BRAIN. Broad Research in Artificial Intelligence and Neuroscience

e-ISSN: 2067-3957 | p-ISSN: 2068-0473

Covered in: Web of Science (ESCI); EBSCO; JERIH PLUS (hkdir.no); IndexCopernicus; Google Scholar; SHERPA/RoMEO; ArticleReach Direct; WorldCat; CrossRef; Peeref; Bridge of Knowledge (mostwiedzy.pl); abcdindex.com; Editage; Ingenta Connect Publication; OALib; scite.ai; Scholar9; Scientific and Technical Information Portal; FID Move; ADVANCED SCIENCES INDEX (European Science Evaluation Center, neredataltics.org); ivySCI; exaly.com; Journal Selector Tool (letpub.com); Citefactor.org; fatcat!; ZDB catalogue; Catalogue SUDOC (abes.fr); OpenAlex; Wikidata; The ISSN Portal; Socolar; KVK-Volltitel (kit.edu)

2024, Volume 15, Issue 3, pages: 132-140.

Submitted: July 22nd, 2024| *Accepted for publication:* September 14th, 2024

Psychological Techniques for Counselling Individuals on Sexual Attitudes and Discrimination

Yurii Kashpur [1]
Liubov Liubina [2]
Hanna Koval [3]
Oksana Oliinyk [4]
Halyna Fedoryshyn [5]
Khrystyna Tsomyk [6]

[1] Doctor of Philosophy, Specialty Psychology, Associate Professor, Associate Professor of the Department of Theoretical and Counselling Psychology, Mykhailo Drahomanov Ukrainian State University, Kyiv, Ukraine
yu.m.kashpur@npu.edu.ua,
https://orcid.org/0000-0002-0259-1137

[2] Candidate of Psychological Sciences (PhD in Psychology), Senior Instructor of the Department of Psychology and Philosophy at Bukovinian State Medical University, Chernivtsi, Ukraine
Lyubovlyubina25@gmail.com,
https://orcid.org/0000-0002-7308-0641

[3] Candidate of Psychology, Doctor of Philosophy, Associate Professor of Department of Differential and Special Psychology, Odesa I.I. Mechnikov National University, Odesa, Ukraine,
aankova68@gmail.com,
https://orcid.org/0000-0003-0291-7501

[4] Candidate of Psychological Sciences, Doctor of Philosophy, Associate Professor of Department of Psychology, National University of Life and Environmental Sciences of Ukraine, Kyiv, Ukraine,
okleons777@gmail.com,
https://orcid.org/0000-0002-3255-9170

[5] Candidate of Psychological Sciences, Associate Professor of the Department of Social Psychology in the Vasyl Stefanyk Precarpathian National University, Ivano-Frankivsk, Ukraine,
galmf1975@gmail.com,
https://orcid.org/0000-0002-8905-0906

[6] Doctor of Philosophy, Specialty Psychology, Lecturer of the Department of Theoretical and Counselling Psychology, Mykhailo Drahomanov Ukrainian State University, Kyiv, Ukraine,
k.b.tsomyk@udu.edu.ua,
https://orcid.org/0000-0001-6080-3786

Abstract: *The importance of studying the psychology of sexuality and exploring counselling techniques for individuals dealing with sexual attitudes and discrimination is steadily growing on a global scale. In recent years, democratic reforms, the rise of the feminist movement, increased communication freedom between men and women, the surge of research across various scientific disciplines, and other factors have all contributed to the growing public interest in this branch of sexology. The present era is shaping new laws and patterns, which are still being defined within today's science. Emerging are new types, categories, subdivisions, and fields that form the structural framework of this scientific field. The categories within the psychology of sexuality are regularly reassessed. Today, the development of sexology as a scientific field demands focused attention from both the scientific community and the state. This includes the publication of specialized literature, the training of university-level educators, the creation of master's programmes, and the formal recognition of the psychologist-sexologist profession (psychologist-consultant in sexology), along with the opportunity to defend master's and doctoral theses in this discipline. This reflects the dual challenge of clearly defining the scope of the psychology of sexuality while emphasizing the need for psychologists to be actively involved in sexology. The article highlights the psychologist's role within sexological support services, presents various models of psychological counselling for individuals facing sexual attitude issues and discrimination, and outlines ethical principles in psychological counselling.*

Keywords: *counselling services, psychologist-sexologist, sexology; limitations on individual rights; psychological support*

How to cite: Kashpur, Y., Liubina, L., Koval, H., Oliinyk, O., Fedoryshyn, H., & Tsomyk, K. (2024). Psychological techniques for counselling individuals on sexual attitudes and discrimination. *BRAIN: Broad Research in Artificial Intelligence and Neuroscience*, 15(3), 133-140. https://doi.org/10.70594/brain/15.3/9

©2024 Published by EduSoft Publishing. This is an open access article under the CC BY-NC-ND license

1. Introduction

The psychology of sexuality, as a field within sexology, remains in the early phases of scientific development. It draws from various disciplines and is not yet regarded as a fully established theoretical domain. Many researchers perceive it as a compilation of elements tied to specific psychotherapeutic and psychological practices.

Psychosexual activity as a form of existence of sexuality, conditioned by the human psyche, is the subject of study of one of the four areas of sexology, the psychology of sexuality.

Research in the field of the psychology of sexuality is more often of an applied rather than theoretical and methodical nature due to the ambiguity of interpretation of the subject of this sexology component. Therefore, the psychology of sexuality at the current stage of its development belongs to the applied fields of psychology and sexology and is the subject of research works of Ukrainian and foreign scholars.

According to Aivazian (2012) and Zlobina (2017), the list of laws and patterns in the psychology of sexuality is rather poor for several reasons of methodical, organizational, and theoretical nature that require refinement. Kashuba (2011) proves that the categorical apparatuses are only being formed at the expense of different areas of sexology and psychology. According to Parfan (2015), an important place is occupied by psychological counselling services for individuals on sexual attitudes and discrimination. Holroyd & Brodsky (1977) believe that a personal psychologist for sexual attitudes and discrimination, similar to other professionals, has ethical duties and rules as they are responsible to the client. According to George & Cristiani (1994), there are schools of psychotherapy and psychological counselling on sexual attitudes and discrimination with certain approaches that can be taken as a model for Ukrainian researchers on the use of technology in counselling on sexual attitudes and discrimination.

This article aims to a) highlight the role and place of the psychologist in the system of sexological assistance, b) present models of schools of psychological counselling on problems of sexual attitudes and discrimination, and c) outline ethical principles in psychological counselling.

2. The Psychologist's Role and Place in the System of Sexological Assistance

A detailed analysis of sexologists' work and professional activities over the past decade reveals significant variation in the number of sexologists per million people. Finland has the highest proportion, while Italy has the lowest (Storr, 1980). Specialists in this field are considered predominantly physicians, psychologists, therapists in the field of sexology, and the so-called "professional health group". Approximately 70% of them have had special training or completed a dissertation in the field of sexology and human sexuality problems, which allows them to refer to this profession and call themselves a sexologist or sex therapist. Most sexologists are women who work as nurses, midwives, marriage counsellors, or psychologists. In Europe, most of them devote up to 25% of their professional time to sexology (Kennedy, 1977).

In many European countries, sexological centres have been established under different names, where sexologists and psychologist-sexologists receive patients in pairs and individually. For example, in Poland, patients come to a sexologist, usually a psychologist, from doctors of related specialities: a urologist, a gynecologist, or a therapist, in cases where the patient needs sexological assistance (Ishchuk, 2010).

If sexology is understood as the comprehensive scientific study of all aspects of sexuality, then a sexologist is a specialist working within this field. Today, sexologists operate across various specialties, frequently intersecting with related disciplines. A solid understanding of sexology is crucial for becoming a professional in these areas. This includes medical experts such as therapists, gynecologists, urologists, psychotherapists, endocrinologists, andrologists, psychiatrists, and neurologists (Apanasyuk, 2013).

Psychologists of any specialization, whether psychoanalysts, family therapists, NLP practitioners, or those working in body-oriented and positive psychology, also need a grounding in

sexology and sexual psychology counselling methods to practice effectively (Maksymchuk et al., 2022; Sarancha et al., 2021; 2022). In legal sexology, knowledge of gender issues is vital for addressing sexually motivated crimes, working with sexual offenders, and preventing criminal violence.

It seems natural in these circumstances to define different specialities in the field of sexology, adopted at the WAS General Assembly on February 17, 2007, in Sydney, Australia (Balabukh & Osetska, 2009).

Behavioural sciences. A counselling sexologist is a person who has a formally recognized professional qualification in one or more of the behavioural sciences and is trained specifically in the practice of sexological counselling, that is, in providing advice and guidance in the personal, psychological, social, and spiritual aspects of sexuality. A psychotherapist sexologist is a person with a recognized professional qualification in the behavioural or clinical sciences, specifically trained in, among other things, the practice of sexology, which includes the appropriate assessment and psychotherapeutic treatment of sexual disorders.

Clinical sciences. A sexual health physician is a person who has officially recognized medical qualifications and is specially trained to provide medical services related to sexual health. A sexual health surgeon is a person with a recognized medical qualification who is specially trained to provide surgical services related to sexual health. The most common practice these specialists perform these days is genital surgery (Kočiūnas, 1983).

Educational sciences. A sex educator is a person with a recognized professional qualification in education, trained in the practice of sexology, specifically providing sex education services to children, adolescents, parents, students, and persons with special needs.

Scientific research. A research sexologist is a person who performs any ethically appropriate research activity, using recognized methods, whose work is peer-reviewed, and who involves the study of human or animal sexuality. Research is conducted within the discipline in which the sexologist works and, therefore, uses methods appropriate to the discipline. Research is conducted in all areas of sexology: basic research, behavioural, clinical, educational, and socio-cultural.

Sociology and culture. An anthropologist-sexologist is a person with a recognized degree in anthropology and specially trained in the practice of sexology, particularly in conducting anthropological research. A sexological sociologist is a person with a recognized degree in sociology and specially trained in sexology, particularly in conducting social and cultural research (Pretzel, 1972). Representatives of the latter two specialities are few. Typically, these are the few scholars who have chosen the subject of their research in sexology.

A decade ago, one of the topical areas of improvement in human sexual health was the training of highly qualified specialists in sexology through a unified postgraduate training programme, the development of educational standards, and regular quality control of training specialists. As a result, the majority of sexologists are medical professionals among psychiatrists. Urologists, gynecologists, andrologists, therapists, and medical psychologists with special training in sexology are in second place.

The day-to-day practice shows that it is difficult to solve the global problem of improving sexual health with the help of medical professionals and enthusiastic singles alone. The Society for the Scientific Study of Sexuality (2024), with the support of universities that have psychology departments, has therefore organized postgraduate retraining and training for new specialists, who are certified as psychologists-sexologists after training.

A psychologist-sexologist is a person with an officially recognized professional qualification in psychology or medicine, trained, in particular, in the practice of sexological counselling and the provision of psychological assistance in the field of sexual health (Liashenko, 2021).

The psychologist-sexologist can provide independent psychological counselling as well as work together with doctors of various specialities. It is this category of specialists that can provide prompt psychological assistance to a wide range of people, conduct AIDS prevention, organize and

conduct sexual education in families and schools, as well as promote healthy lifestyles and harmonious relationships in couples.

Graduates of courses of the interdisciplinary department with primary training from higher education institutions, following the programme of retraining and advanced training in "Psychological counselling in sexology", having their psychological speciality, obtain additional knowledge and skills in sexology, which they apply in their practice of care at three levels (Liashenko, 2021).

Ongoing psychological aid is provided within the social and psychological services of basic educational institutions (kindergartens, schools, boarding schools, vocational schools). They are staffed by certified psychologists, some of whom have received training in the field of sexology at psychological faculties, centres, and psychological schools, where they teach courses on "Psychosexual Development", "Fundamentals of Sexology", "Sociocultural Sexology", "Psychology of Sexology", "Psychological Counselling in Sexology", "Clinical Psychology of Sexuality".

Qualified psychological aid is provided in centres established at the district or city level. Such a medical centre employs several sexologists, namely, doctors and psychologists. In contrast to primary psychological care institutions, several specialists in the field of sexology work there, allowing the client (or patient) to choose a specialist based on personal preferences (e.g., gender identity or degree of skill).

Specialized psychological aid is provided by a network of specialized centres and services organized at the regional (city) level. These include centres for stationary and semi-stationary psychotherapeutic aid, sanatoria, forest schools, and rehabilitation centres. In these centres and services, comprehensive sexological support or treatment is possible when sexologists are available (George & Cristiani, 1994).

The psychologist-consultant on sexual problems can provide aid at all three levels of the system described. However, seeking psychological help from a specialist, let alone a sexologist, in Ukraine has not yet become a usual and customary phenomenon. In contrast to some Western European countries and the USA, the population of Ukraine still remembers a period when everything associated with the prefix "psycho" filled people's consciousness with fear and desire to avoid the sad fate of becoming a patient in a psychiatric hospital. The situation changes gradually, and psychoanalysts, psychologists, and psychiatrists have not only patients but also regular clients who need help, communication, advice, and correction of their own, including sexual, behaviour. Appealing to them about their personal and individual problems is becoming a common phenomenon, no less common than a visit to the dentist or the therapist (Corey, 2016).

3. Models of Psychological Counselling Schools for Individuals with Issues Related to Sexual Attitudes and Discrimination

Psychotherapy and psychological counselling on problems of sexual attitudes and discrimination is a process taking place between two people, in which they participate on an equal footing, and the conscious and unconscious principles of both the psychotherapist (the counselling psychologist) and the patient (client). Simultaneously with the psychologist's personality, there are requirements for reflection, openness to experiences, and many other things. These requirements have different effects in different ways.

There are schools of psychotherapy and psychological counselling on sexual attitudes and discrimination with the following models (George & Cristiani, 1994):

1. *The medical model*. The most important points of difference in the interaction with clients of adept psychologists with this medical or psychological model are the following parameters: a) directive – non-directive psychologist; b) anonymity – self-disclosure; c) possibility – impossibility to express positive and negative feelings about the client; d) unilateralism – a bilateral degree of responsibility of the psychologist (psychotherapist) and the client (patient) for the efficiency of consultation (psychotherapy);

2. *The psychological (personality-oriented, humanistic) model*. Differences between psychological and medical models are as follows: it is based on individual rather than social ethics; it perceives the human being as an indivisible whole rather than the sum of organs and mechanisms; it derives from the principle of reality rather than opposing objectivity and subjectivity; it deals with problems and possibilities rather than diseases and defects; it focuses on personal development and optimization; it focuses on process rather than a methodology; it concentrates on the present, which paves the way for the future rather than the past in the name of a return to a previous norm; it involves the psychologist working "alone" (personal commitment) rather than "technology" (Corey, 2016).

3. *The educational model* is based on the hypothesis of inadequate competence of the client in the area of life skills, knowledge, and skills in which they have difficulties.

The work of the psychologist on problems of sexual attitudes and discrimination is problem analysis and the development of a set of measures to address them.

The therapeutic process is not aimed at healing (a medical paradigm concept) but to correct or more successfully adapt the client to reality, that is, the goal is to teach the client to cope better with this reality. The psychologist acts as an authoritative (but not authoritarian) and encouraging teacher who seeks to teach clients to be better counsellors for themselves.

According to the authors' observations, this model is often used by schools of psychologists in counselling parents and teachers when raising children.

4. *The diagnostic model* assumes that a psychologist, as a competent specialist, whose main task is to diagnose and inform the client (or client as the person who knows that the client has a problem and has addressed the psychologist) of the nature, problems, ways, and predictions of their solution, intervenes. This model is widespread and is used in mass screening (for example, in recruiting).

Below are the principles of individual psychological counselling on sexual attitudes and discrimination (Homey, 1937):

- Maintaining a friendly and relaxed approach toward clients.
- Focusing on the client's norms and values.
- Offering advice with caution.
- Keeping personal and professional relationships separate.
- Actively engaging the client in the counselling process.
- Ensuring anonymity.
- Encouraging the client to take responsibility for their own experiences.

4. The Principles of Ethics in Psychological Counselling

The personality counsellor for sexual attitudes and discrimination, similar to other professionals, has moral duties and rules because they are responsible to the client. However, the client and the counsellor are not on different planes, but rather in a system of different relationships, so the counsellor is responsible to the family members of the client, to the organization in which they work, to the public at large, and finally to their profession. This responsibility determines the special value of moral principles during psychological counselling and psychotherapy. Therefore, codes of ethics regulating the professional activity of the psychotherapist and the consulting psychologist have been established in all countries.

However, for half the actual reasons, it is not easy for a sexuality and discrimination counsellor to follow the rules of ethics unquestioningly. The most important of them were identified by Holroyd & Brodsky (1977):

1. It is difficult to maintain standards of established behaviour in different counselling settings because each counselling encounter is unique.

2. Most counsellors practice the use of specific institutions (clinics, centres, schools, private services). The values of these organizations may be entirely consistent with the counsellor's ethical requirements. In such cases, the counsellor faces a difficult choice.

3. A consultant often finds themself in morally contradictory situations when, while meeting the requirements of one standard, they violate another. Thus, in the case of elections, the code of ethics is not respected. In general, ethical dilemmas help far more than direct violations of the ethical code in understanding the limitations of ethical codes in dealing with problems encountered in counselling.

The complexity of ethical issues necessitates the regular revision of ethical codes. The American Psychological Association (2024a), known for its structured approach to ethical concerns, has updated its professional ethics code three times over the past thirty years. These revisions reflect evolving social dynamics, yet they often remain closely tied to the challenges of maintaining ethical standards (as discussed in greater detail in the analysis of data protection issues).

A client's decision to enter into a "consulting agreement" should be fully informed, so the consultant needs to provide comprehensive information during the initial conversation, including a) the primary objectives of the consultation; b) their qualifications; c) the consultation fee; d) the approximate duration of the consultation; e) the expected benefits of the consultation; f) the potential risk of temporary deterioration during the consultation; g) the boundaries of confidentiality.

The counsellor must correctly assess the level and limits of their professional competence. They must not give the client hope for help that they cannot provide. Diagnostic and therapeutic procedures that are incorrectly learned are not permitted in counselling. Counselling of the client should never be used to test counselling methods and techniques. If in some cases the counsellor feels inadequately competent, they are obliged to consult with more experienced colleagues and improve under their guidance (Kennedy, 1977).

As already noted, the counsellor must provide comprehensive information about the conditions of the consultation. It is important to agree with the client on the possibility of audio and video recording of consultations and external observation through a one-way mirror. The use of these methods is not permitted without the client's consent. These methods can be important for the counsellor for educational and research purposes, as well as useful for the client to assess the dynamics of their problems and the effectiveness of counselling. Occasionally, the counselor's qualifying body requires detailed information about a particular case. The reluctance of some insecure counsellors to monitor or record conversations, ostensibly out of a desire to maintain confidentiality and protect the client, is an expression of their fears and anxieties. Counselling is not possible if the client does not trust the counsellor. Confidentiality should be discussed with the client at the first meeting.

George & Cristiani (1994) distinguish two levels of confidentiality in psychological counselling on sexual attitudes and discrimination. The first level concerns the boundaries of professional use of information about the client; each counsellor is responsible for using the client's information exclusively for professional purposes. The counsellor may not disseminate information about the client with other intentions. This also applies to the fact that someone has undergone a psycho-correction. Information about the client (counsellor's documents, individual client cards) must be inaccessible to unauthorized persons.

There are the following cases of violations of ethics in the psychological counselling of individuals on issues of sexual attitudes and discrimination:

- erotic contact and sexual relationships are more common between male counsellors and clients (5.5%) than between female counsellors and male clients (0.6%);
- counsellors who exceeded the limit tended to re-establish sexual relationships with clients (80% of cases);
- 70% of male counsellors and 80% of female counsellors categorically rule out the permissibility of sexual relationships with clients;
- 4% of respondents consider sexual relationships with clients to be therapeutically valuable (The American Psychological Association, 2024b).

Sexual relationships between counsellors and clients are not ethically or professionally acceptable because they represent a direct abuse of the counsellor's role. The client is much more vulnerable than the counsellor because in the specific atmosphere of counselling they "expose" themselves, revealing their feelings, fantasies, secrets and desires, including sexual ones. Sometimes the client strongly idealizes the counselor; they want a close relationship with an ideal person who understands them deeply.

However, when counselling contact turns into a sexual relationship, clients develop extreme dependence and the counsellor loses objectivity, and that is the end of all professional counselling and psychotherapy.

5. Conclusions

The conclusions of the article highlight the psychologist's role within the system of sexological care. Sexology is a comprehensive term that covers the scientific study of all aspects of sexuality, with the sexologist being the professional who practices within this field.

Today, sexologists work across various specialties, often overlapping with related fields. Achieving professional competence in these areas is challenging without a thorough understanding of sexology. This includes medical professionals such as therapists, gynecologists, urologists, psychotherapists, endocrinologists, andrologists, psychiatrists, and neurologists. It also encompasses psychologists of all specializations, including psychoanalysts, family therapists, NLP practitioners, as well as those practicing body-oriented, positive psychology, and more. These professionals need a solid foundation in sexology and sexual psychology counselling techniques in their practice.

The article also presents various models for psychological counselling addressing sexual attitudes and discrimination. These include:

- The medical model: This model highlights key differences in client interactions that are linked to medical or psychological frameworks.
- The psychological model: These encompass person-centered and humanistic approaches, which treat individuals as holistic beings rather than only collections of parts. This perspective is grounded in the principle of reality rather than the dichotomy of objectivity versus subjectivity. It focuses on addressing problems and potentials instead of diseases and defects, emphasizes personal growth and optimization rather than strict methodology, prioritizes the present as a way to shape the future rather than reverting to past norms, and involves the psychologist working independently (personal commitment) rather than relying on "technology".
- The educational model: This model is based on the assumption that clients may struggle with life skills, knowledge, and abilities, and addresses their inadequacies in these areas.

The article also discusses ethical principles in psychological counselling.

Acknowledgement

Author 1 provided a critical review of existing publications on the research problem and explained the psychologist's role and place in the system of sexological assistance. Author 2 presented models of psychological counselling schools for individuals with issues related to sexual attitudes and discrimination. Author 3 analyzed the principles of ethics in psychological counselling. Author 4 investigated cases of ethical violations in psychological counselling on sexual attitudes and discrimination. Author 5 worked on the linguistic design of the article material. Author 6 formed and organized the list of references.

References

Aivazian, L. Yu. (2012). Vzaiemozviazok perezhyvannia samotnosti ta psykholohichnoi bezpeky osobystosti [The connection between loneliness and one's psychological security]. *Naukovyi Visnyk Lvivskoho Derzhavnoho Universytetu Vnutrishnikh Sprav. Seriia Psykholohichna [Scientific Journal of Lviv State University of Internal Affairs. Psychology],* 2(1), 3–11. http://nbuv.gov.ua/UJRN/Nvldu_2012_2(1)__3

Apanasyuk, A. (2013). *Sexuality and gender in the contemporary world*. In *Current perspectives in sexuality*. InTech.

Balabukh, I. M., & Osetska, L. V. (2009). Transformatsiia simeino-shliubnykh oriientatsii suchasnoi ukrainskoi molodi [The changing family and marital orientations of today's Ukrainian youth]. *Visnyk Natsionalnoho Tekhnichnoho Universytetu Ukrainy "Kyivskyi Politekhnichnyi Instytut". Politolohiia. Sotsiolohiia. Pravo [Bulletin of the National Technical University of Ukraine "Kyiv Polytechnic Institute". Political Science. Sociology. Law],* 4, 1–5. http://www.socio-journal.kpi.kiev.ua/archive/2009/4/9.pdf

Corey, G. (2016). *Theory and practice of counseling and psychotherapy* (10th ed.). Cengage Learning. https://www.amazon.com/Theory-Practice-Counseling-Psychotherapy-Gerald/dp/1305263723

George, R. L., & Cristiani, T. S. (1994). *Counseling: Theory and practice* (4th ed.). Pearson. https://www.amazon.com/Counseling-Practice-Rickey-L-George/dp/020515252X

Holroyd, J. C., & Brodsky, A. M. (1977). Psychologists' attitudes and practices regarding erotic and nonerotic physical contact with patients. *The American Psychologist,* 32(10), 843–849. https://doi.org/10.1037//0003-066x.32.10.843

Horney, K. (1937). *The neurotic personality of our time.* Norton. https://www.amazon.com/Neurotic-Personality-Our-Time/dp/0710015542

Ishchuk, Yu. (2010). Sotsialno-psykholohichni determinanty statevoho zhyttia pidlitkiv [Social-psychological determinants of adolescent sexual life]. *Ukrainskyi Naukovi Zhurnal "Osvita Rehionu" [Ukrainian Scientific Journal "Regional Education"],* 1, 196–199. https://uu.edu.ua/upload/Nauka/Electronni_naukovi_vidannya/Osvita_regionu/osvita_region iv_2010.pdf

Kashuba, O. (2011). Alternatyvnyi shliub yak faktor hotovnosti studentskoi molodi do simeinoho zhyttia [Alternative marriage as a factor in students' readiness for family life]. *Ukrainskyi Naukovi Zhurnal "Osvita Rehionu" [Ukrainian Scientific Journal "Regional Education"],* 2, 57–63. https://social-science.uu.edu.ua/article/456

Kennedy, E. (1977). *On becoming a counselor: A basic guide for non-professional counselors.* Crossroad Books. https://www.amazon.com/BECOMING-COUNSELOR-basic-non-professional-counselors/dp/B000RUP5V2

Kočiūnas, R. (1983). Problem of personality in psychosomatic medicine. *Psichologija [Psychology],* 4, 117–132. https://doi.org/10.15388/Psichol.1983.4.9142

Liashenko, N. O. (2021). Suchasni alternatyvni formy shlyubu [Current alternative forms of marriage]. *Visnyk Kharkivskoho Natsionalnoho Universytetu Vnutrishnikh Sprav [Bulletin of Kharkiv National University of Internal Affairs],* 45, 223–230. https://dspace.univd.edu.ua/items/1cd4a804-e487-40ba-9bfd-507c1a276132

Maksymchuk, B., Sarancha, I., Husak, A., Avramenko, O., Kuzmenko, I., Kuzmenko, V., Slyusarenko, N., Chepurna, L., Pankevych, V., Babii, I., & Maksymchuk, I. (2022). Implementing the course "Human Rights" for children with special needs under the changed socio-educational conditions. *Revista Romaneasca Pentru Educatie Multidimensionala [Romanian Journal for Multidimensional Education],* 14(3), 428–443. https://doi.org/10.18662/rrem/14.3/617

Parfan, N. (2015, March 7). Staryi patriarkhat, novyi kapitalizm: hlobalizatsiia intymnosti ta mizhnarodnyi shliubnyi biznes [Old patriarchy, new capitalism: The globalization of intimacy and the international marriage business]. *Spilne [Commons].* https://commons.com.ua/ru/starij-patriarhat-novij-kapitalizm/

Pretzel, P. W. (1972). *Understanding and counseling the suicidal person.* Abingdon Press. https://www.amazon.com/Understanding-counseling-suicidal-person-Pretzel/dp/0687428025

Sarancha, I., Kovinko, M., Maksymchuk, B., Tarasenko, H., Kharchenko, S., Demchenko, I., Dovbnia, S., Rudenko, L., Symkanych, O., Martyniuk, T., Bilan, V., & Maksymchuk, I. (2022). Horticultural therapy course as an educational-therapeutic tool of rehabilitation for individuals with MSDs. *Revista Romaneasca Pentru Educatie Multidimensionala [Romanian Journal for Multidimensional Education],* 14(3), 180–200. https://doi.org/10.18662/rrem/14.3/604

Sarancha, I., Maksymchuk, B., Gordiichuk, G., Berbets, T., Berbets, V., Chepurna, L., Golub, V., Chernichenko, L., Behas, L., Roienko, S., Bezliudna, N., Rassskazova, O., & Maksymchuk, I. (2021). Neuroscientific Principles in Labour Adaptation of People with Musculoskeletal Disorders. BRAIN. Broad Research in Artificial Intelligence and Neuroscience, 12(4), 206-223. https://doi.org/10.18662/brain/12.4/245

Storr, A. (1980). *The art of psychotherapy.* Methuen. https://www.amazon.com/art-psychotherapy-Anthony-Storr/dp/0416602118

The American Psychological Association. (2024a). *Ethical principles of psychologists and code of conduct.* https://www.apa.org/ethics/code

The American Psychological Association. (2024b). *Potential ethical violations.* https://www.apa.org/topics/psychotherapy/potential-violations

The Society for the Scientific Study of Sexuality. (2024). *The SSSS Statement of Values & Expectations.* https://www.sexscience.org/content.aspx?page_id=22&club_id=173936&module_id=412044

Zlobina, T. (2017, December 17). Bilshe liubovi: Politychna krytyka monohamii ta nyzovi praktyky poliamurnosti [More love: A political critique of monogamy and grassroots practices of polyamory]. *Hender v Detaliach [Gender in Detail].* https://genderindetail.org.ua/season-topic/seksualnist/bil-she-lyubovi-politichna-kritika-monogamii-ta-nizovi-praktiki-poliamurnosti-134296.html