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## SEXUALITY AND RELIGION

Krystal M. Hernandez, Annette Mahoney, and Kenneth I. Pargament

Although sexuality and religion or spirituality often are perceived to be opposing spheres of life, both are at the core of human nature and relationships. Sexuality encompasses attitudes and behaviors about sex that are shaped by cultural norms. As a primary facet of culture, religion influences sexual beliefs, standards, and conduct (see Chapter 6, this volume). Religious institutions also promote, more broadly, the significance of interpersonal relationships, whether with the divine, members of a congregation or spiritual community, spouse and family, or larger society via evangelization, altruism, and other social responsibilities (see Volume 1, Chapter 10, this handbook). Furthermore, major religious traditions and recent research feature sexuality as a path by which many individuals experience the divine or sacred

(Christopher & Sprecher, 2000; S. L. Jones & Hostler, 2005). Recent theoretical and empirical work in the psychology of religion also has emphasized the concept of *relational spirituality* to help bridge the search for meaningful relationships (including sexual) with the search for the sacred (Mahoney, 2010, 2013). Sexuality and religion thus are not so drastically contrasting subjects given their mutual focus on intimate relationships. Indeed, these are two complementary and deeply intertwined domains.

This chapter presents theory and research that addresses the interface of religion, spirituality, and sexuality. It reviews key theoretical perspectives on sexuality and religion as well as teachings on sexuality promoted by the major world religions. It also provides a critique of selective empirical findings on the effects of general religiousness and spirituality

on adolescent and premarital sexuality; contraceptive use; abortion; exposure or attitudes toward risky sexual behavior, including HIV/AIDS; marital sexuality; infidelity; lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations; and sexual abuse. This review emphasizes the need for researchers to integrate stronger conceptual models of religiousness and sexuality, and to broaden and deepen their range of measures of religiousness and sexuality, methods of analysis, and participant pools to capture more fine-grain results and cultural diversity. This chapter utilizes emerging theory and research on the sanctification of sexuality among college students and newlyweds (Hernandez, Mahoney, & Pargament, 2011; Mahoney & Hernandez, 2009; Murray-Swank, Pargament, & Mahoney, 2005) to illustrate a relational spirituality approach that will guide advanced research in this area. Last, clinicians may be asked to address clients' issues related to sexuality and spirituality. This chapter includes case examples delineating issues that arise commonly in psychotherapy regarding this interface of religion and sexuality.

Existing theory and research present varying definitions of religion and spirituality. This chapter uses Pargament's (2007) conceptualizations of religion and spirituality. Specifically, religion is defined as the search for significance in ways related to the sacred. Spirituality is defined as a search for the sacred that includes the discovery, maintenance, and transformation of individuals' approaches to the sacred across their life span (Pargament & Mahoney, 2009). Although the search for the sacred occurs frequently within an institutionalized religious context, it also

can unfold outside of a traditional religious setting. Research involving sexuality tends to rely on a handful of general measures to assess the multifaceted, complex, and overlapping domains of religion and spirituality, such as affiliation, frequency of service attendance, frequency of prayer, and other private religious activities, and the self-rated importance of religion and spirituality (Barkan, 2006; Cobb Leonard & Scott-Jones, 2010; Lefkowitz, Gillen, Shearer, & Boone, 2004; Lucero, Kusner, Padgett, & Mahoney, 2010; Pargament, 2007). Later, the chapter provides a critical analysis of these measures of religion and spirituality.

### MAJOR THEORETICAL PERSPECTIVES ON SEXUALITY AND RELIGION

In contrast to other sociological or psychological theories of human functioning, psychoanalytic and evolutionary perspectives stand out in their efforts to provide an integrated discussion on sexuality and religion. Scientific investigation of sexuality was initiated primarily by Sigmund Freud (DeLamater, 1981; Duddle, 1988; Freeman, 1988). Although Freud developed a theory of psychosexual development and sexual motivation within his psychoanalytic framework, he also posited religion as a means to control sexual expression. Childhood was a critical period for Freud, as it signified when individuals first express sexuality. According to Freud (1927/1961b), religiousness was rooted in the Oedipus complex and the child's relation to his or her father. Namely, although infants feared their fathers, they depended on them for protection; as they grew older, a parallel process occurred as they transferred their dependency needs to god(s) as ultimate fatherly figures (see Volume 1, Chapter 14, this handbook). Religious ideas thus were viewed as infantile wish-fulfillments (Freud, 1927/1961b, 1930/1961a). In addition, religion was believed to control society because it served to regulate individuals' natural impulses toward sex and aggression. Notions regarding religious guilt about sexuality are rooted in this self-regulatory function of religion and pervade modern society (Murray, Ciarrocchi, & Murray-Swank, 2007). Despite this pessimistic or inhibitory emphasis, Freud also entertained the idea that religion derives its energy from an "oceanic" (1930/1961a,

p. 11) feeling, one of a sense of limitlessness and connection with the external world. In fact, contemporary researchers have explored how sexuality connects individuals to a dimension of existence they perceive as sacred (Hernandez et al., 2011; Mahoney & Hernandez, 2009; Murray-Swank et al., 2005). Nevertheless, Freud remained reductionistic in his argument that religion is little more than a means to help people cope with anxiety about sexuality, or as an illusion for the psychologically weak (Freud, 1930/1961a, 1927/1961b; S. L. Jones & Hostler, 2005; McCary, 1978).

Evolutionary theory also strives to integrate discussion of sexuality and religion. Sex is a basic need, an activity that is necessary to populate the world and provide a sense of connection (Buss, 2002; S. L. Jones & Hostler, 2005). Buss (2002) pointed out that religious doctrines regulate sexual conduct. For instance, religion is seen as a mechanism for building affiliation and choosing a long-term mate. It is believed that religious values about marriage and sexual fidelity, particularly when spouses share these values, facilitate greater marital and familial stability, which in turn provide a healthy context for producing offspring that thrive and survive. Nevertheless, evolutionary perspectives operate at the population level, not at the level of dyadic relationships. Evolutionary theory adopts a narrow stance on religion, seeing it as one means to the end of mate selection. Partners may choose each other on the basis of religious similarity to initiate their bond, but the evolutionary model suggests that deeper religious or spiritual reasons for having sex are not prevalent. A study of 1,253 undergraduates from the University of Texas (Meston & Buss, 2007) supports, for example, that students rated the desire to feel closer to God among the least frequent reasons for having sex. The authors recognized, however, that the desire for sex on the basis of religious or spiritual reasons may be a fundamental or "cardinal motivation" (Meston & Buss, 2007, p. 499) for some religious subpopulations.

Although this section attends chiefly to psychoanalytic and evolutionary models, it comments on social control theory as an extension to understanding sexuality and religion. Social control theory explains that religious or spiritual communities promote specific, shared values about sexuality that

foster conformity when one is part of such a group and engender guilt or shame when one deviates from the norms of that group (Hardy & Raffaelli, 2003; Rohrbaugh & Jessor, 1975). Thus, a person befriends others within this religious community—whether through regular attendance at worship services, youth or support groups, study groups focused on sacred text, or other fellowship activities—and is more likely to comply to the norms (including sexual) set by that community, or otherwise experience rejection. The idea that religion is a powerful mechanism for conformity was promoted by Durkheim (1915/1947) and echoes Freud's (1927/1961b) idea of religion as a mechanism for social control. Moreover, religion is an important pathway for socialization and strengthening social bonding through its communal activities, particularly because individuals seek guidance from and are compliant to the groups to which they belong (Barkan, 2006).

In summary, psychoanalytic and evolutionary theories are two popular models that tend to reduce sexuality to biological or survival mechanisms. But, by failing to capture the multidimensional role of religion in shaping sexuality, these models impede a relational understanding to sexuality. This chapter presents a more integrative framework than these two theories and addresses more fully the diverse ways that religion, for better and worse, intersects with sexuality.

### Traditional Religious Teachings on Sexuality

Both Western and Eastern religions tend to restrict procreative activity to marriage, and this emphasis maps on to the functions of sex highlighted by classical sociological and psychological models of sexuality. A deeper look into major world religions, however, illustrates that many teachings do, in fact, contradict popular notions that religion solely inhibits or attaches shame to sexual expression. To highlight first the former religious teachings, Christianity and Judaism emphasize the reproductive purpose of sex. Christianity maintains that sexual intercourse within heterosexual marriage is intended for procreation and bonding (Gardner, 2002). Jewish beliefs about sex also link intimately its purposes for repro-

duction and sexual pleasure in a marital context (Turner, Fox, & Kiser, 2007). Noted limitations are placed on marital sexual expression, as all mainstream religious traditions in America prohibit infidelity (Cochran & Beeghley, 1991). To highlight, Christianity prohibits sexual behavior that threatens the marital bond, such as adultery (DeLamater, 1981). Within Judaism, sex is understood as a “God-given impulse that is normal, healthy, good, intended, and commanded within a heterosexual marriage” (Turner et al., 2007, p. 296). Given the emphasis on sexuality within a committed, heterosexual, marital relationship among these major religions, premarital and extramarital sexuality is viewed nearly universally as sinful and prohibited. Religious institutions also have understood homosexuality to be a desecration of the sacred (Fontenot, 2013; Pargament, 1997). In recent decades, however, traditional religious teachings about homosexuality have been challenged. Many Christian groups (e.g., Episcopal, Presbyterian, Lutheran, United Church of Christ) and progressive Jewish groups affirm sexuality in the context of committed same-sex relationships. Still, debates within religious groups about the kind of relationship within which sexuality is optimal and permissible undoubtedly will continue to unfold.

The world's major religions, however, do not merely attempt to constrain the relational context in which human sexuality is expressed to ensure offspring's survival, reduce the anxiety of sexual partners, or protect the broader societal order. Instead, religious teachings also speak to sexuality's potential as a means to enhance a committed couple's union. According to many Christian denominations, marital sex represents God's love and presence, unites the couple to God, and is holy and sacred (Gardner, 2002; Lauer, 1985). Taoism, Hinduism, and Buddhism are three main Eastern religions that bridge the gap between sexuality and religion (Turner, Fox, & Kiser, 2006). Taoism promotes spiritual expression through sexual expression and satisfaction. Taoism asserts that two people in sexual union become united with the divine. Hindu and Buddhist traditions include philosophies such as the Kama Sutra, which state that sexual love involves all senses in addition to one's intellect and spirit (Turner et al.,

2006). Tantra has Hindu origins and teaches that sex is elevated and unites the forces of the universe as a reflection of the divine (Turner et al., 2006). Many Buddhists also view sexuality as a profound religious truth and path toward spiritual enlightenment (S. L. Jones & Hostler, 2005). In combination, these traditions articulate ways that religious beliefs and values about sexuality can connect individuals to their own sense of self, each other, and the divine.

## REVIEW OF SELECTIVE EMPIRICAL FINDINGS ON THE ROLE OF RELIGION ON SEXUALITY

This section reviews empirical research on the role of general religiousness and spirituality on adolescent and premarital sexuality, risky sexual behavior, contraceptive use, abortion, marital sexuality, infidelity, LGBTQ populations, and sexual abuse. Some research evidence indicates that certain religious teachings function to limit sexual activity for various populations in ways that are consistent with psychoanalytic and evolutionary theories of sexuality. These findings are mixed, however. This review highlights the need for a more extensive framework that addresses the multiple functions of religion and incorporates the key relational and spiritual purposes of sexual expression.

### Adolescent and Premarital Sexuality

Perhaps the largest body of research on the interface of religion and sexuality addresses adolescent sexuality (see Volume 1, Chapter 15, this handbook). The conceptual models used to guide these studies present religion as functioning in an inhibitory manner that resonates with a general psychoanalytic perspective. These models imply that religion may be a resource that could protect teens from risky sexual activity. Recall, too, that the major world religions do not condone premarital sex. Given the negative consequences linked to teens' sexual activity, such as unwanted or unplanned pregnancy and sexually transmitted infections (STIs; Hardy & Raffaelli, 2003), policy makers and health professionals are interested in determining whether religion may be one potent factor that could help some adolescents develop a balanced, healthy approach to sexuality. In

fact, in a recent meta-analysis on adolescent sexual behavior, Lucero et al. (2010) found that religion tends to be one of a host of protective factors (e.g., academic performance, parental or peer attachment, family structure or dynamic) included in larger studies centered on preventing premarital or risky sexual activity. As we shall see, related findings are decidedly concentrated on the initiation and frequency of sexual intercourse and less on the range of sexual attitudes, beliefs, and behavior.

Initiation of sexual intercourse and number of sexual partners. Research supports that greater religiousness is consistently, but weakly, associated with less sexual behavior among adolescents (Lucero et al., 2010). With respect to the timing of first sexual intercourse, more frequent attendance at religious services delays the age of first sexual intercourse (Haglund & Fehring, 2010; Hardy & Raffaelli, 2003; Lefkowitz et al., 2004; Murray-Swank et al., 2005; Thornton & Camburn, 1989; Uecker, 2008), even after controlling for demographics, satisfaction with family relationships, social desirability, peer sexual norms, religious affiliation, personal freedom, pledging abstinence, and number of sexual partners among ethnically diverse samples (Cobb Leonard & Scott-Jones, 2010; Regnerus, 2007). More specifically, among adolescents attending high schools throughout the United States, each unit increase in attendance of religious services and youth activities, and in perceiving that religion was important, reduced the likelihood of sexual initiation by 12% to 16% (Rostosky, Regnerus, & Wright, 2003). In a study of more than 500 Latino teens and young adults ages 15–22 years ( $M = 18$ ;  $SD = 2$ ), Edwards, Fehring, Jarrett, and Haglund (2008) reported that those who viewed religion as very important were 23.4% less likely to have had sex compared with those who did not view religion as important. Other research has found family religiousness (e.g., parents' beliefs and participation in practices, frequency of family participation in religious activities) delays the onset of adolescents' sexual intercourse (Haglund & Fehring, 2010; Manlove, Logan, Moore, & Ikramullah, 2008). Another study sampling heterosexual, never-married college women found that those with fundamentalist religious beliefs were the

least likely to engage in premarital sexual intercourse (Davidson, Moore, & Ullstrup, 2004).

With respect to the number of sexual partners, a recent national survey found that adolescents and young adults ages 15–21 years ( $N = 3,168$ ;  $M$  age = 18) who believed that religion is very important to them, attended religious services more frequently, took a virginity pledge, or held religious attitudes on sexuality also reported having fewer sexual partners compared with those who did not meet these criteria (Haglund & Fehring, 2010). Consistent with the findings on virginity, more religiously active youth were 27% to 60% less likely to have ever had sex than less religiously active youth (Haglund & Fehring, 2010). As part of a larger national study, L. Miller and Gur (2002) sampled 3,356 adolescent females ( $M$  age = 16 years;  $SD = 2$ ; 59% Caucasian) and reported that religious service attendance in the past year, fundamentalist religious beliefs, and personal devotion (i.e., frequency of prayer, importance of religion) all were associated with a decreased number of sexual partners in the past year. Studies using older, college-age samples reported that the belief that premarital sex is wrong accounted for close to half of the inverse relationship between general religiousness and number of sexual partners (Barkan, 2006; Beckwith & Morrow, 2005).

These cross-sectional findings raise the question of whether religious factors are tied to lower rates of adolescent sexual behavior over time. To date, longitudinal findings suggest that the link between religiousness and sexuality is unidirectional, such that greater religiousness predicts relatively lower levels of future sexual activity, but greater sexual activity does not necessarily lead to lower religiousness (de Visser, Smith, Richters, & Rissel, 2007). For example, Hardy and Raffaelli (2003) found that 15- to 16-year-old adolescents who reported high religiousness were significantly less likely to report sexual experience 2 years later than those who were less religious (i.e., importance, frequency of service attendance). In contrast, the teens' transition to sexual activity between Time 1 and Time 2 did not predict religiousness in the way religiousness predicted sexual behavior. These authors suggested that some third variable may be responsible for the high importance placed on religion and the subsequent

delay in first sexual intercourse (Hardy & Raffaelli, 2003). Another longitudinal study found that married adults who attended religious services weekly or more during their teen years, compared with those who never attended, were eight times more likely to abstain from sex until marriage (Uecker, 2008). Uecker's (2008) study, however, also found that only 21% of individuals who regularly attend religious services wait until marriage to have sex, compared with 8% of those who attend on a semi-regular basis. Such high base rates of premarital sex by the early to mid-20s may help explain why some studies report nonsignificant results between adolescent religiousness and subsequent premarital sexuality. For instance, studies using a total religiousness score (i.e., summing ratings for frequency of attendance and importance of religion in terms of beliefs, practices, and application to daily life) report no significant association with adolescents' experience of sexual intercourse, age at first intercourse, or contraceptive use (Cobb Leonard & Scott-Jones, 2010).

In summary, research supports that higher religious involvement lowers the odds of sexual activity among adolescents. More frequent participation in religious activities means greater exposure to messages about the sanctity of marital sexuality that teens then may internalize, as well as more opportunities for them to interact with same-age peers who may share similar values. Despite these connections, however, the majority of adolescents throughout the spectrum of religiousness (i.e., no religious affiliation or involvement to moderately religious to highly religious) engage in sexual activity. Cobb Leonard and Scott-Jones (2010) recently cited that about 40% of high school students nationwide are sexually active, and reported in their own study of high school seniors ( $N = 118$ , 16–19 years old) in Boston that 67% already had sexual intercourse. These percentages are roughly similar to past findings (see Regnerus, 2007) that indicate that 53% and 68% of 13- to 17-year-olds who attended church weekly or monthly, respectively, reported having had sexual intercourse. In addition, 56% and 73% of teens for whom religion was "very important" or "fairly important," respectively, had sex by the time they were 18 years old. Among college students, Burdette, Ellison, Hill, and Glenn (2009) found that

undergraduate women attending a Catholic college or university ( $N = 919$ ) were actually four times as likely to hook up, or have a casual physical encounter, compared with those in secular schools. The authors suggested that the Catholic Church does not invest as much into youth ministry and education as do conservative and mainline Protestant churches, and thus Catholic youth may rebel against what they perceive to be institutional constraints (Burdette et al., 2009).

Researchers have yet to delve into intriguing questions of why religious teens are sexually active or how they may reconcile their faith with their sexual behavior. More religious teens who engage in sexual intercourse seemingly would be at risk for developing spiritual struggles, as they are making decisions and engaging in behavior that are at odds with their religious community's teachings and potentially their own religious or spiritual beliefs about sex. Consider, too, the possible repercussions from sexual activity that may amplify spiritual discord, including an unplanned or unwanted pregnancy, a sexual partner who refuses to marry, and STIs. Subsequent sections address research on these topics. The lowered odds of having sex by religious involvement do not mean necessarily that individuals are conforming to the teaching of "no premarital sex."

#### Risky sexual behavior and contraceptive use.

This chapter broadly defines *risky sexual behavior* as premarital sex among teens, an early age of sexual initiation, unprotected sexual activity, or multiple current sexual partners. Overall, studies that explore psychosocial factors (e.g., HIV knowledge, parental influence, peer norms, formal or parental sexual education) tied to risky sexual behavior rarely include religion or spirituality. We present some exceptions of studies that attend to the impact of religiousness on attitudes toward contraception, teen pregnancy, and HIV/AIDS. This research using adolescent and adult samples includes mixed findings as to whether religiousness is a protective factor against sexual risk behaviors (Haglund & Fehring, 2010; Gillum & Holt, 2010). Specifically, religious affiliation and service attendance appear to play varying roles in the prediction of communication about and engagement in risky sexual behavior.

Findings generally suggest that once the religious rule of "no premarital sex" is broken, particularly for adolescents, religion paradoxically increases their risky sexual behavior.

L. Miller and Gur (2002) reported that more frequent service attendance was correlated with greater anticipation of contracting HIV or getting pregnant from unprotected sex, and with more responsible and planned use of birth control. Only personal devotion, measured by frequency of prayer and importance of religion, posed a risk against being sexually responsible, in that those who indicated more personal devotion were more likely to be exposed to unprotected sex and more likely to allow males to direct birth control usage. This finding highlights how service attendance, rather than more private religious behavior or perceptions, connects an individual directly to that institution's religious doctrine and proscriptions regarding premarital sexual activity. Moreover, adolescents who are highly religious and sexually active may be less likely to use contraception because their sexual behavior is unplanned (Adamczyk & Felson, 2008). In a study by Davidson et al. (2004), undergraduate women with the highest level of religiousness, measured in terms of service attendance, were the most likely to use less effective methods of contraception and to hold the most conservative attitudes toward all forms of sexual activity (i.e., vaginal, oral, anal sex).

Certainly one risk of unprotected sex and having several current, sexual partners is the contraction of STIs, including HIV and AIDS. Research on the role of religiousness in preventing STIs yields unexpectedly mixed findings given that religiousness tends to delay the onset of sexual activity and number of sexual partners. In some instances, researchers have reported that religiousness may increase or decrease risky sexual behavior. McCree, Wingood, DiClemente, Davies, and Harrington (2003) reported that African American female youth between the ages 14 and 18 years who were more involved with religion via attendance, prayer, and spiritual discussion groups, engaged in less sexual risk-taking; had more positive attitudes toward condom use; and were more likely to communicate about STIs, HIV, and pregnancy prevention with their partners. In a rather unique study, Dowshen et al. (2011) explored



protective factors against risky sexual behavior among transgender youth, particularly male to female youth. They questioned whether religiously based protective factors would generalize to LGBT youth, including this subpopulation of transgender youth, noting the extent to which they may feel isolated from religious or spiritual communities that promote beliefs in conflict with their gender or sexual identity. Among a sample of 92 transgender women ( $M$  age = 20.4;  $SD$  = 2.19; range 16 to 25 years; 58% African American), participation in religious practices such as service attendance and reading scripture was found to decrease the likelihood of HIV risk and other sexual risk-taking behavior (e.g., multiple partners, unprotected anal sex, sex work).

In other research (Lefkowitz et al., 2004), college students ( $M$  age = 21;  $SD$  = 2; range 18 to 25 years) who more frequently attended religious services had less fear about HIV, primarily because this represented a group that is less likely to engage in premarital sexual activity. Although it may seem counterintuitive, however, those students who adhered to their religion more closely were less likely to believe condoms could prevent negative outcomes such as pregnancy or an STI. Finally, in a national survey with 9,837 individuals ages 15 to 44 years (Gillum & Holt, 2010), men with more fundamentalist beliefs, nondenominational Protestants, and other non-Christian denominations were reported to have greater risk for HIV and AIDS (i.e., self-reported sex- and drug-related risk factors) relative to mainline Christian denominations. Interestingly, any religious affiliation was protective for women regarding sexual risk factors (Gillum & Holt, 2010). The authors linked these denominational differences among men to social class and ethnicity, and we also suspect that these religious groups may provide less discussion or guidance about safe sexual behavior and practices either because they prohibit premarital sex (e.g., fundamentalist) or may provide strict abstinence teachings that offer few specific guidelines about safe premarital sexual practices (e.g., nondenominational).

Researchers also have started to examine how religion affects an STI diagnosis among adults, such

that people turn to religion or spirituality as a coping resource, or experience an STI as a source of spiritual struggle and perceived conflict (Hampton, Halkitis, & Mattis, 2010; Trevino et al., 2010; Tsevat et al., 2009). Among Caucasian and African American participants experiencing various stages of HIV/AIDS (Cotton et al., 2006), higher levels of religiousness and spirituality were found among individuals diagnosed with HIV and AIDS, and such levels correlated with improved health outcomes (Cotton et al., 2006). Despite an increase in spirituality after their diagnosis, however, Caucasian participants felt more alienated from their religious communities than did African Americans (Cotton et al., 2006). Longitudinal analyses support that those participants scoring high on positive religious coping experienced improvements in well-being over time, whereas those scoring high on spiritual struggle experienced declines (Trevino et al., 2010).

Given the cultural significance of religion and spirituality to the African American community, and that African Americans are disproportionately at risk for HIV/AIDS and STIs (Landor, Simons, Simons, Brody, & Gibbons, 2011; Wilson, Wittlin, Munoz-Laboy, & Parker, 2011), a growing body of research addresses how African Americans diagnosed with HIV/AIDS use their faith to cope. Overall, scholars argue that more work should be done within Black churches to respond to both the HIV/AIDS crisis as well as to members who also identify with the LGBTQ community. In a qualitative study of 10 African American, Christian, gay men with AIDS between the ages of 38 and 53 years living in New York, many maintained key roles within their church (R. L. Miller, 2007). Their churches may have offered HIV/AIDS prevention and education while simultaneously denouncing same-sex behavior. Some men described integrating their religious and sexual identities, others tried to or were unsuccessful in reconciling their sexual orientation with religious messages about homosexuality, and a few described continuing to participate in their religion but choosing to depersonalize sermons or other discussions about homosexuality. Additional qualitative research (Seegers, 2007; Wilson et al., 2011) illustrates how some gay men with HIV never disclose their status at church for fear their pastor and congregation would

reject them if they knew they were gay and had HIV, but they attend church regularly and find various religious and spiritual activities satisfying, such as volunteering at church, teaching Sunday school, leading Bible study groups, and praying (see Volume 1, Chapter 22, this handbook).

**Abortion.** Although abortion is a controversial topic not limited to adolescent sexuality, this section highlights related research on abortion attitudes and behavior. Some of the most common reasons that women and teenage girls, in particular, have an abortion include the desire to postpone childbearing, the desire to not disrupt education or employment, lack of support from the father, and lack of financial means to support a child (Bankole, Singh, & Haas, 1998). More broadly, women ages 18–29 years who are unmarried, Black or Hispanic, and economically disadvantaged report higher rates of abortion (Adamczyk, 2008; R. K. Jones, Darroch, & Henshaw, 2002).

Several studies address religious and other factors that make abortion less likely to occur. Looking solely at religious young women, those who are involved actively in their faith are less likely to have premarital sex, and thus they are less likely to become pregnant outside of marriage, which is the most common context for aborting a first pregnancy (Adamczyk, 2008). Conservative Protestant women also tend to be among the most prolife when compared with mainline Protestants, Jews, and Catholics. Consistent with this prolife orientation, conservative Protestants who conceive out of wedlock and do not marry the father are less likely to get an abortion and more likely than women of other denominations to place childrearing as integral to their identity and above academic or career aspirations (Adamczyk, 2008; 2009; Adamczyk & Felson, 2008). If these same prolife women become pregnant before marriage and carry to term, however, they face possible shame from their peers, family, school, and spiritual community because of their decision to be sexually active and thus violate religious proscriptions against premarital sex (Adamczyk, 2008).

Interestingly, religion begins to have less of an effect on the abortion question if women perceive

high opportunity costs to having a child, such as related social, financial, and health factors (Adamczyk, 2008; 2009). Sahar and Karasawa (2005) summarized a series of studies demonstrating that Americans vary greatly in terms of their position toward abortion, noting that approval ratings depended on the perceived health of the mother (e.g., whether in danger) or child (e.g., serious birth defect), the mother's marital or socioeconomic status, the mother's desire for children, the mother's level of responsibility (e.g., sexual assault, contraceptive use), and the rater's level of traditional beliefs about family and sexuality. The authors reported that greater religiousness (e.g., greater prayer and religious service attendance; also see Adamczyk & Felson, 2008), political conservatism, and belief in traditional gender roles predict less approval of abortion. Strickler and Danigelis (2002) also pointed out a change in the past three decades regarding factors that predict abortion attitudes, specifically that individuals' attitude toward sexual freedom and the belief in the sanctity of human life have become stronger than religiosity itself in predicting abortion attitudes.

In terms of limitations of this body of research, we were unable to locate studies on the role of religion and abortion decisions by adult, pregnant women, or mothers who have had at least one child. Furthermore, most studies examine *attitudes* toward abortion, and scarce research addresses the impact of religion on abortion *behavior*, even though this is an often-underreported activity (Adamczyk & Felson, 2008). Lastly, research on abortion by pregnant and single teens, risky sexual behavior, and adolescent sexual behavior appears to be largely atheoretical and rarely assesses specific religious beliefs about sexuality.

### Marital Sexuality

To provide a context for research on religion and marital sexuality, it should be recognized that studies on sexuality among adults are generally rare and focus primarily on retrospective reports of premarital or extramarital sex rather than current sexual behavior within a committed relationship (McFarland, Uecker, & Regnerus, 2011). Thus, although sexual activity in marriage is sanctioned universally within and outside of religious circles, sexuality remains one

of the least researched aspects of marital functioning (Christopher & Kisler, 2004; see Volume 1, Chapter 11, this handbook). Existing research on marital sexuality indicates that the frequency of sexual intercourse decreases within the first 2 years of marriage and frequency is associated with marital and sexual satisfaction (Christopher & Kisler, 2004; Christopher & Sprecher, 2000; James, 1981). With this background in mind, studies exploring the role of religion in marital sexuality are even sparser (Christopher & Sprecher, 2000; Hernandez et al., 2011). As a result, several, basic research questions remain unanswered, such as whether marital sex rates and practices differ across religions. Scholars also remain unclear whether the inverse relationship between greater general religiousness and sexuality, relatively consistent among adolescents, applies to some adults (Barkan, 2006). The major study in this domain was conducted in 1998 by Young, Luquis, Denny, and Young, and found that participants' perception of God's view of sex (favorable or not) and religious commitment were unrelated to sexual satisfaction among 839 married Americans. Some years earlier, Greeley (1991) reported that couples who prayed together experienced greater sexual satisfaction. Additionally, MacKnee (1997) interviewed primarily heterosexual, married individuals ( $M$  age = 45; range from 36 to 65 years) who described their sexual experience as bringing a sense of wonder, deep meaning, transcendence, blessing, holiness, and God's affirming presence. These isolated findings resonate with more recent conceptual and empirical work on the sanctification of sexuality within marriage by Hernandez and colleagues (Hernandez et al., 2011; Mahoney & Hernandez, 2009), which we discuss later in more detail.

**Marital infidelity.** Several scholars have noted the near-universal expectation for sexual fidelity across cultures and major world religions, and thus the pervasive prohibition of extramarital sexual activity (Burdette, Ellison, Sherkat, & Gore, 2007; Christopher & Kisler, 2004; Christopher & Sprecher, 2000; Cochran & Beeghley, 1991; DeLamater, 1981; DeMaris, 2009; Previti & Amato, 2004). Relatively few studies, however, have examined the role of religiousness on extramarital sexual activity, the prevalence of which ranges

from 1% to 26% in national sample estimates (DeMaris, 2009). Research examining risk factors for infidelity finds that religious service attendance and perceived importance of religion lowers the risk of engaging in extramarital sex (Atkins, Baucom, & Jacobson, 2001; Burdette et al., 2007). For example, Burdette et al. (2007) noted that people's participation in their religious communities via attending services and other social activities likely reduces the time, energy, and opportunity for adultery as well as affirms messages regarding the sanctity of marriage.

Lower religiousness, including service attendance, tends to be associated with more permissive attitudes toward extramarital sex (Christopher & Sprecher, 2000; DeMaris, 2009; Treas & Giesen, 2000), as does being divorced, experiencing a parent's divorce, premarital cohabitation, marital dissatisfaction, early age at first intercourse, and greater number of previous sexual partners—all factors also linked to general religiousness (DeMaris, 2009). Religious affiliation, however, has been found to have no influence on the risk of extramarital sex (DeMaris, 2009).

### Sexuality and Religion in LGBTQ Communities

Given the antihomosexual views of some religions, the high risk of suicide among lesbian, gay, and transgender individuals—particularly among adolescents—and the extent to which nonheterosexuals continue to experience stigma and prejudice, researchers have focused increasing attention as to how religion and spirituality may both help or hurt the LGBTQ population (see Volume 1, Chapter 19, this handbook). As noted, several major religions do not condone homosexuality or same-sex unions (Sherry, Adelman, Whilde, & Quick, 2010; Turner et al., 2007). In general, people who identify with conservative denominations, attend religious services frequently, take a literal interpretation of the Bible, and hold angry images of God tend to be among the most condemning of homosexuality and thus the least likely to support same-sex marriage (Sherkat, Powell-Williams, Maddox, & de Vries, 2011; Whitehead, 2010).

Being religious and a sexual minority can be particularly challenging, as cognitive dissonance can occur between one's religious beliefs and sexual

desires (Kubicek et al., 2009). To resolve this conflict, individuals may abandon religion, change religion, or turn to a more individualized sense of spirituality (Kubicek et al., 2009). This conflict is further complicated, however, when an individual also identifies as a racial or ethnic minority (Fontenot, 2013). Fontenot (2013), however, has pointed out that the majority of research on nonheterosexual individuals has focused on gay Caucasian men, thus excluding racially diverse lesbian, bisexual, and transgender individuals.

To illustrate the competition between religious and sexual identities, a sample of 373 participants recruited from online LGBT listservs and websites (58.2% female) were asked about how accepting, tolerant, or hostile their past and current religions are and whether they have changed religion since becoming adults (Sherry et al., 2010). Approximately 29% of participants had converted to a more affirming religion, whereas 12% stayed with their original religion but felt shame and guilt. Approximately 11% of the sample rejected any religion or belief in God. They experienced less shame, however, when they perceived religious doubts as positive and were raised with liberal religious beliefs (Sherry et al., 2010). Kubicek et al. (2009) sampled 526 men between the ages of 18 and 24 years who self-identified as gay, bisexual, or uncertain. In a qualitative portion of the study with 36 of these men, a portion that addressed how these conflicting messages about identity affected the men's self-image, some described how hearing messages that homosexuality was wrong or sinful led them to question their inherent worth as a human being, fostered feelings of self-hatred, and led them to try and act heterosexual with their appearance and dating habits. Many reported, however, a gradual acceptance of their sexuality. Others also mentioned that they interpreted religious texts differently to support their sexual orientation and pursued different religions, such as more Eastern traditions, that were perceived as more liberal.

In fact, a greater portion of society, including many spiritual communities, has communicated more acceptance toward and affirmation of same-sex partnerships and, in some states, marriages

(Sherkat, 2002). To illustrate, using data from the General Social Survey (GSS) from 1988 and 2004–2008, Sherkat et al. (2011) examined support for same-sex marriage in six different U.S. cohorts ranging from individuals born before 1940 to those born after 1965. They found that support for same-sex marriage increased from 1988 to 2008, specifically from about 12% to 39%, respectively. Furthermore, LGBTQ persons in the United States identify more commonly with the following religious traditions: Episcopalian, Presbyterian, Evangelical, Lutheran, Jewish, Muslim, Buddhist, and Hindu. All of these traditions seen to be more accepting of this community; nevertheless, there is a general lack of LGBTQ leadership models within religious and spiritual communities (Fontenot, 2013; Sherkat, 2002).

Researchers have questioned the differing rates of religious participation among LGBTQ and heterosexual individuals. Sherkat (personal communication, August 19, 2011) reported that a national survey found no differences in how often gay, lesbian, and bisexual individuals pray compared with heterosexuals, with all groups praying, on average, between once a day to several times per week. A recent qualitative study with 14 same-sex couples also found that the majority attended religious services and study or support groups (Rostosky, Riggle, Brodnicki, & Olson, 2008). About half of that sample served as leaders within their religious organizations. In this same study, however, some couples did talk about experiencing religiously motivated sexual discrimination from their families and churches. Fontenot (2013) also discussed how many nonheterosexual individuals often remain active and have a visible presence in leadership roles, but remain silent about their sexual orientation.

When moving forward with research on religion and the LGBTQ community, it is important to break down polarizing stereotypes, including the notion that organized and private forms of religiousness occur at very low base rates among sexual minority subgroups. Rather, LGBTQ individuals report relatively high rates of public and private religious involvement, including service attendance and prayer as well as the importance they assign religion in their lives (Rostosky et al., 2008; Sherkat, 2002;

Sherkat, personal communication, September 19, 2011). Another important issue is that researchers and clinicians alike must acknowledge the diversity across and within sexual minorities that shape their experience of both sexuality and religion or spirituality (Fontenot, 2013).

### Sexual Abuse

The spiritual dimension of trauma, including sexual abuse, is ignored largely in empirical work (Pargament, Murray-Swank, & Mahoney, 2008). As with other topics, however, religion and spirituality interplay with coping with sexual abuse in multifaceted ways, such that survivors may utilize spiritual beliefs and practices for support, meaning, and resilience as much as they experience spiritual doubts, fears, and abandonment of their religion altogether (Murray-Swank & Waelde, 2013). For example, when Jewish women experienced a sexual assault (Ben-Ezra et al., 2010), many felt stigmatized by their religion and reported greater general distress and poorer mental health (i.e., depression, posttraumatic stress, nightmares) relative to a comparison group of Jewish women who did not experience trauma. Moreover, 47% of the sample ( $N = 51$ ) became more secular, 8% became more religious, and 45% remained unchanged in their religion.

Religion may have a more positive or negative effect at different times in a sexual abuse survivor's spiritual journey, and religious beliefs may be threatened or transformed (Ben-Ezra et al., 2010). On the positive side of this continuum, religion and spirituality could provide a survivor with social support; a sense of meaning; connection to the divine; increased religious involvement, such as prayer and meditation; and overall posttraumatic growth and spiritual transformation (Murray-Swank & Waelde, 2013). Turell and Thomas (2001) commented that survivors of sexual abuse often express an increased need for spirituality and, in turn, report greater well-being than those who report decreases in spirituality. On the more maladaptive side of religion's influence on coping with sexual abuse, Murray-Swank and Waelde (2013) summarized empirical literature that found sexual trauma frequently relates to less religiousness, decreased spiritual well-being, a more negative relationship with God, and

poorer mental health (e.g., depression) among both male and female survivors of diverse religious affiliations. Survivors may question where God (higher power, etc.) was during the sexual assault or abuse, feel that God is punishing or testing them, and become angry at the divine. Survivors may also question the purpose of suffering and feel more debilitated (Murray-Swank & Waelde, 2013). Sexual abuse challenges further one's notion of and ability to forgive, and forgiveness has notable spiritual undertones. A recent review of research on religion and sexual trauma (Murray-Swank & Waelde, 2013) defined several factors associated with spiritual struggles or negative religious coping: being forced to have sex as a child (i.e., timing), higher frequency of abuse experience, greater number of perpetrators, and greater perceived impact of childhood abuse.

These positive and negative dimensions of religion accentuate diverse religious coping strategies (Pargament, 2007). Stated differently, the impact of religious coping on a sexual assault survivor's recovery may depend on the particular strategies employed. For example, Bryant-Davis, Ullman, Tsong, and Gobin (2011) measured religious coping among 413 African American female survivors ages 18 to 71 years and found that greater religious coping correlated with greater depressive and posttraumatic symptoms. They did not, however, differentiate between positive (e.g., collaborating with God to heal, utilizing religious support) and negative religious coping (e.g., belief that God is punishing or abandoning them). Other research has highlighted, for example, that (a) as negative religious coping increases, depression increases; and (b) as positive religious coping increases, depression decreases (Ahrens, Abeling, Ahmad, & Hinman, 2010). Furthermore, positive religious coping has been related significantly to posttraumatic growth among Caucasian women survivors. African American women survivors tend to rely more on the use of good deeds, pleading with God, and avoidance coping as religious coping strategies (Ahrens et al., 2010).

In light of recent, publicized controversy in this domain, research also has explored the multidimensional impact of clergy-perpetrated sexual abuse. Overall, sexual abuse enacted by fathers and father

figures, such as clergy, is linked to greater trauma than abuse committed by others (Pargament et al., 2008). Sexual abuse perpetrated by religious leaders is associated frequently with desecrated relationships with God (i.e., the sanctity of the relationship is threatened, violated, or lost), distrust in religious authority, and overall loss of trust in religious institutions (Gartner, 2004; Pargament et al., 2008). Moreover, survivors of clergy-perpetrated sexual abuse often experience a spiritual crisis and are particularly challenged to conserve their sense of the sacred as well as the positive nature of their sexuality. They are more likely to experience anxiety, depression, poorer physical health, and greater risk of mortality (Pargament et al., 2008). Murray-Swank and Waelde (2013) further supported that clergy sexual abuse is especially destructive to an individual's emotional, psychological, and spiritual well-being.

Given the severity of the issue of sexual abuse, and the likelihood this is addressed in therapeutic settings, researchers have started to address the utility of interventions for survivors that are sensitive to the spiritual dimension of sexual abuse. Murray-Swank (2003) created *Solace for the Soul: A Journey Towards Wholeness* as a nondenominational but theistic, manualized, eight-session treatment for individuals and groups that processes such themes as images of God, spiritual journeys and connection, abandonment and anger at God, shame, the body, and sexuality. This treatment includes techniques such as two-way journaling to God, spiritual imagery and rituals, cognitive restructuring, and spiritual affirmations about sex that are aimed to promote spiritual reconciliation and resources (Murray-Swank & Pargament, 2008; Murray-Swank & Waelde, 2013).

### Summary of Limitations in Existing Research

One of the main limitations in existing research on religion and sexuality is the lack of incorporation of theory (Hardy & Raffaelli, 2003), including little consideration of the developmental course of sexuality (Harvey, Wenzel, & Sprecher, 2004; see Volume 1, Chapter 13, this handbook) or how religion is diverse in its impact on sexuality. The focus on ways that religion inhibits or constrains individuals' sexuality harkens back to psychoanalytic and evo-

lutionary conceptual models that are rather limited in scope. In addition, the landscape of research on religion and sexuality is marked by brief measures of religiousness and sexuality, descriptive and correlational results with few longitudinal analyses, and use of teenage or college-age samples that often are lacking in racial or ethnic and religious diversity. This section further outlines these and other areas for growth as well as other nuances when conducting research on religion and sexuality.

In terms of assessment, religiousness commonly is measured by single-item indicators such as affiliation, frequency of service attendance, frequency of private prayer, and importance of religion (Barkan, 2006; Cobb Leonard & Scott-Jones, 2010; Lefkowitz et al., 2004; Lucero et al., 2010). Whereas important findings are linked to global religiousness, these measures do not provide direct insight into the mechanisms by which religiousness influences individuals' attitudes, beliefs, decisions, or behavior related to sexuality. One of the most commonly researched sexual variables, particularly regarding adolescent populations, is whether the participant has ever engaged in sexual intercourse—a variable similarly lacking in depth (Lucero et al., 2010). Additional measures of sexual behavior tend to include age of first sexual intercourse, frequency of intercourse, number of lifetime sexual partners, use of contraception, attitudes toward or diagnosis of STIs, and sexual satisfaction (Beckwith & Morrow, 2005; Christopher & Kisler, 2004; Lucero et al., 2010; Young et al., 1998). Little attention is directed to the quality of sexual activity. Some studies have used lengthier, more detailed scales of sexual attitudes (Beckwith & Morrow, 2005; Hendrick & Hendrick, 1987; Lefkowitz et al., 2004) that assess permissiveness (e.g., how casual about sex someone may be), sexual practices (e.g., belief in sexual education), communion in the relationships (e.g., what sex communicates to a partner), and instrumentality (e.g., purpose of sex). Although items measuring permissiveness or purpose regarding sex may serve as a proxy for religious or spiritual beliefs about sexuality, we must use caution with such inferences and instead look to measure more directly religious and spiritual beliefs about sex (see Volume 1, Chapter 4, this handbook).

Research must extend beyond global markers of religion and sexuality, and perceptions of religion's beliefs about sex (Lefkowitz et al., 2004) to more comprehensively capture one's own religious or spiritual views about sex and how religion may be a resource or cause struggles for sexual beliefs, attitudes, and behavior. Sophisticated and multidimensional measures of religiousness potentially could lead to more consistent findings regarding how religion influences sexuality. On the one hand, religiousness and spirituality may be a resource that enhances the formation and maintenance of healthy sexuality and prevents that of unhealthy sexuality. On the other hand, religiousness and spirituality may trigger spiritual struggles that impede or compromise the formation and maintenance of healthy sexual relationships. For example, highly religious individuals who do engage in premarital sex could be at higher risk of unintended pregnancy if they are less intentional about sex and contraception. Additionally, although religiousness may lower some risky sexual behavior, a good majority of religious individuals (especially adolescents) still are engaging in sex and thus not adhering to the "rules" set forth by religious traditions, which could create spiritual struggles and cut them off from spiritual resources to manage sexuality well. As another possibility, spiritual struggles could exist and in fact exacerbate maladjustment, if someone develops significant sexual difficulties or diseases. Consider also individuals who are religious, identify as LGBTQ, and are sexually active and therefore encounter possible discrimination, shame, and dissonance between their spiritual and sexual identities. Given these difficulties, we underscore challenges that organized religions face when responding to high rates of nonmarital sexual intercourse by both young and middle-age heterosexuals and of same-sex marriage and sexual activity.

Moreover, we stress the benefits of assessing dimensions of sexuality beyond mere frequency of activity. Constructs such as sexual satisfaction, sexual intimacy, and investment in the sexual bond (e.g., affectionate touching, scheduling dates and time alone, creating a romantic mood, reading books to enhance sexual intimacy) could tap into important, yet neglected, aspects of sexuality. We direct

attention to recent research on sanctification of sexuality and spiritual intimacy as two examples of more proximal measures of religiousness (Hernandez et al., 2011; Mahoney & Hernandez, 2009). Researchers should investigate the nature and impact of perceived sexual difficulties and wrongdoings, including infidelity, to create a balanced picture of religion's role in positive and negative sexuality. Sexual difficulties may include experiencing anxiety before or during intercourse; feeling rejected or sexually unattractive; having difficulty becoming aroused; and experiencing sexual dysfunction, low desire, and past sexual trauma. Sexual wrongdoings may include engaging in sexually compulsive or addictive behavior, being disrespectful of sexual needs and preferences, and being physically aggressive when sexually intimate in a way that is not pleasurable.

Regarding topics in this arena, there is an abundance of research on nonmarital sexuality—premarital, extramarital, and same-sex sexual activity—compared with marital sexuality (Christopher & Sprecher, 2000; Cochran & Beeghley, 1991). Particularly in studies focused on preventing premarital or risky sexual activity, religion is included as a host of other protective factors (e.g., academic performance, parental or peer attachment; Lucero et al., 2010). Moreover, in their meta-analysis on adolescent sexual behavior, Lucero et al. (2010) reported that about two thirds of the 87 articles reviewed examined the relationship between adolescent religiousness and sexual behavior without controlling for relevant demographic characteristic and other possible confounding variables or mediators. Large, national research studies on sexuality also include religion or spirituality as a demographic or predictor variable. In other words, although there are a growing number of studies addressing sexuality and religion, religion frequently is not the main variable of interest. There is also a dearth of multivariate analyses that would account for spurious effects or confounding variables (Barkan, 2006; Uecker, 2008).

With respect to populations represented, research includes predominately Euro-American, Christian participants in the United States (Ahrold & Meston, 2010; Haglund & Fehring, 2010; L. Miller & Gur, 2002; Thornton & Camburn, 1989; Uecker, 2008).

Furthermore, research that does examine diverse racial and ethnic groups tends to focus only on one group and not compare effects across groups (Ahrold & Meston, 2010). Ahrold and Meston (2010) asserted that depending on the cultural group, spirituality describes a particular trait of religiousness that may be separate from (e.g., Euro-Americans) or integrated with organized religion (e.g., Hispanics or Latino). Studies should examine the differential effects of religiousness measures on sexual attitudes and behavior and make important cross-cultural distinctions. Moreover, different religions place different emphases on public involvement, such as service attendance. For example, Zen Buddhism does not require adherents to attend specific services, but rather it concentrates more on personal spiritual growth (Ahrold & Meston, 2010). Building on other critiques, we propose that researchers oversample certain religious groups (de Visser et al., 2007) to provide a more accurate and representative picture of the dynamic between religiousness and sexuality. We also advocate that studies extend beyond convenience samples (e.g., one university, classroom), random samples of only a local population or select religious group (Barkan, 2006; Uecker, 2008), and individuals to larger national samples as well as diverse couples. Regarding the latter point, Harvey et al. (2004) noted the irony that studies on sexuality—an inherently relational topic—tend to spotlight the individual rather than couples.

#### EMERGING RESEARCH ON RELATIONAL SPIRITUALITY AND SANCTIFICATION OF SEXUALITY AS A FRAMEWORK FOR FUTURE RESEARCH

Relational spirituality is a conceptual framework that begins to set the stage for more in-depth analyses of the role of religion on sexuality among both individuals and couples. In the sections that follow, we address emerging research on relational spirituality, including findings on the sanctification of sexuality, that offers clinicians a lens through which to understand and address clients' religious and sexual issues (see Chapter 4, this volume).

#### Relational Spirituality

In a framework created recently by Mahoney (2010, 2013), relational spirituality refers to the notion in which the search for the sacred (i.e., spirituality) is united, for better or worse, with the search for meaningful relationships. This framework delineates three recursive stages that occur throughout the search for interpersonal relationships: (a) discovery, or the creation and structure of a relationship; (b) maintenance, or the conservation and protection of the relationship; and (c) transformation, or letting go of or reforming a distressed relationship. For example, adolescent or premarital sexual relationships that lead to committed partnerships or marriages represent part of the discovery stage; sexual and marital satisfaction and sexual fidelity speak to the stage of maintenance; and struggles with sexual abuse, sexual dysfunction, or STIs all signify the need for transformation. In addition, each of these stages encompasses three tiers of spiritual mechanisms that may influence the search for relationships in positive or negative ways. In the case of sexuality and the search for a sacred sexual relationship, these tiers include the following processes: (a) one's relationship with the divine or God; (b) one's relationship with one's partner, which has spiritual qualities; and (c) one's relationship with spiritual communities that promote religious teachings about sexuality. The content of these spiritual cognitions, emotions, practices, and connections determines whether the process is helpful (i.e., spiritual resource) or potentially harmful (i.e., spiritual struggle) to individual and relational or sexual functioning.

#### Sanctification of Sexuality

Sanctification is defined as the psychological process of perceiving an aspect of life as having divine character and significance (Mahoney, Pargament, & Hernandez, 2013; Pargament & Mahoney, 2009). Two indices of sanctification speak to (a) perceiving God (higher power, Allah, etc.) as having an active presence and influence in a given role or relationship (i.e., Manifestation of God); and (b) believing that a facet of life is holy, transcendent, or of ultimate value and purpose (i.e., sacred qualities). Applied to sexuality, sexual relationships may be



conceptualized therefore in both theistic (i.e., God centered) and nontheistic terms, as pointing to the divine and sacred or spiritual qualities, respectively. This construct is measured typically by 20 items, with 10 items each pertaining to the subscales of manifestation of God (e.g., "Being in a sexual relationship with each other is a reflection of God's will," "God played a role in my decision to have a sexual relationship with my spouse") and sacred qualities (e.g., "The sexual bond I have with my spouse is sacred to me," "Our sexual relationship connects us to something greater than ourselves," Hernandez et al., 2011), all rated on a Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). We posit the construct of sanctification of sexuality as a psychospiritual resource that could affect all stages—the discovery, maintenance, and transformation—of healthy sexuality within a relational spirituality framework. Whereas studies are needed to examine whether people strive to find a partner or spouse who shares the perception of sexuality as sanctified (i.e., discovery stage), and use sanctification to cope with spiritual struggles related to sexuality (i.e., transformation stage); several initial studies provide empirical evidence that sanctification of sexuality helps maintain the quality of an established sexual bond. This section outlines recent theory and empirical findings on the sanctification of sexuality as a promising line of research that offers a truly relational approach to understanding religion and sexuality.

Researchers have offered a conceptual foundation of the construct of sanctification that is supported by empirical findings on the sanctification of diverse aspects of life (i.e., marriage, sexuality, the body, parenting, nature, dreams; Mahoney et al., 2013; Pargament & Mahoney, 2005). Pargament and Mahoney (2005) explained that greater perception that a role or interpersonal bond is sanctified is tied to greater personal and relational benefits, such as satisfaction and intimacy, greater investment of time and energy in that domain, greater protection and preservation of the sacred, and greater use of that domain as a sacred resource for coping during times of stress. Using samples of college students and newlyweds, research on the sanctification of sexuality has concentrated on how this process is

associated with personal and relational benefits, including both behavioral and evaluative components of the sexual relationship.

In 2005, Murray-Swank et al. (2005) sampled undergraduates ( $N = 151$ ,  $M$  age = 19 years;  $SD = .88$ ) in committed, exclusive dating relationships. These relationships thus represented a context not marked by casual sexual contact, coercion or exploitation (i.e., not domestic violence or rape), or abuse. Rather, this was a context of "loving" premarital sexual activity that is highly normative among college students (see Volume 1, Chapter 16, this handbook). They reported that the more these students endorsed sexual intercourse as having sacred qualities, the more likely they were to report a greater frequency of and range of sexual activity, even after controlling for participants' global religiousness (i.e., frequency of prayer and attendance, self-rated religiousness and spirituality), dating history, and positive attitudes toward premarital sex. These findings were contrary to the hypothesis that sanctification of sex would predict less frequent sexual activity. Global religiousness—a composite often used in sexuality research—did not associate with increased frequency of sex or with the sanctification measure, which also suggested that sanctification is distinct from a general sense of religiousness. This study pointed to the need for more detailed analyses of religious and spiritual beliefs about sexuality, as some beliefs actually may promote increased premarital sexual activity. Moreover, increased sexual activity could create cognitive dissonance such that college students may resolve themselves to perceiving their sexual behavior as sacred.

Using a community sample of 83 individuals married between 4 and 18 months ( $M$  age = 31;  $SD = 10$ ; range 18 to 64 years), Hernandez et al. (2011) found that greater perceptions of marital sexuality as sanctified predicted greater sexual satisfaction, sexual intimacy, marital satisfaction, and spiritual intimacy beyond global religiousness (i.e., frequencies of attendance and prayer, biblical conservatism) and demographics (i.e., age, gender, income, number of times married, number of children residing). In fact, perception of the sanctification of sexuality in marriage predicted 9% to 14% of the variance in these criteria. Interestingly, sanctification did not predict newlyweds' report of frequency of sexual

intercourse. Descriptively, 75% of these newlyweds agreed or strongly agreed that their sexual bond with their spouse was sacred, whereas 47% felt that being in a sexual relationship with one's spouse was a reflection of God's will.

A follow-up study was conducted 1 year later to examine longitudinal links of the sanctification of sexuality among these newly married individuals ( $N = 67$ ; Mahoney & Hernandez, 2009). After controlling for demographics and Time 1 levels of global religiousness, sanctification of marital sexuality at Time 1 (i.e., within the first 4–18 months of marriage) predicted 5% to 10% of the variance in Time 2 monthly frequency of sexual intercourse, sexual satisfaction, and marital satisfaction. In additional regression analyses, initial sanctification of the sexual bond continued to predict 5% and 10% of the variance in frequency of sex and sexual satisfaction, respectively, 1 year later after also controlling for initial marital satisfaction scores; this highlights further sanctification as a robust spiritual resource for healthy sexuality in marriage. Last, participants with higher initial levels of sanctification, relative to those with lower levels, tended to experience smaller declines in sexual functioning across 1 year.

Although research on the sanctification of sexuality is in its infancy, these studies utilize measures that integrate directly spiritual beliefs and sexuality, and continue to assess global religiousness to account for the distinctive role of different aspects of religiousness. Research is needed that extends to more diverse samples than primarily Caucasian, Christian samples from the Midwest. In addition, more longitudinal studies will be useful to help determine whether sanctification of sexuality predicts these and other criteria over time, particularly as individuals and couples transition into different phases of their bond (e.g., marriage, parenthood, empty nest) or encounter relational distress (e.g., conflict, infidelity, divorce). Additional studies should address the “darker side” of sanctification of sexuality, in particular how spiritual struggles, and the need for the stage of spiritual transformation, may ensue when beliefs about the sanctity of sex are violated or lost in cases such as infidelity or sexual dysfunction. Sanctification is one example of a construct that is grounded conceptually and elucidates

what it is about religion that matters for sexuality. Moreover, sanctification of sexuality is a prototype of what we mean by exploring relational spirituality, particularly how the search for relationships can be merged with the search for the sacred or divine.

### Addressing Religion and Sexuality in Therapeutic Settings

As we look to how clinicians may apply these scientific insights to their practice, we are reminded that religion and sexuality involve some of the most vulnerable and taboo, yet recurrent, clinical issues (see Chapter 4, this volume). This section discusses ways that practitioners can become better prepared to understand, assess, and intervene with respect to issues that involve clients' religious and sexual identities and experiences. In other words, we seek to promote a more holistic approach to psychotherapy and encourage the use of a relational spiritual approach that appreciates religion as both resource and struggle. Professionals should develop what we call spiritual literacy, or a sense of knowledge about the basic tenets and philosophies of the major religious or spiritual traditions (Pargament, 2007; Turner et al., 2007), including known teachings about sexuality. They also may look to clients to supplement their education about religion and spirituality and attend particularly to the unique manner in which religiousness and sexuality are expressed by clients regardless of, but incorporating, their specific religious affiliations. Although we cannot know everything about every religion, or even fully know a client's unique perspective on his or her faith, we must be open to this process of learning and respecting religious diversity. Clinicians should examine their own beliefs, values, and experiences about spirituality and sexuality (Turner et al., 2007) as well as their attitudes toward the topics discussed within this chapter (e.g., premarital sex, LGBTQ, abortion, infidelity).

Therapists should feel prepared to address both the positive and darker sides of sexuality and spirituality. First, doing so involves becoming educated about the multidimensional nature and full range of sexuality, which includes positive, healthy, and satisfying sexual expression as well as that which leads to more distress (e.g., dysfunction, taboos). Second, therapists should familiarize themselves with major

categories of spiritual struggles, specifically those that may be intrapsychic (e.g., spiritually oriented questions, doubts, guilt, shame), divine (e.g., conflict or tension in one's relationship with God, including emotional experience of anger, punishment, abandonment), or interpersonal (e.g., conflicts with others, such as members of one's congregation; Pargament, 2007; Pargament, Murray-Swank, Magyar, & Ano, 2005). Although diagnostic tools (e.g., *Diagnostic and Statistical Manual of Mental Disorders*; American Psychiatric Association, 2000) tend to pathologize spiritual and religious as well as sexual issues, it is critical to consider ways religion and spirituality may protect against risky or "dysfunctional" sexual behavior and thus serve as a source of coping and resiliency. Turner and Kiser (2004) have argued that successful sex therapy, for example, should examine the spiritual context of the couples' sexual beliefs.

Therapists also may develop a bio-psycho-social-spiritual approach to assessment and treatment. In this vein, routine questions should be asked about clients' religious affiliation, participation in and importance of religion or spirituality, sexual orientation, and sexual attitudes and behaviors. Clients may speak about the role of religion and spirituality in their beliefs about and experiences of sexuality. Topics such as the coming-out process, contraception use, abortion, sexual abuse, STIs, infidelity, marital sexuality, and the choice to engage in sexual intercourse for the first time are all prime opportunities to integrate discussion about the influence of religion and spirituality. For example, Rostosky et al. (2008) noted that clients may experience spiritual struggles and prejudice as they come out as gay, lesbian, bisexual, or transgender. Using a different scenario, clients may express religious reasons for abstaining from sexual activity or against contraceptive use. Moreover, religious beliefs may affect the decision to have an abortion or cause heightened distress when a woman is trying to cope with the termination of a pregnancy. The language of punishment, guilt, and divine purpose is relevant when working with clients with unplanned or unwanted pregnancies, survivors of sexual abuse, and individuals diagnosed with STIs (Pargament, 2007; Turell & Thomas, 2001). Individuals and couples

copied with sexual difficulties or dysfunction may believe that the sanctity of their sexual relationship with their partner or spouse has been violated or desecrated. Although psychospiritual interventions should be tailored to the client's unique issues and needs, they may include writing spiritual autobiographies, creating or participating in spiritual rituals within or outside of session, using spiritual imagery or metaphors, and consulting or collaborating with religious leaders.

**Case examples.** Some of the most researched topics in this field easily translate to issues that cause distress in diverse clients, such as young adults' pressure to engage in sexual activity and their participation in risky sexual behaviors, adults' struggles with maintaining a sexual identity as LGBT and religious or spiritual, and married couples' desire for greater sexual satisfaction and intimacy. The following case examples illustrate these client presentations and how clinicians may respond via their assessment and intervention.

Consider first a college-age female who presents with difficulties with dating relationships and depression, both of which are linked to her involvement in several casual sexual relationships about which she feels dissatisfied, used, and guilty. Raised in a religiously liberal family, she now attends a rather conservative, religiously affiliated university and has been exposed more to teachings about the sanctity of sex that amplify her sense of shame but also appeal to her and fuel her desire to change her relational patterns. She would like to make more intentional decisions about sex, meet a potential partner with similar spiritual values about sexuality, and in fact has entertained the idea of abstaining from sex until she is involved in a committed relationship or married. As in other cases, the therapist's job is not to impose his or her own values about the kind of relationship that merits sacred sex, but rather to help this woman work out her own values (including more positive

sense of self, views of sexuality congruent with her values and behavior), address her goal of developing a healthy and monogamous relationship, and reinforce the discovery and use of resources (e.g., religious community) that may support her newfound religious beliefs about sex.

Reflect now on a different case, specifically an adolescent male who presents with difficulties related to social anxiety. He has a history of being bullied and emotionally abused as a child, especially when he expressed any emotional sensitivity. He worries constantly about others' perception of him. After a few therapy sessions, he reveals that he is gay; however, he fears greatly the prospect of coming out (e.g., would peers accept him, would his religiously conservative family disown him), yet he desires strongly a loving, dating relationship. His parents and church relay messages that homosexuality is sinful, and he believes strongly in other messages from his religion. In providing a safe, accepting, and nonpathologizing environment, the clinician processes and connects this man's difficulties with his sexual identity, social anxiety, and religious identity. One may outline the different types of spiritual struggles this man is experiencing, including a potentially ruptured relationship with God, concern that he would be unwelcome in his family and larger spiritual community if he expressed his sexuality, and problems trying to reconcile his identity as a gay and religious man, which all may connect to feelings of depression and anxiety. Over time, the client learns about other peers, even extended family members, who struggle with this same tension between sexual and spiritual identity. By the therapist's, his peers', and the family's normalization and validation of his spiritual struggles, he has the freedom to begin to transform his own understanding of spirituality.

Therapy makes space for his spiritual questions, doubts, anger, exploration, and growth. The client is able to work on decreasing his anxiety as he processes how to disclose his sexual orientation and feels more congruent in his identity after joining a different church where he feels more supported and comfortable.

Imagine next that a heterosexual, married couple presents for psychotherapy after the wife committed sexual infidelity. The wife, who does not identify with a particular religion but considers herself spiritual, regrets deeply her behavior and would like to make the marriage work. The husband is devastated because he believes adamantly in the sanctity of marriage and sex, and therefore he believes that his wife has violated the sanctity of both their marriage and marriage bed. He is struggling to forgive her, but he also believes that marriage is a lifelong commitment. In this case, the clinician may explore further the husband's perception of the sanctification of marriage and marital sexuality as well as the wife's perceived spiritual meaning of sexual intercourse. The clinician may consult with a religious leader from the husband's faith and work with the couple to help them create a purification or healing ritual that facilitates reconciliation should they decide to stay together, or peace and closure should the couple decide to divorce.

These are but a few of the myriad examples of individual and couples cases that incorporate religion and spirituality with sexual attitudes, beliefs, and behaviors. As noted, spiritual and religious beliefs, practices, and questions about sexuality may be helpful or harmful depending on the presenting concern, larger familial and cultural context, and particular stage in the process of trying to merge spiritual and sexual development (i.e., discovery, maintenance, transformation). Practitioners must be sensitive and willing to explore these gradations in both religion and sexuality, particularly given that

these are highly private, difficult-to-assess topics (Cobb Leonard & Scott-Jones, 2010).

## CONCLUSION

Existing research on sexuality and religion largely builds on psychoanalytic and evolutionary theories of sexuality, and thus it emphasizes how traditional religious teachings delay or inhibit sexual expression. This body of research relies primarily on brief measures of religion and sexuality, and it neglects to examine a fuller range of religious and sexual attitudes, beliefs, behaviors, and measures of quality. Ironically, studies also tend to overlook how religion and sexuality interplay for couples in committed relationships and marriages, instead focusing almost entirely on individuals and nonmarital sexuality. Overall, findings are mixed in that religion lowers the odds for a number of risky sexual behaviors with some evidence that certain religious factors can increase the likelihood of behaviors (e.g., unprotected sex). Yet scholars do not account for the majority of religiously involved teenagers or adults in premarital relationships who engage in sexual activity. More recent research that includes more detailed measures and longitudinal analyses is becoming sensitive to these nuances of religion, including the powerful positive (i.e., coping resource) and negative effects (i.e., spiritual struggle) on sexuality for a range of groups (e.g., teens, same-sex individuals, sexual abuse survivors, and individuals coping with an HIV/AIDS diagnosis). Additionally, emerging conceptual and empirical work on the sanctification of sexuality echoes what major religious traditions have long promoted—that sexuality is a path by which individuals experience the sacred. Using a relational spirituality framework, constructs such as the sanctification of sexuality can yield a deeper understanding of the ways religiousness and sexuality merge to affect individuals and couples in adaptive ways. Religion therefore does more than constrain sexuality in modern societies.

This chapter has maintained that attention to the multifaceted role of religion on sexuality deserves center stage and should include a relational spirituality framework to better address and organize the

full continuum of religion as a resource or struggle for sexuality. This spotlight includes a range of spiritual beliefs and behaviors; aspects of sexual behavior and quality; and culturally and religiously diverse individuals, partners, married couples, and families. The fields of religion and sexuality are not opposing, but rather they are entwined domains of human life and relationships. Advanced research as well as ongoing clinical practice that incorporate these important topics must appreciate this point and be willing to dig deeper into the myriad effects of religiousness on sexual expression. In other words, the sacred dance between religion and sexuality in empirical research and psychotherapy is just beginning.

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