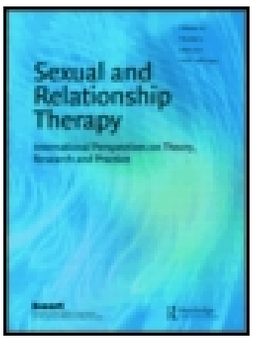

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Addressing sexual issues in couples seeking relationship therapy

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ABSTRACT

Sexual issues are common in couples who seek relationship therapy. However, few studies have examined the nature of the sexual issues reported by these couples and how these issues are addressed in relationship therapy. This study examined the nature of the sexual issues most often reported in 169 couples seeking relationship therapy, as well as the sexuality-related goals pursued by their therapist. The concordance between these sexuality-related goals and a) the sexual issues qualitatively reported by the couples and b) partners' scores on quantitative measures of sexual satisfaction and function was also examined. Findings showed that in 48.5% of couples, at least one of the two partners reported a sexual issue as a reason for seeking therapy. The most common sexual issues were the frequency of sexual activity and sexual desire. Our results also showed that when couples reported a sexual issue, their therapists were five times more likely to pursue a sexuality-related goal. They were also slightly more likely to pursue a sexuality-related goal when women reported lower sexual satisfaction. Globally, this study stresses the need for all relationship therapists to receive formal training in sexuality and underscores the importance for them to address sexual issues in relationship therapy.

LAY SUMMARY

When sexual issues are embedded in relationship difficulties, many couples turn to relationship therapy instead of sex therapy. However, our results suggest that sexual issues are not always addressed by therapists during relationship therapy. This study stresses the need for all relationship therapists to receive training in sexuality.

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Couples seek relationship therapy for several reasons, including sexual issues. Sexual issues may relate to any aspects of their sexuality, including the psychological,

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emotional, or relational aspects of sexuality or problems with sexual function or frequency. When sexual issues are embedded in relationship difficulties, many couples turn to relationship therapy instead of sex therapy. Indeed, therapists and clients identify sexual issues as one of the most frequent problems reported in the context of relationship therapy (Boisvert et al., 2011; Doss et al., 2004; Lamarre & Lussier, 2007). However, although sexual issues are frequent in couples seeking relationship therapy, researchers have not specifically examined the sexual issues that couples are most likely to experience and report, limiting our understanding of the sexual difficulties these couples may face. Moreover, there is very limited research examining the extent to which relationship therapists address sexual issues in therapy. Therefore, the goals of this study were to identify the prevalence of the various sexual issues experienced by couples who seek relationship therapy as well as the nature of the sexuality-related therapeutic goals pursued by their therapist. This information will help to better guide the investigation of sexual issues by relationship therapists and provide key information about the clinical training that is needed for relationship therapists.

The sexuality of couples seeking relationship therapy

A satisfying sexual relationship is linked to relationship satisfaction, commitment, trust, expression of love, and overall quality of life (Byers & Rehman, 2014; Hinchliff & Gott, 2004; Muise et al., 2016). However, sexuality can also be problematic within a relationship, all the more so when couples experience relationship difficulties. Yet, few empirical studies have examined the sexual well-being of couples seeking relationship therapy using clinical data. Péloquin et al. (2019) have found that mixed-sex couples (male-female) who undergo relationship therapy tend to be more dissatisfied with their sexuality when compared to a control group of couples from the general population and that in 30% of these couples, one or both partners had a clinically significant sexual problem. Brassard et al. (2012) also found that 60% of therapy-seeking mixed-sex couples reported sexual dissatisfaction. These findings suggest a high prevalence of sexual issues in couples who seek relationship therapy. However, these studies focused on sexual satisfaction and function very narrowly, disregarding other possible sexual issues these couples may experience. Two qualitative studies investigated the reasons why heterosexual couples seek relationship therapy, including sexuality, and they found that between 28% and 52% of couples reported sexuality as a reason for beginning relationship therapy (Boisvert et al., 2011; Doss et al., 2004). However, these studies assessed sexuality as a general reason for consultation, which reduces our understanding of the diversity of sexual issues experienced by these couples.

The Interpersonal Exchange Model of Sexual Satisfaction (IEMSS; Lawrance & Byers, 1995) delineates factors that are associated with sexual well-being. The IEMSS states that sexual satisfaction is determined by 1) the overall balance of sexual rewards and costs; 2) how these rewards and costs compare with one's expectations; 3) perceptions of equity between one's own rewards and costs and those of the partner; and 4) the overall quality of the relationship between partners. The rewards associated with sexuality may include any pleasurable sexual experiences, as well as

the intimacy and positive emotions experienced during sexual activity with the partner. The costs associated with sexuality may include any negative feelings experienced during sexuality with one's partner, dislike of certain sexual practices, or sexual dysfunction. The sexual issues reported by couples who experience relationship distress may be rooted in any of the IEMSS components. Discrepant sexual desire between partners (Mark, 2012), low sexual frequency (Traeen, 2010), difficulty communicating about sexuality or sexual incompatibility (Mark et al., 2013) in the relationship would be examples of such sexual issues that could be associated with lower sexual well-being as per the IEMSS and that could be discussed as a significant problem in the context of relationship therapy. However, the sole focus on overall sexual satisfaction or function may not capture these specific sexual issues and could prevent therapists from fully understanding the extent of the sexual issues that need to be assessed and addressed in relationship therapy.

To inform assessment and treatment, it also seems important to investigate possible gender differences in the sexual issues reported by couples seeking relationship therapy. In couples who seek relationship therapy, Péloquin et al. (2019) found that women were more likely to report a sexual problem as well as lower sexual satisfaction than men. However, Brassard et al. (2012) found that men and women did not differ in their level of sexual dissatisfaction. Additional research is thus needed to clarify the presence of gender differences in the sexual issues reported by couples seeking relationship therapy. Some gender differences have been reported with respect to sexuality in the general population. For instance, a review by Impett et al. (2014) revealed that women would tend to place more importance on the context for sexual activity (i.e., the relational context), report lower and more variable interest for sex, and have more fluidity in sexual preferences over time than men (Impett et al., 2014). However, little is known about the extent to which these gender differences are a source of dissatisfaction in couples or whether they constitute reasons for entering relationship therapy in men and women.

Relationship therapists and sexuality

Whereas sexual problems are common among couples entering relationship therapy, couples often do not readily volunteer information about their sexuality (Risen, 2010), perhaps due to the lack of communication about sexuality in most couples or the discomfort experienced by couples when talking about sexuality. It is therefore critical for relationship therapists to routinely assess sexual issues. Unfortunately, many therapists fail to question clients about sexuality during therapy. For instance, Miller and Byers (2012) found that, on average, clinical psychologists question only 22% of their clients about sexual issues, which suggests that many clients may not be receiving all the help needed when it comes to sexuality.

Several reasons may explain why relationship therapists do not always address sexuality with their clients. It may be because they have received insufficient training in addressing their clients' sexual concerns or lack comfort in talking about sexuality (Risen, 2010; Timm, 2009, Traeen & Schaller, 2013). Miller and Byers (2012) also found that psychologists reported a lack of self-efficacy in the area of sexuality, more specifically in their ability to respond adequately to their clients' sexual concerns and

their ability to provide accurate information about sexuality. Another reason may be the fact that many relationship therapists adhere to the traditional model of couple therapy. This model suggests that sexual issues mainly result from relationship problems. As such, this model contends that dealing with the relationship difficulties will naturally resolve the sexual issues (McCarthy & Thestrup, 2008). Although this model has shown its limits for treating all sexual issues (Bancroft et al., 2003; Brotto et al., 2016; Leiblum, 2006), this could lead therapists to prioritize relational issues over sexual issues in the context of relationship therapy. Nonetheless, there is very limited research examining the extent to which relationship therapist do address sexual issues with couples in the context of relationship therapy.

To inform their therapeutic plan, relationship therapists may use information that is qualitatively reported by their clients during interviews or rely on standardized instruments assessing sexual well-being and problems. However, no study has examined the specific sexuality-related therapeutic goals that they pursue with couples or how these goals actually relate to the sexual issues and problems reported, whether qualitatively or quantitatively, by their clients. Indeed, if couples report sexual issues or lower sexual well-being on standardized scales, it is all the more important for relationship therapists to address sexual issues directly in therapy.

The current study

The overall goal of this study was to enhance our understanding of the role of sexual issues in relationship therapy provided by couple therapists who are not specifically sex therapists. In order to increase the ecological validity of the results, we recruited couples and their therapists in a community setting. Our first goal was to establish a portrait of the different sexual issues experienced by couples who seek relationship therapy and to see if there are gender differences in the prevalence of theses issues. Our second goal was to increase knowledge of the different sexuality-related therapeutic goals pursued by therapists and to examine the concordance between these sexuality-related goals and a) the sexual issues qualitatively reported by the couples and b) partners' scores on quantitative measures of sexual satisfaction and function. Specifically, we investigated what sexual issues are reported most and least often by couples seeking relationship therapy (RQ1) and if there are any gender differences in these sexual issues (RQ2). We also examined what percentage of couples had sexuality as one of the main therapeutic goals set by their therapist when sexual issues were reported by one or both partners (RQ3) and what sexuality-related therapeutic goals are reported most and least often by relationship therapists (RQ4). We then examined whether therapists are more likely to pursue a sexuality-related therapeutic goal when one or both partners report a sexual issue (RQ5). Finally, we explored whether there is an association between the sexual issue reported by the partners and the likelihood of their therapist pursuing a sexuality-related goal that specifically addresses this issue (RQ6) and whether there is an association between partners' scores on standardized measures of sexual satisfaction and sexual function and the likelihood of their therapist pursuing a sexuality-related therapeutic goal (RQ7).

Method

Participants and procedure

This study was part of a larger research project examining the characteristics of couples seeking relationship therapy in a natural setting at a private relationship therapy clinic. Results from this study were derived from secondary analyses of an existing database from this research project. The couples were approached by their therapist during their first therapy session to participate in the study. Their therapist explained the purpose of the study and the benefits of their participation—that is, that the therapists would use the results to guide the assessment of their difficulties and determine the therapy goals. Interested couples signed a consent form and were provided with a questionnaire to complete individually without consulting their partner at home. The questionnaires were mailed back to the research team before the couples' next session. For each couple, the therapists also filled out a questionnaire regarding the goals and the mandate for the therapy. This study was approved by the ethics review board at the Université de Montréal. Part of the quantitative data collected from the overall project has been published elsewhere (Péloquin et al., 2019; Tougas et al., 2016), but this is the first report of the qualitative data.

The sample included 169 couples, including 1 couple for whom only data from one partner was available. The sample contained 168 mixed-gender (man/woman) couples and 1 same-gender couple (woman/woman). The mean age was 43 for men ($SD = 9.87$; range = 24-76) and 41 for women ($SD = 9.37$; range = 22-71). The length of the relationship ranged from less than a year to 49 years ($M = 14.08$; $SD = 10.35$). Most couples had at least one child (82%). Couples reported having relationship difficulties for an average of 4.62 years ($SD = 5.70$). Most couples spoke French (90.8%), were Caucasian (94.3%) and had at least a college diploma (83.7% of men and 91.8% of women). In terms of annual personal income, 85.1% of men and 55.4% of women had an income of CAD$50.000 or more.

The sample also included eight licensed psychologists and two clinical psychology pre-doctoral interns. The graduate trainees worked under the supervision of two senior psychologists. Eight of the clinicians were women and two were men. They were on average 43.22 years old ($SD = 14.03$; range = 24-61) and had an average of 14.40 years of experience in psychotherapy ($SD = 13.56$; range = 0-39). All the therapists identified as Caucasians. Their main therapeutic approaches included Integrative Behavioral Couple Therapy (IBCT; Jacobson & Christensen, 1996) and Emotionally Focused Couple Therapy (EFT; Johnson, 2019). However, they also integrated other approaches suitable for couples.

Measures

Participants had the choice of completing the measures in French or English; more than 90% were completed in French.

Measures for the couples

Demographic information

Participants provided demographic information (e.g., age, level of education, annual income, ethnicity) and information on their relationship (e.g., length of relationship, number of children, duration of relationship difficulties).

Relationship difficulties

In order to assess the difficulties that led couples to seek relationship therapy, each partner was asked to describe one to three issues that motivated their consultation. This was an open-ended question and participants could respond with as much or as little details as they desired. Participants then indicated the severity of each issue on a 7-point scale ranging from *Not at all severe* (1) to *Could not be worse* (7). Participants described an average of 2.48 issue ($SD = 0.87$) using an average of 22.97 words per issue ($SD = 31.95$).

In order to examine the nature of the sexual issues reported by couples, all issues were first coded as being a sexual issue or not. All issues that were explicitly related to sexuality were coded as being a sexual issue. Issues that may be associated with sexuality but that were too broad or referred to non-sexual behaviors (e.g. intimacy, feeling closer to the partner, hugging) were not coded as sexual issues. A two-phase content analysis was then conducted on the sexual issues. First, the first author developed an initial set of ten codes based on 50% of the sexual issues reported by the participants. Then, the ten categories were discussed with the other authors to ensure that there was no overlap in categories and that there was conceptual clarity. All the sexual issues were then classified into these ten categories by the first author with the option of identifying more than one sexual issue per response. When the participant's response referred to sexuality in general and did not provide enough detail to identify the exact nature of the issue or when the sexual issues did not fit into any other categories, it was classified in "Others sexual issues". In order to verify inter-judge agreement for the categorization of sexual issues, a random sample of 20% of all sexual issues was verified by an undergraduate research assistant in psychology, with an agreement of 95.25%. The ten sexual issues, their definitions and examples of participants' responses are presented in Supplemental Table 1.

Sexual satisfaction

The Global Measure of Sexual Satisfaction (Lawrance et al., 2011) assesses sexual satisfaction using five items rated on a bipolar 7-point scale: good–bad, pleasant–unpleasant, positive–negative, satisfying–unsatisfying, valuable–worthless. The items are summed to form a global score ranging from 5 to 35, with a higher score indicating higher sexual satisfaction. This measure demonstrated excellent internal consistency coefficients and adequate validity with long-term English- and French-speaking couples (α = .96; Lawrance et al., 2011; Péloquin et al., 2014) and in the present study. (α = .90 for men and α = .93 for women).

Sexual functioning

The Arizona Sexual Experiences Scale (McGahuey et al., 2000) includes five items assessing five aspects of sexual function: sexual desire, arousal, vaginal lubrication/erection, ability to reach orgasm and satisfaction from orgasm. Items are scored on a 6-point scale and summed to form a total score. The total score can range from 5 to 30, with a higher total score indicating more problems with sexual function. This measure demonstrated good validity and excellent internal consistency in English (α = 0.90; McGahuey et al., 2000) and in French (α = .74; Bourassa, 2011). In the

Table 1. Frequencies of sexual issues reported by men and women.

	Couples		Men		Women	
Nature of sexual issues	n^a	%	n^b	%	n^b	%
Frequency of sexual activity.	34	26.2	19	26.4	22	27.5
Sexual desire.	31	23.8	14	19.4	24	30
Initiation of sexual activity.	13	10	8	11.1	5	6.3
Sexual incompatibility.	10	7.7	5	6.9	7	8.8
Pornography use.	5	3.8	0	0	5	6.3
Physical barriers to sexuality.	4	3.1	3	4.2	2	2.5
Routine sexual activity.	4	3.1	3	4.2	1	1.2
Change in family structure that affects sexuality.	3	2.3	2	2.8	1	1.2
Traumatic/unpleasant experience that affects sexuality.	3	2.3	1	1.4	3	3.7
Others sexual issues.	23	17.7	17	23.6	10	12.5

Note.[a] represents the number of couples for which at least one partner reported this sexual issue. [b] represents the number of individuals who reported this sexual issue. Only individuals who reported at least one sexual issue are included in this table.

present study, this measure also demonstrated adequate internal consistency with a Cronbach's alpha of .74 for men and .81 for women.

Measures for the therapists

Therapeutic goals

After completing the therapeutic assessment with each couple, the therapists were asked to list all the therapeutic goals they were pursuing with each couple. This was an open-ended question and therapists could provide as much or as little information as they desired. There was no limit to the number of therapeutic goals therapists could list. Therapists described an average of 3.59 goals ($SD = 1.21$) per couple using an average of 17.86 words per goal ($SD = 16.25$).

Another content analysis was performed to classify the sexual therapeutic goals. Each therapeutic goal was first read by the first author to determine if they were related to sexuality. After reading half of the sexuality-related therapeutic goals, the first author generated nine categories of goals. These nine categories were discussed with the other authors to ensure that there was no overlap and that there was conceptual clarity before the remaining goals were coded. The first author then classified all the remaining sexual therapeutic goals in the nine categories. No other theme was identified at this second stage. Inter-judge agreement for a random sample of 20% of the therapeutic goals was 92.13%. The nine sexual therapeutic goals, their definitions and examples of the therapists' responses are presented in Supplemental Table 2.

Results

Prevalence and nature of sexual issues reported by couples (RQ1 and RQ2)

We found that in 48.7% of the couples, at least one of the partners reported a sexual issue among the three main difficulties that justified their consultation in relationship therapy. The severity of the sexual issues ranged from 1 to 7, with an average of 5.29 ($SD = 1.35$; $Md = 5.18$), which corresponds to a high degree of severity. The prevalence of each sexual issue reported by the couples is shown in Table 1

Table 2. Frequencies of sexuality-related therapeutic goals pursued by the relationship therapists.

Therapeutic goal	*n*	%
Improving sexuality.	25	30.5
Increasing the frequency of the couple's sexual activities.	19	23.2
Promoting a satisfying emotional and sexual space for the couple.	14	17.1
Improving the couple's sexual compatibility.	9	11
Recovering the sexual desire of one or the two partners.	7	8.5
Reconnecting with sexuality following a change in family structure.	3	3.7
Reconnecting with sexuality following a traumatic/unpleasant experience.	2	2.4
Managing the negative consequences of sexuality on the couple.	2	2.4
Considering the challenges and obstacles of a physical issue on sexuality.	1	1.2

Note. The *n* represents the number of couples for whom the relationship therapist has established this sexual goal.

(RQ1). The most frequent sexual issues reported by couples concerned the frequency of sexual activity and sexual desire. To examine possible gender differences in the frequency of each sexual issue (RQ2), we conducted McNemar tests. We found no significant gender differences in the prevalence of these sexual issues.

Prevalence and nature of sexual therapeutic goals (RQ3 and RQ4)

The therapists reported pursuing a goal related to sexuality with 38.6% of the couples. When at least one of the partners mentioned a sexual issue as one of their main difficulties, therapists also mentioned a sexuality-related goal among the main goals for therapy 59% of the time (RQ3). The sexuality-related therapeutic goals and their prevalence are presented in Table 2 (RQ4). The sexuality-related therapeutic goals most frequently pursued by relationship therapists were to improve sexuality in general, increase the frequency of sexual activity, and promote a satisfying emotional and sexual space for the couple.

Concordance between partners' sexual issues and well-being and the sexuality-related therapeutic goals (RQ5 and RQ6)

First, to examine whether therapists were more likely to pursue a sexuality-related therapeutic goal when couples reported a sexual issue (RQ5), we conducted a logistic regression, with couples (one or both partners) reporting any sexual issue (yes, no) predicting whether relationship therapist pursued a sexuality-related goal (yes, no). When couples reported a sexual issue, their therapists were 5 times more likely to pursue a sexuality-related goal, $B = 5.09$, 95% CI [2.55, 10,19], $\chi^2(1) = 22.71$, $R^2_{CS} = .13$, $p < .001$.

Second, we examined whether the specific sexual issues reported by the couples predicted the likelihood of their therapist pursuing a therapeutic goal that specifically addressed this sexual issue (RQ6). Six of the sexual issues could be matched with six of the sexuality-related therapeutic goals—that is, the sexual goal directly addressed the content of the sexual issue reported by the couples (see Table 3). To assess the likelihood of the therapists setting a specific goal when the matching sexual issue was reported by one or both partners of the couple, we ran a series of logistic regression. Because the frequency of three of the sexual issues and their related sexual goals was too low, however, analyses could not reliably be performed

(the model did not converge). As such, analyses were conducted on the three most frequent sexual issues only, namely sexual desire, sexual frequency, and sexual incompatibility. A Bonferroni correction was applied (.05/3) and the p value was set at .017. Results are shown in Table 3. When one or both partners reported sexual frequency or sexual desire as being a sexual issue, their therapist was significantly more likely to pursue a sexual goal that directly addressed this issue—that is, they were 33 times more likely to pursue a goal related to sexual desire and 8 times more likely to pursue a goal related to sexual frequency, respectively. Reporting incompatibility between partners regarding sexuality was not significantly associated with the likelihood of the therapist targeting this issue in a specific therapeutic goal.

Third, to assess whether partners' scores on standardized measures of sexual satisfaction and sexual function predicted the likelihood of their therapist pursuing a sexuality-related therapeutic goal (RQ7), we conducted another logistic regression, with both partners' scores of sexual satisfaction and sexual function included as predictors. The full model was statistically significant, $\chi^2(4) = 24.61$, $p < .001$, indicating that the predictors, as a set, were significantly associated with the likelihood of the therapists pursuing a sexuality-related goal. However, only women's sexual satisfaction was significantly associated with the therapist pursuing a sexuality-related goal, $\chi^2(1) = 11.65$, $B = -.12$, $R^2_{CS} = .13$ $p < .001$, with an odds ratio of .89, 95% CI [.82, .95], suggesting a significant but small decrease in the likelihood of the therapists pursuing a sexuality-related goal when women reported a higher score on sexual satisfaction. In other words, therapists were slightly more likely to pursue a sexuality-related goal when women reported lower sexual satisfaction. Men's sexual satisfaction and both partners' sexual function did not predict the likelihood of the therapists to pursue a sexuality-related therapeutic goal.

Discussion

The goal of this study was to examine the different sexual issues reported by couples who seek relationship therapy as well as the sexuality-related therapeutic goals pursued by their therapist. Gaining knowledge about the nature of the sexual issues experienced by these couples and the extent to which these issues are addressed by their therapists is important because it speaks to the clinical training that is required for relationship therapists. It also provides key information about the kinds of sexual interventions that may be needed to address couples' needs in terms of sexuality.

Sexual issues reported by couples

Our results show that in almost half of the couples seeking relationship therapy, at least one of the two partners reported a sexual issue as one of the main difficulties of their romantic relationship. This high prevalence suggests that sexual issues are common among couples who experience relationship difficulties and for many of them, it even justifies them seeking relationship therapy. It is therefore important for relationship therapists to consider these issues, which are perceived to be severe and to be a source of relational distress for these couples.

We also found that two sexual issues reported by couples attending relationship therapy were especially common: the frequency of sexual activity and problems in

Table 3. Logistic regression examining whether sexual issues predict the likelihood of their therapists pursuing a sexuality-related goal.

Sexual issue	Sexual therapeutic goals	*B*	(1)	*p*	R^2_{CS}	Odds Ratio	95%CI for Odds Ratio
1. Sexual desire.	Recover the sexual desire of one or the two partners.	**3.50**	**16.04**	**.001**	**.09**	**33.12**	**[3.82, 287.03]**
2. Frequency of sexual activity.	Increase the frequency of the couple's sexual activities.	**2.09**	**16.08**	**<.001**	**.09**	**8.06**	**[2.92, 22.29]**
3. Sexual incompatibility.	Improve the couple's sexual compatibility.	.62	.28	.574	.00	1.86	[.212, 16.37]
4. Physical barriers to sexuality.	Consider the challenge and obstacles of a physical issue on sexuality.						
5. Change in family structure that affects sexuality.	Reconnect with sexuality following a change in family structure.						
6. Traumatic/unpleasant experience that affects sexuality.	Reconnect with sexuality following a traumatic/ unpleasant experience.						

Note. Bold text indicates significant effects. A Bonferroni correction was applied and the *p* value was set at .017.

sexual desire. This is in line with the results of a previous study revealing that the most common sexual problem among couples in relationship therapy was low sexual desire (Péloquin et al., 2019). These results are also consistent with a study conducted among the general population showing that individuals who have lower sexual satisfaction also report lower sexual frequency and sexual desire as the main causes of their dissatisfaction (Traeen, 2010). The fact that these two issues were the most prevalent may reflect that they tend to co-occur. If one partner reports low sexual desire, it is possible that the frequency of sexual activity is reported as a significant problem by the other partner or even both partners. From a clinical point of view, it is also possible that relationship distress and conflicts explain a decrease in sexual desire and less frequent sexual activity, but it is also possible that dissatisfaction arising from the sexual sphere contributes to relationship tensions and dissatisfaction. It is thus essential to carry out a thorough evaluation of these sexual and relationship difficulties to better understand the association between the sexual issues and relationship problems experienced by the couple.

Men and women reported experiencing several types of sexual issues. However, we found no significant gender differences in the prevalence of these issues. Therefore, this suggests that therapists should not assume that there are standard differences between men and women regarding sexual issues. Thus, to get a clear picture of the sexual issues experienced by each partner, it seems preferable to investigate the exact nature of their difficulties, regardless of partners' gender.

Sexuality-related therapeutic goals in relationship therapy

Our results suggest that relationship therapists tend to address sexuality directly when sexual issues are reported by their clients. That is, when couples reported a sexual issue, their therapists were five times more likely to pursue a sexuality-related goal. This is reassuring because many therapists express feelings of discomfort and

inadequacy addressing sexuality with their clients (Miller & Byers, 2012; Risen, 2010; Timm, 2009). Nonetheless, we also found that when one or both partners mentioned a sexual issue as one of the main issues justifying their consultation in therapy, their therapist indicated pursuing a sexuality-related therapeutic goal 59% of the time. Although this suggests that in most cases, sexuality is addressed as one of the primary goals of therapy, sexuality was not directly targeted for a good proportion of these couples. This may be because some therapists view couples' sexual issues as a symptom of their relationship difficulties rather than as an issue in its own right (McCarthy & Thestrup, 2008). As such, therapists may set goals that target the improvement of the relationship expecting that sexual well-being will improve on its own, which is consistent with the traditional model of relationship therapy (McCarthy & Thestrup, 2008). However, it is also possible that for some couples, sexuality is judged to be less of a priority because of the state in which the couple arrives in therapy. Couples presenting for relationship therapy often report complex and multifactorial problems, including relationship problems (e.g. communication problems, conflicts, psychological aggression), co-morbid individual problems (e.g. depression, anxiety, substance abuse, burnout, etc.), and family dynamic challenges (e.g. difficult parent-children relationships; Doss et al., 2004), which could result in therapists prioritizing what they perceive as being more pressing issues before sexuality can safely be discussed between partners. In addition, since therapeutic goals are normally established in collaboration with both clients, it is also possible that some couples may decide not to address sexuality in the context of relationship therapy, especially if the sexual issue is reported by only one of the partners. Thus, without a full picture of all the difficulties experienced by couples, it is difficult to make hypotheses as to why sexuality is not addressed in priority for all couples reporting sexual issues within the main problems in their relationship.

When sexuality was targeted directly by the therapists, our results showed that the most common therapeutic goals were (1) to improve sexuality, (2) to increase the frequency of the couple's sexual activity, and (3) to promote a satisfying emotional and sexual space for the couple. The goal most often mentioned by therapists (i.e. to improve sexuality in general terms) is a very broad objective that does not target a particular sexual issue. Therapists may have established this general goal because they recognized the presence of a sexual issue that needed to be addressed, but they may lack the knowledge or the tools to establish a specific treatment plan for the sexual issue (Reissing & Giulio, 2010). However, in the context of this study, it is important to specify that the therapists were not given specific instructions regarding the level of specificity of the therapeutic goals to be listed, and as such, this general goal may not necessarily reflect their ability to establish specific intervention targets when it comes to sexuality. This limit therefore precludes us from drawing firm conclusions about this specific goal category.

Clients' sexual issues and well-being predicting sexuality-related therapeutic goals

We also investigated the concordance between partners' report of sexual difficulties, either through the sexual issues reported qualitatively or their scores on quantitative measures of sexual satisfaction and sexual function, and the therapist's sexuality-related

therapeutic goals. With respect to the qualitatively reported sexual issues, when couples reported the frequency of sexual activity and sexual desire as an issue, their therapist were more likely to pursue a therapeutic goal that specifically addressed these specific issues. However, couples reporting sexual incompatibility as an issue was not significantly associated with their therapist targeting this specific sexual issue. A possible explanation may be that the in-depth assessment of the couple dynamics and of both partners' sexual issues leads therapists to set goals that target other aspects of sexuality, such as intimacy, sensuality and moments of pleasure together, which can also improve the couple's sexual dynamic and compatibility (McCarthy & Thestrup, 2008). Several models of interventions support this therapeutic approach. For instance, both Emotionally Focused Couple Therapy (Johnson, 2019) and the Developmental Couple Therapy for Complex Trauma (MacIntosh, 2019) emphasize that validating partners' emotional need for safety in the relationship and understanding their attachment needs are essential foundations for any interventions in the area of sexuality (Johnson & Zuccarini, 2010). Thus, in some cases working on the relational dynamics is just as important to resolve sexual issues.

Regarding partners' scores on standardized measures of sexual satisfaction and function, only women's lower sexual satisfaction predicted their therapist's higher likelihood of pursuing a sexuality-related goal (although this effect was small). This suggests that therapists may be more likely to address sexuality within the context of relationship therapy when women report lower sexual well-being. One possible explanation for this finding may be that sexuality tends to be more deeply rooted in relationship problems or more strongly influenced by the relational context in women compared to men (Impett et al., 2014). As such, women's lower sexual satisfaction may be seen as an indicator of more severe relationship problems and thus may be more likely to prompt relationship therapists to target sexuality directly in the context of relationship therapy.

Partners' scores of sexual function was not associated with their therapist's likelihood of pursuing a sexuality-related goal. Problems in sexual function (e.g. pain, arousal, orgasm) often require more targeted interventions, for which not all relationship therapists have received training. It is possible that some relationship therapists may possess the skills necessary to address these specific sexual problems within the context of relationship therapy, whereas others may not have this training and prefer to refer their clients to sex therapy. Additional research will be needed to examine the role of relationship therapists' training in sexual interventions and the association between their level of perceived competence and the likelihood of them pursuing therapeutic goals related to problems in sexual function more specifically.

Overall, our results nonetheless suggest that combining sources of information on couples (e.g. qualitative assessment, standardized measures, verbal interview) to establish sexuality-related therapeutic goals in relationship therapy may be relevant, especially considering that it can be harder for couples to mention a sexual issue in a conjoint face-to-face session (Risen, 2010). Indeed, couples may feel embarrassed describing their sexual issues together in front of their relationship therapist (Risen, 2010), which might not be the case when partners are alone completing the questionnaires. Thus, standardized scales measuring sexual well-being and open-ended questions can provide an additional source of information about the couple's sexuality that can be used to establish therapeutic goals and guide treatment.

Limitations and futures directions

Although this study provides an in-depth look at the nature of the sexual issues that contribute to couples seeking relationship therapy, several limitations warrant discussion. First, while reading the qualitatively reported sexual issues, it was not always possible to know whether the sexual issues were related to the client or to their partner. For example, if the woman mentioned a problem with sexual desire, we did not differentiate whether it was her who had low sexual desire or her partner because it was not always clear based on the clients' responses. In future research, it would be important to differentiate the problems in relation to the self or the partner in order to better understand the relationship dynamics of couples who consult for sexual issues. Second, some categories were very general (e.g. improving sexuality as a therapeutic goal or sexual issues that were too broad to be identified), which did not allow us to make a specific categorization of these issues and goals. This aspect may have biased the results of our analysis.

Third, our sample mostly included White couples with a high socioeconomic status. Although most couples who seek relationship therapy tend to be more educated and White (Frank et al., 1976), our sample may not be representative of all couples who experience relationship distress. In addition, the sample consisted almost exclusively of male/female couples, limiting our understanding of the sexual issues experienced by same-sex couples.

Fourth, the conclusions drawn regarding the sexual therapeutic goals are based on the data provided by 10 therapists only, all of whom were from the same clinic. Because this clinic has been associated with our research group for several years, the therapists have access to several research presentations each year, some focusing on sexuality. It is therefore possible that this group of therapists is more aware of the importance of integrating sexuality in relationship therapy and they may not be representative of all relationship therapists.

Finally, since we do not know the precise history of each couple and all the issues encountered by these couples, we cannot precisely determine whether the sexuality-related therapeutic goals really matched the sexual issues encountered by the couple when these issues are put within the larger context of each couple's relationship. For some couples, it may be contraindicated to work on sexuality if other difficulties are considered more of a priority (e.g. violent behaviors). Some couples presenting with specific sexual issues could also have been referred to specialized services in sexuality, which would explain why sexuality was not set as a treatment goal. Our study does not allow us to nuance these different clinical portraits.

Implications for relationship therapists

The high prevalence of sexual issues found in this study underlines the importance for relationship therapists to question all couples about sexuality. Therapists also need to keep in mind that couples do not necessarily readily mention sexuality as a reason for their consultation in therapy (Risen, 2010), it is therefore crucial that couple therapists question their clients about possible sexual issues. Our results on the nature of the sexual issues most frequently experienced by these couples can

help guide the investigation of sexual issues by relationship therapists. For instance, asking couples about sexual desire discrepancy and the partners' satisfaction with the frequency of sexual activity appears important since a large proportion of the couples surveyed in this study reported experiencing these sexual issues. Our results, however, point towards a diversity of sexual issues that bring couples in relationship therapy. As such, it is important for relationship therapists to question couples about these other issues as well, for example the use of pornography or physical issues that may affects sexuality. Therapists should inquire about sexuality very broadly, beyond a unique focus on sexual satisfaction and sexual function.

The results of our study also suggest that not all therapists directly address sexual issues during relationship therapy. The common belief among relationship therapists that sexual issues result from relationship problems (McCarthy & Thestrup, 2008) may explain this finding. However, while relationship interventions may improve couples' sexual satisfaction (Johnson & Zuccarini, 2010), they are not always enough to address the complexity of all sexual issues which are often multi-dimensional and multi-causal (McCarthy & Wald, 2012). For example, when sexual issues involve low desire, lack of sexual comfort, high sexual anxiety, or poor psychosexual skills, targeted intervention are preferred (LoPiccolo & Friedman, 1988). In some cases, using relationship intervention to treat a sexual issue can even worsen a couple's sexual distress (McCarthy & Thestrup, 2008). Thus, a deeper knowledge of the different sexual issues and their respective treatment appears necessary for all relationship therapists.

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