

Original Clinical Article

Presence and Pleasure:

A Biopsychosocial Treatment of Recovery from Purity Culture

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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.

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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 Reaganism 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

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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 in 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 *wanted-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 themselves 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.



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