In reviewing our work with couples in sex therapy during the past few years, we have noted a striking link between a highly religious upbringing and sexual dysfunctioning, with concomitant resistance to the proven techniques of sex therapy. This resistance encountered in sex therapy is apparently magnified by the watchful superego that devout individuals often develop at a young age. Thus sex therapists should initially address the interface of religious beliefs and attitudes about sexuality, and should incorporate an ongoing discussion of this dynamic into the therapy process. A computerized search of the sex therapy literature revealed a lack of focus on this critical influence on sexual development, with only generalized statements about how religious beliefs affect sexual functioning and, subsequently, sex therapy.

Our experience in treating persons whose religious background is traditionally conservative shows that they tend to lack basic knowledge of sexuality in general. They are also fairly inexperienced sexually, even in regard to self-exploration. Although these limitations on their sexuality seem to be self-imposed, they stem in part from a lifelong lack of openness in the family about sexual matters, as well as from a dominant religious overtone of prohibition and censure.

As do most sex therapy patients, these individuals require basic education about human sexuality. Thus, our treatment methods involve traditional behavioral modification techniques of desensitization and sensate focus exercises [7]. To further inform the patients, we provide educational books [6], [7], [11], [15], and show explicit videotapes [5], [10], [12], [13], [14]. In addition to providing reassurance that enjoyable sexual behavior is acceptable, sex therapists can use biofeedback exercises and relaxation training to help such patients alleviate their acute performance anxiety.

Professionals in the field of sex therapy must develop a set of personal values that is both respectful and non-judgmental. The ethical code of the American Association of Sex Educators, Counselors and Therapists (AASECT) encourages therapists to respect the client’s right to hold values differing from those of the practitioner, and also assigns therapists the responsibility for assessing and working within the client’s values [2]. One value-laden influence on an individual’s sexual behavior that is often overlooked or not emphasized in sex therapy is religion. Yet Bloomfield and Marteau [1] have stressed that religious beliefs significantly influence attitudes about sexuality, and that those who want to conform to a rigid religious code of conduct may struggle to suppress otherwise healthy sexual impulses and desires that do not conform.

Since religion is a very personal aspect of human lives, it is bound to play a
role in determining sexual values and behavior. In fact, Calderone [3] has called attention to the influence that religious institutions have on sex education in all primary and secondary school systems. And developing a scholastic sex education curriculum requires some knowledge of the cultural values of the student population. Gordon and Snyder [4] distinguished between sex and sexuality, defining sex as a biologically based need and sexuality as one’s self-understanding as a male or female and as a means of communicating with other humans.

Similarly, Masters and Johnson ([8], [9]) have noted that a rigid religious childhood background is often associated with many sexual dysfunctions. Although they linked several specific dysfunctions with such a background, they qualified their thesis by stressing that the fault lay in the severely antisexual attitude forced on the child rather than with the religious beliefs per se. To aid couples whose sexual difficulties involve conflict between their religious teachings and values and their human desires and impulses, we often prescribe the reading of the book, *The Gift of Sex* [11].

Religious beliefs may play a strong role in the presenting problem itself, or may become a significant resistance that must be dealt with in the treatment process. More commonly though, religious beliefs seldom play a primary role. Sexually dysfunctional individuals or couples whose problems can be linked to their religious upbringing may not seek sex therapy in the first place, however, because of the overwhelming resistance to taking just this initial step. Such resistance is strong even in persons without strong religious constraints.

Thus the following clinical case examples may shed some light on resistance in general and, specifically, on religious-based inhibitions to seeking and participating in sex therapy. Unfortunately, sex therapists do not practice in an ideal clinical world. People who make an initial appointment for sex therapy often cancel it for no reason. Others will participate in an initial consultation and will establish a therapeutic plan that may not be followed through, or they may begin a therapy process only to drop out of it for no apparent reason. As a result, sex therapists are frequently left feeling helpless because more could have been done if the opportunity had arisen.

**CLINICAL VIGNETTES**

*Case No. 1: Mr. and Mrs. Adams*

A carpenter from a rural area and his homemaker wife were referred by their family doctor for sex therapy after the husband had suddenly become unable to get and maintain erections, resulting in depression and a loss of interest in sexual activity. Both Mr. and Mrs. Adams were in their early forties and reported having had a satisfactory sexual life throughout their 20-year marriage. The precipitating event for the husband’s impotence appeared to be his wife’s revelation that she could only achieve orgasm by fantasizing during intercourse,