Illinois Society for Clinical Social Work

Newsletter

Development through research, advocacy, education, affiliation and action.

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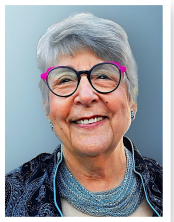
President's Message



Ruth Sterlin

Hello to all of our ISCSW members! Let me introduce myself as your new President. Many of you may recognize my name as our newsletter editor, and veteran members may remember that I served as President a number of years ago. I want to express my appreciation for the opportunity to return to this role, albeit on an interim basis.

The word *interim* goes along with the word *transition*. Truly, the latter expresses where our Board is—in a transitional place of struggles and hard work—but I can assure you that we're up to the job! In light of this, we're already in the process of putting some new and critically important goals on the table.

With the support of our new Vice President, Joe Kanengiser, all of our board members, and, the most recent addition to our board, Sydney James, I hope to provide guidance in preparing for an important shift in focus.

Over the past 40 years, the work of ISCSW has been geared to providing continuing education. The approach has mainly been psychoanalytic, psychodynamic, and relational theory-based, with an eye towards treatment in the office... behind a closed door.

While we will continue to value and educate ourselves to the highest possible clinical practice standards, we are going to add another focus: one based on the social needs *out on the street*. We plan to establish a more equitable distribution of labor, paying attention to both sides of this critical balance. This can happen, because we have a board of professionals at the ready with an uncommon level of expertise. We'll be coming together, each with our own set of skills, to create a blueprint for change: continuing our excellent clinical articles and seminars, while at the same time educating ourselves about how to best include social activism in our ISCSW activities and take a stand on social injustice, deprivation and oppression.

The bottom line is that we can't do it without you! We need *your* ideas about how to proceed towards a better balance in our Society's mission. To work on this huge goal, we need your help to form both committees made up of clinicians who treat individuals, couples, and families in agencies or private practices, *and* committees made up of those with direct experience out in the community working with victims of oppression, injustice and poverty.

This is our plan. Please help us! You can begin by reading our newsletter which has a wealth of clinical material and now features a new column on vital social issues, *Through a Clear Lens* by Kevin Miller (page 2). Then, join with us to promote our Society's social activism. Reach out by emailing us at iscswcontact@gmail.com, by talking to us on our ISCSW Facebook group (see page 3), or by contacting me directly at: rasterlin@comcast.net

Wishing all of us the best in the new year,

Ruth Sterlin

Ruth Sterlin, LCSW
Interim President, ISCSW

Through a Clear Lens

by Kevin Miller

You Cannot Be Competent in Your Clients' Culture

You are not and cannot be competent in your client's culture. This might sound inflammatory to some and may evoke feelings of disagreement, given that cultural competency is in our profession's code of ethics, but I will explain why.

First, I want to define our usual understanding of *cultural competency*. The NASW operationally defines this concept as "the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes." (NASW 2015; Davis & Donald 1997) At face value, cultural competence sounds great—to be able to understand and factor in individuals' and groups' knowledge, background, beliefs, and culture into your practice to optimize the effectiveness of your services.

Cultural Competence is Not Enough

However, despite the widespread use of this idea throughout social work education and practice, many have begun to question the usefulness of cultural competence because of the growing understanding that social workers cannot ever be truly competent in another's culture (Greene-Moton & Minkler 2020). "Competence" is criticized for implying a top-down, "expert-driven" approach, with one entity or group deciding what content and benchmarks should be used to evaluate competency for other groups to which they have no personal connections. Cultural competence has also been critiqued for being too binary—one is either competent or incompetent and either equipped or not to work with members of a particular group (Chaves 2018). Another major problem with the idea of cultural competency is that it suggests culture can be reduced to a technical skill for which social workers can be trained to develop expertise (Kleinman & Benson 2006), as if a client's culture can be learned and practiced.

Cultural Humility as an Alternative

As an alternative, this notion of cultural competence has evolved into a concept called *cultural humility*, which adheres to a more nuanced conceptualization of culture and is increasingly embraced by scholars and practitioners across disciplines (Greene-Moton & Minkler 2020). Cultural humility was introduced by Tervalon & Murray-Garcia (1998) and is defined as, "a lifelong commitment to self-evaluation and critique, to redressing power imbalances... and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations" (p. 118).

One of the main differences between cultural competence and cultural humility is that the former is generally understood to have a discrete endpoint and to be measurable, while cultural humility is a process that focuses on shared power, communities and relationships, critical self-reflection, and an understanding of how societal power imbalances impact the therapeutic alliance (Tervalon & Murray-Garcia 1998). While there are aspects of cultural competence that are valuable, such as placing an emphasis on communication and active listening, cultural humility captures many of these benefits but frames these practices as a lifelong process, rather than a benchmark. It is unrealistic to think that a social worker would ever be able to develop and draw from a truly comprehensive repertoire of cultural insights and apply it during any given client's time of need. Instead, we should focus on practicing cultural humility, which helps form meaningful relationships with clients guided by empathy and a sense of one's limitations (Tervalon & Murray-Garcia 1998).

Engaging in the Cultural Humility Process

But how do we engage in the process of cultural humility? Tervalon & Murray-Garcia (1998) argue that "at the heart of cultural humility is an ongoing, courageous, and honest process of self-critique and self-awareness" in order to "identify and examine one's own patterns of unintentional and intentional racism, classism, and homophobia" (p. 120). The first step in this process is to think consciously and critically about one's own, "often ill-defined and multidimensional cultural identities and backgrounds" (Tervalon & Murray-Garcia 1998, p. 120). Ideally, social workers could form small groups to help cultivate cultural humility, including participating in group discussions and reflections

and receiving directed introspection into interactions with clients. If joining a group is not possible, it is important to practice reflective journaling where you can write and think about interactions with clients, and how your own background and beliefs impact and interact with your clients' culture. Tervalon & Murray-Garcia (1998) argue that recognition and respect for "others' cultural priorities and practices are facilitated by such initial and ongoing processes that engender self-knowledge" (p. 120). The goal here is to develop traits like empathy, attentiveness, and vulnerability through honest, critical self-interrogation. Above all, it is important to keep in mind that cultural humility is a "way of being," not necessarily a skill measured by benchmarks and competency metrics. It is our duty as social workers to approach our clients with cultural humility and the acknowledgment that we can never truly hold expertise in their ways of being, their belief systems, or in their culture.

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Join us on Facebook!

Illinois Society for Clinical Social Work

We are pleased to offer an official ISCSW Facebook networking group!

While ISCSW is a professional society with numerous benefits to our membership, this free Facebook group is a resource for *all* clinical social workers and allied professionals in related fields, *regardless of ISCSW Membership status!* Current ISCSW members are highly encouraged (but not required) to join.

The group can be found and joined here:
facebook.com/groups/479562163386829

Our goal in offering the group is to foster a space for Illinois clinical social workers, students of social work, and students/professionals in related fields who are looking to connect with other social workers or adjacent professionals, grow our skill sets, and explore challenging clinical issues. We hope you will find it a useful resource for networking and professional solidarity.

We are dedicated to integrating clinical concerns with the advancement of social work's focus on social justice, person-in-environment, systems work, political action, and advocacy for social change. We invite you to join us in exploring how ISCSW can support macro social work practice and bring pro-social change to the world.

The group is intended for social work professionals and students and is not open to the general public. As such, it is structured as a *closed group* to ensure privacy and encourage a candid space for networking and clinical growth among social workers and other related professionals in Illinois. We do welcome you to join if you work in a related field and share social work values, even if your formal training is not in clinical social work directly.

Joining a closed group means that your name will be visible as a member, but the content of your contributions (comments and posts) will only be seen by fellow group members.

Feel free to share this resource with others who could benefit from joining—we would love to have them in our community! If you have any questions, please reach out on Facebook to one of the administrators of the group, or email us at:

iscswcontact@gmail.com

Book Review

by Bill Kinnaird

The Resilience Recipe: A Parent's Guide to Raising Fearless Kids in the Age of Anxiety

by Muniya S. Khanna and Philip C. Kendall (2021)
186 pages

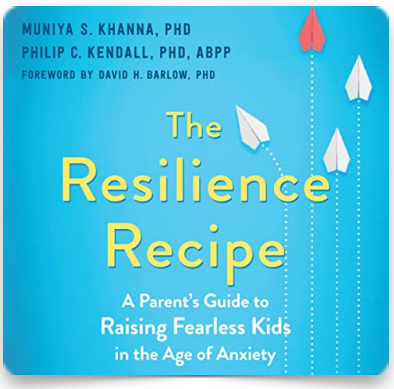
This little 186-page book is amazing! It amazes because it is so helpful and clearly written. While I am not well-versed in the vast genre of parental guidance literature, this book must be among the best. It can be a useful resource and tool for any psychotherapist working with parents who have children, or the psychotherapist who is a parent, or just any parent. It can be an especially valuable supplement in the treatment of a parent with an anxious child.

I first encountered author Philip C Kendall when he spoke about "Implementing Action-Oriented Treatment for Youth Anxiety" at the UIC Department of Psychiatry Grand Rounds in March 2022. As a "therapeutic mentor" to a 12-year-old boy who is a ward of the state in residential placement, Dr. Kendall's approach to parenting children and youth made great sense to me. His presentation emphasized the quality of the relationship. Checking his publications to learn more, I found Dr. Kendall has published over 800 articles and books. Is that possible? His co-author, Dr. Khanna, is likewise well published.

The authors base their approach on CBT principles employing their easy-to-remember prescriptive acronym, FEAR: "F" is for feeling, primarily fear or anxiety; "E" is for expectations of negative outcomes that are thought or imagined; "A" is for action based on a considered re-evaluation of the thoughts or expectations associated with troubling feelings; and "R" stands for results or rewards prompted by acting on less dire expectations or thoughts than previously associated with troubling feelings. The authors maintain that anxiety and fears develop into reinforcing cycles, while learning to gradually overcome them is also self-reinforcing.

About troubling feelings – anxiety and fear – the authors note that humans like animals are hard wired for fight or flight, but quite simply many situations we face may not justify fight or flight response, and a thoughtful, reasoned consideration may be approached. The authors discuss how a child's reaction to any situation is a result of his/her biological predisposition, past learning, and the current situation. The fight or flight response is part of our basic biological make-up. In other words, one tends to avoid things that make one anxious or fearful.

It sounds too simple, but the authors really bring their approach home by devoting a chapter to each of the aspects of the FEAR formula. They explain how aspects of FEAR are based on CBT and learning research. Each chapter has a section on "Conversation Starters" with vignettes to help the reader imagine what and how to speak with children and youth. Helpful hints and fun games are suggested. The authors share their personal experiences as parents and as clinicians and consider different scenarios about feelings and expectations. They discuss the expectations of parents and clinicians as they try the FEAR approach. I believes readers will come away from this book with a good sense of the kind of relationship that is most helpful to the child or youth.



Original Clinical Article

Presence and Pleasure:

A Biopsychosocial Treatment of Recovery from Purity Culture

by Krista Wilson, MA, LPC

Introduction

"I grew up in the Purity Culture of the 90's," a growing number of clients tell clinicians with pain visible in their eyes, and dread as they realize they are going to have to explain the significance of *Purity Culture* and the ways they are afraid they hold internal brokenness. Or, perhaps a client presents with strong religious beliefs, and their connection with their body is tenuous and/or harsh, and they seem to be averse to pleasure. As more people reach out for the support of therapy due to their "deconstruction process (Pew Research Center 2022)," there is a growing need for awareness around the effect of high-demand religions on sexual development, particularly for those who experienced adolescence from within these structures and the restrictive programming of their belief systems. Work by the Pew Research Center (2022) is finding that more people are leaving high-demand religion earlier in their lives, creating "the deconstruction movement," wherein those leaving are breaking down their assumed beliefs and faith-community-centric lives to build something authentic to them.

This article will offer a foundational overview of the sexually challenging beliefs of high-demand religions, in particular the movement of Purity Culture which sprang to life in the late 1980's, whose beliefs are still active in communities today. I do not suggest that religion itself is the problem here. Even having grown up in an evangelical context myself, I believe, and have since experienced, that religious beliefs can be presented in ways that do not necessitate the shame and fear-based behavioral control and "*us* vs. *them*" mentality that defines high-demand religions. Based on my own lived experience and work with clients as an individual, couple, and sex therapist, I offer a biopsychosocial method to begin treatment for clients who believe subconsciously or otherwise that sexual experience, including a masturbation practice, is dangerous or even life threatening. It is so easy with these clients to feel and impose hindsight bias. I find myself often wishing I could time travel back to the moments they were offered shame and fear instead of trusting, self-and-others connection, and stand over them with a bullhorn, demanding grace and space to learn and grow in the beauty and horror of the most human of all seasons: puberty. However, the ability of the human system to heal and expand is hopeful and powerful here, and there are important areas we can guide clients toward in the safe space of therapy. While these beliefs were centralized in white, evangelical America, they were also funded by our government for a time and permeated the wider culture as well.

In this article, I will define the Purity Culture present in many white evangelical communities by its political origin, underlying beliefs, and the resulting symptoms and sexual challenges faced by presenting clients. Then I offer the affectionately termed "starter pack" of a biopsychosocial treatment for clients hoping to reclaim their sexual relationship with the self and with safe others.

While certainly not all religious experience results in sexual challenges, many clients who experienced adolescence within these belief structures are reporting dissociation, acute fear and shame, and other varied symptoms of PTSD as they attempt to connect with themselves or safe others sexually. In her powerfully validating expose, *Pure* (2018), Linda Kay Klein sets out the first description of this phenomenon, later confirmed by many others:

> *I began to piece together an epidemic that I have not been able to turn away from since: evangelical Christianity's sexual purity movement is traumatizing many girls and maturing women haunted by sexual and gender-based anxiety, fear, and physical experiences that sometimes mimic the symptoms of PTSD. Based on our nightmares, panic attacks, and paranoia, one might think that I and my childhood friends had been to war. And in fact, we had. We went to war with ourselves, our own bodies, and our own sexual natures, all under the strict commandment of the church (p. 8).*

Due to a lack of knowledge of how deeply religious fear can be seated in the subconscious, well-meaning clinicians will often suggest typically safe sexual explorations that may increase shame and fear for the recovering client. Clients identify being asked about trying to watch pornography, increase their sexual experience, or begin the use of sex toys before the clinician has held space for how the client's system will react to those behaviors. This often results in severe self-judgment and fear of death, temporal or eternal. The techniques I offer and have used in my own healing and in practice with clients are a tender but powerful starting point in allowing clients' wounded and exiled sexuality new space to thrive and expand.

Original Clinical Article (continued)

At the outset, it is vital to address a particular underlying belief that affects the client's ability to see how they hold sexual health and experience. Many clients who grew up in high-demand religions experienced an early and severe disconnection from their intuition, usually related in some way to a doctrine of sin or need for internal distrust. While alienation from the true self is not abnormal in our institutionally racist and consumerist society, in other cases the clinician might ask clients to look inside for their most authentic self and behaviors. However, those who grew up in these particular structures have been discouraged, judged, or even humiliated for trusting themselves in tandem with or above their trust in the teachings of scripture, elders, parents, marital partners, and peers.

The first vital step toward healing for a human system developed within high-demand religion is to begin to believe and practice that there is a life force within them that can be trusted to guide and act for their deepest good. Some of them will have been told that their heart is evil or deceitful, as in the Bible (Jeremiah 17:9-10) and unable to be understood, thus they will not automatically connect to authenticity or intuition and may even believe it evil to experiment with attempts here. Marlene Winell (2011) describes Religious Trauma Syndrome, showing that clients who experienced this type of disconnection with self, especially early in their development, present much like other clients with C-PTSD:

> *Religious Trauma Syndrome is the condition experienced by people who are struggling with leaving an authoritarian, dogmatic religion and coping with the damage of indoctrination. They may be going through the shattering of a personally meaningful faith and/or breaking away from a controlling community and lifestyle. RTS is a function of both the chronic abuses of harmful religion and the impact of severing one's connection with one's faith. It can be compared to a combination of PTSD* and *Complex PTSD (C-PTSD).*

Regular exposure to the belief that there is something intrinsic and inseparable inside the client that is deeply bad and subconsciously working against them results in lack of autonomy, initiative, self-worth, and compromised ability for the self to feel confidently expansive in the world. Foundationally, there is an internal attachment wound, much like survivors of a particular, traumatic experience receive. Before jumping to the more specific wounding of sexual challenges, it is the necessary, powerful first step for clients to begin to develop and experience *self-trust*.

While some clients will need targeted and trauma-informed sex therapy, I hope to offer clinicians a way to begin guiding clients toward safe connection with their bodies and that of their partner(s), tools to focus the mind into the present moment and the senses, as well as techniques to help build the deliberate authority and self-trust which allows the client to determine for their recovering soul a philosophy of humanity and sexual relationship that can offer joy, presence, and ecstasy.

Purity Culture and Sex Negative Beliefs

Political Background

While sex positivity and religion may seem to have always been a bit at odds, our current cultural moment is actually quite unique. *Sex acceptance* might be a better way to express the way religious people have held sexual experience. The desire for and perceived honor of having children has been an important motivation for sexual acceptance in the churches of the past. While to 'lay back and think of England,' as coined in the 1912 journal of Lady Hillingdon (referring to the widespread cultural phenomenon of enduring sexual experience within marriage for the sake of childbearing and national dominion), was all too familiar among the white colonizing forces of yesterday and indeed in white, Christian nationalism today, it wasn't until the late 1980's – early 90's that the American government under Reganism began funding sex education in schools as an answer to the AIDS panic of the day. In response to this, the group Moral Majority founded Abstinence Only Sex Education and campaigns such as the Southern Baptist Convention's "True Love Waits (Rosenbaum 2013)." This flooded churches, religious schools, and the wider culture with sex-negative beliefs, including an overriding fear that premarital sex, or sex with multiple partners would surely result in contraction of Sexually Transmitted Infections (STIs—or more likely, the outdated and stigmatizing label of STDs), that would in turn result in death (NCAC 2021).

One of the effects of these beliefs was that as the Gardasil vaccine against the spread of HPV became available to young women, clients report turning it down because they believed that both they and their partners would stay committed to a monogamous, life long relationship (Touyz 2013). It is heartbreaking to consider so many young people risking cancer in the zeal of religious conviction, especially as the data on sexual experience in communities of high-demand religions does not match this idealized one-partner-for-life aspiration (Rosenbaum 2013). In summary, the

(cont. page 8)

Calling All Writers!

ISCSW is looking for contributing writers! Regardless of your level of experience with writing, we believe that if you are a clinician in the field, you have something worthwhile to say... and our Newsletter is an excellent place to say it!

If writing a full Clinical Article is not your preference, we invite you to submit a review of a book or professional journal article, or to express your opinion on cultural competence issues.

We are also looking for writers to continue our ***Reflections*** column as a regular part of our ISCSW Newsletters, where members of our social work community can share thoughts about their work. These brief and informal essays can be related to the hardship of the pandemic, the transition back to in-person treatment, or any other issues relevant to our work. Many of our members have shared how much they appreciate hearing about colleagues' experiences. We welcome essays varying in length from two paragraphs to two pages. Short or long, we will always find them of interest.

In addition to the satisfaction of sharing your knowledge and opinions, you will have the opportunity to work with seasoned editors to facilitate your writing process, and to see your work featured in our striking new Newsletter design.

Please get in touch at **iscswcontact@gmail.com**
for more information about submitting your writing.

American government began funding abstinence-only sex education in the height of the AIDS panic, and the resulting sexual landscape for those raised in largely white, evangelical America has been PTSD, various sexual challenges, and deep psychological disconnection in the self and in relationships.

Underlying Beliefs

In their book, *Advancing Sexual Health for the Christian Client*, Dale & Keller identify the three consequences of this flood of negative ideology within religious clients: sexual guilt and shame, sexual dysfunction and dissatisfaction, and problematic sexual behaviors (pp. 52-63). Writers such as Linda Kay Klein and online communities growing around "the deconstruction movement" on Instagram and TikTok have painted a clear picture of the social effects of such beliefs as well. Due to the intense focus on morality and behavioral fear, those assigned female roles in these communities tend to believe themselves temptresses whose bodies are "stumbling blocks" for their brothers, fathers, and close friends. The male-assigned believe themselves to be a sort of sexual monster, incapable of not lusting after women they are supposed to be loving and respecting. As Dale & Keller (2019) point out, these beliefs lead to more problematic sexual behaviors, not less, as the leaders of the political and religious movements concerned might have hoped for. For our clients, the beliefs also lead to deep distrust and disconnection within the human system, further reason to view the self as desiring destruction and death for the client and their close others. It has also now been widely accepted that the cultural movement to decrease infection by decreasing sex has simply been ineffective, notwithstanding its ethically and scientifically problematic approaches (Society for Adolescent Health 2017).

Unaware of the larger cultural context of the reactionary shaming response to the AIDS epidemic, children and adolescents who were raised in the 90's in high-demand religions believed that any sexual experience, sometimes including masturbation, demarcates them as unholy or insufficiently righteous to be pleasing to God and their elders. This is illustrated well by a common practice adopted by men's groups within these communities as a response to experiencing attraction, religiously termed "lust," for the female body. Young men were told to practice the "eye bounce." They were taught that the first time they notice a body they find attractive and experience lust is not their fault. It is the now infamous "second look" that is where they have stepped over the internal line into sin (Stoeker 2002). The amount of shame and fear this belief led to is hard to fathom; uncountable young men walking the halls of their Christian, Catholic, and Mormon high schools, or even their homes, believing that they've committed sin against their "sisters in Christ" by experiencing a natural and healthy attraction.

Of course, "eye bouncing" does not actually address the objectification of the female body, does not allow meaningful space for the young man to understand his desires and attractions, and does not allow his sexuality to take up a meaningful and safe home inside of him. Attempting to overpower his biology, he rejects it, exiles it, and thus, his sexual self becomes an isolated but alluring source of fear within him. He does not grow to allow his sexual attraction to become part of how he holds another whole person, learning to see the complete body, mind, and heart of a woman. This level of severe compartmentalization has led some within the deconstruction movement to note marked parallels between these sex negative beliefs and their effects, and the underlying beliefs and effects of rape culture (Owens 2020). The female stays an objectified, meek and vulnerable, sexually neutral or negative source of pleasure and/or sin. The male is an uncontrollable, unaware, and destructive force feigning love and respect to obtain his true desire: mentally and emotionally disembodied, disconnected sexual experience, which usually means simply unceremonious intercourse.

This also led to the heartwrenching and distressing exercises in youth groups across these communities whereby a rose or piece of tape was passed around the group. The rose or tape, or similar fragile object, was meant to represent a young person, whole and unblemished by premarital sex. Each student would take a petal or stick the tape to their clothing to prove that sexual experience denigrates a person. With each sexual experience, they lose their shine, their purpose, their value. By the end of the exercise, a rose is just a stub of thorns, the tape covered in lint—no longer sticky and effective. Youth pastors will argue that it is meant more metaphorically, but female virginity is thus presented clearly as a precious gift to be protected, which makes sex a thing that is taken by the male, leaving the female "less than" as a result. The male learns that his natural desire to be intimate with someone he loves destroys her. This is only one example of the ways these beliefs harmed the development of the self and the sexual self of the clients now seeking therapy. The deliberately hyperbolic language in these descriptions is true to my own experience, and echoed by many others.

I do not have the heart or time here to relate their stories, but I point interested readers to *#ChurchToo* (2021) by Emily Joy Allison, as well as the resources referenced this article, *Pure* (2018) by Linda Kay Klein, and *Shameless* (2019) by Nadia Bolz-Weber. I recommend these as resources for the understanding of clinicians, but also as validation for clients, as many will feel alone and afraid as they first begin to grapple with these issues in the light of awareness. Another helpful resource for more "real-time" support and online community solidarity are Instagram accounts such as @deconstructingpurityculture and @ericasmith.sex.ed — both of which provide resources and healthy next steps, as well as a much-needed sense of community for the healing journey. As clients begin therapy with me, I also point them to the new Bible of sexual experiencing and normalization: *Come as You Are,* by Emily Nagoski. An open discussion of this book is a wonderful place to start for those who grew up within these subsets of our culture.

Clinicians will note that clients who present to therapy from these spaces are found to be sexually young or extreme in their practices and beliefs. Many clients, after committing to marital relationship (often very early in life), are set up for grief when their sexual experience within the marriage is still dissociated and painful, or if there is general lack of immediate sexual chemistry. The belief that "true love waits" places so much pressure on the marital bed and on sexual performance—pressure and performance being two ingredients accepted within the sex therapy community as powerful killers of blissful sexual experience (Richmond 2021). Couples will present to therapy with very normal sexual challenges, but with a very young emotional experience of feeling entitled to sexual bliss without development of skills or knowledge, because they have *waited*. They feel they are failing each other and are failures within themselves, when in fact they are experiencing very normal, human sexual challenges. Purity Culture takes the normal and pathologizes it, making "issues" where there is actually a very well-trodden path of ubiquitous, human experience.

Purity Culture is neither new nor relegated to this particular moment in the late 80's – early 90's in the United States, but as these beliefs do not hold up to their experience, more and more clients are presenting to clinicians internally young, desperately afraid, and urgently concerned that they are broken somewhere deep within. It is worth noting that I am largely speaking here of the experience of white, cisgender and heterosexual folks. There are black, indigenous, and other people of color (BIPOC), as well as gender non-binary (GNB), trans, and queer people who grew up in these spaces with their own courageous and even more deeply layered healing journeys, given the parts of themselves they were compelled to exile. As a white, queer, non-binary therapist, I know some of this experience, but I work to hold extra space for rage and grief with my clients who were asked to "lop off" deep and meaningful parts of their identity—in particular, those who were asked to pretend that the color of their skin did not affect their experience as children of God, while it so obviously, painfully did. The traditional gender language used in this article reflects the beliefs and experiences of many in these communities, and painfully excludes many other experiences of the beautiful, diverse human condition.

Presenting Symptoms and Sexual Challenges

As clinicians, we know that our clients present in a myriad of individual, attachment-influenced ways. That being said, there is a template of the most common symptoms and sexual challenges clients from high-demand religions report as they attempt to expand and ground their sexual experience. In proposing a biopsychosocial treatment of this phenomenon, I will present the challenges in the same structure. Clients from the context of high-demand religions who have experienced the tenets of *purity* as the main container for their sexual development, and who have struggled to feel embodied and relaxed while experiencing pleasure, may experience various trauma responses such as dissociation or a freeze state. They often experience common sexual dysfunctions, such as erectile dysfunction or vaginismus (now called genito-pelvic pain), as the nervous system registers sexual experience as inherently threatening. Psychologically, and of course interrelated to their biological responses, these clients report experiencing immense fear and shame. They experience more reasons than most to self-enforce mental disconnection from their sensual experience and become unable to stay sexually present. Many believe themselves "addicted" to pornography. Even when married, sex still can feel like a 'think of England' chore to check off the marital list which neither is supposed to enjoy, something to white-knuckle through for an unsatisfying, brief burst of male pleasure and the hope of children. Even more fraught, the belief that the male is taking something precious from the female or even taking a part of her *self* is very hard to unlearn simply because of a ceremony of promises.

Additionally, clients are experiencing deep and fearful social disconnection in their relationships, as the self and the other are viewed as failures for having natural responses to the beliefs that have been condi-

tioned. If a male partner is particularly emotionally stunted, he may believe himself entitled to fantastical sexual experiences with his chosen and *waited-for* bride. The entitlement hides a crashing wave of guilt and shame for normal sexual desires which, if rejected, may ferment into something problematic. If the female partner is particularly emotionally immature, she may accept a Victorian idea that sexual experience is pleasurable for her partner, and a necessary inconvenience or duty to perform as a faithful wife—and to become a mother. She may have experienced years of unacknowledged sexual trauma responses, which will need to be tenderly and slowly brought to awareness, desensitized, and healed. Clients also struggle to develop new authentic, humanizing beliefs about sexuality and life which are different from those they have been conditioned to believe through scripture and by their elders. They will present with awareness that what they are experiencing is not working, but may fear that a religious and philosophical chasm may open up before them if they admit that their dysfunction and beliefs may be connected.

It is important that they know these things need not be mutually exclusive. Dale express this beautifully by differentiating "embedded vs. deliberative theology (Dale 2019, p. 40)," where embedded beliefs are a code presented and internalized, but unquestioned, while deliberative theology allows for "asking why" and creating an authentic experience of faith, while also holding space for human experience as a central building block in the determination of what of the embedded gets to stay. Clients will often be afraid that if they question the embedded they will end up with nothing, or else this may be another area where the programmed, survival-based fear of death (temporal and eternal) is activated. These clients can be guided toward a safe exploration of what feels best for them to hold onto, given their experience and hope for their own good, pleasure, and presence in the world. Dale & Keller (2019, p.5) lay out the conflict here, stating that clients will hold fast to the beautiful beliefs that:

- God is good.
- God is love.
- Their body belongs to them.
- God knows their heart enough to see that committed and present sexual experience can be good, even outside the bond of marriage.

While also holding contrary beliefs, such as:

- God hates gays.
- God is a jealous and vengeful judge.
- Their body belongs to God and to their spouse.
- Premarital sex is wrong.

Clients now embark on the hopeful if at times overwhelming path of building a philosophy of humanity and human sexuality that could actually incorporate their experience, rather than constantly judging those experiences as lacking or even evil, through the lens of their embedded beliefs. They will sometimes express learned helplessness here, because it is scary and disillusioning to have a system so rigid and developmentally defining begin to unravel. They need us to be there and to hold them while they rebuild, ground, and eventually begin to expand into a life where their natural sexuality can truly feel like home.

Biopsychosocial Hope

There is so much hope for normalization and healing that can result in pleasure, ecstatic connection, and individual and/or partnered sexual bliss. Clients need to be assured that it is a slow journey, despite the pressure and urgency they may be feeling, and that as we slow down, rewrite, and reconnect to the senses, the human system works wonders in acts of self-and-others love and presence. Our bodies need to be safe, present, and slow to connect to pleasure. Our minds need our own and others' acceptance and a regular practice of the mindful, psychosexual skill of melting into the senses. Our social, connective self needs the loving authority to deliberately develop an accepting philosophy of human sexuality, including the ability to meet each person in our sphere of experience as a whole being, as we need to be met: mind, body, soul — always, every time. As Winell (1993) writes,

> *In conservative Christianity you are told you are unacceptable. You are judged with regard to your relationship to God. Thus you can only be loved positionally, not essentially. And, contrary to any assumed ideal of Christian love, you cannot love others for their essence either. This is the horrible cost of the doctrine of original sin. Recovering from this unloving assumption is perhaps the core task when you leave the fold. It is also a discovery of great joy – to permit unconditional love for yourself and others (p. 1).*

Biological Healing

The stitching up of these various wounds in the client's biology is simple, but requires regular practice. Such a powerful reconditioning will feel anything but simple to navigate. To experience sexual pleasure, the human body needs two things: (1) internal and external safety, and (2) the ability to connect and stay connected to the present moment. Whereas pressure and performance are the killers of sexual desire, presence and the giving and receiving of pleasure are the generators. One of my own missions as a professional and as a human is to disavow any advice

to clients that they white-knuckle their sexual experience any further than they have already. That they no longer 'push through,' 'just have more sex,' or engage in anything sexually that doesn't make total, sensual sense to them or feel like a fluid expression of their true self.

At the nuanced practice where I work (Evanston Relational Psychotherapy), under the stalwart guidance of Certified Sex Therapist Amy Steinhaur, LCSW, we walk clients through a discussion and assessment of Braun Harvey's Principles of Sexual Health. As sex education for these clients was determined by government programs encouraging abstinence only, they will need to be guided in how to build and develop sexual safety in their current partnerships or as they seek new relationships and sexual connections. The six principles are: consent, non-exploitation, honesty, shared values, the practice of safer sex, and mutual pleasure. For a more in-depth discussion of these vital principles, I point clinicians toward Harvey's excellent work: the Harvey Institute (theharveyinstitute.com) is a wonderful resource to accompany a relational conversation about these principles within the safe space of therapy, and provides a powerful antidote to the ways sexually dysfunctional beliefs are embedded in the first place—often by the conversations and teachings of thought-to-be-safe elders, leaders, and parents.

For safety in the body, which allows connection to the present, sex therapists look to the revolutionary touch exercise of Sensate Focus, a mindfulness practice which brings the focus of the protective brain to luscious information being received by the senses (Weiner 2017, p. 8). I believe that a safe practice of Sensate Focus needs the guidance of a trauma-informed sex therapist, as we are able to normalize experiences as the client(s) faces anxieties while becoming more and more bodily present and courageously vulnerable. However, for the purposes of this introductory overview, clients leaving or redefining the beliefs of high-demand religions are often encouraged to jump into a world of sexual exploration, and there is a critical need for them to be offered a slow, soft, shameless space for sexual self-knowledge and exploration. Sensate Focus espouses two important, supportive beliefs:

(1) *...arousal, pleasure, enjoyment, and relaxation are emotions, and emotions are physiologically-based natural functions that, by definition, are not under direct, voluntary control. Trying to make them happen, or trying to prevent them from happening, is the single most common psychological cause of sexual dysfunction (Weiner 2017, p. 58).*

(2) *Our culture, and certainly high-demand religion, presents sex and even masturbation as other-focused. Clients will describe sexual experience as "good or bad" based on the responses of the other and what happened to and for their partner(s). Clients will describe their masturbation practice as entirely centered on the erotica they engaged with or the toy they enjoy most. While other-focus is not at all bad, and is needed for mutual pleasure, Sensate Focus posits that blissful sexual experience arrives when the client is able to 'become lost in' or 'melt into'* their *own sensual experience* [author's own words].

To summarize, the practice of mindful presence for powerful, sexual connection to the self and others, Sensate Focus teaches that the "forcing" or "trying harder" to experience or not experience arousal is the problem itself. Blissful, connective sex cannot be forced; it is surrendered and relaxed into. Blissful, connective masturbation cannot be forced, it is mindfully, lovingly attended to. Clients can begin by soft, sensual full-body self touch—at first avoiding the genitals altogether to allow for simple connection to the senses. It is there that they will find a natural space of deep knowing and intuition connected to self-pleasure. Then, the self must be central in knowing and experiencing. Clients can tenderly begin to explore their connection to their bodies and senses, with the power of the information that this is good for them and good for their partner(s). Only they can know and communicate their experience, and this is a vital part of generative masturbation and sex. In his informative book, *Arousal*, Bader illustrates the need for a healthy level of sexual selfishness, or "ruthlessness" as he has termed it, in the pursuit of the goodness of mutual pleasure:

> *Popular wisdom has it that sexual desire is most passionate in the context of an intimate relationship with someone we love. Unbeknown to most people, however, the relationship dimension of sex is only half of the story. Sexual excitement also requires that we momentarily become selfish and turn away from concerns about the other's pleasure in order to surrender to our own, that we momentarily stop worrying about hurting or rejecting the other person. We need to have the capacity to "use" another person without concerns that the other will feel used. When I refer to "using" another person, I am not talking about actually disregarding the feelings of the other but about a quality of relatedness in which the other person does not need to be taken care of and, thus, can be taken for granted. "Using" the other, then, means one is not obligated to worry about the other's pleasure and can surrender to one's own selfish excitement without guilt or burdensome feelings of responsibility (p. 33).*

Psychological Healing

Bader's work flows naturally into the two initial stitches of healing that are needed in the psychology of the client. First: I consider the Narrative Therapy technique of Reparenting a powerful way for the decon-

structing client to begin to rewrite moments when fear and shame were embedded in relationship to sex and masturbation (which I now sanctify by terming 'erotic self-love practice'). Second, the client must be allowed space to rewire the subconscious code which says that a wider sexual experience and a regular masturbation practice is unnatural and should be met with dread and self-punishment.

Reparenting is gaining acknowledgement in the movement of the Holistic Psychologist (LePera 2021) as a powerful way for the self to head back into moments of the past, identify unmet needs or unhelpful messaging, and offer the adult of the present and inner child of the past what was truly needed, or a *new* message offering humanity, truth, and self-soothing. As I walk with clients through moments when they were given shame and fear when they deserved the normalization and comfort to courageously explore, I ask them to identify three times when their sexuality was shamed or coded as something they might lose, or mis-use for self and others' destruction. With each memory (usually a conversation with a parent, a youth group exercise, or another experience), we follow a four-step process that allows them to see in no uncertain terms the effects of the old beliefs and the transformation that the new can bring.

First, the client identifies the moment and the underlying belief present, e.g.; "*We passed around the rose at youth group. I took away the belief that sex outside of marriage means I am less valuable, dirty, and haven't honored the gift of my/my partner's virginity.*" Next, I ask the client to identify the overall emotions present as they internalized this belief. It is often something like, "*I felt shame, fear, and an inauthentic sense of superiority that makes me squirm to think about now*." Third, I ask the client what they would like to tell this younger version of themself now, with all they presently know about God and people. They will often respond along the lines of, "*I'd want me to know that God is and his people are supposed to be* love*, that there is space to grow and be human, that sex is powerful connection and that it is good. Also, having or not having sex doesn't define my worth in any way*." Fourth, I ask them to imagine spending time with their younger self and telling them what they need to hear. I ask what emotions are present as they do: "*I feel so much sadness for them because I know how scared they are. I feel rage that I was vulnerable and impressionable, and this is what I was told about my worth. I feel hope because maybe things could really feel different for me now*."

Then, as the client begins to rewrite their beliefs and honor their emotions, as well as hopefully practice erotic self-love in a sensually present way, they will typically notice an autopilot shame and/or fear response to fantasy, orgasm, and sexual experience. Here, the tender mindfulness practice continues as the client must actively soothe and attend to the younger, coded self. As much as sudden uprooting of belief and experience would be so satisfying, this is a healing process. It is slow and deliberate and so very empowering, and imbues the self with trust and worth. We are working to reconnect the disconnections to self and others that were embedded in childhood and adolescence. It will feel uncomfortable at first, and clients need to know that this should be expected so they can greet the impulse to turn on themselves for following these new practices with acceptance and warmth and redirection. It is to say to the self, "*Yes, of course I feel ashamed post erotic self-love. I was taught that my sexual experience is for the fulfillment of the other. It's ok and understandable to feel the shame for a moment, but I don't believe that anymore, so it is so good that I honored my need and desire for pleasure*." I have also found it helpful for folks from high-demand religions to know that they are not alone in their experience of sexual shame or guilt. In fact, the work of Bader expresses that we all carry some amount of worry when attempting to experience pleasure, deeply related to our attachment template and wounding (2017, pp. 24-29). These clients experience an unfortunate double-down on a ubiquitously human reality.

Social Healing

Finally, we consider the effect of the deeply compartmentalized underdevelopment of the sexual self in these spaces, paired with an oft-found white-supremacist focus on physical perfection that leads to disembodied perception of the other and disconnected sexual experiencing. Unexamined sex is usually defined by performance, pressure, and a search for perfection – all detriments to blissful sexual experience. Clients need to be led to conversations about the acceptance of the self and the other as a whole and present being: mind, body, spirit. Richmond, in her book *Reclaiming Pleasure* (2021), defines a need for attunement to the self and the other to facilitate connective sexual experience, expressing that embodied sex is intentional and present.

> *A lack of attunement, and thus a lack of connection, often boils down to a singular focus on performance. Worrying about performance is where connection unravels. Settling into pleasure is where connection tethers. Fear of judgment about your body, what it looks like, smells like, tastes like, and sounds like, as well as concerns about your sexual abilities, including how long you'll last, what feats you can pull off or positions you can achieve, can prod you out of the present and pleasurable moment! Performance lives out there, beyond what is happening in the here and now (pp. 135-36).*

It will need to be normalized that clients may find themselves very "in their heads" in self-and/or-other judgment and missing the pleasure of the moment. It will also need to be normalized that as they begin to engage sexually from a less restrictive place, almost entering a second adolescence, they may find it easier to have disconnected sex due to the intensity of the message around the binding of souls that they were given in these high-demand communities (as in the Bible: "the two shall become one flesh," Matthew 19:6). However, they will typically begin to notice something lacking and desire deeper sexual experiences, without retreating to the beliefs of the past. Here the studies of Kleinplatz & Menard (2007) are helpful as they worked to interview and gather qualitative data from people across all sexual diversities and found what they call the "building blocks of optimal sexuality." Optimal, blissful sex is marked by:

- Being present, focused, and embodied.
- Connection, alignment, and being in sync with the self or partner.
- Deep sexual and erotic intimacy.
- Extraordinary communication, and heightened empathy.
- Being authentic, genuine, uninhibited, and transparent.
- Transcendence, bliss, peace, transformation, and healing.
- Exploration, interpersonal risk-taking, and fun.
- Vulnerability and surrender (Kleinplatz & Menard 2007).

These, along with Harvey's principles (mentioned above), will be a safe container for authentic and less restrictive sexual connection to the self and to others. It may seem impudent, but the truth is that these clients will need reminders that they and the other are not mere vessels of child bearing, nor there to take from each other, almost as machines. Parts of them will be aware that this was not ever the case, but the conditioned parts of them will still operate as though sexual experience is a strange transaction between disembodied spirits, required but never relished. I am so heartened by how much possibility can open up before these clients as they rework and rewrite what they have been given. I believe this happens most effectively and powerfully in safe, trauma-informed, therapeutic relationships. All of the things that were fearful and hidden become normalized, deepened, expanded, and loved.

Conclusion

Given recent changes in American culture and the political landscape of the recent past, more and more clients are presenting to clinicians grappling with Purity Culture and deconstruction of their beliefs or their faith. While these clients are on a larger healing journey of rebuilding autonomy, initiative, and self-trust, many of them report differing levels and experiences with sexual dysfunction, sexual aversion or anxiety, or symptoms of PTSD. This struggle can be tenderly held by clinicians as an opportunity to offer safe and slow connection to the body and to pleasure, a safe space to rewrite the conditioning of these programmed beliefs, and a powerful place to redefine the human as a whole and present being and sex as intentional and connective. I believe that more pleasure and connection comes hand in hand with more thriving and vitality in individuals and in communities. Our human system is collectively desperate for more embodiment, more presence, and more connection to others and to joyful pleasure and bliss. Making sex safe and fun serves us all.

Krista Wilson, MA, LPC, NCC, is an integrative, trauma-informed, and relational psychotherapist whose practice includes Emotionally Focused individual and couple therapy as well as tenets of Existential and Systems modalities. Krista is an interdisciplinary thinker and scholar with degrees in music, theology, and most recently a Masters in Clinical Counseling from Adams State University in Alamosa, Colorado.

With four and a half years of clinical experience, Krista lives in Chicago and works at Evanston Relational Psychotherapy where clients are counseled through challenges at the intersection of Sex Therapy, Trauma Therapy, and EFT Couple Therapy. Krista's style is warm, wise, and active, while maintaining humble curiosity and the belief that the client is the expert on their experience.

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Meet Our Board

We welcome our new Cultural Competence Chair!

Sydney James, LCSW, is a psychotherapist and clinical supervisor in her private practice, Black On Black Therapy PLLC. Sydney works with adults of color, LGBTQIA+ clients, and highly sensitive persons through a neurodivergent-affirming lens on trauma, anxiety, and healthy relationships. She serves immigrants and their families by providing mental health evaluations for immigration cases.

Sydney is passionate about helping others expand access to mental health and wellness services. She provides professional consultation to clinicians and organizations on business building, serving diverse populations in clinical practice, and staff development. She also provides employee wellness services to organizations and offers training and workshops on select mental health and diversity and inclusion topics.

Sydney is a two-time alumna of the University of Illinois at Urbana-Champaign. Previously, she worked as a school social worker in Chicago Public Schools and as a school-based counselor for Youth Guidance.

Sydney is honored to be joining the board as Cultural Competence Chair.

Open Board Positions

ISCSW is currently working on several new projects, and we are looking to add new board members who are interested in and excited about the mission and goals of our Society.

The Illinois Society for Clinical Social Work is a professional organization that advocates for the needs of social workers in direct practice settings, and acts as a resource by promoting the professional development of our members through political action, advocacy, education and affiliation.

In the past, the ISCSW played a major role in the passage of the legislation that provides licensure for Clinical Social Workers in Illinois. Our organization also helped pass important amendments to mental health care laws, including: third-party reimbursement, changes in the Juvenile Court Act, the Crime Victim's Compensation Act, the Mental Health and Disabilities Act, the Unified Code of Corrections, and the Adoption Act.

Participation on the board requires a social work background and academic degree, monthly attendance at our board meetings (see below) and the willingness to spend an additional 1-3 hours per month on work for our board. Benefits include networking opportunities, promotion of your own work/practice, board experience for your CV, and free attendance at our educational events.

If you would like to be a part of steering and shaping the organization through this new era of leadership and development, we are looking for new board members to fill the following positions, spanning a variety of interests and skill sets:

Student Liaison (to be filled by a social work student)

Newsletter Editor **Membership**

Education

In normal times, the board meets in-person on the third Tuesday of every month in the Lakeview neighborhood of Chicago, from 7:30 to 9PM. In the time of COVID, we have been conducting our meetings safely online via Zoom. Either way, our meetings are both fun and productive. If you are interested in gaining board experience or have questions, please contact Ruth Sterlin at **(630) 951-1976** or **rasterlin@comcast.net**

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Illinois Society for Clinical Social Work

Board Members

A number of Board positions are currently open for application!
See page 15 for details.

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