Spirituality and Sexuality—When Religious Clients Present for Sex Therapy
By Elizabeth Boskey, Ph.D. | From the June 2015 Issue  AASECT

For some religious individuals, the tenets of their faith pervade all areas of their lives, including what happens in their bedrooms. Sexuality counselors and therapists working with such individuals must therefore engage not just with the individual, relational, and cultural factors causing difficulties in a person's sexual relationships or function, they must also interact with the spiritual. For some clients, conservative religious values cause lifelong problems with shame around sexual issues. For others, they can be profoundly healing. That's why sexuality professionals need to be able to make informed choices about how to interact with a client's religious beliefs and spiritual mentors.

Although an overview of sexuality-related tenets of various religions is presented below, such a general understanding is only a beginning. Religious beliefs vary strongly across cultures and across individuals, and, when working with religious clients, it is critical to investigate how they understand and practice within their faith. As such, sexuality professionals should consider including a spirituality assessment as part of their history taking with clients, asking not just what religion they practice or beliefs they follow but also how religious they are, what ways they engage with their faith, who if anyone they turn to for religious guidance, and what, if any, spiritual or religious education they received during childhood. The last is a particularly important question to assess, as childhood religious training can have profound effects on childhood identity, even for those who no longer actively practice the traditions in which they were raised.

Sexuality in Conservative Religious Traditions

Religious faiths have a wide variety of beliefs and proscriptions around sexual interactions. Although discourses of the conservative Christian denominations in the United States are often sex negative, that is not true for all religions. Judaism is historically a sex-positive religion. Sexual pleasure is seen as a mitzvah, a blessing from God, and sex within the context of marriage is supposed to be pleasurable for both husband and wife. It is a private pleasure, one that may be seen as difficult or inappropriate to discuss outside the confines of the marital relationship, family home, or religious school, but it is a pleasure that is highly valued in religious teachings. In fact, sexual pleasure is seen as so critical to the success of a marriage that husbands swear to provide sexual pleasure to their wives as part of the wedding ceremony (D. Ribner & Kleinplatz, 2007), and lack of marital satisfaction is one of the few acceptable grounds for divorce among religious Jews (D. S. Ribner, 2004).

On the other hand, Judaism's sex positivity is not without restriction. Orthodox Jews are not supposed to have sex outside of marriage, and there are historical settings in which the presence or absence of a sexual relationship defines marriage. In addition, there are specific proscriptions around sex for married Orthodox Jews. The most commonly discussed rules are those that determine when sex is permitted, forbidden, or encouraged. For example, husbands are not supposed to touch their wives during the week they are menstruating or the week after, not until they have been cleansed in the mikvah—a ritual bath. Sexual relations are also forbidden on Yom Kippur, the day of atonement (D. Ribner & Kleinplatz, 2007).
In addition to these temporal restrictions on sex within the marital relationship, there is also a very important behavioral restriction that sex therapists working with Orthodox Jewish clients should be aware of. Depending on their religiosity, Jewish men may be prohibited from ejaculating outside of the vagina (D. S. Ribner, 2004). This can make it difficult for sex therapists to use standard techniques, such as sensate focus, to treat conditions such as erectile dysfunction or premature ejaculation, since these techniques may include a prescription to ejaculate extra-vaginally or be associated with a high likelihood that such ejaculation may occur. However, rabbinical rulings on this topic have not been consistent, and when these techniques are seen as the best way to restore marital sexual function, a couple's rabbi may be open to relaxing ejaculatory restrictions.

Islam, like Judaism, has historically had somewhat complex regulations around sex; however, unlike in Judaism, these regulations do not start from a fundamental religious acceptance of the role of sex in relationships. Instead, they are highly culturally dependent. Dr. Sara Nasserzadeh, a psychosexual therapist in private practice, explains that "In Islam, we argue over everything. People from [various countries] can be practicing under the same name of Islam, but be totally different because of the cultural context. Therapists need to know the cultural context first, then the religion. Culture is everything." As such, even therapists who have worked with Muslim clients from one culture should be careful not to assume they know the beliefs other Muslim clients hold about sex. For example, a Shiite Muslim from Egypt might believe that a nikah mut'ah, or temporary marriage, could be a good way to explore a commitment to a partner, while a Sunni Muslim or a Shiite Muslim from a different cultural background would find such a notion heretical (Inhorn, 2006; Mahmood & Nye, 2013). That said, according to Nasserzadeh, therapists can safely work from the assumption that Islamic faith puts a high value on marital success and that, in treatment, saving the marriage comes first. She explains that, "in Buddhism, they say [sex] is a part of the natural cycle of life but, in Islam, sex is very practical, very functional, because Islam is a very practical religion."

The Interactions Between Sexual Orientation, Gender Identity, and Spirituality

Religiosity and spirituality not only complicate the way individuals and couples express themselves sexually, but they can also pose significant problems for self-understanding. Conservative religious dogma is often aggressively homophobic and biphobic, which can lead to mental health concerns and problems with self-acceptance for gay, lesbian, and bisexual people of faith (Wright, 2014). A lack of tolerance for homosexuality and bisexuality among conservative Christian faiths is well established (Lapinski & McKirnan, 2013). All four schools of Islamic jurisprudence regard homosexual acts as transgressive (Siraj, 2012), and a number of religious Muslim countries severely punish homosexual acts as well as other sexual transgressions (Berkowitz, Cameron, & Johnson, 2013).

Judaism, in contrast, is relatively accepting of homosexuality in all but the most conservative traditions (Abes, 2011; Benaim, 2015). Hinduism also has a historical religious tradition that encompasses loving same-sex relationships and same-sex parenting, although it also has some inconsistent prohibitions against same-sex sexual behavior (Mahn & Watt, 2014; Vanita, 2005). It has been suggested that the historical criminalization of same-sex sexuality in India is more a reflection on the history of British colonization than a reflection of religious norms (Baudh, 2006).
Research suggests that gay, lesbian, and bisexual people of faith generally come to terms with their sexual orientation in one of three ways. Some try to either suppress their sexual orientation or at least refrain from acting on it in order to remain in concordance with the rules of their religion. Others walk away from their religious beliefs in order to live in accordance with their sexual identity. The third group looks for interpretations of their religious beliefs that will allow them to be true to both their faith and their identity. This is sometimes motivated by a belief that their sexual orientation is something their creator gifted them with at birth, and therefore can't inherently be wrong. Such individuals may strongly benefit from referrals to support groups for LGBTQ individuals of faith (Abes, 2011; Gold & Stewart, 2011; Levy & Edmiston, 2014; McGeorge, Carlson, & Toomey, 2014; Siraj, 2012).

Sexual orientation isn't the only aspect of identity complicated by religious belief. In contrast to the relatively broad notions of gender identity conceptualized by Hinduism (Bakshi, 2004; Baudh, 2006), if not always socially accepted in South Asian cultures (Khan et al., 2009; Wieringa, 2010), conservative Judeo-Christian traditions lack clear frameworks for understanding transgender and genderqueer (trans*) identities (Butler, 2012; Fishkoff, 2011; Rodriguez & Pollins, 2012). This can make it difficult for trans* individuals to come to an understanding of their gender. It can also potentially complicate participation in communities of faith where lifelong social and religious roles and obligations are both compelled and defined by gender. In contrast, some Islamic countries are quite aggressively affirming of transgender identities, as long as there is a desire to surgically transition. In Iran, a cleric actually issued a fatwa allowing individuals with gender dysphoria to seek out sex reassignment surgery (SRS) to affirm their gender identity all the way back in 1985. Unfortunately, there is some evidence that, more recently, Iranian Islamic clerics have embraced notions of transsexuality and the use of SRS to reinforce notions of compulsory heterosexuality within the traditionally Islamic country—by coercing homosexuals to construct a heterosexual identity through surgical sex change (Jafari, 2014). As such, Iran's religious policies on SRS have managed to be simultaneously affirming of transsexual (trans*individuals who seek surgical affirmation) identities and abusive of homosexual identities.

Key Concepts for Religious Competency

Developing competency for working with individuals of different religious traditions requires many of the same skills it takes to work with people of any culture other than your own. While it is important to have a general idea of religious factors that may impact the therapeutic process—such as the fact that a therapist should never try to shake hands with an Orthodox person of a different gender—it is even more important to assess individual beliefs to see how they impact behavior. Although this article has focused mainly on Christianity, Judaism, and Islam, developing religious competency is important for working with individuals of any religion. As such, sex therapists should seek out education about any religious prohibitions, or requirements, around sexual behavior in communities where they work regularly. After all, as Nasserzadeh points out, "sometimes [clients] use religion as cultural camouflage. If you don't have a knowledge of the religion, then you can't bypass the excuses." However, even after doing such homework, it remains critical to make certain you are aware that there can be significant differences between religious teachings and clients' beliefs.
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When working to develop cultural and religious competency within a specific community, it can be helpful to network with key stakeholders, both to improve your knowledge and skills and to demonstrate to the community that you are willing to try to work within the boundaries of their religious beliefs. The Reverend Rhonda Baker, rector of Grace Episcopal Church in Goochland, VA, explains that "In order to figure out how any particular community sees sexuality, you need to talk to the leader of that community." Although community norms within a client's religious community will not always align with their individual beliefs, those norms are likely to be informative during treatment.

Another more general aspect of developing religious competency is working to understand and respect an individual's religious beliefs, even when you do not agree with them. Even dogma that a therapist may see as actively causing harm should be seen, wherever possible, in the larger context of an individual's faith. Being able to do this is a key part of respecting patient autonomy (Kellogg Spadt et al., 2014).

It may also be easier for a religious client to address negative consequences of a belief through examining different interpretations of that belief than through being asked to discard it entirely or accept it as invalid. However, such a detailed exploration of religious beliefs may be beyond the skillset of sexuality practitioners. That's why the Reverend Baker suggests that it may be helpful for therapists and other medical professionals to, "find somebody to partner with, find a pastoral counselor who is Jewish or Christian or Muslim, who is comfortable with the idea of our sexuality being part of how we are created." N.—a woman who teaches young brides the laws of Jewish family purity and serves as a shomeret, a type of counselor on religious laws, in her local Mikvah—similarly suggests that therapists working with Orthodox Jewish patients around culturally or spiritually sensitive issues consider seeking consultation from a mental health worker who is part of Nefesh (nefesh.org), a network of Orthodox mental health providers who are well versed in Jewish laws and customs.

Finally, sexual health professionals should try to look for positive aspects of an individual's religious community norms and principles, rather than focusing only on any clear, negative effects. For example, a non-Jewish therapist may find the notion of refraining from sexual intercourse for two weeks to be archaic, but there is some evidence that regularly engaging in that restriction can help couples maintain passion for each other over a longer term by allowing couples to build up sexual tension and reignite their interest in each other on a monthly basis (Turner, Fox, & Kiser, 2007).

Interfacing with Spiritual Leaders

When working with religious clients around sexual health issues, clergy can often be your allies. Even in more conservative sects, sexual intercourse is usually important in the context of marriage. Therefore, clergy may be quite supportive to those providing sex therapy intended to facilitate more frequent, successful, or satisfying marital relationships, particularly if those relationships have the potential to be procreative.
In addition, it can sometimes be helpful to work in tandem with other mental health professionals who already have ties to the religious community of your clients or seek out other community resources. For example, N points out that therapists working with Orthodox women might be able to take advantage of the availability of Yoatzot Halacha. These young women often work with new brides and "are specialists in the field of questions about reproduction and sexuality, issues that young women don't often feel comfortable discussing with their male rabbis." They are trained in Jewish law as well as issues of sexuality and are the go-to resource for young brides with delicate questions about married life.

If a religious individual or couple is experiencing discomfort with a therapeutic recommendation, and there is no reasonably effective alternative, it may be useful for them to seek out support and approval from their clergy. This can either be done by the couple themselves, or they can give the therapist a release to consult with their clergy directly. If the second option is chosen, therapists should be prepared to try and discuss how their therapeutic goals respect and align with relevant religious precepts. For example, working to enable couples to have sexual intercourse is in alignment with the fact that many faiths actively encourage the creation of children. In fact, this is why discussions of sexuality are often an important part of premarital counseling for religious couples. The Reverend Baker says, "When I have couples come to me getting ready for marriage, I very often send them off with a very explicit translation of the Song of Songs and tell them, 'You know, some of the best erotic poetry you're ever going to read comes right out of the middle of scripture… and sometimes a fig isn't just a fig.'"

Ideally, therapists will be able to work with their client's clergy, or clergy whom their clients accept as authority. However, there are some religious communities that are incapable of being supportive of their members' sexuality. In such cases—where an individual's religious beliefs are central to their identity, but their current religious practices are actively harmful to their emotional and physical wellbeing—it may be appropriate to encourage them to seek religious support elsewhere. There are diverse interpretations of scripture within every religion, and there may be safer places for those clients to embrace their faith.

Conclusion

Religion is not inherently inimical to healthy sexuality. Although particular dogmatic issues can certainly pose challenges to both sex therapists and people of faith, being part of a religious community can also strengthen relationships and the sexual bond. It is therefore incumbent upon sex therapists to do the same work around religious competency that they would embark upon to address their discomfort or lack of knowledge around other cultural diversity. That means being aware of one's own internal religious beliefs and biases, actively seeking out knowledge around religious difference, and being open to the idea that following religious doctrine is an expression of client autonomy that should be respected as much as any other.
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Continuing Education Opportunities in Sex & Religion

ILIFF School of Theology in Denver – Certificate in Gender, Sexuality, and Religion

http://www.iliff.edu/learn/your-courses/catalog

A certificate program for religious professionals with a feminist, queer-positive, and sex-positive bent. Individual courses are also available online.

Pacific School of Religion – Certificate of Sexuality and Religion

http://www.psr.edu/certificate-sexuality-and-religion-csr

A full-scale certificate program for religious professionals interested in sexuality, courses can also be taken individually.

The Religious Institute – Online Sexuality Education for Religious Professionals

http://www.religiousinstitute.org/course/

Although these courses are designed for religious professionals, they offer an in depth look at the intersection of faith and sexuality for a variety of religions.

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