

MAY 23, 2019 BY DAN SCHNEIDER

### Sharna Striar, Ph.D: The Professional Journey of a Sex Therapist



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Sharna L. Striar, Ph.D., CNS is an expert in the area of human sexuality, intimacy, and relationships. Over the course of many years, Dr. Striar has studied and taught at leading institutions in her field, including the University of Michigan, Hunter College, and Seton Hall University. She is a Psychotherapist, an AASECT Certified Sex Therapist and Supervisor, and an ANCC Certified Psychiatric Nurse Specialist. Dr. Striar has lectured extensively, written and been quoted in many articles, and has been a frequent expert guest speaker on national radio and television. Her primary focus is counseling individuals and couples, many who are in their twenties and thirties, to effectively navigate the challenges of adulthood, social relationships, and a range of emotions. Many of her patients, especially those with mood disorders and concerns about intimacy, have benefited from her training in cognitive-behavioral therapy (CBT), sex therapy, and mindfulness. For more information on Dr. Striar, go to her webpage: www.sharnastriar.com.

#### Can you tell us about your background and your career history?

While my professional career began in my twenties, the discovery of what I wanted to do came to me in my teenage years. The angst of being a teen led me to become introspective, and to connect with people around me by paying attention to their words, emotions, and body language. I also discovered that complete strangers felt

comfortable with me and they would often share their life stories.

Ultimately those formative years and the discovery of my unique abilities inspired me to pursue a career in mental health.

### When and how did your professional journey start?

My professional journey formally started when I completed my nursing degree and began working in New York. It was a turbulent time in our history (the late 1960s) when many of the prevailing attitudes and norms were being challenged. As a volunteer nurse working in the gynecology department at a free clinic in Manhattan, I was at the epicenter of these heady times. The primary clientele included runaway teens, young people with sexually transmitted diseases, and individuals struggling with anxiety, depression, and drug addiction.

#### What were the common issues among your patients at that time?

Emotional struggles and sexual concerns were common themes among our clinic patients. They often confronted us through expressions of their sexual freedom, opened up about sexual behavior, and raised concerns and questions about their sexuality. At first this made me uncomfortable. My sense was that my colleagues also felt this way. It appeared that our academic training did not adequately prepare us on how to separate our own sexual attitudes from ways the patients behaved or what they told us. At that time,

there was limited helpful information available on how to address sexual behavior and needs, how to include questions during the evaluation and the treatment process, and how disease or medications impact one's sexuality. The educational training offered by health professions needed to catch up with these times.

This epiphany propelled me to become an educator and therapist in human sexuality so I could help equip myself and other healthcare professionals with the tools and knowledge to navigate these uncharted waters of complex psycho-sexual issues.

## How and when did you first become an educator in human sexuality?

I moved to Ann Arbor in the 70s and joined the team of an inpatient psychiatric adolescent unit at the University hospital.

Once again, it became apparent that the traditional treatment approach did not adequately address a teenager's sexuality. For instance, if a teenager exhibited an inappropriate sexual behavior, rather than demean or punish the behavior, I suggested to recast it

as a teachable moment where they would learn how to talk about and express their sexual feelings appropriately. I encouraged hospital professionals to address issues of sexuality more directly by providing sex education training to both the staff and patients.

Eventually, they saw the value and they acted upon the recommendation by including questions about sexuality in the treatment protocol.



Soon I joined the faculty at the University of Michigan's School of Nursing. In that role, I developed curricula that included a sexuality component. Part of the course design would incorporate time for students to reflect on their own values and attitudes so they could talk more objectively about sexual matters and concerns with their patients. The department agreed and I was thrilled.



#### When did you receive your Ph.D and what was your primary focus?

While on the faculty, I pursued and received my Ph.D. During this period I recognized an additional challenge – that medical staff did not have the institutional support or guidelines on how to effectively respond to the sexual behavior and needs of their patients.

Accordingly, my dissertation focused on defining a process of developing a policy on sexuality for facilities with special needs, which included staff training designed to bridge the gap between staff attitudes and policy position. Ultimately, my dissertation became a tool for how to develop policy that moved from a punitive approach to a humanistic one, providing both guidelines and protection for staff.

With experience in hand, I consulted a number of facilities and agencies — from jails, to schools, health care facilities, government

agencies, and more. I helped them implement similar policies and educational training programs. While overall this was viewed as a positive intervention, some management and personnel expressed skepticism and awkwardness during the training. This provided an opportunity for a deeper discussion on the importance of attitudinal change.

#### How did you become a sex therapist and who were your influences?

I wanted to reach an even wider population – to be formally trained as a sex therapist. I moved back to New York City in the mid-80s, another decade of societal sexual changes and challenges, and enrolled in a two-year human sexuality program at Weill Medical College, Cornell University. The late Dr. Helen Singer-Kaplan, a pioneer in the field of sex therapy, directed the program. I subsequently joined her private practice, and for several years served as her project manager in a long-term research study in human sexuality. My training and affiliation with Dr. Kaplan was invaluable to me for I learned to help a wide array of people with a variety of sexual concerns. This broadened my depth of knowledge, skills, understanding and compassion.

#### How did your professional experience shape your role as a mentor?

While in New York in the early 90s, I also taught a course on sexuality at Hunter College to young people from all walks of life. We discussed

it all, including knowledge about all aspects of sexual expression and gender. While teaching sexuality at Hunter College I also learned a lot about cultural and religious differences from my students.



About this time I became a regular on talk shows as an expert on sexuality, addressing questions and concerns to a broad TV audience. With the explosion of cable TV and such talk shows, people were sharing publicly about their sexual expression and struggles with relationships.

### In your private practice, has your clientele's concerns changed with time?

My clientele has always primarily consisted of individuals in their 20s and 30s. People often wonder what problems new generations may have since so much about our sexuality is talked about openly now. However, people still face many challenges and a profusion of questions as society evolves. They often have more questions than previous generations.

My desire as an educator, therapist, and mentor is to help my patients navigate the challenges in their lives and to guide them, addressing their emotions, intimacy, relationships, and sexuality. I harness my years of experience and interactions to provide an environment for reflection and growth always with an emphasis on talking openly.



# Why do individuals in their 20s and 30s gravitate toward this type of therapy?

I find that millennials today, who are very experience-focused, welcome the opportunity to explore themselves. They come in because they have an attitude of, 'Hey, I want to be the best version of myself." Those patients are seeking to improve themselves to have the best life they can. They like interactive dialogue that is solution-based. They need a space to reflect that is apart from the digital

chatter, and peer and societal pressures.

Some of them come into my practice with major distress — like a breakup, difficulty with a parent figure, floundering in a career, looking for gender clarity, or a sexual issue of some sort. For men, it's frequently performance anxiety. For women, it can be desire or orgasm concerns. It also can be struggling with their life trajectory during these uncertain times.

No matter the type of patient, the most critical aspect is that the person walking through the door has come because they believe they need help with something. They need assistance to clarify and navigate their life challenges so they can overcome obstacles to achieving their emotional and relationship goals.

### How does the digital age affect your therapy and your therapy population?

All of us are inundated with digital information. The yesterday of a lack of sexual material available to people is long gone. The impact of pornography, gender fluidity, kink, and so much more is confronting everyone – resulting in permission to explore more choices of sexual expression. The bar of sexual performance seems higher than ever, producing unrealistic expectations and performance anxiety. And more choices amid desires and sexual expression can also lead to curiosity and discovery, as well as confusion, distress, sexual

avoidance or apathy.

We as professionals face the need to clarify the impact and accuracy of digital content, make sense of it, and help our clientele find one's place in the midst of a barrage of erotica in social media. Whether you are casually dating or in a committed relationship, there are so many unique problems now because of issues brought on by the digital era. How people define commitment, for instance, is very individual and personal, and it has changed dramatically with the advent of social media, digital photos and videos, and texting.

Surveys indicate that passionate, intimate partner sex is being diminished amongst younger generations growing up in an all-digital world where porn provides an easy, constant flow of erotic stimulation. In addition, the digital natives appear to use their devices, apps, and social media as an insulator and therefore often lack the interpersonal skills to relate directly and with empathy. In my practice, we talk about these issues and the importance of how they came about, which can sometimes be traced to a digital experience or information. Since anxiety and stress are so much a part of present times, mindfulness meditation become necessary ingredients to a person's well-being. I frequently suggest apps like 'Headspace' and 'Calm'.

What kinds of skills are necessary to be able to do this work?

Psychotherapists need to have a good sense of who they are and how to establish good rapport. When a patient comes to you for counseling, you need to make him or her feel comfortable. If you're a surgeon, establishing rapport doesn't matter as much, but if you're a therapist it's everything. Without such rapport, people won't open up to their counselor.

I think you also have to like people. You have to be curious. You have to work on yourself and be comfortable with yourself and with the subject of intimacy and sexuality. You need to be constantly learning, updating your knowledge base, and be open to self-reflection. Today, more than ever, there is a great divergence in people's life choices. You need to have good abstract reasoning abilities and you have to be flexible. Core psychotherapy training and credentials are essential. You need to give your patients the best platform to reflect and grow.

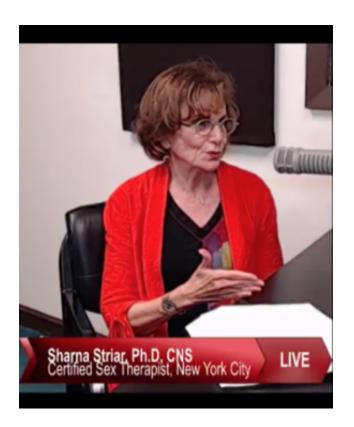
### What do you see as your challenges and goals for the next five years?

In many ways, we are in another era of sexual upheaval. The binary view of gender has been challenged and gender is being viewed with a more fluid appreciation. This is exciting for it recognizes and gives legitimacy and a voice to many individuals who were in the shadows.

But like all radical changes, it also creates a landscape of confusion.

Relationships and commitment in the digital age are also being

radically impacted, causing new attitudes, a critical shift in sexual expression, and a much more focus on the present than future planning. As the present changes come forth, there is also a growing backlash that may turn one's view of sexuality back in time. Some freedoms that presently exist are coming into jeopardy.



If we do not open our minds to the changing landscape confronting young generations, we will miss the opportunity to offer them a safe space to explore their thoughts and feelings, and to give them the support and guidance that they need. It's like the 70s, and we as the mentors and helpers need to catch up once again. My hope is to continue to help guide people to a good place in their

lives, no matter the chaos or questions in our real and digital worlds.

RESOURCE OF THE WEEK

One Reply to "Sharna Striar, Ph.D: The Professional Journey of a Sex Therapist"



#### **Alex**

MAY 28, 2019 AT 11:00 PM

Hi there,

Phenomenal article!! Loved all of it- the personal journey, the historical journey, and the clinical/academic journey. Thank you (both) for sharing!!

Found it super interesting to hear about current practices and the struggles/experiences faced by young adults who are constantly inundated by technology/devices. Loved the shout-out to practicing mindfulness! (Personally, I love the Insight timer app)

I, too, am curious about the future – considering many individuals are living in a world where there is both great freedom and social/political unrest that may jeopardize these freedoms...