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The Social Impact of a Group Supervision Program on Therapists' Self-Efficacy and Attitudes toward their Clients' Sexuality

Long Abstract

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ABSTRACT

The present study investigated the effect of a short-term group supervision program for socio-therapists on their sense of self-efficacy and their attitudes toward their clients' sexuality. Sociotherapists dealing with sexuality encounter an issue considered to be taboo by society, and must face their own personal values, attitudes and coping in this matter.

This qualitative study was conducted in three stages using three research tools. In the pre-intervention, open-ended questionnaires were used to ascertain the participants' expectations of the intervention program. Semi-structured interviews were used during the intervention and post-intervention in order to examine how the group interaction within the supervision intervention program affected the participants' self-efficacy and attitudes toward sexuality. A comparison was made between religious and secular group members. The research population included 67 participants who completed 2 or 3 years of a therapy training program and were practicing therapists.

The conclusions that emerged from the study showed that social interaction, acquisition of knowledge and skills raise the level of socio-therapists' self-efficacy, but also emphasize the differences between religious and secular socio-therapists. The former demanded that the supervision program be adapted to their conservative values, whereas the secular socio-therapists viewed the program as an opportunity to increase their self-efficacy .

The findings show that sociotherapists refrain from engaging in sexual discourse with their clients on the one hand, and that interaction with team members and the supervisor improved negative attitudes toward sexual discourse in the clinic and self-efficacy on the other hand. This interaction exposed the differences between group members as religious and secular socio-therapists. Both groups indicated their conflict between conservative personal attitudes and dealing with the social taboo toward discourse on sexuality and their professional commitment as socio-therapists toward their client.

Ultimately, the findings enabled the formulation of a sociological model: the **Improved Supervision Intervention Program via improved Self-Efficacy and Attitudes toward Sexuality Model (ISI – SE & AtS model). The model presents social interaction as a pivotal element in promoting self-efficacy and attitudes toward sexuality among sociotherapists.**

This study is novel because it demonstrates that therapists are aware of their reluctance to engage in sex therapy and that they need and seek assistance. This model can be used in other contexts worldwide to change negative attitudes toward sex therapy and strengthen therapists' sense of self-efficacy. The ISI-SE & AtS model developed in this study is therefore universally relevant.

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INTRODUCTION

My Personal Background to this Research

My experience in the last 15 years includes being a sociotherapist, supervisor, and providing training for family, couple, and sex therapists and supervisors, and manager of one of Israel's largest sex therapy centers. I encountered therapists' difficulties in talking about various sex therapy topics, such as sex therapists might feel anxious by the idea that clients will describe an event of sexual harassment, sexual intercourse, homosexual intercourse or sadomasochistic relations and so on. These issues might be contrary to the therapists' personal attitudes or be sexual issues they have not processed sufficiently. Such situations could undermine the sense of self-efficacy toward sex therapy and being able to assist clients in the clinic. Consequently, there is a need for supervision interventions in order to help sociotherapists in the clinic (Slattery, 2012; Timm, 2009).

The question of how to help therapists who face sexual issues in clinic has guided my work over the years. It was my understanding that therapists do not receive adequate training or know how to perform sex therapy, so a supervision program is essential.

Research Background

Sex therapy includes specialized areas, such as sexual trauma, sex addiction, sex identity, sex dysfunction and more. In this study, the participants were sociotherapists who studied therapy for two or three years, but had almost no sex therapy studies. The present study explored a short-term group supervision program for sociotherapists. It aimed to provide a response for sociotherapists who have completed their training but still feel that they lack self-efficacy to talk about sexuality in the clinic. This is due to the gap between the inner experience of discomfort and the expectations of the clients, who view the therapists as experts who will help and assist them with the most painful and difficult issues (Timm, 2009).

Focus of this Research

The main aims of the present study are to examine how therapists' self-efficacy is affected by a group supervision sex therapy intervention program and to examine how the therapists' attitudes toward sexuality are affected by the group supervision sex therapy intervention program.

The present study investigated the effect of a short-term group supervision program for sociotherapists on their sense of self-efficacy and their attitudes toward sexuality. Sociotherapists

deal with an issue considered to be taboo by society, and must face their own personal values, attitudes and coping in this matter. They therefore need supervision. The studied supervision program is grounded in a theoretical rationale.

Gap in Knowledge and Motivation for the Research

From the understanding that most studies reviewed for this research examined supervision for therapists in individual psychology or family and couple therapy, we found that very few studies discussed supervision targeted at sex therapy. Only a few explored therapists' attitudes toward their clients' sexuality in specific topics (Derby et al., 2015; Timm, 2009), and studies on sociotherapists' attitudes toward all sexual issues are nonexistent. The empirical literature includes studies of sociotherapists' attitudes toward various topics of sexuality in general (Derby et al., 2015; Jones et al., 2005; Harris & Hays, 2018; Timm, 2009). However, they do not relate to their clients' sexuality. Similarly, there are but a few studies of therapists' sense of self-efficacy. There are almost no studies on short-term group supervision, as implemented in this study,

Group Supervision Sex Therapy Intervention Program

The program is designed to incorporate the main elements of supervision: transforming attitudes and skills in sex therapy through impartation of knowledge and acquisition of tools. The program's aim is to foster an enabling atmosphere for the various attitudes and to convene a discussion about diversity and conservatism. The supervisor's role is to be a role model for talking about sexuality in a respectful and enabling manner.

Rationale of the program: The program is based on a new conceptual model for the integration of psychotherapy and group supervision. The model integrates client sexuality and reflective group processes within psychotherapy supervision (Wadley & Siegel, 2018).

Program design: The program is designed as a short-term group supervision for sociotherapists and was evaluated in 10 sessions of 3 hours each.

Added-value of the program: The supervision program can be adapted to a variety of therapy domains, and can be part of therapists' education process.

Aims of the intervention program: To improve sociotherapists' attitudes toward the sexuality of their clients by giving them knowledge, skills and processing based on learning by observing, modeling, practicing, and integrating a range of sex therapy practices within reflective group processes (Heinrich, 2010; Kadushin & Harkness, 2014; Winnicott, 2009, 2018; Yerushalmi, 2000, 2008). To improve participants' self-efficacy as sex therapists by interacting with the

supervisor and team members and learning from the supervisor as a role model for dealing with sexual issues in the clinic (Bandura, 1982; Kadushin & Harkness, 2014; Yalom,2006; Yerushalmi, 2000, 2008) and by understanding that although they are not sex therapists, they can deal with sexual issues (Bandura 1982, 1997; Erikson, 1968; Locks, 2016; Mor et al., 2016).

The intervention program consisted of 10 sessions, held every other week, and lasted about five months. As a result of the COVID-19 pandemic, about half of the meetings were held in person and about half online. Changing to an online intervention program changed the nature of the sessions and affected the groups in different ways.

In the group intervention program, six groups met in five different locations. The participants were divided into four heterogeneous groups composed of therapists who were unfamiliar with each other and went to the location chosen by the researcher. In contradistinction, in two homogeneous groups, the therapy center manager brought the group supervision program, so the supervisor came to them, and group participation was forced on them. Five of the sessions were held face-to-face, while the rest were online. Ultimately, all the groups participated in a frontal meeting under the conditions of COVID-19, which meant being outside, keeping their distance and wearing masks. At this meeting, certificates were handed out and feedback was given.

Research Aims

1. To examine how therapist' self-efficacy is affected by the group supervision sex therapy intervention program.
2. To examine how therapists' attitudes toward sexuality are affected by the group supervision sex therapy intervention program

Research Questions

1. How did the group interaction within the supervision intervention program affect the participants' self-efficacy?
2. How did the group interaction within the supervision intervention program affect the participants' attitudes toward sexuality?

Research Boundaries

This study adopted a qualitative approach and an action research participatory inquiry. The research instruments were an open-ended questionnaire, interviews of the participants and a

comparison group analyzed using a qualitative research approach. The participants included 67 sociotherapists who agreed to provide data. The program was held during the years 2019-2020, in five different locations in Israel: in three large cities and in two rural settlements.

The intervention program took feedback given by the study participants who themselves were working as sociotherapists into account. The demographic nature of the participants was heterogeneous: in gender, most were women; in education, most have an MA; in training, most have two years of training; in the religiosity parameter, which added further complexity pertinent to cultural norms and practices in Israeli society. This is due to the fact that religion is associated with issues of taboo, conservatism, and sensitivities associated with sexuality and marriage. Content analysis of the data was performed and compared at three time points: time 1: pre-intervention program expectations, 67 participants; time 2: during the intervention program feedback, 6 participants; time 3: end-of-program feedback, 29 participants.

Significance of this Study

Due to the dearth of studies on sociotherapists' training programs, great importance is attributed to the present study. Its conclusions can result in additional supervision programs for sociotherapists as part of their training program. In light of studies of therapists who do not engage in sex therapy, it is important to train both young and experienced therapists who face sexuality in the therapy room. However, since they have not been properly trained, they avoid dealing with this field. The supervision program investigated in the present study can provide a response to the topic of sex to a large group of therapists in a short period of time.

Keywords: Supervision program, sex therapy, self-efficacy, attitudes toward sexuality, psychotherapy, sociology theory.

CHAPTER 1: LITERATURE REVIEW

1.1 Social Construction Theory

1.1.1 Comparison between social construction theory and social structure theory

A discussion on the social construction theory is appropriate and necessary in light of the fact that this study discusses the sociological impact of interactions within the supervision group and the effects on attitudes and self-efficacy regarding sexuality and sex therapy from the point of view of the interaction between members of the group.

As part of the present study, we investigated the sociological impact of therapists' interaction with each other during group supervision and interactions between members of the group and the supervisor and their influence on the therapists' self-efficacy and attitudes toward sexuality and sex therapy. This theory can shed light on how therapists regard sexuality and sex therapy and how they feel when discussing this topic with their peers and the supervisor.

The social construction theory originated in the United States during the 1970s. Sociological theories developed in response to functionalist paradigms, in which every phenomenon serves a social purpose (Parsons, 1960). The social construction theory and the social structure theory came to explain the connection between the individual and society. However, they explained the relationship differently, because they define social reality differently. According to the social structure theory, perception of human reality is natural, constructed, and factual, and does not change over time. Even when humans come and go, they all work in a structure and do not change it.

1.1.2 Behavioral components as social constructions

Blundo and Greene (2008) continued to refine the notion of social constructionism by making four important assumptions. They claimed that the manner in which people study the world is based on available concepts, categories, and known scientific or research methods. These categories are a product of language. Concepts and categories used by people vary considerably in their meanings and from culture to culture. Concepts and categories also change over time. Blundo and Greene postulated that the persistence of certain concepts and categories depends on their usefulness, rather than on their validity. Ideas tend to persist because of their prestige or congruence with cultural values. The scholars also indicated that the way in which people describe or explain the world is a form of social action that carries consequences (Blundor & Greene, 2008).

1.1.3 Social construction as objective and interpretive models

In sociology, social constructionism is discussed in terms of objective and interpretive models. Interpretive social constructionism is considered to be a radical form of constructionism, which originated from pragmatism, symbolic interactionism, phenomenology, and ethnomethodology. The main principle of this approach is that the meaning of things is not inherent. The idea is similar to Herbert Blumer's notion of symbolic interactionism (Blumer, 1969). As explained above, Blumer argued that meanings are created, learned, used, and revised in social interaction. This principle helps researchers look at a researched problem in its context and in connection to other problems rather than investigate it alone, taken out of context. As its name indicates, interpretive social constructionism is interpretive rather than descriptive (Harris, 2010). In contradistinction,

objective social constructionism has its own arguments, which do not focus on the creation of meaning.

1.1.4 The various aspects of social construction theory

Scholars identified four aspects of the social construction theory. First and foremost, social constructionists reject traditional positive approaches to knowledge that are not reflexive in nature. Second, they are highly critical of various taken-for-granted assumptions about the social reality, which are seen as significant ways to consolidate the interests of dominant social groups. Third, social constructionists promote a belief that the way people understand the world is a product of a historical process of interaction and negotiation between groups of people. Finally, social constructionism is a movement seeking to re-identify psychological constructs such as the mind, self, and emotions, presenting them as socially constructed processes. These socially constructed processes are not intrinsic to an individual, but are always produced by social discourse (McLeod, 1997). In addition to viewing reality as being socially constructed, social construction theory regards knowledge as sustained by social progresses. Reflexivity in people is of paramount importance (Lit & Shek, 2002: 108-109).

1.1.5 How are changes in social construction created?

Over time, when there is social interaction and discourse, and when a central fact of life is misinterpreted and criticism and misunderstanding are created, negotiations take place between the person and the other and himself. This changes the person's perception of the same event, thus creating a new reality (Diaz-Leon, 2013; Haslanger, 2003).

The example of sexuality is pertinent to the present study. In Western society, sexuality has always been regarded as private and taboo. When sociotherapists deal with a client's distress that raises sexual content, they may be in conflict with the reality in which they grew up. However, the conversation in the clinic forces the sociotherapist to develop conflict (Foucault, 2016; Mottier, 2008; Timm, 2009). Nonetheless, sociotherapists could experience a change in attitude about sexuality or sex therapy if their attitudes change during group supervision.

1.2 Symbolic Interaction Approach

This theory, developed by Mead and Cooley, is often described as people's attempt to give meaning and significance to the actions of others, based on the social and cultural context in which they find themselves. In this view, society does not have an objective existence, and is created

solely in a meeting between two different people (Anthony, 2012; Blumer, 1980; Cooley, 1983; Mead, 1934; Ritzer, 2000).

Symbolic interaction and social construction theory view the world in terms of a shared reality made up of interactions. Interpretation and acceptance of meaning are personal and variable. Social construction takes place in situations where many people interpret and react in the same way, and society is formed (Berger & Luckmann, 1991; Gergen & Gergen, 1997).

1.2.1 The approach that reality is not objective

The third approach is Berger and Luckmann's (1966) social approach to reality that has emerged from the phenomenological approach. This approach claims that people act according to reality as they perceive it. Reality is not objective. Rather, it is a social invention in which human beings create reality via the interpretation they give it through the interaction with the environment.

The fourth approach is the postmodern approach, whose main representatives are Baber and Allen (1992), Flax (1990), and Foucault (2016). This approach is a response to the modern approach, in which experts are considered to have social power and authority. They have the ability to silence those who are considered non-experts.

1.3 Sociological Learning Theory

A discussion of this theory is appropriate and necessary in light of the fact that this study discusses the sociological impact of a short-term group supervision intervention and its effects on self-efficacy regarding sexuality and sex therapy from the point of view of the interaction between the members of the group.

Bandura developed his social learning theory (SLT) in the early 1960s and finished developing it in the 1980s (Lack, 2016). The social learning theory explains the social learning process as an interaction between the environment, behavior, and individuals based on personal experiences (Bandura, 1977, 1982, 1986; Lack, 2016).

According to Bandura, the theory of behavior refers not only to external factors, but also to internal processes that humans undergo concomitantly to interaction with the environment during the learning stages. Bandura also referred to the fact that there is a reciprocity of the environment's influence on the individual and the individual on the environment. Social learning has five main paradigms: reciprocal determinism, behavioral capacity, observational learning, reinforcements, and expectations (Bandura, 1977, 1982, 1986; Lack, 2016).

1.4 Self-Efficacy

1.4.1 What is self-efficacy?

The concept of self-efficacy needs to be presented, since the goal of this study was to assess the effect of therapists' participation in the supervision group on sex therapy and self-efficacy. According to Bandura (1977, 1982, 1984), self-efficacy is the sixth paradigm of the learning theory. Self-efficacy is what motivates a person's psychological processes. The social environment affects people and their sense of self-efficacy for performing tasks and managing events that affect them. Bandura explained the sense of self-efficacy as people's belief in their ability to perform assignments because they have the skills required to do so. This sense will comprise the motivation to initiate and be mobilized in order to carry out the task (Bandura, 1982, Balahur et al. in Balahur & Fadjukoff, 2010). Self-efficacy theory further maintains that all behavioral and psychological change occurs through the alteration of an individual's sense of personal mastery or efficacy (Bandura, 1977, 1982, 1986). As Bandura writes in his first article on self-efficacy, titled "Self-efficacy: Toward a Unifying Theory of Behavioral Change" (1977), "people process, weigh, and integrate diverse sources of information concerning their capability, and they regulate their choice behavior and effort expenditure accordingly" (p. 212). Bandura suggested that self-efficacy expectancy has the most powerful influence on the initiation of a behavior and persistence in the face of frustration or failure. He also believed that self-efficacy expectancies are the best predictors of behavioral initiation and persistence.

1.4.2 The four components of self-efficacy

When people entertain expectations about their self-efficacy, they rely on four sources of information: 1) performance experiences; 2) vicarious experience; 3) verbal persuasion; 4) emotional or psychological arousal. These sources are not equally powerful, but exert different influences over self-efficacy expectancies. Performance experience, that is, experiences of failure or success, exerts the most effective influence over self-efficacy expectancy. Next in force are vicarious experiences, which are observational learning, modeling, and imitation. The effects of vicarious experiences depend on various factors, including perceived similarity between the model and the observer, number and variety of models, and perceived power of these models. Verbal persuasion and emotional and psychological arousal are considered to be less influential on self-efficacy expectancy (Maddux, 1995; Maddux& Barnes, 1985; Maddux & Stanley, 1986).

Bandura (1982, 1997) conceived a model for improving the sense of self-efficacy. This model consists of four parameters, manifested in the supervision program designed for the present study:

1. Sense of belonging to the peer group;

2. Observation of behavioral models;

3. Verbal persuasion by a significant figure concerning a person's ability to perform the task;

4. Reduction of the sense of negative arousal with reference to the task.

1.4.3 The model for improving self-efficacy

The model for improving the sense of self-efficacy in learning processes (Bandura, 1982, 1997) is in line with the approach of Yalom (2006) as well as Yerushalmi and Kron (2000). These researchers posit that group supervision facilitates therapists' sense of belonging and ability to observe the supervisor and the group processes as behavioral models that might improve their sense of self-efficacy as therapists. They maintain that the group members encourage, support, and reduce anxiety about the supervision and coping in the clinic. Group supervision thus enables the achievement of the four means for improving the sense of self-efficacy according to Bandura's model (1982, 1997). Group members can undergo the four learning processes that will reinforce their sense of self-efficacy. They can acquire skills and competences of sex therapy that they will receive during the supervision. The group members will develop their ability of self-comprehension through the process of the "here and now", analyzing parallel processes in the group and in the clinic. These processes will allow therapists to understand themselves and develop a self-understanding ability that will help them direct themselves in the therapy and that will strengthen their belief that they can succeed in the therapeutic process (Bandura, 1982, 1997; Harris & Hays, 2018).

1.5   Supervision Approaches

Supervision began as the mentoring of a new employee by a more experienced one. Supervisors in the world of therapy, such as in social work and psychotherapy, should be professionals who specialized in supervision (Kendra & Smith, 2009; Yedidya, 2003). This is due to the transference and countertransference that transpire in the clinic and should be clarified, understood and dealt with (Freud, 2002; Heinrich, 2010; Winnicott, 2018). Supervision is an important and meaningful part of sociotherapists' training process (Wadley & Siegel, 2018). This is a continuous and prolonged process, through which interpersonal relationships are established between the supervisors and the supervised therapists. This process aims to develop the supervised therapists from a personal and professional perspective, enabling them to achieve professional maturity (Itzhaki & Hertzboyletti 1998; Yedidya, 2003). The supervision is carried out through the impartation of knowledge and skills, and by personal and interpersonal processes in the clinic

between the supervisor and the supervised therapists (Itzhaki & Hertzboyletti 1998; Kadushin & Harkness, 2014; Yedidya, 2003).

1.5.1 Individual and group supervision

Group supervision has advantages over individual supervision. For example, the fact that there is a group that protects the client's sense of self-value, multiple perspectives of all the group members, it yields more comprehensive learning due to diverse opinions, working on parallel relationships within the group in parallel to the clinic, and learning from the supervision model itself (Dimino & Risler, 2012; Yalom, 2006; Yerushalmi & Kron, 2000). Yalom (2006) presented five assignments that supervisors should observe in group supervision, in order to achieve success: reducing the anxiety of the therapists in the group; presenting achievable goals; creating a therapeutic atmosphere through norms of support, acceptance and group independence; regulating the group's pace of progress or self-exposure that is coerced; and bringing the group to its end in an adapted procedural way.

1.5.2 Types of supervision

Before exploring in full the benefits of the appreciative method in supervision, several words should be said about the existing types of supervision. The researcher's preference for group supervision should also be explained. To date, there are three common types of supervision:

1. Individual supervision.
2. Triadic supervision.
3. Group supervision.

Group supervision includes more than three supervisees and the supervisor. The experiment conducted for the present thesis was designed for group supervision and included 12-15 social workers. The earlier research emphasized the advantages of group supervision over individual supervision. In a group, supervisees' sense of self-value is protected better than in one-on-one sessions. Group sessions allow for multiple perspectives (Goldberg, 2016; Harvey, 2018): social workers receive feedback not only from their supervisor or one peer, as in triadic supervision, but from many peers simultaneously, each of whom can have a unique, individual take on the situation under discussion. Supervisors usually note the beneficiary effect of multiple perspectives, because they encourage more comprehensive learning from the supervision model and diverse opinions (Dimino & Risler, 2012; Yalom, 2006; Yerushalmi & Kron, 2000).

1.5.3 Supervision program for sociotherapists

The program explored in the present study was designed for sociotherapists. It aims to legitimize the right of clients and therapists to receive help and support regarding their difficulties that can be explained by means of social constructionism. The person's standards of functioning are shaped by the values and social expectations of the society he or she lives in. According to this approach, when a therapist deals with a problem or difficulty, e.g. clients' sexual dysfunction, or when a therapist seeks supervision following difficulties in sex therapy, the perception is that both have a problem. They feel conflicted about the values their society dictates (Berger & Luckmann, 1991; Masters et al., 1997). Enhancement of this approach will be facilitated through the perception of Masters et al. (1997), according to which clients' sexual difficulties are caused by the norms of the social environment in which they find themselves. This assumption may reduce anxieties and calm the clients' concerns regarding sexual difficulties they raise in the clinic.

1.6 The sociology of religion in modern times

Modern sociology of religion has a wider scope than that outlined by Marx (Sherkat & Ellison, 1999), Weber and Durkheim, although Durkheim remains highly relevant for sociologists studying religion, because he, "through the study of religion, raised issues that remain central to sociology as such" (Turner, 2008). Modern sociology of religion centers on such diverse problems as secularization, economic interpretation of religion, re-sacralization, globalization of religion (Obadia, 2010), socialization, and fundamentalism. Many of these topics are highly pertinent to the present study on therapists' attitude toward supervision and clients' sexuality. Sociologists have also been exploring such new and emerging areas in the field as the body and religion (Mellor & Shilling, 2010), feminist theory and religion (Neitz, 2004; Shih, 2010) and women and piety movements (Peters, 2003; Rinaldo, 2010; Turner, 2008). Scholars are interested in contemporary developments in religion such as spirituality (Josephson-Storm, 2017; Stark, 1984; Wood, 2010), popular religion and media (Stolow, 2010), and commodification (Kitiarsa, 2010). Other popular topics currently researched by sociologists of religion are Islam (Marranci, 2010), political religion, public religions, and religious nationalism. Indeed, a major factor in the current interest in religion is the association between radical religions and terrorism.

1.7 The Sociology of Sex Therapy

People's sexuality in its initial form was designed for procreation and preservation of the human race. Sexuality is viewed as both a private and a functional matter. However, when reviewing the development of the sexual perception over the years, it becomes apparent that sexuality has been

affected by society, religion and the state, with a different impact in different societies and different periods. The effects were manifested by the most private aspects of sexuality, such as: approval or prohibition of various forms of relationships, the way of having sexual intercourse, who has sexual intercourse with whom. Deviation from these norms resulted in different reference in different periods, e.g. the death sentence for homosexual relations in some periods, while being fully acceptable in other periods. Social status was measured via relationships and sexual intercourse with different partners (Foucault, 2016; Mottier, 2008).

1.7.1 Sociotherapists' attitudes toward their clients' sexuality

In the clinic, sociotherapists encounter topics that can conflict with their personal attitudes. This could lead them to shun the topics or avoid raising sexual topics throughout the therapy. Therapists should therefore have a place in which they can elucidate their attitudes toward various sexual issues, in order to be able to identify countertransference emerging in the clinic with reference to these issues (Derby et al., 2015; Timm, 2009).

1.7.2 Conceptual Framework

The conceptual framework presents the connection between the effect of social interaction on attitudes and self-efficacy, and the connection between the interaction, knowledge of sexuality and sexual therapy, self-efficacy and social aspects with reference to sexuality.

In the next chapter we will present the methodology of this study, in which we examine the impact of an intervention program using an action research.
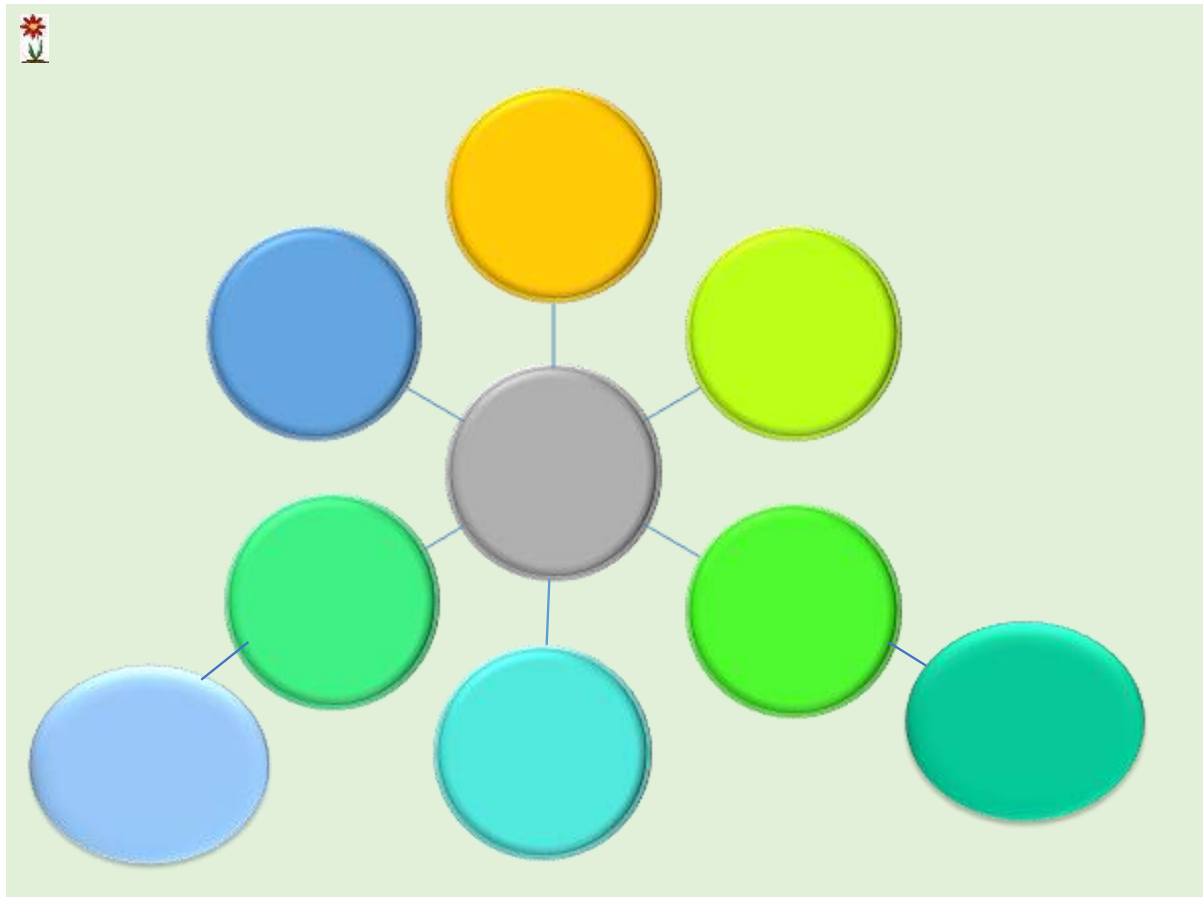
Figure 1.1: Conceptual Framework

CHAPTER II: METHODOLOGY

2.1 Preview

2.2 Research aims:

1. To examine how therapist' self-efficacy is affected by the group supervision sex therapy intervention program.
2. To examine how the therapists' attitudes toward sexuality are affected by the group supervision sex therapy intervention program.

2.3 Research questions:

1. How did the group interaction within the supervision intervention program affect the participants' self-efficacy?
2. How did the group interaction within the supervision intervention program affect the participants' attitudes toward sexuality?

The present study was designed as an action research participatory inquiry. The researcher of the present study, a clinical sex therapist and supervisor, designed an intervention program for sociotherapists, which aimed to examine its impact on attitudes toward sexuality and feelings of self-efficacy. The research instruments were an open-ended questionnaire, and interviews of the participants analyzed using a qualitative research approach. The intervention program took feedback given by the participants in the study, who were themselves working as sociotherapists, into account. The demographic nature of the participants was heterogeneous for gender: mostly women; for education: mostly with an MA; for training: mostly with two years of training; and for religiosity. This added additional complexity pertinent to cultural norms and practices in Israeli society. This is due to the fact that religion is associated with issues of taboo, conservatism, and sensitivities associated with sexuality and marriage.

Participatory Action Research (PAR) manifested itself during the intervention program, with constant feedback from participants delivered especially at the end of each session, when the participants were encouraged to bring up any issues that arose during the session. On occasion, participants communicated some of their issues regarding the content delivered in the intervention session and the way they experienced it. Notes were taken methodically in both modes of feedback: public - during the end of the session, and private - post-session. The notes were used to gauge the effectiveness of the intervention program based on three measurements: pre-program expectations, mid-program feedback, and end-of-program feedback. A comparison was also made between religious and secular groups.

2.4 Qualitative Research

Qualitative research aims to understand occurrences and their subjective impact from the participants' world, as opposed to quantitative research that aims to comprehend occurrences in an objective manner. Qualitative research allows both researchers and participants to be involved throughout the research. This involvement is designed to provide deeper explanations, understand processes and generate a change.

A quantitative research begins with a theory and clear criteria of examination. Conversely, a qualitative research allows building explanations and theory out of the results of the research itself through the 'grounded theory' conceived by Glaser and Strauss (Creswell, 2014, 2017; Paul-Binyamin & Alpert, 2016; Sabar Ben-Yehoshua, 2006; Shkedi, 2011). Glaser and Strauss built a research design and structured data analysis in qualitative research, beginning with a general research question encompassing a social and critical direction.

Advantages of qualitative research reside in the understanding of occurrences from the participants' subjective world. Moreover, it offers great flexibility, enabling researchers to change the research design during the research process, adapting it to a new research design, based on the results and feedback of the researcher and the participants during the research. The disadvantage of qualitative research resides in the researchers' interpretation of the data. This raises the question: "According to which values are the data investigated?" Moreover, there should be a match between the research designs and the research questions (Creswell, 2014, 2017; Paul-Binyamin & Alpert, 2016; Sabar Ben-Yehoshua, 2016; Shkedi, 2011).

2.3 Research Design

Table 2.1: Research Design

Stage	Research Aims	Research Tools	Participants	Data analysis method
. Pre-intervention	To ascertain the participants' expectations from the intervention program	Open-ended questionnaire	67 Psycho-therapists	Content analysis
2. During intervention	To examine how the group interaction within the supervision intervention program affected the participants' self-efficacy. To examine how the group interaction within the supervision intervention program affected the participants' attitudes towards sexuality.	Semi-structured interviews	6 Psycho-therapists	Content analysis
3. Post-intervention	To examine how the group interaction within the	Semi-structured interviews	15 religious psycho-therapists	Content analysis

	supervision intervention program affected the participants' self-efficacy. To examine how the group interaction within the supervision intervention program affected the participants' attitudes toward sexuality.	A comparison between the religious group and the secular group	14 secular psycho-therapists	

CHAPTER 3: FINDINGS

3.1 Pre-Intervention open-ended questionnaire: Findings emerging from research question 1: How does the group interaction within the supervision intervention program affect the participants' self-efficacy?

Table 3.1: Categories relating to self-efficacy

Categories relating to research question 1: **How does the group interaction within the supervision intervention program affect the participants' self-efficacy?**		
Categories	1:Acquiring knowledge about sex therapy	2: Self-efficacy as therapist
Evidence	*The program gives a lot of new information. I think it answered what I expected, the requirements*	*It helped me a lot to open up. It helped me a lot to be able to relate to the subject...I also feel much less embarrassed, or not at all, when the topic comes up and I can also initiate questions on the topic,*

3.2 Pre-Intervention open-ended questionnaire: Findings emerging from research question 2: How does the group interaction within the supervision intervention program affect the participants' attitudes toward sexuality?

Table 3.2: Categories relating to attitudes toward sexuality

Categories relating to research question 2: **How does the group interaction within the supervision intervention program affect the participants' attitudes toward sexuality?**				
Categories	Interaction with group members	Interaction with the supervisor	Attitudes toward sexuality	Attitudes toward clients' sexuality	Attitudes toward sex therapy
Evidence	_3:_ 'The group members and group dynamics, are what made the program...'	_4_ : 'And I talk a lot about "modeling", you really made this language accessible through modeling. '	_5:_' I think I was exposed to a field that is not talked about and that I do not talk about and it made me open...'	_6:_'... All the content that was related to mother violence ... traumas, vulnerability, child violence, wow. It was hard for me. '	_7:_'...Sexual assault within the family, okay? Not about us, a father who raped the girls, especially that the sisters knew, and the mother knew and no one ...'

Integrative findings between the different stages related to attitudes towards sexuality

1. Interaction with group members provides opportunities to learn about the sociotherapist's attitude towards sexuality as well as their own.

2. The interaction with the supervisor as a role model is capable of guiding and addressing socially taboo issues in the clinic and reducing the sociotherapist's attitudes and embarrassment.

3. Perception of sexuality is a taboo topic in society, which in turn poses a challenge for sociotherapists. To change the conservative perceptions and attitudes about sexuality, one has to engage with open personal perceptions.

4. To deal with the sociotherapist's attitudes towards the client's sexuality the participants testified that they would avoid dealing with problems that have deviation or violence.

5. Sex therapy is perceived as an area of discomfort and a sense of low self-efficacy that causes avoidance of exposure to content that is perceived as threatening. Participation in

the intervention program allows for a change of attitudes and an increase in the sense of comfort in sexual therapy.

3.3 **Integrative findings emerging from the comparison between secular and religious participants related to self-efficacy**

Religious Participants	Secular Participants
Religious beliefs see knowledge of sexual therapy as conflicting with cultural values associated with modesty and a lack of knowledge of sexual issues, which may result in an unwanted change experience.	Knowledge about sex therapy can assist changing personal attitudes towards sexuality
Information about sex therapy should be accessible and culturally sensitive,.	secularists saw knowledge as a means to raise a sense of comfort and self-efficacy among sociotherapists
Both religious and secular groups perceive the opportunity for discourse in the sexuality supervision group program as a factor that increases their sense of self-efficacy as sociotherapists.	

3.4 Integrative findings emerging from the comparison between secular and religious participants related to attitudes towards sexuality

Religious Participants	Secular Participants
Interaction with group members is perceived as a source of safe and enabling encounters.	
The religious saw the encounter as an intercultural encounter	the secularists saw it as an interpersonal encounter.
The religious dealt with intercultural conflict and differences in values,	the secular viewed the interactions as a means of modeling.
In both groups, the supervisor was perceived as a source of knowledge, acceptance, and the ability to create an atmosphere that would lead to a change in perceptions and attitudes.	

3.5 Integrative findings emerging from the comparison between secular and religious participants related to attitudes towards sexuality

Religious Participants	Secular Participants
Sexuality is perceived by both groups as a discourse with a social taboo.	
religious people expect that the program will be in line with their values and culture and that the focus will be on healthy sexuality.	secularists who the need to change attitudes to allow for more open dialogue in a clinic,
religious participants discuss the conflict between their religious-cultural values that limit the discourse on sexuality and their role as sociotherapists to patients in need.	Secularists are caught in a conflict between their desire to protect themselves from threatening content and their role as sociotherapists.
Sexual therapy is perceived by both groups as a variety of challenging sexual issues, and participating in the program enabled them to bridge the gaps, as well as gain personal clarity and choice.	

CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

4.1 Factual conclusions emerging from research question 1: How will the group interaction within the supervision intervention program affect the participants' self-efficacy?

The conclusions reached from the research question on self-efficacy are that a social interaction within the supervision program is perceived as developing knowledge and skills in the field of sexuality. A social interaction within the supervision program and acquisition of knowledge in the field of sexuality enables discourse on sexuality and increases their sense of self-efficacy as therapists. Furthermore, it appears that the supervisor who serves as a role model alongside interaction with peers enables discourse on sexuality and increases the participants' sense of self-efficacy as therapists. The findings further show that the religious therapists viewed the supervision program as an intercultural encounter, and adaptation of the program to their religious values will increase their sense of self-efficacy. It can be concluded that the social interaction within the supervision program and the acquisition of knowledge in the field of sexuality is characterized by diversity and a need for cultural adaptation on the part of the religious therapists, and is perceived as an opportunity to increase the sense of comfort and self-efficacy by the secular therapists.

4.2 Factual conclusions emerging from research question 2: How will the group interaction within the supervision intervention program affect the participants' attitudes toward sexuality?

The conclusions reached from research question 2 that deals in the attitudes of therapists toward the sexuality of their clients, is that the interaction with members of the group enables clarification of personal attitudes as therapists and coping with the social taboo on the issue of sex. The social interaction among the program's participants led to a change in attitudes and conservative perceptions that perceive normative sexuality as good, and to avoidance of sexuality perceived as deviant or violent. The findings indicate that the interaction between members of the group and the supervisor stresses the difference between the religious and the secular therapists. The religious therapists viewed the interaction as an intercultural encounter, and the secular therapists viewed the interaction as an interpersonal encounter.

The research findings showed that the religious participants coped with a conflict between the need to therapy the clients' distresses and their conservative religious values. Contrary to the religious

participants, the secular participants coped with a conflict between the desire to protect themselves against sexual contents which they perceived as difficult and the need to therapy the clients' distresses. The interaction with the supervisor who is perceived as a role model enabled a change to more positive attitudes toward sex therapy. The interaction is perceived as an intercultural process that led the therapists to move between resistance to cooperation while still being perceived as leading to more positive attitudes toward sexuality. A difference was discovered between the perceptions of the religious therapists who regarded the interaction as an intercultural conflict and the secular therapists who regarded the interaction with the supervisor as modeling. The interaction between members of the group and the supervisor enables bridging gaps which the therapists experience in their work and helps consolidate their sense of professionalism as therapist and enables an educated choice of the appropriate therapeutic approach.

4.3 Conceptual conclusions: Renewed thinking about sociological aspects of a social interaction in a supervision program for therapists for advancing self-efficacy and improvement in attitudes toward sexuality

The findings of the present study enable proposing a research-based model that emphasizes the sociological aspects of a social interaction in a supervision program for therapists. Figure 5.1 presents the model.
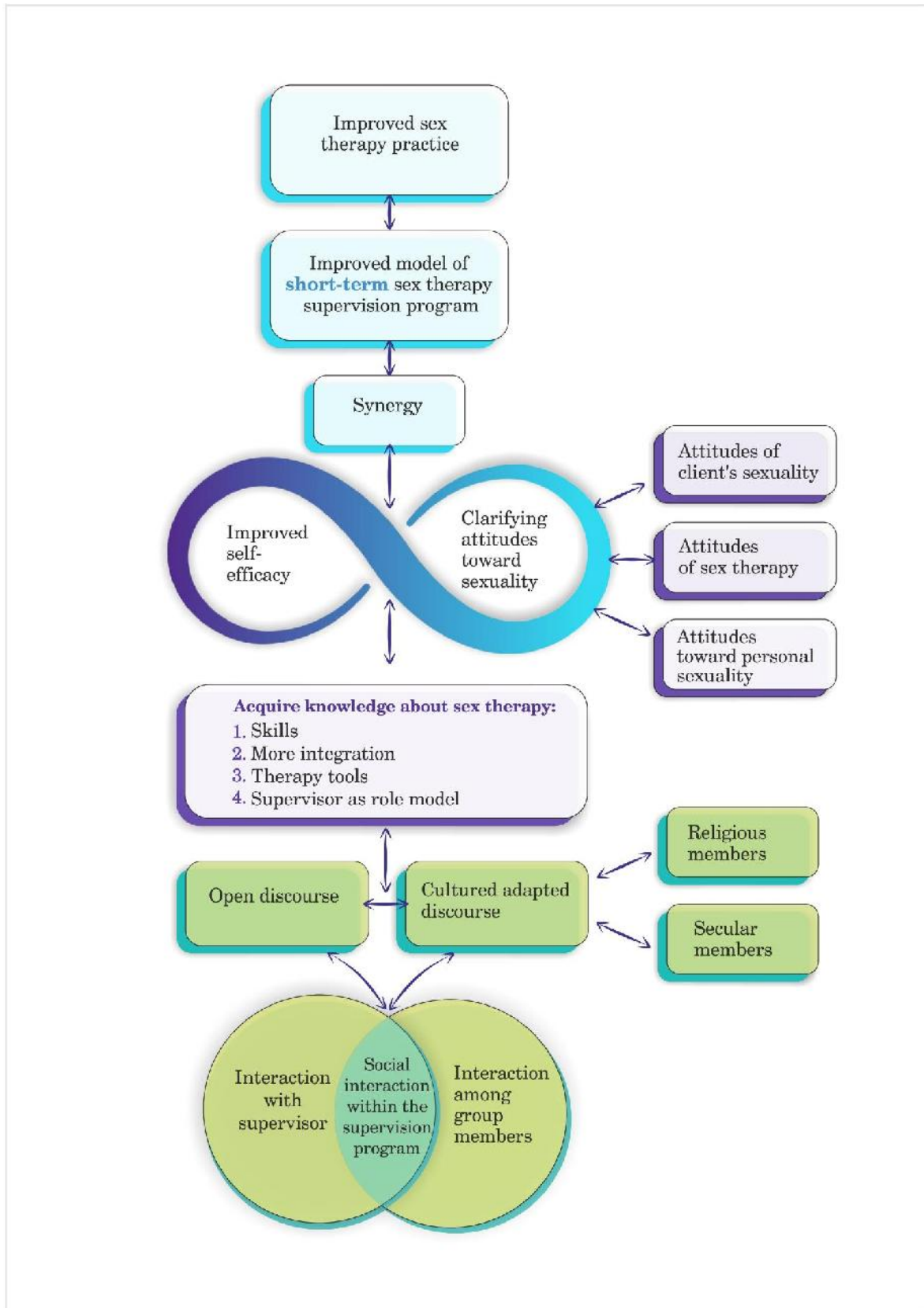
Figure 4.1: Model of an Improved Supervision Intervention Program via Improved Self-Efficacy and Attitudes toward Sexuality (ISI-SE & AtS model)

The sociological model developed in the present study (ISI-SE & AtS) shows how the social interaction within the supervision program, that includes interaction between religious and secular participants, and between the participants and the supervisor of the program, enable an open and culturally-adapted discourse on sex therapy. The model shows that acquisition of knowledge on sex therapy, that includes acquisition of therapeutic skills and tools and perceiving the supervisor as a role model, increase the sense of efficacy and clarify attitudes toward sexuality. These include attitudes toward the clients' sexuality, attitudes toward sex therapy and the therapists' personal attitudes toward their own sexuality. The connection between developed self-efficacy and clarification of attitudes toward sexuality creates synergy, which enables improvement of the supervision program model and thus improves the field of sex therapy in general.

The ISI-SE & AtS model is sociological, since it is based on social interaction. The model is holistic, because it refers to cultural differences between the program's participants. The model is humanistic because it takes the participants and their personal attitudes toward sexuality into account. The model is integrative because it combines the therapy fields in sociological and intercultural aspects.

4.4 Practical Implications and Recommendations

4.4.1 Practical implications and recommendations for supervisors

The present study indicates that the social values of the members of the group should be taken into account when constructing a supervision program model. Creating culturally homogeneous groups should be considered, in order to enable adapting the supervision program to the participants. Alternately, if the group is heterogeneous in its social values, discourse on the gaps and differences that exist in the group should be enabled, and each culture should be given a place in the group as an enriching and enabling discourse, but also as a parallel process that can be created in the clinic with clients who come from a cultural background different from that of the therapist.

4.4.2 Practical implications and recommendations for constructing a supervision program

The ISI-SE & AtS model developed in this study presents a new framework of supervision on the issue of sex therapy and cultural differences between participants. The present study establishes the contribution of the therapist in the supervision group for a change in attitudes and for increasing self-efficacy. The model shows that participation in a short-term supervision program that focuses on contents of sex therapy, offers the participating therapists an opportunity to clarify their gaps

and conflicts with which they cope as therapists and their personal values, and the perception of their role as therapists who help their clients. The supervisor in a supervision group in the field of sexuality must be aware of gaps and conflicts that exist in the client and afford room in the group discourse and help the therapists bridge the gaps and make choices that will benefit the therapist and will strengthen his or her sense of self-efficacy as a therapist in the clinic.

Another implication of the model developed in this study is that supervision programs must be constructed with reference to cultural differences between the participants and between the participants and the supervisor. Adaptations must be made so that the therapists feel congruence between their values and the content and discourse of the program. For example, if the group of therapists is religious, a religious supervisor should be preferred, and emphasis should be on healthy sexuality.

4.4.3 Practical implications and recommendations for therapists

The present study indicates that therapists avoid dealing in their clients' sexuality in the clinic. It is recommended that they participate in supervision groups that deal in sex therapy and in courses in the field of sex. Furthermore, in the present study it was clear that when the therapists clarified their attitudes, they discovered a gap between their personal and professional perceptions and that there are issues in the sexual field which they feel they need to avoid in order to protect themselves and their values. It is recommended that each therapist clarify his personal and professional attitudes toward sexuality in the clinic, and if necessary refer the client to a different therapist who is an expert in this field, instead of ignoring the topic.

4.4.4 Practical implications and recommendations for therapy societies

The present study indicates that therapists finish their specialization in therapy, but feel a low sense of self-efficacy and negative attitudes toward the sexuality of their clients. It is recommended that training and certification of therapists will include participation in a supervision group that deals in sex therapy.

4.5 The Research Limitations

The research limitations of this study are related to the essence of qualitative research.

4.5.1 Limitations related to the research tool

The open-ended questionnaire, and in particular the semi-structured questionnaires, raise the concern for social desirability which may be created due to the status of the interviewer as the supervisor in the supervision program and as a senior therapist and instructor of therapists. This social desirability may cause bias of the data. In order to reduce the bias and ensure that the data are as authentic as possible, the need for the interview as feedback for improving the program was presented at the beginning of the interview. The therapists were told that it is necessary to receive feedback on all aspects of the program, including the supervisor, the members of the group, the contents of the program, etc. The supervisor thanked the participants after each question and they were told that their feedback will be very helpful. No judgmental feedback was given.

4.5.2 Limitations related to the sample

Another limitation is related to the relatively small sample from which the data were collected. Furthermore, the study tested attitudes and sense of self-efficacy in sex therapy. However, it tested therapists who chose to attend sex therapy supervision. They came with an understanding that they have difficulties and need strengthening in this field. In spite of the small sample, the participants are all therapists, have formal and practical knowledge on therapy, and the data should be considered as representing the researched phenomenon. Since the research implemented triangulation as a strategy for strengthening the findings (use of interviews, an open-ended questionnaire and a comparison between religious and secular members of the group), the findings can be regarded as credible if a similar context is found.

The limitations of the study focus on the main limitations of using a qualitative research design: the research tool and the researcher's bias. Qualitative studies do not claim inclusion for another population as does the quantitative study. However, since strict rules were followed in conducting this study, the results may indeed be similar in similar contexts. Due to the study being a qualitative study, the sample size is relatively small and its implications for other populations are limited.

4.6 Contribution to Knowledge

4.6.1 Contribution to theoretical knowledge

The ISI-SE & AtS model presents renewed thinking about the social interaction in supervision programs for therapists. It is based on data collected specifically for the present study, and is therefore innovative and original. Furthermore, the model proposed in this study contributes to

existing knowledge in the field of supervision programs for therapists and closed the gap in existing knowledge on this issue.

The model developed in this study sheds new light on the interaction in the group in the cultural aspect. It expands knowledge on Bandura's (1977, 1982) theory of social learning in the context of supervision programs for therapists in the field of sex therapy.

The innovativeness of the present study in the cultural aspect is in establishing the understanding that the conservative attitudes of religion also influence secular society, and therapists therefore avoid dealing in sex therapy in the clinic. The innovation in this study is that the two groups, the secular and the religious therapists, want to change their attitudes toward sexuality. The secular therapists wanted a role model who would help them change, and the religious therapists wanted adaptation to their values and language. Another foundation derived from this study is the understanding that conservatism toward sexuality in general, and toward sex therapy in particular, leads to the understanding that there are social influences on their attitudes, which are conservative toward sexuality. It is therefore necessary to introduce sex education at the social level to education frameworks, to higher education frameworks and to therapists' training programs. The innovation of this research is in the understanding that therapists are conscious of their avoidance of dealing in sex education and that they need and ask for help and adaptation in order to be able to overcome the existing taboo on sexuality. The present study expands knowledge in the field of the social construction and the symbolic interaction theories (Berger & Luckmann, 1991; Diaz-Leon, 2013; Gergen, 1999, 1985; Gergen & Gergen,1997; Haslanger, 2003; Mead, 1934; Weber, 1984).

4.6.2 Contribution to practical knowledge

The ISI-SE & AtS model developed in this study comprises a contribution to practical knowledge in that it actually serves as a guide for construction of short-term supervision programs based on social interaction for therapists, and can advance training programs for sex therapists. The model supplies instructions for managing heterogeneous supervision groups that include secular and religious participants. The model presents an adapted intercultural process for groups characterized by cultural heterogeneity that enables open and culture-sensitive discourse.

4.7 Future Research

Significant differences were found in the present study between religious and secular therapists. Continuation studies can compare between clearly culturally homogeneous groups, with

adaptation of the supervision program to the values of the group and test whether self-efficacy and attitudes toward sexuality will increase significantly.

Another research that can be performed is to test the sense of efficacy and the attitudes toward sexuality between homogenous groups of therapists from different therapy areas (for example: clinical psychologists who work individually with one client, couple and family therapists who work with couples and families, expression and creative therapists who work with children, sex therapists who work with specific content) and compare the different groups with the goal of testing whether the program for training the therapists needs to be adapted.

A further research that can be performed is to test the sense of self-efficacy and attitudes toward sexuality in therapy of students of therapy in their first year, after they finished their studies, and to test whether participation in a supervision program will have a significant influence on young therapists, compared to young therapists who did not participate in the program.

4.8 Universal Significance

The universal importance of the study is in the understanding that although Western society is characterized by open sexuality, the social taboo on sexual discourse exists in all stages of the therapist's development. There is a dearth of adapted sex education in the education frameworks, in open discourse in the field of sex in higher education and in learning about sex therapy in the therapist's training stages. These lead him to avoid dealing in the client's sexuality in the clinic. It is therefore important that training of therapists will include studies in the field of sex and inclusion of short-term supervision programs based on social interaction as part of the obligations of the training and certification of the therapist.

Another important contribution of the present study is the understanding that existing supervision groups are usually in the field of therapy in general, and last a minimum of one year to several years. This study presents the need for supervision groups focusing on sex therapy, and that a short-term supervision group is significant and creates change. It will be easy to include such a program in therapists' training.

The social interaction that exists in the short term supervision programs for therapists in the field of sex therapy changes negative attitudes toward sex therapy and increases the therapist's sense of self-efficacy in every other context around the world. This affords universal importance to the ISI-SE & AtS model developed in the present study.

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Appendices

Appendix 1: Demographic and Open ended questionnaire: expectations from the supervision program in sex therapy – pre-intervention

• ID number: _____ Age: _____ Marital status: _____

• Degrees (mark in X): ___ Bachelor's degree ____ Master's degree ___ Doctorate

• How many years have you therapy for in general?

• Where did you study therapy? _____

• What other training courses do you have? (Psychotherapy, Couples, Trauma Therapy and more)
Note _____

• Is there an issue or issues in the sexual realm that you know you have difficulty with?

•   What are they?_____

•   Do you prefer individual or group supervision? _____ Why? _____

Expectations from the program you will be going through:

• Please write, what are your expectations from the sex therapy group supervision program that you will be participating in?

• Please write, what are your expectations of the supervision group supervisor?

• Please write, what are your expectations of the group supervision members?

• Please write, what should you feel safe and comfortable in the supervision group supervisor?

Appendix 2: Informed Consent

Dear therapist

The present study is designed for sex therapists. We kindly request you to dedicate several moments of your time in order to respond to the following questions. There are no correct/incorrect answers and the answers should express your personal opinion.

We will not collect information that might expose your identity. The collected data will remain confidential and will be marked by a numerical code. We are not interested in the results of a single person.

Your participation in the study is voluntary. You can refuse to take part in the study at the moment if you want.

Thank you for your time and cooperation

Signature _____

Date _____