is non-exting the state of the stat
Style	The paper is written in complete and grammatically correct sentences. Word choice is precise; definitions are provided if and when needed. Paper has been spell-checked, proofread, and contains no errors.	The paper is written in complete sentence and grammatically correct sentences. Word choice is understandable, definitions are generally (though not always) provided if and when needed. Paper has been spell-checked, proofread, and contains only a few errors.	The paper contains some incomplete or grammatically incorrect sentences. Word choice is imprecise, at times not understandable, and/or not defined when needed. Not clear if the paper has been spell-checked and proofread because of the number of errors present.	The paper is weight many incomparametrical correct senten. Word choice it derstandable anition of particular particular or word given even who needed. The publicarily not become checked or propared in the processive number of the number of

Documentation	Notes to indicate sources of information are given whenever they are needed. Both notes and bibliography use consistent and academically acceptable format.	Notes to indicate sources of information are generally given when they are needed. Notes and bibliography are generally but not always consistent or conform to required academic standard.	Sources of information are not consistently documented. If they are, format is inconsistent or does not conform to required academic standard.	Source materi used without of mentation.
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Grade Descriptors

A or A-

Outstanding performance on all learning outcomes. Demonstrates precision and accuracy throughout. Able to analyse, apply and explain concepts as well as recall relevant and accurate information and sources spontaneously when texts are given.

B+, B or B-

Substantial performance overall and fulfils most learning outcomes with above average competency. Indicates ability to analyse, apply and explain concepts fluently. A good demonstration of the ability to recall relevant information and sources when texts are given.

C+, C or C-

Satisfactory performance overall, shows an average grasp in most of the learning outcomes. Indicates adequate ability to analyse, apply and explain concepts but may not be as consistent. An average and general consistent performance to recall relevant information and sources when texts are given.

D+ or D

Barely satisfactory performance overall, shows less than average in some of the learning outcomes. Indicates a general ability to analyse, apply and explain concepts when cues are provided. A passable ability to recall relevant information and sources with some guidance provided when texts are given.

F

Unsatisfactory performance on a number of learning outcomes, OR failure to meet specified assessment requirements. Demonstrates lacking ability to analyse, apply and concepts even when cues are provided. Unable to process a given text satisfactorily.

Appendix

Grading Standard for BA, BD, MACS, MDiv, MTheol and DTheol

Grade and Standard	Sub-divisions	Converted Points
A Excellent	A	4.0
A- Very Good	A-	3.7
	B+	3.3
B Good	В	3.0
	B-	2.7
	C+	2.3
C Fair	С	2.0
	С	1.7
D. D	D+	1.3
D Pass	D	1.0
F Failure	F	0.0

	Abbreviations		
BA	Bachelor of Arts	MDiv	Master of Divinity
BD	Bachelor of Divinity	MTheol	Master of Theology
MACS	Master of Arts in Christian Studies	DTheol	Doctor of Theology

Useful Link for Reference:

Policy on Assessment of Student Learning in Taught Programmes: http://www.cuhk.edu.hk/clear/qm/A5-1.pdf