

Treating Sexual Dysfunction in Orthodox Jewish Couples

by

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A doctoral project submitted to the faculty of  
the California School of Professional Psychology  
in partial fulfillment of the requirements for the degree of  
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The doctoral project of Natalie Itkin, directed and approved by the candidate's Committee, has been accepted by the Faculty of the California School of Professional Psychology in partial fulfillment of the requirement for the Degree of

DOCTOR OF PSYCHOLOGY

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DATE

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## DEDICATION

I would like to dedicate this project to my son, Jacob. Words cannot express what an amazing blessing you are to me. You have brought so much joy and laughter into my life, and you have taught me the true meaning of unconditional love. Thank you so much for giving my life purpose and meaning, and for making me become a better person and mommy every single day. I am eternally grateful to you for helping me get through the tougher days, and reminding me what is truly important in life. You are the reason I have continued to strive and work so hard to achieve my goals of becoming a psychologist. I truly feel like the luckiest mom in the whole world to have been blessed with such an incredible son like you. You serve as a constant reminder of the amazing miracles that can happen when you least expect it. I love you more than anything in the world!

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## ABSTRACT OF THE DOCTORAL PROJECT

Sexual dysfunction is a major clinical and social issue. There has been a lack of research literature exploring the treatment implications involved in conducting sex therapy with Orthodox Jewish couples. Many standard sex therapy treatment interventions are incongruent with the religious beliefs held by Orthodox Jewish individuals regarding what they consider to be sexually appropriate practices. In order to increase the probability of Orthodox clients getting the treatment they need, it is crucial for mental health clinicians to demonstrate a high-level of understanding, awareness, and sensitivity toward their clients' religious beliefs. By fostering a sense of appreciation and understanding of Orthodox Jewish sexual practices, the clinician can then gain the ability to increase their clients' level of trust, safety, comfort, and willingness to participate in the treatment process. This doctoral project explored the issues surrounding the provision of sex therapy to Orthodox Jewish couples, and aimed to bridge the gap between the research literature and clinical practice. The purpose of this project was to increase the level of awareness of mental health professionals regarding how Orthodox Jewish religious beliefs influence views about sexuality, understand the treatment implications that arise during sex therapy with Orthodox couples, and methods of effectively modifying standard sex therapy interventions by incorporating Jewish laws into the therapeutic process. The author also incorporated a summary of the clinical findings obtained from interviews conducted with four expert field consultants who have worked with Orthodox Jewish couples in their practices.

*Keywords:* Orthodox Judaism, Jewish law, sex, sexual dysfunction, sex therapy, cultural sensitivity, couples therapy, modifying sex therapy

## CHAPTER I

### **Introduction**

#### **Statement of the Problem**

There has been a significant lack of research exploring the issue of providing mental health treatment to Orthodox Jewish individuals who have experienced sexual dysfunction. Arredondo and D'Andrea (1999) declared that "Jews have been largely attributed an invisible status in the fields of counseling and psychology in general and within the multicultural counseling movement in particular" (p.14). As a result of the lack of cultural diversity research and literature available to mental health professionals, the efficacy level of treatment provided to the Orthodox Jewish population has been significantly compromised. Rieman (2009) explained that "religious beliefs are one of the many reasons that determine whether people experiencing sexual dysfunctions will seek treatment" (para. 1). Many of the religious beliefs held by Orthodox Jews regarding the principles and standards for appropriate sexual practices have typically been found to be incongruent with the traditional treatment interventions used by clinicians in sex therapy (Rieman, 2009). As a result of the significant divergence between Orthodox Jewish laws regarding sexual practices and the standard sex therapy treatment interventions, many Orthodox Jewish individuals may feel reluctant to seek treatment or may not achieve optimal results from their treatment. The results of research conducted by Schnall (2006), demonstrated that ethnic minority groups, such as the Orthodox Jewish population, tended to underutilize mental health services provided by clinicians outside of their community. In a survey given to Orthodox Jewish mental health professionals, 90% of respondents indicated that the mental health needs of individuals in

their communities were not being met (Feinberg & Feinberg, 1985).

It is important to note that there is an absence of literature regarding the effects of Judaism on attitudes toward seeking psychological treatment. Among the available research, there is even less literature available on the attitudes of Orthodox Jews toward seeking mental health counseling. In a study conducted by Kaminetzky and Stricker (2001), within group differences among the main sects of Judaism were found to play a significant role on attitudes regarding seeking psychological counseling. Compared to Reform or Conservative Jews, their study found that Orthodox Jews were twice as likely to think that their Rabbi was competent enough to treat their psychological problems (Kaminetzky & Stricker, 2001). Furthermore, Tepfer (2009) found that Orthodox Jewish individuals were much more likely to have seen their Rabbi to help them treat their emotional problems. Kaminetzky and Stricker (2001) discovered that in comparison to Reform or Conservative Jews, Orthodox Jewish people felt much stronger about their desire to isolate and distance themselves from the secular society in order to preserve their religious purity. However, it is important to note the differences in attitudes and beliefs held by Modern Orthodox Jews versus Chassidic or Ultra Orthodox Jews. The particular sect of Judaism with which the client is affiliated may directly impact their attitudes and willingness to seek mental health treatment.

### **Purpose and Goals**

Although psychological treatment has been found to be effective for treating sexual dysfunction, many mental health practitioners fail to incorporate Orthodox Jewish rules and standards regarding appropriate sexual practices into treatment process (Ribner, 2003). By failing to adequately assess a couple's religious beliefs regarding sexual

practices, the therapist compromises his/her ability to develop a strong therapeutic relationship with the clients. Additionally, the therapist runs the risk of clients' premature termination of treatment in response to feeling misunderstood or disrespected. Therefore, the purpose of this dissertation was to increase awareness and knowledge of Orthodox Jewish laws and rules regarding appropriate sexual practices and treatment implications that clinicians may encounter when providing sex therapy to Orthodox Jewish clients.

There has been a significant amount of research that identifies and explores various therapeutic interventions used to treat sexual dysfunction in males and females (Miracle, Miracle, & Baumeister, 2003; Piccolo & Stock, 1986). However, clinicians working with the Orthodox Jewish population need to modify the standard treatment interventions in order to respect, acknowledge, and incorporate the client's religious beliefs into the treatment. The goal of this project was to increase clinicians' therapeutic competence in working with the Orthodox Jewish population. Specifically, the objective was to provide information regarding how to modify standard sex therapy interventions when working with an Orthodox Jewish couple. This will increase the likelihood of achieving successful treatment outcomes, and decrease the probability of premature termination of therapy.

## CHAPTER II

### Critical Review of the Literature

#### Orthodox Judaism

The Jewish religion is divided into several different branches, which include Orthodox, Conservative, Reform, and Reconstructionist. The Orthodox Jewish branch is considered to be the most traditional and oldest denomination of Judaism (Blass & Fagan, 2001; Streaan, 1994; Turner, Fox, & Kiser, 2007). The term *Orthodox Jew* was first used in 1807 by Napoleon while he was in Europe freeing Jewish people from ghettos. Individuals identifying themselves as Orthodox Jews share a desire to live their lives adhering to all of the laws and principles prescribed in the Torah. Essentially, the goal is to produce a stronger desire to become closer with God and “a belief in God’s active involvement with humanity, and consequently the need to sanctify literally all aspects of daily life” (Ribner, 2003, p.54). The observance of stricter laws and traditions by Orthodox Jewish individuals is done to achieve higher degrees of spirituality and connectedness with God. Orthodox individuals may adhere to Orthodox Jewish traditions based on several different variables, either according to their geographical location, or belief in specific Judaic philosophies, such as Hassidism. Divergence from Jewish practices and traditions is prohibited and disparaged. The purpose of strict adherence to Orthodox religious traditions is not for self-sacrifice, but rather it is intended to promote God’s involvement in nearly all aspects of human life (Ribner, 2003, 2004).

Donin (2008) described the Torah as “the embodiment of the Jewish Faith” (p. 27). The Torah consists of two different parts: the Written Torah or *Torah Shebichtav*, and the Oral Torah or *Torah Sheba'al Peh*. The Written Torah is comprised of 24 books,

which include the Five Books of Moses: *Bereishith* (Genesis), *Shemoth* (Exodus), *Vayiqra* (Leviticus), *Bamidbar* (Numbers), and *Devarim* (Deuteronomy), and the prophetic writings (Rich, n.d.). The title *Torah* is used to refer to the Jewish bible, or complete body of religious scriptures known to non-Jewish people as the Old Testament or to the Jewish people as *Tanakh* (Donin, 2008). The Oral Torah refers to the tradition of explaining what the scriptures mean, and how to interpret them and apply the Laws (Rich, n.d.). Jewish people believe that after G-d taught Moses the Oral Torah, Moses passed the information he had learned to others. The tradition of orally educating future generations about the Torah continued until approximately the 2nd century, when the oral laws were compiled and transferred into a written form called the *Mishnah*. Over the next couple of centuries, additional explanations and annotations were supplemented in Jerusalem and Babylon. These additional clarifications became known as *Gemara*. Together, the *Mishnah* and *Gemara* are known as the *Talmud* (Rich, n.d.). Both the Written and the Oral Torah are comprised of teachings that direct ethical and moral codes regarding social and human behavior.

There are 613 commandments or *mitzvot* that Jewish people are required to follow. The *Halakha* provides Jewish people with guidelines outlining the proper applications for the *mitzvot*. It also offers a framework for Orthodox Jewish people to understand how to maintain an appropriate relationship with God, and with other people around them. Ribner (2003) identified the following practices as common to all Orthodox Jews:

- Conservative modes of dressing that are modest for both men and women, specifically for Orthodox Jewish males.



- Explicitly outlined gender role expectations, which involve both social and professional relationships.
- Principle beliefs regarding marriage and large families.
- Specific restrictions against male-female sexual contact prior to marriage.
- Clearly defined rules regulating physical contact after marriage.
- Segregation of children according to gender in education institutions, beginning from pre-school.
- Required daily prayer and learning of religious writings, which are more collective for men than for women.
- Residing in an Orthodox Jewish community and the utilization of Orthodox Jewish communal establishments and organizations.
- Seeking out professional assistance for personal, familial, or communal issues is permissible, as long as it is in compliance with the religious rules and regulations.

Deviance from these laws is permitted only in life or death situations.

Although there are differences among the various branches of Judaism, there are a number of common practices to which all Orthodox Jewish individuals subscribe (Guterman, 2008; Petok, 2001; Turner et al., 2007). These include marriage, sexual practices, and modesty.

**Perspectives on marriage in Orthodox Judaism.** Diamant (2001) declared that “Jewish weddings inspire the dreams, prayers, and creative energies of hundreds of generations. Weddings are a glimpse into the future, a repudiation of past grief, and a celebration of the here and now” (p. 35). Traditionally, the laws of Judaism maintain the belief that marriage fulfills two essential functions: procreation and the completion of the

human being. The idea of marriage in Judaism is not considered to be a suggestion; rather it is deemed a religious guideline, which must be fulfilled in order to achieve the full completion of a human being (Ribner, 2003; Ribner & Rosenbaum, 2005). This is exemplified in Genesis 2:18: “It is not good for man to be alone.” This alludes to the emotional necessity of marriage for all Jewish individuals. According to the laws of Judaism, it is essential that the individual’s body and soul harmoniously connect in order to achieve complete development (Friedman, 1996). As stated in the Talmud, “Husband and wife are like one flesh” (Talmud: Menahoth 93b).

The laws of Judaism maintain that individuals who remain unmarried will be regarded as incomplete beings; the only method of achieving total completion is through a partnership that is achieved through marriage (Ribner & Rosenbaum, 2005). As the Talmud states, “The female [child] should be married first, for the shame of the woman is greater than the shame of a man” (Talmud: Ketuboth 67b). The Talmud is specific in emphasizing the importance for men to marry and the repercussions for unmarried men. Some excerpts from the Talmud regarding unmarried men include the following:

- “Whoever remains unmarried does not deserve to be called a man” (Talmud: Yebamoth 63a).
- “Man is not even called a man until united with woman” (Talmud: Zohar).
- “A man without a wife is not perfect [complete]” (Talmud: Yoma 12a).
- “When a man marries, his sins decrease” (Talmud: Kiddushin 29b).
- “He who is without a wife dwells without blessing, life, joy, help, good, and peace - and without defense against temptation” (Talmud: Yebamot 62b).

Judaism maintains that only marriage will permit an individual to sanctify sexual satisfaction and procreation. One of the main goals of marriage is to create new life (Diamant, 2001). Ribner and Rosenbaum (2005) stated that “beyond a couple’s own instinctive desire for sexual contact, the community’s interest is to see a union characterized by the capacity for sexual satisfaction combined with the potential for producing a new generation” (pp. 342-343). Along with the necessity to create future generations of Jewish people, Judaism also emphasizes the importance of fulfilling an Orthodox couple’s desires for sexual intimacy. Judaism identifies sex as one of God’s gifts, which should be valued as a form of dedication through joy. Establishing a strong sexual connection provides a couple with the opportunity to attain a higher degree of spirituality and holiness in their relationship with each other and in their relationship with God.

The laws of Judaism place a strong emphasis on the importance of having the appropriate intent when engaging in sexual behaviors, which in Hebrew is defined as *Kavannah*. When sexual intimacy is carried out with appropriate intent, it provides the couple with the opportunity to achieve the highest level of intimacy. Ribner and Kleinplatz (2007) wrote that “Jews are to approach lovemaking as to deepen their knowledge of themselves, one another, and the sacred universe. This physical, emotional, and spiritual joining creates sanctity within the marital relationship” (p. 449). Having sex is considered to be a *mitzvah*, or a joyful religious duty, according to Jewish teachings. Sexual relations are encouraged not only within marriage, but also on days like the Sabbath and on certain holidays as a means of sanctifying those days (Etzioni & Baris, 2005).

From the very beginning, Jewish tradition acknowledged that there are potentially serious dangers involved in sexuality and human sexual desire. The Torah contains a number of rules regulating sexual behaviors, which serve the purpose of preserving the order of society by safeguarding the institution of marriage and the stability of Jewish families. Jewish laws emphasize the obligation of both partners to fulfill each other's desire for physical intimacy. However, the woman holds the rights to sexual satisfaction guaranteed to her by their marriage contract, or the *Ketubah* (Ribner & Rosenbaum, 2005).

Under Jewish law, sexual practices and behaviors are strictly limited to married couples only, and are to be performed missionary style, with the lights turned off or dimmed (Keshet-Orr, 2003). According to the laws of Judaism, fulfillment of sexual desire is considered to be a valid enough reason to engage in sexual intercourse with one's spouse. Moreover, Jewish laws mandate a meeting between the couple prior to the wedding ceremony, in order to confirm the presence of physical attraction between the bride and groom.

Orthodox Judaism regards a wedding ceremony as a symbol of approval for sexual intercourse to take place between the couple. Under the strict laws of Orthodox Judaism, there is an expectation for the newlywed couple to engage in sexual intercourse on their wedding night or, in rare situations, shortly thereafter. Etzioni and Baris (2005) defined the Hebrew term *yichud* as a reference to "the final part of the marriage ceremony, and more generally to marital love, encompass both the commitment and the sex act that bond a married couple together" (p. 222). The law of *yichud* mandates that sex between the couple must be accompanied by *kiruv* (closeness), and *simchah* (joy)

(Etzioni & Baris, 2005). Any postponement of physical intimacy for more than several weeks is considered to be problematic, and is recommended to be brought to the attention of a Rabbi or other professional (Ribner & Rosenbaum, 2005).

**Sexual practices in traditional Orthodox Judaism.** A married couple's sexual relationship is considered by Orthodox Jews to be very important because of its ability to promote fidelity and sustain and strengthen the marital bond between the couple. The collection of laws regulating appropriate sexual marital practices in the Orthodox Jewish religion is referred to as the *Taharat Hamishpacha* or *Halakha*, which directly translates to *family purity*. These rules provide guidelines for the sexual lives of married Orthodox Jewish couples; such as the timing of sexual intimacy and other acceptable sexual practices under Jewish laws (Guterman, 2008; Petok, 2001; Ribner, 2004). Orthodox Judaism strongly promotes and encourages marital intimacy, affirming that sexuality is considered to be holy, and sexual desire is a gift from God (Genesis, 2: 24; Ribner & Kleinplatz, 2007).

Unlike many modern-day religions, Jewish law does not differentiate between sexual desire and procreation. On the contrary, Judaism promotes physical intimacy between a married couple even when the couple is not trying to conceive. Judaism highlights the significance sexuality holds for promoting a healthy marriage, in addition to the importance the reproductive function serves for the continuation of the Jewish population. However, the Torah prohibits any form of extra-vaginal ejaculation (ejaculation outside of the vagina). According to Judaic law, the main goal of ejaculation is to achieve conception, in order to fulfill the commandment prescribed in the Torah to "be fruitful and multiply" (Genesis I, 28). Consequently, according to the Torah, extra-

vaginal ejaculation is seen as a method of preventing pregnancy, and is commonly referred to as “destruction of the seed” (Ribner, 2004, p. 304). In addition to the rules regarding appropriate timing and settings for sexual intercourse, according to the laws of Judaism, sexual intimacy is forbidden when either partner is intoxicated, and should never be used as a method of punishing or manipulating a spouse (Ribner & Rosenbaum, 2005). Furthermore, Jewish law strictly forbids any sexual relations to take place against the will of the other partner (Ribner, 2005).

Prior to an Orthodox Jewish wedding, the bride will go through *kallah* classes, where she will learn about the laws of *taharat hamishpacha* and the laws regarding the period of *Niddah*. The *kallah* instructor, an older woman who is typically the Rabbi’s wife, provides instruction to the bride about the laws of modesty, and the allowable and prohibited forms and timing of physical contact with her husband. The instructor will also teach the bride how to calculate the period of *Niddah* or ritual impurity, identify the onset and conclusion of ritual impurity, and understand how to correctly immerse in the *Mikvah*. According to the laws of Judaism, an Orthodox Jewish wife is held accountable for making sure that she is no longer experiencing any vaginal bleeding. At the end of the wife’s *bleeding days*, she is instructed to swab herself using a linen cloth for the next seven *clean days*. On the seventh clean day, the woman is instructed to immerse (*Tevilah*) herself in the ceremonial bath called a mikvah (Guterman, 2008; Petok, 2001; Ribner & Rosenbaum, 2005; Turner et al., 2007). According to Diamant (2001), “a *mikvah* is any body of *mayyim hayyim*, literally, ‘living water,’ running water as opposed to stagnant water” (p. 150). The Talmud states that the major source of all water comes from the river that emerges from Eden. As such, by immersing one’s self in the mikvah,

the individual partakes in the holiness of Eden and is reborn (Diamant, 2001).

Both the bride and the groom are instructed to go to the mikvah in preparation for their wedding. The symbolism of going to the mikvah for brides and grooms signifies the passage from being unmarried to married. Going to the mikvah involves entering the water nude, relaxing your arms and legs, and immersing the entire body so that every strand of hair is underwater. Upon rising out of the water, a woman will traditionally say the *Yehi Ratzon* blessing, which is a prayer for the restoration of the Temple, “a prayer envisioning a world as whole and pure as you hope to be upon emerging from mikvah” (Diamant, 2001, p. 152). If it is a bride or a groom going to the mikvah, they will recite the *Shehehianu* blessing, a blessing commemorating monumental first events in a person’s life (Diamant, 2001). In preparation for the mikvah, the woman or man must wash their body and hair diligently with soap, brush and floss their teeth, clean their ears, brush and comb their hair in the same direction, trim their nails, remove nail polish, makeup, and jewelry. Then a mikvah attendant will conduct an inspection to make sure the individual is ready to immerse him or herself in the mikvah. After the mikvah attendant has inspected the woman or man, the attendant will then escort them to the mikvah and recite the mikvah blessing as the individuals emerge from the water two to three times (Diamant, 2001).

At the core of the *taharat hamishpacha* stated in Leviticus 15:19 are the laws of *Niddah*. The period of the Niddah, literally translated to mean the *ritually unclean* period, begins when the woman experiences her first bleeding day, and continues until the end of the seventh clean day (Guterman, 2008). The rules of the Niddah are an essential component in the lives of married Jewish Orthodox couples. Ribner (2003)

stated that the *Taharat Hamishpacha*, or *Laws of Family Purity*, is regarded as “an inviolate and integral aspect of identity as an Orthodox Jew” (p. 168). Orthodox Jewish couples are required to observe the rules of Niddah throughout the duration of their marriage until the woman enters menopause. There are a few exceptions that excuse the Orthodox Jewish from following the rules of Niddah, which include pregnancy and nursing (until post-partum menstruation resumes), when uninterrupted intimacy is permitted (Ribner & Kleinplatz, 2007).

Orthodox Judaism has always considered bathing and cleanliness as sacred, because the human body is considered a reflection of God. The excerpt in Ezekiel (36:25) reads, “I will pour clean water over you to cleanse you from all your uncleanness and from all your idols.” The term *am ha-oretz* (Genesis, 23:13) is used to describe Orthodox Jews who fail to obey the rituals and rules and of cleanliness (Stean, 1994).

Along with the laws stated in the *Halakha*, there are additional laws established by the Rabbis called *Harachakot*, which are intended to assist Orthodox Jewish couples from violating the rules of the Niddah. During the period of Niddah, wife and husband are strictly forbidden to engage in any form of sexual or physical contact or behaviors (Guterman, 2008). Ribner (2003) stated that the period of separation during Niddah, “encourages the couple to engage in non-suggestive conversation and physical distancing, including not passing items from hand to hand or not drinking from the same cup” (p. 168). In order to avoid the temptation or risk of engaging in any form of sexual contact during this time, the wife will separate herself sexually and physically from her husband by sleeping in a separate bed. The seven clean days concludes after the wife



fulfills her obligation of immersing herself in the Mikvah that night. After the wife has immersed herself in the ritual bath of the Mikvah, the couple is strongly expected to resume physical intimacy that night (Guterman, 2008; Turner et al., 2007).

**Modern Orthodox movement.** In recent times, a split has occurred within the Jewish community in response to a movement toward achieving a greater degree of religious modernity (Guterman, 2008). A discrepancy exists between those who embrace and welcome the shift toward religious modernization, and those who are strongly opposed to any type of religious modifications or digressions. As a solution to the long-held dispute between the different members of the Jewish community, Modern-Orthodoxy was proposed. It aimed to preserve the religious traditions of following the *Halakha*, while simultaneously introducing and assimilating some modern religious practices (Guterman, 2008). Some of the modernized Orthodox Jewish practices that have been incorporated by many Orthodox couples were demonstrated in a study conducted by Hartman and Mormon in 2004. Hartman and Mormon (2004) discovered, during their interviews with Orthodox Jewish women, that a significant number of women found it difficult to observe the period of Niddah. One of the participants reported, “my needs for being touched are not just sexual; they’re human” (Hartman & Mormon, 2004, as cited in Guterman, 2008, p. 341). The inability to differentiate between sexual and platonic physical contact during the period of Niddah has become a controversial issue in the Orthodox Jewish community (Guterman, 2008). In the study, Hartman and Mormon found a number of female participants who reported that they experienced feelings of frustration regarding the absence of “sexually neutral space,” where they could relate to their husbands (as cited in Guterman, 2008, p. 344). The

women indicated that they desired the presence of non-sexual physical contact with their husbands, which would not turn into sexual contact. The most significant finding indicated the highest percentage of transgression committed by Orthodox couples occurred during the second week of Niddah. Hartman and Mormon learned that Orthodox couples were not observing Taharat Hamishpacha; rather, once the woman stopped menstruating, the stringency of the laws proved too much for the couples to follow (Guterman 2008; Hartman & Mormon, 2004).

**Modesty.** Another issue that therapists should be aware of is the principle of *Modesty* or *tsnius*, which plays a large role in many aspects in the lives of Orthodox Jewish people. Etzioni and Baris (2005) stated that the laws of *tsnius* (modesty, humility, and privacy) are intended to provide the individual with the ability to exercise self-control and self-discipline, in order to prevent ideas of sex from entering and dominating the individual's behaviors and thoughts. The concept of modesty dictates modes of dress for men and women, for example, ensuring females do not wear revealing clothing. Hemlines are to fall below the knee and sleeves below the elbow. The principles of modesty also regulate appropriate sexual practices, mandating that sexual intercourse take place only in the dark. However, the rules regarding foreplay are a little more flexible in that couples are allowed some dim lighting. The rules of modesty concerning sexual intimacy strongly encourage the husband and the wife to be completely naked during intercourse, and have a sheet to cover themselves, but under no circumstance may the sheet or anything else come between them. "While total nudity is the encouraged norm of marital sexuality, the experience of being unclothed oneself and/or being with someone in the same state may be an ongoing source of discomfort long after the

wedding night” (Ribner, 2003a, p. 58). Complete nakedness with a spouse may feel extremely uncomfortable for newlyweds, who have gone from total abstinence to being expected to engage in sexual intercourse on their wedding night (Ribner, 2003). This notion was confirmed by field consultant Ms. Rosenbaum, who stated that the shift from complete abstinence to sexual intercourse has created significant cognitive dissonance in Orthodox couples (T. Rosenbaum, personal communication, February 10, 2014).

**Cultural education and values.** Many Orthodox Jewish clients may feel reluctant to seek sex therapy due to their assumption that the therapist will argue or challenge their religious beliefs regarding sexuality or modesty (Blass & Fagan, 2001; Greenberg & Witztum, 1994). “Culturally sensitive sex therapy is predicated on the expectation that the clinician possesses a wide variety of intervention options and the creativity to modify existing ones in accord with nonpathological client norms and beliefs” (Ribner, 2004, p. 305). Many Orthodox Jewish individuals report that their Orthodox communities place a stigma on psychological help (Schnall, 2006). However, during the field consultant interview with Dr. Respler, she asserted that the stigma regarding seeking psychological treatment has decreased in the Orthodox community (Y. Respler, personal communication, February 3, 2014). Orthodox Jewish people place a great deal of importance on considering an individual’s family background when thinking about marriage arrangements. Consequently, they are frequently reluctant to seek psychological counseling, out of fears that they may decrease their own, their siblings, or their children’s opportunities for finding a suitable spouse in the case that a member of the community discovers that they have a mental illness (Schnall, 2006). The feelings of fearfulness held by the Orthodox Jewish *shidduch anxiety* are not unrealistic fears given

the level of importance that is placed on family background when considering a marital partner (Schnall, 2006). Since the majority of Orthodox Jewish individuals live in isolated close-knit communities, the issue of confidentiality is of extreme importance to Orthodox Jewish clients. Orthodox couples or families may seek out psychological treatment from non-Orthodox therapists located in remote areas in efforts to avoid exposure. Although, this may be true in some instances, it was not reinforced by either mental health field consultant interviewed during this research. Dr. Respler and Ms. Rosenbaum stated that in their professional experiences, Orthodox Jewish clients tended to prefer seeking out treatment from an Orthodox therapist, because they feel like they will better understood (Y. Respler, personal communication, February 3, 2014; T. Rosenbaum, personal communication, February 10, 2014).

Therapists outside of the Jewish faith have regarded Judaic rituals and traditions regarding sexual behavior as restrictive, inhibiting, and pathological. However, Orthodox Jewish individuals report that observing these traditions are extremely meaningful, inspirational, and comfortable (Wikler, 2001). Ethical and culturally competent sexual health professionals need to “understand sexual values in context and avoid inserting prevailing cultural ethnocentrism into our own interpretations of others’ beliefs” (Ribner & Kleinplatz, 2007, p. 445). It is imperative for clinicians to recognize that their clients may feel apprehensive and nervous about how they will be perceived by the clinician. Taking into account the unique issues and barriers that Orthodox Jewish clients face when seeking mental health treatment, clinicians are strongly urged to recognize and appreciate the tremendous effort and risk that Orthodox clients make in their decision to seek treatment. It is equally important for clinicians to avoid misinterpreting their

client's anxiety as paranoid behavior.

**General practices impacting treatment.** Strict guidelines in the Orthodox Jewish religion emphasize the importance of spoken language. In order to engage in successful psychotherapy, the therapist needs to pay special attention to what and how something is said, identify the topics or subjects that clients avoid discussing in therapy, and discover what topics cause the client to experience feelings of unease and nervousness. Blass and Fagan (2001) recommended “when engaging in therapy with orthodox patients, particularly patients from insulated communities, the language of therapy should be agreed upon, to balance the need for precision and open communication with respect for the standards of the patient’s culture” (p. 269).

Based on the Orthodox client’s particular sub-group, community, gender, and age, it is important for sex therapists to understand the client’s apprehension regarding using sexually explicit language or their refusal to talk about their own or their spouse’s genitals. It is not a sign of resistance or avoidance. Modesty impacts the use of language that Orthodox Jewish couples use to communicate about intimacy. The standards of the Orthodox Jewish community strongly oppose acquiring any language that explicitly describe or reference sexual behaviors and sexual organs, particularly pertaining to the opposite sex. Originally, there was no term or word for sex in the Hebrew language. The Hebrew language still uses words such as pleasuring and engaging when talking about sexual intimacy and behavior (Rieman, 2009). Consequently, therapists should have the knowledge and awareness to recognize that their clients’ feelings of discomfort while talking about intimacy and sex are not pathological, but are actually culturally congruent (Blass & Fagan, 2001). Orthodox Jewish women are taught from an early age to exercise

a greater level of discretion and verbal restraint related to communicating their sexual desires, opting instead to utilize non-verbal gestures, which girls learn about during their kallah classes (Ribner, 2003). This idea was reinforced by the responses given by both field consultants Dr. Respler and Ms. Rosenbaum (Y. Respler, personal communication, February 3, 2014; T. Rosenbaum, personal communication, February 10, 2014). Men, on the other hand, are said to have more leniency in regards to verbally expressing their sexual desires.

Sex therapists working with Orthodox Jewish clients should be aware of a number of Judaic precepts regarding verbal communication that may make the treatment process more challenging for them (Sublette & Trapler, 2000). Therapists may encounter apprehension from their clients regarding openly talking about significant people in their lives, due to their adherence to the *halachic* or the prohibition against *lashon harah*. This refers to “destructive speech such as gossip and slander, the prohibition against gossiping or speaking badly of others, and the fear of bringing evil fortune on oneself by drawing attention to an illness or even human weakness or frailty” (Sublette & Trapler, 2000, p. 128). With guidance and consultation from a Rabbi, the therapist can help their clients overcome their reluctance to openly communicate in session, by providing their clients with an explanation of how their verbal participation can significantly contribute to helping to resolve their conflicts (Starck, 2008). As a result of the couple’s observance of the rules of modesty, the likelihood of either partner sharing intimate details about their sexual lives with a sex therapist is significantly reduced. Most often, the husband will reveal the couple’s sexual difficulties to a Rabbi first in an effort to seek advice. However, as Ribner (2003) stated, “there is no certification for this role and therefore no

guarantee that the advisors will possess useful or needed information” (p. 60). Based upon the Rabbi’s level of comfort and knowledge regarding the issue, he could make the decision regarding whether to continue counseling the couple or refer them to a sex therapist. Dr. Respler stated that because many Orthodox couples have limited financial abilities, they seek out treatment from a Rabbi or another underqualified individual because they charge less for their services (Y. Respler, personal communication, February 3, 2014). However, there is no guarantee that the advice or treatment they receive will be appropriate. Orthodox females are much less likely to talk to a Rabbi or seek treatment from a professional outside of the community. In a study conducted by Friedman, Labinsky, Rosenbaum, Schmeidler, and Yehuda (2009), female participants were less likely to ask about issues related to sexuality. Half of the women surveyed reported that they were concerned about performing sexual acts that violated Jewish laws; however, only 12 percent of the participants went to a Rabbi for consultation or clarification (Friedman et al., 2009). Even though a high percentage of females and males experienced sexual dysfunction, a very small number of women reported that they had discussed their sexual problems with their husbands. Furthermore, very few females indicated seeking assistance or treatment from an outside resource. It was reported that less than 10 percent of women contacted their Rabbi for information, and less than 4 percent asked their kallah teacher for help (Friedman et al., 2009).

Orthodox Jewish clients may feel reluctant about seeking psychological counseling for their sexual dysfunction, due to their fear that they will be forced to interact with members of the opposite sex in a manner that is prohibited according to their religious beliefs (Schnall, 2006). In Orthodox Judaism, social interaction between

men and women is strictly regulated. From a young age, children attend gender-segregated schools, and informal communication among adolescent boys and girls is disparaged (Sublette & Trappler, 2000). Precautions are taken to avoid the possibility of inappropriate sexual contact taking place, including prohibiting unmarried men and women from being alone with each other in an intimate type of environment. Results of a study conducted by Sublette and Trappler (2000) indicated that forming a therapeutic relationship between a non-Jewish female therapist and an Orthodox male client was a particularly challenging task. Clinicians need to recognize that a variety of culturally appropriate defense behaviors are likely to be evident in patients, including avoidance of physical contact (hand-shaking) and eye contact. Consequently, the therapeutic setting should be structured in a manner that provides enough interpersonal distance between the therapist and the client in the room, particularly if they are of opposite sexes (Schnall, 2006; Sublette & Trappler, 2000). Additionally, to avoid violating the rule prohibiting male and female contact, it is helpful to construct and maintain firm sexual boundaries and institute a strict no touching policy in order to alleviate the client's levels of anxiety regarding the potential to violate the Judaic laws regarding sexuality and modesty.

The Orthodox Jewish religion categorizes a number of features concerning the sexual relationship as highly valuable. Orthodox Jewish individuals regard sexuality as a multifaceted and intricate element that makes up only one of the parts of the complex matrix of "values, traditions, and laws that give meaning and spirituality to all aspects of life" (Blass & Fagan, 2001, p. 267). Prior to the wedding ceremony, the Orthodox Jewish couple signs a Jewish marriage contract called a *Ketubah*, which is legal contract that outlines the husband's obligations to his wife. The *Ketubah* ensures that the wife will be



financially compensated in the event of widowhood or divorce. There are several variations of the Ketubah contract, which has been modified and tailored to represent the beliefs and traditions of the Orthodox, Conservative, Hassidic, and Reform sects of Judaism. The Orthodox Ketubah is a contract given by the husband to his wife on the couple's wedding day, which then becomes the wife's possession (Diamant, 2001). The Ketubah is believed to be a document that strengthens the Jewish marriage, given that divorce would prove to be costly for the husband. Having regular sexual intercourse is a tenet that falls under the religious guidelines prescribed in the Ketubah, and is considered a very important aspect in the couple's sexual relationship. Aside from the husband's financial obligations prescribed by the Ketubah, the husband also holds the responsibility for fulfilling his wife's need for affection and providing her with sexual satisfaction.

### **Revising Sex Therapy Interventions When Treating Sexual Dysfunctions in Orthodox Jewish Couples**

The standard treatment interventions used to treat premature ejaculation, erectile dysfunction, and delayed ejaculation has included sensate focus, squeeze technique, and the start and stop method. Rieman (2009) described sensate focus as "a learning experience in which couples cease sexual intercourse for a specified period of time (i.e., a few days or a few weeks) and concentrate on pleasurable sensations derived from caressing and fondling each other's bodies and genitals" (p. 16). The purpose of prohibiting the couple from engaging in sexual intercourse has been to decrease the couple's focus on sexual performance, which causes increased symptoms of anxiety. Consequently, when the couple is not focused on having sexual intercourse or achieving an orgasm, their fear of failing is also eliminated (Rieman, 2009). An additional

technique that has typically been used during genital sensate focus is called the start stop or squeeze technique. The goals of this treatment strategy have been aimed at increasing the frequency of sexual interaction, and enlarging the sensory threshold of the male's penis (Avasthi, Rao, Grover, Biswas, & Kumar, 2006). Avasthi et al. (2006) concluded that stop start therapy should be conducted during sensate focus, because some men may be more sensitive to any kind of stimulation on his penis, so that it may cause him to ejaculate immediately. The squeeze technique has been a recommended treatment for premature ejaculation only if the start stop strategy has been shown to be ineffective (Avasthi et al., 2006). Through the use of gradual behavioral exercises, couples learn how to identify mid-levels of sexual excitement. Couples begin the exercises with masturbation and gradually continue to foreplay and then to intercourse (Leiblum, 2007).

Treatment interventions for female arousal disorders and sexual pain disorders involve the use of masturbation, dilators, and self-exploration. Unlike the therapeutic interventions involving prohibited sexual practices such as masturbation and non-vaginal ejaculation for treatment of premature ejaculation and erectile dysfunction in males, there are no rules against female manual stimulation in Jewish law. Premarital advisors inform their students that both partners are entitled to sexual satisfaction, and that the husband is required to experience orgasm through intercourse while the wife can obtain an orgasm by having her husband manually stimulate her clitoris (Ribner, 2004). Between 1135-1204 Rabbi Maimonides wrote the Mishneh Torah, which served to organize the laws of the Talmud into chapters (Yedwab, 2001). According to the Mishneh Torah (21:19),

Since a man's wife is permitted to him, he may act with her in any manner whatsoever. He may have intercourse with her whenever he so desires and kiss

any organ of her body he wishes, and he may have intercourse with her naturally or unnaturally [traditionally, this refers to anal and oral sex], provided that he does not expend semen to no purpose. Nevertheless, it is an attribute of piety that a man should not act in this matter with levity and that he should sanctify himself at the time of intercourse.

As such, foreplay may include masturbation, anal and oral sex as long as ejaculation is contained in the vagina (Yedwab, 2001).

Although Judaism promotes and encourages sexual intimacy for married couples, Orthodox Jews receive minimal information, exposure, and awareness about sex. As stated by Ribner and Rosenbaum (2005), “we have seen couples in which neither partner knew the location of the vaginal opening or in which the wife, for reasons of modesty, would not direct her husband to the proper location” (p. 346). The challenge that many newlywed Orthodox Jewish couples have faced is the shift from complete abstinence prior to marriage, to the immense amount of pressure to initiate physical intimacy immediately after the wedding. For the majority of Orthodox Jews, there has never been an opportunity for physical contact before marriage, nor has there been an opportunity to see what a member of the opposite sex looks like in the nude (Ribner, 2003). In situations when both partners lack the knowledge or understanding about basic human anatomy, the use of models or pictures has proven to be an effective method of treatment (Blass & Fagan, 2001).

The capacity for a female to achieve an orgasm gradually increases as she gains knowledge and self-awareness about her body and encounters different types of sexual stimulation (Miracle et al., 2003). In 1966, Masters and Johnson conducted research

studies on sexual response, and found that all female orgasms resulted from identical neurophysiological responses (Rieman, 2009). Furthermore, they declared that women's orgasms were much more similar to male orgasms than previously thought. In 1970, Masters and Johnson published their work, *Human Sexual Inadequacy*, which provided a strategy to help women who either rarely or never experienced orgasms (Rieman, 2009). Masters and Johnson's goal focused on decreasing or eliminating the level of anxiety, which would lead to the development of the "natural expression of sexual response" (Leiblum, 2007, p. 87). Essentially, they discovered that if the partners were less nervous and apprehensive about sex and reaching orgasm, they would experience a higher level of sexual pleasure.

Taking into account the values and beliefs of Judaism, the standardized method of treating sexual dysfunction using sexually explicit language, visual aids, use of sensate focus, stop/start, and squeeze techniques need to be altered when working with Orthodox Jewish couples. Rieman (2009) provided alternatives that clinicians can utilize during sensate focus as a treatment intervention when working with the Orthodox population:

If a couple is initially uncomfortable being completely naked with each other, the therapist may suggest that they remain fully or partially clothed and simply exchange back rubs. Then they may progress to being naked from the waist up and exchange front and back caresses. From there, once their comfort level has increased, they may undress completely and engage in sensate focus. (p. 12)

This respects the principle of modesty as couples become more comfortable with each other.

The rules of modesty strongly discourage men from looking at their wives

genitals during sex; however, if the sexual dysfunction starts to interfere with the couple's ability to procreate, have a satisfying marital relationship, or obtain sexual satisfaction, the clinician needs to consult with a Rabbi regarding incorporating treatment modalities that violate Jewish laws regarding sexual practices. For example, in cases where the sex therapist is treating genito-pelvic pain/penetration disorder, the treatment may involve her husband inserting a dilator into his wife's vagina. In treating erectile dysfunction or premature ejaculation, the stop/start and squeeze techniques are both considered successful treatment interventions. The treatment intervention objective centers on increasing the husband's awareness of the penile sensations he experiences before he reaches the point of orgasmic inevitability. This intervention involves the wife manually stimulating her husband's penis, in order to help her husband identify and gain control over his stages of arousal (Ribner, 2004). When the husband feels a decrease in his ability to control ejaculation, his wife decreases his level of arousal by either discontinuing manual stimulation or squeezing her husband's penis under the glands. Different styles of these interventions may encourage the wife to continue manual stimulation until her husband reaches orgasm. However, even in situations where this is not a part of the intervention, it may be inevitable that the husband will ejaculate in response to being stimulated. Consequently, "a religious couple and possibly their Rabbi may be confronted by a painful dilemma in which a sexual dysfunction can be remedied, but only through the use of prohibited practice" (Ribner, 2004, p. 306). Such treatment techniques are an essential component for treatment of delayed ejaculation, which also involves either individual masturbation or manual stimulation of the penis by the partner until orgasm is reached (Ribner, 2004). In these types of situations, the clinician is faced

with making the difficult decision of choosing a successful treatment intervention that also conforms to the mandates regarding ejaculatory restrictions. For many Orthodox Jewish couples, manual stimulation of their partner's genitals may feel well outside of their comfort areas. Consequently, when working with Orthodox Jewish couples who require treatment interventions that are considered prohibited according to Jewish law, enlisting a Rabbi into the treatment process may help decrease the couple's apprehension regarding their willingness to perform the prescribed treatment interventions.

Ribner (2004) provided guidelines for sex therapists to follow when they need to consult with a Rabbi regarding selecting an appropriate treatment modality for their Orthodox Jewish clients. The clinician should be as detailed and straightforward in addressing which treatment modality is considered to be most effective and the possible consequences or side effects involved in using alternative treatment methods, including religious ones. Additionally, the clinician should discuss any long and/or short-term consequences that may occur in response to the couple's decision to not seek treatment for the problem, and the expected duration of the intervention (Ribner, 2004).

Orthodox Jewish couples may consult with their Rabbi at any point during the treatment intervention. As such, the therapist must be prepared to supply the Rabbi with information regarding the presenting problem, duration, the effectiveness of the treatment, and any options for alternative interventions and potential repercussions (Ribner, 2004). As Ribner (2004) stated, "where matters of sexual practice intersect with Jewish dicta or expectations, it is the Rabbi who may be called upon to make legal decision" (p. 304).

Therapists incorporating traditional treatments for premature ejaculation, such as

sensate focus, must work closely with a Rabbi in order for him to grant temporary permission (*heter*) for the couple to engage in non-vaginal ejaculation as a treatment intervention (Sublette & Trappler, 2001). According to Blass and Fagan (2001), the prohibition of extra-vaginal ejaculation extends to “masturbation as well as fellatio or anal intercourse to completion” (p. 269). The Rabbi’s main objective in giving the couple temporary permission to perform sexual activities that conflict with Jewish laws is to help the couple fulfill their duty to “be fruitful and multiply,” and achieve a satisfying and successful marriage.

The goal is to achieve a solution that not only avoids conflict with religious mores, but that actually serves to integrate religious ideals more fully into the fabric of daily life. Awareness of this perspective serves as the starting point for the approach to treating orthodox patients. (Blass & Fagan 2001, p.267)

The Rabbi may ease the couple’s distress and anxieties regarding the religious implications of performing the prescribed treatment interventions by reassuring them that the prescribed treatment intervention is considered to be lawful according to the Torah (Blass & Fagan, 2001).

### **Clinical Implications and Recommendations for the Therapist**

It is recommended that therapists working with Orthodox Jewish couples remain mindful of the rules of modesty as a cultural implication in therapy. Therapists working with Orthodox couples must be cognizant that the majority of Orthodox Jewish individuals have never had any premarital sexual experiences (Rieman, 2009).

Consequently, the therapist should empathize and validate any feelings of discomfort or uneasiness related to the couple exposing themselves both physically and emotionally to

their spouse. The therapist should also remain mindful that it might take each partner a different amount of time to become comfortable with the idea of being fully nude in front of their spouse and mutually touching each other.

Therapists working with Orthodox couples must structure the treatment by integrating the Laws of Family Purity. This means that the therapist must honor the two weeks of permitted sex, followed by two weeks of prohibition of sexual intercourse. It is recommended that the therapist emphasize and highlight the benefits of the prohibited two-week break as a time to reduce anxiety and change the focus to a different aspect of their relationship. Research has demonstrated that observing the period of Niddah may increase sexual passion, intimacy, and produce an increase in the couple's fidelity (Rieman, 2009). Some of the benefits include (a) an increased interest in sexual activity following the two-week abstinence period, (b) the establishment of a stronger marital bond after two weeks of non-physical contact, (c) a renewal and increased level of passion between the couple, a greater enjoyment of sexual activity, (d) and an increased level of anticipation for resuming sexual activity, (e) a greater level of fidelity between the married couple (Fagan et al., 2001; Turner et al., 2007).

Therapists wanting to provide treatment to the Orthodox Jewish community are highly encouraged to work closely with Rabbis. As Schnall (2006) stated, "perhaps the most important recommendation for mental health case workers wishing to serve the Orthodox Jews is to liaise with Rabbis and other leaders of their community" (p. 280). Working with Rabbis will help the clinician gain recognition, acceptance, and credibility as a culturally sensitive therapist, which may alleviate any feelings of hesitancy that the Rabbi may have regarding making referrals. This is mainly because the majority of



referrals that sex therapists receive for treatment of sexual dysfunction in Orthodox Jewish couples primarily come from a Rabbi. Orthodox clients, who have never experienced previous psychological counseling, may hold inaccurate ideas and beliefs regarding psychotherapy. Schnall (2006) noted that “they will likely have had experience discussing a variety of issues with their Rabbis, who often supply a ‘teshuva,’ or ‘response,’ to a posed ‘she’ela,’ or ‘question’” (p. 279). This style of communication differs significantly from the traditional self-exploration that is encouraged in a therapeutic setting, which may cause the clients to feel discouraged. Therefore, the therapist should remain aware, patient, and open-minded about their Orthodox clients’ interaction and participation styles.

As ethically and culturally competent sex therapists, we must become aware about our own prejudices or beliefs that we hold about particular cultural, religious, or ethnic groups. Therapists who want to work with the Orthodox Jewish community need to learn to appreciate and respect how Orthodox individuals choose to live their lives. It is imperative for the treating clinician to develop a solid understanding about the variety of interpretations of Judaic laws, traditions, practices, and beliefs that exist among different Orthodox sub-groups. Differences among the various sub-groups may include variations in modes of dress, language, diet, religious practices, and views of the world (Schnall, 2006; Wikler, 2001). As Wikler stated, “some of these differences are so subtle that outsiders cannot differentiate between subgroups. For the Orthodox Jews themselves, however, these differences are seen as extremely significant” (p. 80).

There are a number of reasons that have been reported to explain the resistance that many Orthodox Jewish clients feel about seeing a sex therapist. To an Orthodox

Jewish individual, the idea of seeking psychological counseling may be perceived by the individual as a personal weakness. Specifically, the idea of seeing a psychologist may be experienced by the Orthodox Jewish client as an acknowledgment that Orthodox Judaism does not have all the answers (Schnall, 2006). As a result of centuries of criticism, persecution, misrepresentation, and ridicule toward Orthodox Jews, many have developed mistrust and skepticism about the intentions of people outside of the Jewish religion. Furthermore, it has been reported that clients with higher levels of religious devotion are more likely to experience greater levels of suspicion (Ribner & Kleinplatz, 2007). For Orthodox Jewish couples, secular therapists represent the impure and sinful world from which they have worked hard to separate and isolate. Consequently, many Orthodox Jewish clients may feel more comfortable receiving treatment from an Orthodox Jewish therapist.

Isolation from neighboring cultures nurtures a forced intimacy within the community. This wary attitude toward secular encounters impacts profoundly on the therapeutic relationship, on which Orthodox patients may be mistrustful of the secular therapist's ability to comprehend their world view. (Sublette & Trappler, 2000)

The apprehension felt by many Orthodox Jewish couples regarding seeking treatment from a secular therapist comes from the fear that secular therapists will discount or disregard "the domestic tranquility of the family unit *shalom bayis*" (Schnall, 2006, p. 278).

Starck (2008) discovered that "though many Orthodox Jewish patients favor being treated by Orthodox Jewish therapists because of its inherent advantages, this

arrangement holds not only reciprocal potential disadvantages for the client, but for the treating therapist as well” (pp. 37-38). Orthodox Jewish therapists who work with the Orthodox population may find that they share the same social groups. Consequently, the Orthodox therapists may become personally and professionally exposed, which may severely compromise the therapeutic relationship. In order to decrease the therapists’ susceptibility to the dangers of having a dual relationship, it is advisable for therapists to increase their level of support by becoming members of Orthodox Jewish professional organizations and peer groups, and by attending and participating in conferences for clinicians treating Orthodox clients (Starck, 2008).

## CHAPTER III

### **Methodology**

#### **Procedures**

In order to achieve the desired outcomes for this doctoral project, I conducted a selective literature review, which included the following topics: Orthodox Judaism, perspectives on marriage in Orthodox Judaism, sexual practices in traditional Orthodox Judaism, modesty, cultural education and values, general practices impacting treatment, diagnosing sexual disorders, types of sexual dysfunctions, standard sex therapy interventions, revised sex therapy interventions when treating sexual dysfunctions in Orthodox Jewish couples, and recommendations for the therapist. The review of the literature was conducted through the use of PsychINFO, ProQuest, doctoral dissertations, books, and other scholarly resources in order to obtain relevant research and information.

Following the completion of the introduction, selective literature review, and method chapters, a doctoral project proposal meeting took place on November 14, 2013. This meeting was attended by doctoral project supervisor, Dr. Ronda Doonan, academic consultant, Dr. Rumiko Okada, and myself. The goal of the meeting was to provide suggestions and feedback in order to enhance the project.

After the completion of the suggested changes, the author interviewed four field consultants in order to enhance the literature review and expand on missing information from the existing literature as it pertains to treatment of sexual dysfunction in Orthodox Jewish clients. Potential field consultants were selected based upon their clinical expertise and experience in the field. The field consultants were emailed the Field Consultant Consent Form (Appendix A) and a list of interview questions (Appendix B

and C).

### **Product**

I developed a one hour long PowerPoint presentation, which was delivered to mental health clinicians providing psychological treatment to individuals and couples, and specifically to those therapists providing treatment to Orthodox Jewish individuals and couples presenting with sexual dysfunction. I supplied the audience members with copies of the PowerPoint presentation slides. The PowerPoint presentation slides and accompanying notes are included in this doctoral project in Appendices D and E.

Participants were given time at the end of the presentation to ask any questions or make comments. Following the presentation, anonymous evaluation forms were distributed to audience members. The Presentation Evaluation Forms are included in Appendix F.

### **Target Audience**

The target audience for this presentation consisted of mental health professionals working with a diverse population of individuals and couples, including clients from the Orthodox Jewish population presenting with a range of psychiatric disorders. The presentation intended to increase the knowledge and awareness about Judaism and the Orthodox Jewish population, in order to provide culturally sensitive psychological treatment to this population.

### **Field Consultants**

In addition to the comprehensive literature review, four field consultants with expertise in treating sexual dysfunctions in Orthodox Jewish couples were interviewed. The information gathered from the field consultant interviews helped to discover missing pieces of information from the comprehensive literature review and contributed clinical

knowledge from the consultants' professional experiences. The mental health field consultant questions and rabbinical field consultant questions are included in this doctoral project in Appendices B and C.

### **Design Concept**

The main goal of this project was to increase the knowledge and awareness of mental health professionals working with Orthodox Jewish clients presenting with sexual dysfunctions. This project aimed to increase the level of cultural awareness and sensitivity of mental health professionals by educating professionals about Orthodox Jewish laws and traditions related to appropriate sexual practices. A presentation was created in order to assist mental health professionals to understand various methods and strategies of modifying standard treatment interventions, by incorporating Jewish laws and traditions into the treatment. The presentation aimed to raise knowledge and awareness regarding the importance of becoming a culturally competent professional in order to ensure successful treatment outcomes.

## CHAPTER IV

### Results

#### Description of the Product

I created a PowerPoint presentation (Appendix D) to help disseminate the information and findings from the comprehensive literature review. The final product consisted of an hour-long PowerPoint presentation given to mental health clinicians working at Julia Ann Singer Center on April 2, 2013. The audience members were provided with handouts of the slides, in order to make notes and highlight questions or comments about the presentation material. The presentation consisted of thirteen slides along with lecture notes, based on the relevant findings from the selective critical literature review and field consultant interviews. The PowerPoint presentation slides were comprised of bullet-points, which addressed the main research findings about treating sexual dysfunction in Orthodox Jewish couples. I used the accompanying lecture notes (Appendix E) in order to elaborate on the information provided in the slides. The presentation discussed the following areas: (a) introduction of the topic, (b) learning objectives, (c) what is Judaism, (d) laws of modesty, (e) modesty in spoken language, (f) sexual relationships in orthodox Judaism, (g) general practices impacting treatment, (h) modifying treatment, and (i) recommendations for therapist.

The presentation concluded with time for audience members to ask questions, make comments, and reflect any concerns that they may have had. In addition, participants were asked to complete a Presentation Evaluation Form (Appendix F), which reflected their thoughts about the effectiveness of the presenter, the relevancy and appropriateness of the presentation information, and any further comments or suggestions

for future presentations.

### **Interviews with Field Consultants**

In order to fill the informational gaps and expand on the existing research literature, I interviewed two mental health field consultants and two rabbinical field consultants with experience counseling Orthodox Jewish individuals dealing with sexual dysfunction. I wanted to understand the professional experiences of the field consultants and compare this with what I found in the literature. The Interview Consent Form (Appendix A) and Mental Health and Rabbinical Field Consultant Interview Questions (Appendices B and C) were approved by the project supervisor prior to contacting and interviewing the field consultants. I provided each field consultant with information regarding the topic of the doctoral project, along with the Interview Consent Form to sign prior to the interview. I interviewed Dr. Respler and Ms. Rosenbaum over the phone. I interviewed Rabbi Naftali Estulin face-to-face for one hour and Rabbi Chalom Boudjnah via email. A brief introduction and professional background for each of the four field consultants is included in the following pages.

Yael Respler, Ph.D. is an Orthodox Jewish licensed clinical psychologist who earned her Bachelor of Arts degree in Psychology from Queens College. She earned her Master of Arts degree in Psychology at New York's Yeshiva University. She also earned her doctorate in Clinical Psychology from New York's Yeshiva, and sought advanced training from Weill Cornell Medical College under the supervision of Helen Singer Kaplan. Dr. Respler has been in private practice for nearly three decades, and is a recognized expert on issues related to family, marital, and intimacy problems. Dr. Respler currently works in private practice in Brooklyn, New York.



Talli Rosenbaum, M.Sc., PT, CST, IF is an AASECT certified sex therapist specializing in urogynecological rehabilitation. Ms. Rosenbaum earned her Bachelor of Science degree in Physical Therapy from Northwestern University. She earned her Master of Science degree in Clinical Sociology and Counseling from the University of North Texas in Neve Yerushalayim. Ms. Rosenbaum is also a physical therapist specializing in pelvic floor rehabilitation and is recognized worldwide as an expert on the effects of combining physiotherapy and sex therapy when treating sexual pain disorders. Additionally, she has authored over 20 peer reviewed journal articles and book chapters which focus on issues related to sexual health, sexuality, and Judaism. Ms. Rosenbaum currently works in a private practice in Jerusalem, Israel.

Rabbi Naftali Estulin is the Director of Chabad Russian Synagogue located in West Hollywood. Rabbi Estulin has counseled Orthodox couples for nearly two decades, and has extensive experience dealing with family and relational issues.

Rabbi Chalom Boudjnah is the Director of the Chabad Synagogue at San Diego State University. Rabbi Boudjnah not only has experience counseling Orthodox couples and individuals, but also has experience counseling younger members of the Orthodox population.

I constructed six interview questions for the mental health field consultants (Appendix B) and five interview questions for the rabbinical field consultants (Appendix C).

**Interview questions for mental health field consultants.** The interview questions for mental health clinicians were as follows: (a) Are your clients referred to you for treatment more often by their rabbi, or do you find that they are self-referred? (b) In

your experience, what are the factors that make the beginning of a marriage and sexual relationship more challenging for Orthodox Jewish couples? (c) Do you find it more difficult to form a therapeutic relationship with an Orthodox Jewish male client, versus an Orthodox Jewish female client? (And vice versa depending on the sex of the therapist). (d) Do you find that younger generations of Orthodox individuals and/or married couples feel more comfortable with the idea of seeking psychological treatment from a professional outside of their community, compared to older orthodox Jewish individuals? (e) When conducting treatment with an Orthodox Jewish couple, do you frequently encounter situations where either the wife or the husband feel inhibited or embarrassed discussing issues concerning sexual intimacy in the presence of their partner? If so, how do you handle those situations? (f) Under what circumstances do you consult with a rabbi?

**Interview questions for rabbinical field consultants.** The interview questions for rabbinical field consultants were as follows: (a) Do you find it difficult for Orthodox Jewish males to consult with a rabbi about issues related to sexual intimacy? (b) Do you find it difficult for Orthodox Jewish females to consult with a rabbi about issues related to sexual intimacy? Do they talk to your wife or the wife of another rabbi first before consulting with you? (c) Under what circumstances do you refer a couple or individual to a psychologist for treatment of their sexual dysfunction? (d) In your experience, what resources do Orthodox couples use to receive the help or support they need for issues related to sexual intimacy? (e) Do you find that younger generations of Orthodox individuals and/or married couples consult with you more often, compared to older orthodox Jewish individuals?

**Responses to mental health interview questions. *Question 1.*** When asked about the referral source for their clients, both Dr. Respler and Ms. Rosenbaum indicated that the majority of their clients were self-referred for treatment. Dr. Respler responded that prior to the start of the Shalom Bayis (Marital Harmony) support group, the percentage of self-referred clients and clients referred for treatment by their rabbi were about equal. However, after she began regularly facilitating the Shalom Bayis support group, most of her clients are self-referred from the Shalom Bayis group (Y. Respler, personal communication, February 3, 2014). Ms. Rosenbaum's response indicated that the majority of her clients were also self-referred for treatment. Ms. Rosenbaum specified that many of her clients come to her for treatment from the Kolech-Religious Women's Forum. The Kolech Religious Group is the first Orthodox Jewish feminist organization in Israel. Ms. Rosenbaum is an active member and frequent guest speaker (T. Rosenbaum, personal communication, February 10, 2014).

***Question 2.*** When asked about what factors made beginning a marriage and sexual relationship more challenging for Orthodox Jewish couples, both Dr. Respler and Ms. Rosenbaum spoke about the negative impact that lack of education and cultural socialization has had on newlywed Orthodox Jewish couples. Dr. Respler stated that she felt the combination of a lack of education, children attending gender-segregated schools from an early age, and the differences in gender appropriate forms of expressing sexuality contributed to the challenges experienced by newlywed Orthodox couples (Y. Respler, personal communication, February 3, 2014). Dr. Respler indicated that because women are taught to demonstrate more modesty and exercise a greater amount of discretion and verbal restraint when communicating their sexual desires, women rarely talk to their

husbands about intimacy issues (Y. Respler, personal communication, February 3, 2014). She also spoke about how newlywed couples are expected to have sex on their wedding night, and how frightening this is for them because it often feels like you are going to bed with a stranger (Y. Respler, personal communication, February 3, 2014).

Ms. Rosenbaum responded to the second question by stating that she has found that men and women receive different messages about their sexuality during their development. Men have been taught that sexual desires are healthy and natural, but they are not to be fulfilled until after they are married. Orthodox women have been socialized with the idea that they have to protect their sexuality by adhering to the principles of modesty and using verbal restraint (T. Rosenbaum, personal communication, February 10, 2014). Ms. Rosenbaum explained that both Orthodox women and men encounter a sudden shift in role identity from being sexually abstinent to engaging in sexual intercourse after they become married. However, Orthodox women are socialized in a culture where abstinence and suppression of sexuality is highly valued; as such, the sudden shift in role identity for Orthodox women is experienced with a greater level of cognitive dissonance (T. Rosenbaum, personal communication, February 10, 2014). The challenge lies in suddenly needing to change the values and beliefs about sexuality with which Orthodox women were brought up, in spite of their desire to keep their attitudes and behaviors in harmony.

**Question 3.** In response to the question asking if it was more challenging to form a therapeutic relationship with Orthodox Jewish men versus Orthodox Jewish women, the responses given by both field consultants overlapped. Dr. Respler indicated that she found it easier to form a therapeutic alliance with her Orthodox male clients, because

they are more open and forthcoming when it came to issues regarding sex (Y. Respler, personal communication, February 3, 2014). Ms. Rosenbaum responded to the question by stating that she has not found it to be more challenging to form a therapeutic relationship with Orthodox males versus females (T. Rosenbaum, personal communication, February 10, 2014). Both Dr. Respler and Ms. Rosenbaum indicated that in their clinical experiences, the husband typically initiates treatment faster, and is the first to contact them, compared to the wives (Y. Respler, personal communication, February 3, 2014; T. Rosenbaum, personal communication, February 10, 2014). Ms. Rosenbaum indicated that Orthodox husbands initiate the treatment, with their wife serving as the identified patient. As such, her biggest challenge is shifting the therapeutic dynamic from the wife as the identified patient, to the couple as the identified patients (T. Rosenbaum, personal communication, February 10, 2014).

**Question 4.** When asked about whether younger generations of Orthodox Jewish clients felt more comfortable seeking psychological treatment from a professional outside of their community, Dr. Respler indicated that, “as a group they would like to see a therapist in their community” (Y. Respler, personal communication, February 3, 2014). She stated that the reason clients prefer to see a therapist within the Orthodox community is because clients don’t feel like they have to explain and justify everything with an Orthodox therapist. Dr. Respler mentioned that it has become much more common for individuals to seek psychological treatment in the community, therefore seeing a therapist is not stigmatized as much as it used to be (Y. Respler, personal communication, February 3, 2014). Dr. Respler mentioned that a lot of younger people who don’t have a lot of money seek treatment from therapists or Rabbi’s without appropriate training or

experience, because they are not as expensive as professionally trained therapists. The decision to seek treatment from someone who is inexperienced or not properly trained results in inappropriate and unsuccessful treatment (Y. Respler, personal communication, February 3, 2014).

Ms. Rosenbaum stated that she couldn't say whether younger or older people were more willing to see a therapist outside of the community. She explained that clients choose a therapist for reasons of their own, perhaps because they want to avoid running in to members of their community. If a client decides to seek treatment from a therapist outside of the community, then it is very important for the therapist to be respectful, knowledgeable, non-judgmental, and curious (T. Rosenbaum, personal communication, February 10, 2014).

**Question 5.** When asked about experiences treating Orthodox couples, where either the husband or the wife felt inhibited or embarrassed discussing issues regarding sexual intimacy, Dr. Respler stated that separating the couple has proven to be very helpful in situations where either partner feels inhibited (Y. Respler, personal communication, February 3, 2014). She clarified that Orthodox wives tend to be more verbally inhibited, and are often afraid to hurt their husbands feelings. Furthermore, she indicated that the husbands also feel more comfortable and safe to talk to the therapist without their wives present (Y. Respler, personal communication, February 3, 2014). Dr. Respler stated that as a therapist, her policy involves not disclosing what the husband said in his session, or what the wife said in her session. She indicated that she treats the husband and the wife as individual clients when she sees them separately. When the couple starts to feel comfortable with attending therapy together, she treats the couple as

her client (Y. Respler, personal communication, February 3, 2014). She indicated that although her approach was not traditional, she has found it to be very effective at facilitating communication in therapy with Orthodox couples.

In contrast, Ms. Rosenbaum expressed that feeling embarrassed about sexual intimacy is very normal, and indicated that everyone feels awkward discussing such personal topics in the beginning (T. Rosenbaum, personal communication, February 10, 2014). She stressed that she makes sure to tell her clients that feeling awkward, shy, or embarrassed are all feelings, and the couple needs to know that certain feelings can transcend into physical sensations. She makes sure to reframe her client's cognitions by reinforcing that it is a good thing that they are experiencing these feelings (T. Rosenbaum, personal communication, February 10, 2014). She also stated that being socialized in an Orthodox community with a value placed on modesty leads to the development of cognitive dissonance in Orthodox husbands and wives. Ms. Rosenbaum confirmed that in her experience, she has found that women are not educated about maintaining boundaries when it comes to sexual intimacy. She asserted that "women have never been told that they can say no, or stop here, or it doesn't feel good here" (T. Rosenbaum, personal communication, February 10, 2014). Furthermore, men and women socialized in the Orthodox community have a role identity that involves doing everything the right way. Consequently, the Orthodox couple experiencing sexual dysfunction is trying to do things in the right way; however, because they are unable to achieve intercourse or experience feelings of embarrassment or awkwardness their role identity is being injured (T. Rosenbaum, personal communication, February 10, 2014). Ms. Rosenbaum indicated that it is very important for the therapist to normalize the

couples' feelings or experiences, and tell them "this is who you are, and it's okay" (T. Rosenbaum, personal communication, February 10, 2014).

**Question 6.** Finally, when asked under what circumstances they consult with rabbis, Dr. Respler indicated that she consults with a rabbi very frequently. She mentioned that she consults with a rabbi particularly when the issue concerns the couple having oral sex (Y. Respler, personal communication, February 3, 2014). Since oral sex is a very controversial topic in Orthodox Judaism, Dr. Respler stated that in her experience, she has frequently encountered situations where the wife was unwilling to perform oral sex with her husband. In these situations, she has found consulting with a rabbi to be very helpful in reassuring the wife that she is not engaging in any unlawful behaviors by engaging in oral sex as a method of foreplay. The Rabbi's job in this situation would be to assure the wife that she would not be performing oral sex to completion (Y. Respler, personal communication, February 3, 2014).

In contrast, Ms. Rosenbaum stated that she only consults with rabbis at the couple's request. She stated that consulting with a rabbi could be very helpful in reducing the couple's anxiety in some situations, "the couple needs to know that their therapeutic alliance will not threaten their values" (T. Rosenbaum, personal communication, February 10, 2014). She emphasized the notion that therapists have to be careful to avoid becoming another voice of religious authority for the couple. Ms. Rosenbaum mentioned that she starts out the therapeutic process with a general disclosure, stating that the couple can consult with a rabbi at any point during the treatment; however, her treatment is based on what she thought was best therapeutically for the couple (T. Rosenbaum, personal communication, February 10, 2014). Ms.



Rosenbaum concluded that it was important for the therapist to use their clinical judgment regarding whether or not it would benefit the couple to incorporate a rabbi into the treatment (T. Rosenbaum, personal communication, February 10, 2014).

**Responses to rabbinical interview questions. *Questions 1 and 2.*** The answers provided by both field consultants overlapped in response to the question about whether Orthodox Jewish males find it difficult to consult with a rabbi about issues related to sexual intimacy. Rabbi Estulin and Rabbi Boudjnah stated that the husbands usually will come to see them first seeking help for intimacy issues (N. Estulin, personal communication, January 16, 2014; C. Boudjnah, personal communication, February 7, 2014). Rabbi Estulin mentioned that, in his experience, the number one problem that Orthodox husbands complain about is that their wives do not want sex (N. Estulin, personal communication, January 16, 2014). He mentioned that in these types of situations, he will work with the husband by helping him develop ways of talking to his wife that feels safe and comfortable. Additionally, he will recommend that his wife talk to the Rebbetzin in order to identify her reasons for not wanting to engage in sexual intercourse (N. Estulin, personal communication, January 16, 2014). Rabbi Boudjnah stated the following:

In Jewish orthodox laws, there are many times in a relationship when a couple will have to ask some questions in regards to Jewish laws, sexual issues, or what we call “Family Purity.” In the beginning it might be hard talking to someone else about those personal issues but over time it becomes normal and people don’t give it much thought. (C. Boudjnah, personal communication, February 7, 2014)

In response to the question asking about whether Orthodox females find it difficult to consult with a Rabbi about issues related to sexual intimacy, both Rabbi Estulin and Rabbi Boudjnah stated that Orthodox husbands will speak to a Rabbi and Orthodox wives will speak to the Rebbetzin (Rabbi's wife) regarding issues of sexuality and intimacy (N. Estulin, personal communication, January 16, 2014; C. Boudjnah, personal communication, February 7, 2014). Rabbi Boudjnah mentioned that "when a couple has some deeper problems a lot of times my wife and I will see them individually and then together" (C. Boudjnah, personal communication, February 7, 2014).

**Question 3.** In response to the question asking under what circumstances would a couple be referred to a psychologist for treatment of their sexual dysfunction, Rabbi Boudjnah stated that, "talking to a rabbi is not a substitute for therapy, a rabbi is a spiritual leader who can offer the couple guidance" (C. Boudjnah, personal communication, February 7, 2014). He mentioned that if he feels that the individual or couple's problems are outside of the spiritual realm, or may include issues with which he is unfamiliar, he will refer them to see a psychologist (C. Boudjnah, personal communication, February 7, 2014). Rabbi Estulin stated that he will meet with the husband a couple of times in order to get a better understanding of the problem. If he feels the couple's problem is due to psychological issues that he is unfamiliar with, he will refer the couple out to see a psychologist. However, he said he continues to talk to the husband while the couple attends therapy in order to provide him with support or guidance during the process (N. Estulin, personal communication, January 16, 2014). If necessary, he will provide consultation to the therapist regarding any questions or uncertainties that may arise during the treatment process.

**Question 4.** In response to the question asking what types of resources are available for Orthodox couples to use to receive help or support related to issues of sexual intimacy, Rabbi Estulin stated that before an Orthodox couple is married, the woman will attend Kallah classes and the husband will attend Chatan classes. The bride and groom will learn about Jewish laws regarding sexual intimacy and how to uphold them (N. Estulin, personal communication, January 16, 2014). Rabbi Boudjnah added that an Orthodox bride or groom may also choose to find a mentor who they trust. They will talk to that mentor for about ten hours before they are married. If there are issues that arise afterward, the husband or the wife can return to discuss these issues with their mentor (C. Boudjnah, personal communication, February 7, 2014).

**Question 5.** When asked whether younger generations of Orthodox individuals and/or couples consulted with them more often, compared to older Orthodox Jewish people, both consultants responded that they talked more often with individuals who are closer in age to them. Rabbi Boudjnah stated that because he and his wife are relatively young, younger generations of Orthodox individuals and couples have found them to be approachable. He also mentioned that older individuals rarely come to him and his wife for help and guidance (C. Boudjnah, personal communication, February 7, 2014). Rabbi Estulin stated that the majority of people who come to him for help are older in age, because they feel that their situations will be understood. He mentioned that the younger generations of Orthodox people will generally consult with a Rabbi who is younger, primarily because the person wants to feel like the Rabbi will be able to relate to their experiences or situations (N. Estulin, personal communication, January 16, 2014).

## **Presentation and Evaluation Feedback**

After the presentation was completed, the audience was given time to complete the anonymous Presentation Evaluation Form (Appendix F). The first portion of the evaluation form asked the participants to indicate their title and position. This provided information about each participant's professional background and training. There were a total of seven audience members who evaluated the presentation. The breakdown for the audience members' titles included four trainees, and three participants who held Doctorates in Psychology. The breakdown for position included two interns, two Marriage and Family Therapists, one Psy.D. Post-doc, and two licensed Psy.D. practitioners. The second portion of the presentation evaluation form consisted of seven questions, which were based on a five-point Likert scale. The breakdown of the ratings included: "Strongly Agree," "Disagree," "Neutral," "Agree," and "Strongly Disagree." In addition to the seven questions based on rating score, audience members were encouraged to provide additional written comments and feedback.

Upon reviewing the information provided in the Presentation Evaluation Form, the overall ratings given by the audience members fell into the positive ranges. For the first question, "The presenter fulfilled the objective of increasing the audience's knowledge of Orthodox Jewish laws regarding appropriate sexual practices," four evaluators gave a rating of "Agree" and three evaluators gave a rating of "Strongly Agree" (M=4.42, SD=0.53). For the second question, "The presenter increased audience's awareness of the unique treatment issues involved in sex therapy with Orthodox Jewish clients," four evaluators gave a rating of "Agree" and three evaluators gave a rating of "Strongly Agree" (M=4.42, SD=0.53). For the third question, "The

presenter increased audience's understanding of how a lack of knowledge about Orthodox Jewish laws regarding sexuality may lead to client's fearfulness or refusal to seek necessary treatment," three evaluators gave a rating of "Agree" and four evaluators gave a rating of "Strongly Agree" (M=4.47, SD=0.53). For the fourth question, "The presenter helped the audience learn about methods of modifying standard sex therapy treatment interventions by incorporating Orthodox Jewish laws," five evaluators gave a rating of "Agree" and two evaluators gave a rating of "Strongly Agree" (M=4.28, SD=0.48). For the fifth question, "The presentation was well organized, and presented in a professional manner," two evaluators gave a rating of "Agree" and five evaluators gave a rating of "Strongly Agree" (M=4.72, SD=0.48). For the sixth question, "The presenter was responsive to questions and appeared knowledgeable about the presentation topic," one evaluator gave a rating of "Agree" and six evaluators gave a rating of "Strongly Agree" (M=4.85, SD=0.37). For the seventh question, "I would recommend this presentation to other professionals," three evaluators gave a rating of "Agree" and four evaluators gave a rating of "Strongly Agree" (M=4.57, SD=0.53).

The final portion of the evaluation form asked the audience members to provide optional written feedback or comments that they had about the presentation. One evaluator wrote, "Great topic and very informative. Thank you." Another evaluator wrote, "Really important topic; Excellent presentation!" One evaluator provided constructive criticism stating, "On presentation not content, being aware of 'you know' being used as presenter spoke." The evaluation and feedback provided by the audience members were useful in order to gain a better sense of my efficacy as a presenter and the usefulness of the presentation content.

**Product Sample**

Please refer to Appendices D and E for copies of the PowerPoint presentation slides and accompanying notes.

## CHAPTER V

### Discussion

#### Clinical Implications

This doctoral project concluded with numerous clinical implications related to treating sexual dysfunction in Orthodox Jewish couples. I found a limited amount of cultural diversity research and literature examining the unique treatment implications involved in providing sex therapy to Orthodox Jewish clients. The scarcity of available cultural diversity research combined with the lack of knowledge regarding appropriate Orthodox Jewish sexual practices, may lead professionals to provide culturally insensitive treatment. For many therapists, facilitating discussions with their clients about issues related to religion and sex may be seen as taboo and intimidating. Consequently, in order for professionals to be able to ask their Orthodox Jewish clients appropriate questions about their sex lives, they must first gain the ability to recognize and overcome their own feelings of discomfort and apprehension. This will increase the clinician's level of cultural competency, and allow him/her to provide culturally congruent sex therapy to Orthodox clients.

It is important for clinicians to be aware that the majority of standard sex therapy treatment interventions are culturally incongruent with the religious beliefs held by Orthodox Jewish clients related to appropriate sexual practices. As a result of the discrepancy between standard sex therapy treatment interventions and religious beliefs held about appropriate sexual practices, clients might feel reluctant to seek psychological treatment. The lack of knowledge and awareness about Orthodox Jewish laws may lead clinicians to fail to incorporate religious practices into the treatment process. In order to

provide culturally sensitive therapy, the treating clinician must be understanding and respectful of their client's religious beliefs and practices, without imposing their personal beliefs and values. There are many myths, fallacies, and assumptions made about Orthodox Judaism amongst mental health professionals, as a result of their lack of knowledge and awareness. Consequently, it is very important for clinicians to develop a deeper understanding about themselves to recognize when the couple needs to be referred out, to receive a level of care that is beyond their scope of practice. To ensure a meaningful therapeutic experience for Orthodox Jewish clients, it is extremely important for professionals to establish proper psychological boundaries, and acknowledge the cultural differences that exist between the couple and therapist.

It is important for clinicians to be knowledgeable about how the principles of modesty impact the daily lives of Orthodox individuals, including modes of dressing, modesty in spoken language, appropriate behaviors, and acceptable sexual practices. Orthodox Jewish clients may be reluctant to use sexually explicit language to describe their own or their spouse's genitals. There has been evidence demonstrating that clinicians frequently label their clients behavior as pathological, when in reality it is culturally congruent (Loewenthal, 2006). As such, it is important for professionals to be knowledgeable about how modesty influences an Orthodox Jewish client's willingness to openly communicate during session. Professionals working with the Orthodox Jewish population also need to be mindful that Orthodox clients may demonstrate symptoms of anxiety or resistance regarding treatment, due to the fear that the therapist will challenge their religious beliefs related to sexuality. Additionally, Orthodox Jewish clients may feel apprehensive about seeking treatment because they are afraid that that they will be



forced to engage in unlawful behaviors. To assist mental health clinicians to decrease their clients' fearfulness of violating the rule prohibiting physical contact between men and women, establishing a strict no touching policy has been shown to be effective.

The Orthodox Jewish population is a very diverse group of individuals, which highlights the importance of clinicians remaining mindful about making sure to be sensitive and empathic while conducting their assessment of the couple. Mental health clinicians need to be knowledgeable about how within group differences among the main branches of Judaism may significantly impact a client's attitude toward seeking mental health treatment. For this reason, it is very important for mental health clinicians to ask their clients many questions about their religious beliefs and demonstrate a genuine curiosity. The information obtained through the comprehensive literature review, field consultant interviews, and the presentation was intended to increase mental health professionals' awareness levels regarding the unique treatment issues that may emerge when treating sexual dysfunctions in Orthodox Jewish clients. My goal was to increase the cultural competence of clinicians providing sex therapy treatment to Orthodox Jewish clients. A secondary goal was to draw the attention of mental health professionals to the lack of research on the treatment of sexual dysfunction in Orthodox Jewish clients, in the hopes that more research studies will be conducted in the future. There is a great deal of information that is left unknown or is not discussed by Orthodox clients with individuals in the secular world, regarding their therapeutic expectations. Nevertheless, in spite of this limitation it is still extremely important for therapists to forge a connection in order for clients to feel understood and supported.

### **Areas for Further Research**

Research has shown that the Orthodox Jewish population has largely been overlooked in cultural diversity research and within the multicultural counseling movement (Schnall, 2006). There is a need for mental health professionals to include the Orthodox Jewish population in multicultural research, in order to increase the knowledge and awareness of professionals working with this population. Seeing as Orthodox Judaism is such a diverse religion with significant within group differences, future research needs to focus on exploring the effects of religion on treatment seeking attitudes. It is extremely important for mental health practitioners working with the Orthodox population to have adequate knowledge about Judaism, in order to avoid the use of stereotypes or biases. Future research needs to focus on the importance of becoming a culturally competent clinician.

It is important for mental health professionals treating sexual dysfunction to have adequate knowledge about Orthodox Jewish laws related to sexual practices, in order to be able to properly modify treatment interventions. Given that existing research in this area is almost non-existent, any future research exploring strategies of modifying standard treatment interventions would provide significant contributions to the field of counseling and sex therapy. Additionally, by making sex therapy treatment more culturally congruent with Orthodox Jewish beliefs, this could increase the utilization of mental health services in the Orthodox Jewish population.

### **Limitations of the Project**

The biggest limitation of this doctoral project is the lack of research literature that is available on treating sexual dysfunction in Orthodox Jewish clients. The research that

was available was either extremely outdated, or focused on general multiculturalism issues without specifically focusing on the Orthodox Jewish population. Orthodox Judaism is an extremely diverse religion that includes many within group differences. Today, individuals who identify as Orthodox may not necessarily adhere to all the beliefs and principles of traditional Orthodoxy. Instead, they may identify more with the Modern Orthodox branch of Judaism. As such, mental health clinicians need to be aware that older research conducted on the Orthodox Jewish population that is cannot be relied on. There is a significant need for more research to be conducted on the Orthodox Jewish population specifically, exploring the various within group differences.

The second limitation to this doctoral project involved the limited number of field consultants that were available for interviews. The author experienced significant difficulty trying to find mental health professionals who work with the Orthodox Jewish clients. The primary reason for the shortage of field consultants is because there are so few clinicians who specialize in working with the Orthodox Jewish population. Additionally, due to the geographical locations and time limitations of two of the field consultants were interviewed over the phone and one via e-mail.

### **Personal Reflections and Critique**

I began the research for my doctoral project with an interest in issues related to couples and sexual intimacy. With the help and guidance of my project supervisor, I began my research on the treatment of sexual dysfunction in Orthodox Jewish couples. I quickly discovered that there was a complete absence of current literature investigating the treatment of Orthodox Jewish couples. The lack of available research made it significantly more challenging for me to complete the comprehensive literature review.

However, it also made me realize the critical need for more research and attention to be focused on the Orthodox Jewish population. The objective of this project was to increase awareness of the dire need for more multicultural research to be conducted with the Orthodox Jewish population. By highlighting the importance of providing culturally sensitive sex therapy treatment, congruent with Orthodox Jewish religious beliefs, the hope was to increase utilization of mental health services in the Orthodox community.

I was very excited and pleased to see how enthusiastic and curious audience members were about the presentation topic. However, during my presentation I observed that many audience members demonstrated a limited understanding about basic Orthodox Jewish sexual practices. In hindsight, if more time had been allotted, I would have liked to conclude the presentation by providing participants with a clinical vignette about a young Orthodox couple presenting with symptoms of sexual dysfunction. Afterwards, I would have liked to facilitate a group discussion by asking participants to share their thoughts and insights about the vignette. Specifically, my goal for the discussion would involve promoting and encouraging audience members to reflect upon specific cultural issues, biases, stereotypes, and treatment issues that may arise. In order to achieve the goal of increasing the cultural competency of audience members, I would have also liked to facilitate a discussion regarding how their personal cultural or religious beliefs may impact the treatment process.

Completing this doctoral project has been one of the most challenging, overwhelming, and fulfilling tasks that I have ever achieved in my life. Although, I began this project with no personal ties to the topic, throughout this journey I have learned so much about my own religious background. I feel extremely grateful that through my

research, I had the opportunity to develop a deeper connection and understanding about Judaism and all of its traditions.

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APPENDIX A

**Field Consultant Interview Consent Form**

Interview Consent Form for Field Consultants

I have been informed that this doctoral project interview will be conducted by Natalie Itkin, a graduate student at the California School of Professional Psychology at Alliant International University, Los Angeles. I understand that this project is designed to study Treating Sexual Dysfunction in Orthodox Jewish Couples, and that I have been contacted by the above student to offer input as a Field Consultant because I have some expertise and/or clinical/professional knowledge about the stated project topic. The purpose of the interview is to not only fill the informational “gaps” that exist in the professional literature about this topic, but to also examine if what is discussed in the research literature is actually being practiced/observed in the community by field professionals.

I am aware that my participation as one of the Field Consultants will involve answering some interview questions (face-to-face, if possible) designed to understand Treating Sexual Dysfunction in Orthodox Jewish Couples. I am aware that the interview will be audiotaped -- or conducted via phone or email correspondence, if preferred. The amount of response to these interview questions can be as lengthy or brief as I see appropriate for myself, and I can choose to respond only to those questions that I feel qualified to answer, if needed. The interview process may take approximately 60 minutes of my time to complete, and the interview will be audiotaped (if face-to-face or via phone contact) to ensure its quality and accuracy.

I have been informed that my participation in this study is voluntary and I can withdraw at any time. I understand that this is a professional interview/contact where I will be asked to share my clinical/professional expertise on the stated project topic. Some of the interview contents may be used within the project report as personal communication citations, and my contribution to this study will be appropriately cited within this project.

I am aware that although I may not directly benefit from this study, my participation in this project will further increase knowledge and awareness in the field of psychology -- specifically, pertaining to Treating Sexual Dysfunction in Orthodox Jewish Couples. I understand that I may contact Natalie Itkin at Natalie.Itkin@gmail.com OR his/her project supervisor, Ronda Doonan, Psy.D. at 1000 S. Fremont Ave. Unit #5, Alhambra, CA, 91803 or (626) 270-3325 if I have any questions regarding this project or my participation in this interview as a Field Consultant. I understand that at the end of this study, I may request a summary of the results or additional information about the study from the above student.

I have read this form and understand what it says. I voluntarily agree to participate in this professional interview as a part of the student’s doctoral project. I understand that I will be signing two copies of this form. I will keep one copy and the student, Natalie Itkin will keep the second copy for his/her records. If I have received this Consent Form and the Interview Questions via email, by returning my answers via reply, I am agreeing to the above-stated conditions.

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

APPENDIX B

**Mental Health Field Consultant Interview Questions**

### **Mental Health Field Consultant Interview Questions**

1. Are your clients referred to you for treatment more often by their rabbi, or do you find that they are self-referred?
2. In your experience, what are the factors that make the beginning of a marriage and sexual relationship more challenging for Orthodox Jewish couples?
3. Do you find it more difficult to form a therapeutic relationship with an Orthodox Jewish male client, versus Orthodox Jewish female client? (And Vice Versa depending on the sex of the therapist).
4. Do you find that younger generations of Orthodox individuals and/or married couples feel more comfortable with the idea of seeking psychological treatment from a professional outside of their community, compared to older orthodox Jewish individuals?
5. When conducting treatment with an Orthodox Jewish couple, do you frequently encounter situations where either the wife or the husband feel inhibited or embarrassed discussing issues concerning sexual intimacy in the presence of their partner? If so, how do you handle those situations?
6. Under what circumstances do you consult with a rabbi?

APPENDIX C

**Rabbinical Field Consultant Interview Questions**

### **Rabbinical Field Consultant Interview Questions**

1. Do you find it difficult for Orthodox Jewish males to consult with a rabbi about issues related to sexual intimacy?
2. Do you find it difficult for Orthodox Jewish females to consult with a rabbi about issues related to sexual intimacy? Do they talk to your wife or the wife of another rabbi first before consulting with you?
3. Under what circumstances do you refer a couple or individual to a psychologist for treatment of their sexual dysfunction?
4. In your experience, what resources do Orthodox couples use to receive the help or support they need for issues related to sexual intimacy?
5. Do you find that younger generations of Orthodox individuals and/or married couples consult with you more often, compared to older orthodox Jewish individuals?



APPENDIX D

**PowerPoint Presentation Slides**

## Treating Sexual Dysfunction in Orthodox Jewish Couples

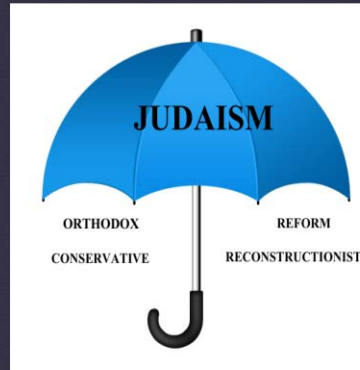
Natalie Itkin, M.A.  
California School of Professional Psychology,  
Los Angeles at Alliant International University

## Presentation Objectives

☞ Participants will gain:

- ☞ Increased knowledge about religious laws impacting sexual relationships in Orthodox Jewish couples.
- ☞ Increased awareness of the unique issues involved in treating sexual dysfunctions in the Orthodox Jewish population.
- ☞ Strategies to help modify standard sex therapy treatment interventions.
- ☞ Increased understanding of the importance of developing cultural competence, and providing culturally sensitive therapy.

## What Is Judaism ?



☞ One of the world's oldest religion, that is still practiced today.

☞ Primary difference between the four branches of Judaism, is their approach and level of adherence to traditional Jewish laws.

## Laws of Modesty

- ☞ Intended to provide the individual with the ability to exercise self-control and self-discipline
  - ☞ Conservative modes of dress for men and women
  - ☞ Regulate appropriate sexual practices for Orthodox married couples
  - ☞ Culturally appropriate behavior for men and women
  - ☞ Prohibition of physical contact between unmarried males and females
- ☞ Modify treatment to accommodate and respect principles of modesty

(Schnall, 2006; Blass & Fagan, 2001)

## Modesty in Spoken Language

- ☞ Strongly opposes use of explicit language when talking about issues related to sexual intimacy
- ☞ Women are taught to use more verbal restraint
  - ☞ Studies show Orthodox women rarely discuss sexual problems with their husbands, and are fearful of performing sexual acts that violated Jewish law (Friedman et al., 2009)
- ☞ Unlikely that Orthodox couple will talk to therapist about intimate lives
  - ☞ Husband will seek Rabbi's help first
- ☞ "*Lashon Harab*" - Resistance related to speaking badly about others (Rieman, 2009)

## Sexual Relationship in Orthodox Judaism

- ☞ Orthodox Judaism considers sexual relationship to be very important
  - ☞ Premarital sex prohibited
  - ☞ Gender-segregated schools from young age
  - ☞ Prior to an Orthodox Jewish wedding, bride will attend *Kallah* classes.
  - ☞ Expectation to have sexual intercourse on wedding night
    - ☞ Couple may experience feelings of fearfulness and anxiety
    - ☞ Important to acknowledge and normalize couples feelings
- (Ribner, 2003)

## Sexual Relationship in Orthodox Judaism

- ☞ Taharat Hamishpacha
    - ☞ Guidelines for the sexual lives of married Orthodox Jewish couples
    - ☞ Acceptable sexual practices under Jewish laws
  - ☞ Laws of Niddah
    - ☞ Ritually unclean period
    - ☞ Couple is prohibited to engage in any form of physical contact
  - ☞ Very Important for therapist to honor two week period of abstinence, and highlight benefits.
- (Gutterman, 2008)

## General Practices Impacting Treatment

- ☞ Many Orthodox Jewish clients may feel reluctant to seek sex therapy due to:
  - ☞ Assumption that religious beliefs will be challenged
  - ☞ Fearfulness of engaging in unlawful activities
  - ☞ Confidentiality is of extreme importance
    - ☞ Orthodox community places a stigma about mental illness and psychological treatment- "*Shidduch Anxiety*"
  - ☞ Orthodox clients may hold inaccurate beliefs about therapy
    - ☞ Clients may feel let down or discouraged

(Blass & Fagan, 2001)

## Working with Orthodox Couples

- ☞ Incorporate Jewish laws into treatment interventions
- ☞ Couple may consult with their Rabbi at any time
  - ☞ Rabbi may ease couples discomfort regarding engaging in questionable or unlawful activities
- ☞ Therapist must be prepared to give detailed explanations regarding prescribed treatment intervention
  - ☞ Rabbi may grant temporary permission for the couple to engage in non-vaginal ejaculation

(Ribner, 2003; Sublette & Trappler, 2000)

## Modifying Treatment

- ☞ Modify standard treatment interventions: Sensate focus, Stop/Start, Squeeze technique
- ☞ Rabbi may grant temporary permission to engage in unlawful activities if:
  - ☞ Sexual problem interferes with the couple's ability to conceive or achieve sexual satisfaction
- ☞ Use agreed upon language to discuss sexually explicit material
- ☞ Use of models or pictures has proven to be an effective method of treatment when client lacks knowledge about basic anatomy

(Ribner, 2004)



## Recommendations for the Therapist

*To know others, we must first know ourselves --- Adage*

- ☞ Therapist must be knowledgeable about Judaic laws and beliefs
- ☞ Incorporate working with Rabbi into treatment
- ☞ Appreciate and acknowledge the risk and effort made by Orthodox clients to seek treatment.
- ☞ Therapist need to flexible and open-minded to modify standard treatment interventions
- ☞ Have awareness of your own cultural prejudices and stereotypes
- ☞ Avoid risk of engaging in a dual relationships with clients, through membership in professional organizations and peer groups

## Conclusion

- ☞ What contributes to the underutilization of mental health services by Orthodox Jewish clients experiencing sexual dysfunction?
  - ☞ Absence of current cultural diversity research and literature on the Orthodox Jewish population available to clinicians
  - ☞ Lack of knowledge and understanding about Orthodox Jewish laws related to appropriate sexual practices
  - ☞ Developing self-awareness of personal stereotypes and biases held about Orthodox Jewish culture



**Thank You !**

Please Take A Moment To Complete The Questionnaire Form



APPENDIX E

**Power Point Lecture Notes**

**Slide #1- Introduction**

My name is Natalie Itkin and I am a doctoral candidate at the California School of Professional Psychology. Thank you all for attending this afternoon.

- There has been more attention focused on culture, religion, race, and ethnicity in clinical work, however the Orthodox Jewish population has largely been overlooked in cultural research.
- Because of significant within-group variability, stereotypes are frequently used instead of actual knowledge and experience working with the Orthodox Jewish community.
- To eliminate the use of stereotypes and assumptions made by clinicians about Orthodox Jewish people, it is critical to become knowledgeable about Judaism and the Orthodox Jewish culture.
- As well as how to provide culturally congruent and affirmative psychotherapy services to the Orthodox community.

**Slide #2- Learning Objectives**

- The goals for this presentation include increasing your knowledge about Orthodox Jewish laws related to appropriate sexual practices.
- Increase your awareness of the unique issues involved in treating sexual dysfunctions in the Orthodox Jewish population.
- During the discussion, you will also learn about methods and strategies that can assist in modifying standard sex therapy treatment interventions, in order to incorporate Jewish laws and beliefs into the treatment.
- Following this presentation, you will gain a better understanding about the importance of becoming a culturally competent clinician, and providing culturally sensitive therapy when working with Orthodox Jewish clients.

**Slide# 3- What is Judaism?**

- Originated from the beliefs and practices of the ancient Israelites.
- Four main branches of Judaism: Orthodox, Reform, Conservative, Reconstructionist.
- Orthodox is the most traditional branch of Judaism
- Individuals identifying themselves as Orthodox Jewish, all share a common desire to live their lives adhering to all of the laws and principles prescribed in the Torah.
- Important to remember that there are significant within-group differences regarding religious practices and beliefs even within a single branch.
- Clinicians must be careful to avoid making any assumptions about their clients level of religious observance,
- Clinicians are strongly encouraged to ask questions when they are uncertain about something, and be genuinely curious about what their clients religious beliefs.
- Depending on which branch of Judaism the client identifies with, may directly impact their treatment seeking attitudes.

**Slide#4- Laws of Modesty**

- Intended to provide the individual with the ability to exercise self-control and self-discipline, in order to prevent ideas of sex from entering and dominating the individuals' behaviors and thoughts.
- Many Orthodox Jewish clients may feel reluctant to seek sex therapy due to their assumptions that the therapist will argue or challenge their religious beliefs.
  - Therapist demonstration of their knowledgeable about principles of modesty, will help decrease client's levels of anxiety related to their fear of being forced to engage in unlawful behaviors.
  - Additionally, therapist's awareness of principles of modesty demonstrates to clients that their religious beliefs will be respected and acknowledged, and the therapist's intent is not to challenge their beliefs- instead to work with their beliefs.
  - Demonstrating empathy and understanding regarding client's feelings of anxiety and resistance
  - Making sure not to pathologize behaviors, and recognize cultural congruence

**Slide#5-Modesty in spoken language**

- Orthodox Jewish culture opposes use of explicit language
- Women taught to exercise more verbal restraint when talking about their sexual desires, opting instead to utilize non-verbal gestures.
- Due to principles of modesty, it is unlikely that couple will reveal intimate details about their lives to a sex therapist
- Based upon Rabbi's level of comfort and knowledge regarding the issue, he will make the decision regarding whether to continue counseling the couple or refer them to a sex therapist
- Using agreed upon language to discuss intimate topics, to make sure not to offend clients
- Apprehension about speaking badly about others- Lashon Harah, destructive speech such as gossip and slander.
- Work with Rabbi, to alleviate couples anxiety and demonstrate importance of open communication to facilitate successful treatment outcomes.
- Special attention needs to be paid to what and how something is said.
  - Normalize client's feelings of nervousness and apprehension
  - Make client's feel safe and comfortable by using agreed upon language
  - Avoid labeling client's resistance or avoidance as pathological

**Slide#6- Sexual Relationship In Orthodox Judaism**

- Prohibition of pre-marital sex
- Since children attend gender-segregated schools, have strict rules against interaction and physical contact with opposite sex, and have limited sex education, brides and grooms have limited knowledge regarding sex, sexual organs, and their functions.

- Prior to an Orthodox Jewish wedding, the bride will attend Kallah classes where she will learn about religious laws and guidelines for appropriate sexual practices.
- In Orthodox Judaism, sexual relationship considered very important because of its ability to sustain and strengthen the marital bond and promote fidelity.
- Couple goes from being taught that thoughts or feelings about sex are forbidden, to strong emphasis on having sex and fulfilling desires for intimacy.
- Expectation for the newlywed couple to engage in sexual intercourse on their wedding night
  - Any postponement of physical intimacy after wedding night is considered to be problematic
  - Couple's first experience being intimate, physically close is on their wedding night
  - Being completely nude in front of the other partner may feel extremely uncomfortable for newlyweds
  - It is important for therapist to normalize and acknowledge these feelings of discomfort and embarrassment

#### **Slide#7- Sexual Relationship in Orthodox Judaism (Cont.)**

- Explanation of **Taharat Hamishpacha**:
  - Laws of Family Purity, regulated appropriate sexual behaviors
  - Intercourse must be performed missionary style, with the lights turned off or dimmed
  - Laws about foreplay are more lenient
  - The couple must be completely naked, with nothing coming in between their bodies.
  - Prohibition of extra-vaginal ejaculation, because it is seen as a method of preventing pregnancy, and is commonly referred to as “destruction of the seed”
  - Therapist must structure treatment by taking into account laws of family purity, and work closely with Rabbi when possible.
- Explanation of observation of Laws of **Niddah**:
  - Ritually unclean period
  - Begins when the woman experiences her first “bleeding day,” and continues until the end of the seventh “clean day.”
  - During the period of *Niddah*, the wife and husband are strictly forbidden to engage in any form of physical contact or behaviors the, wife and husband will sleep in separate beds.
  - Encourages the couple to engage in non-suggestive conversation and physical distancing, like not passing items from hand to hand or not drinking from the same cup
  - On the seventh “clean day” the wife fulfills her obligation of immersing herself in the *Mikvah* that night.
  - Mikvah is a ceremonial bath, which involves entering into the water nude, relaxing your arms and legs, and immersing into body of water. When the woman emerges, she comes out whole and pure.

- After the wife has immersed herself in the ritual bath of the *Mikvah*, the couple is strongly expected to resume physical intimacy that night.
- Orthodox couple is expected to uphold rules of Niddah until wife enters menopause, with the exceptions of pregnancy and nursing until post partum menstruation resumes.
- Therapists must structure treatment to honor period of Niddah.
  - Honor two weeks of prohibition of sexual intercourse (more or less).
  - Emphasize benefits of the prohibited two-week break, as a time to reduce anxiety and focus on a different aspect of their relationship.

### **Slide#8- General Practices Impacting Therapy**

- Fearful that therapist will challenge, undermine their religious beliefs regarding sex and modesty.
- Since most Orthodox Jewish people live in close knit communities, many are fearful that people in the community will find out they are seeking therapy.
- Many Orthodox Jewish individuals report that their Orthodox communities place a stigma on the idea of seeking out psychological help
- A couple that has never had prior treatment experience, may hold inaccurate beliefs about therapy.
- They are used to question response style of communication, which differs significantly from the self-exploration form of communication used in therapy.

### **Slide#9- Working with Orthodox Couples**

- Working with a rabbi, may help decrease the couples anxiety and increase willingness to perform necessary interventions.
- The clinician should be as detailed and straightforward in addressing:
  - Which treatment modality is considered to be most effective
  - What are the possible consequences or side effects involved in using alternative treatment methods, including religious ones.
  - Any long and/or short-term consequences that may occur in response to the couples decision to not seek treatment for the problem
  - Expected duration of the intervention is
- Therapists must work closely with a Rabbi in order for him to grant temporary permission for the couple to engage in non-vaginal ejaculation as a treatment intervention
- The Rabbi's main objective in giving the couple temporary permission to perform sexual activities that conflict with Jewish laws, is to help the couple fulfill their duty to "be fruitful and multiply," and achieve a satisfying and successful marriage
- The Rabbi may ease the couple's distress and anxieties regarding the religious implications of performing the prescribed treatment interventions by reassuring them that the prescribed treatment intervention is considered to be lawful according to the Torah

**Slide#10- Modifying Treatment**

- Standard treatment interventions need to be altered when working with Orthodox couples.
- In situation when either partner lacks the knowledge or understanding about basic human anatomy, models or pictures has proven to be an effective method of treatment (Blass & Fagan, 2001).
- It has been noted that the capacity for a female to achieve an orgasm gradually increases as she gains knowledge and self-awareness about her body as well as encountering different types of sexual stimulation (Baumeister, Miracle, & Miracle, 2003).
- If a couple is initially uncomfortable being completely naked with each other, the therapist may suggest that they remain fully or partially clothed and simply exchange back rubs. Then progressively as they become more comfortable, they may undress completely and engage in sensate focus. Then they may progress to being naked from the waist up and exchange front and back caresses. From there, once their comfort level has increased, they may undress completely and engage in sensate focus. This will allow some sense of modesty and control as couples become more comfortable with each other.

**Slide#11-Recommendations For Therapist**

- It is imperative for the treating clinician to develop a solid understanding about the variety of interpretations of Judaic laws, traditions, practices, and beliefs that exist among different Orthodox sub-groups.
- Modify treatments in accordance with religious beliefs
- It is imperative that the clinician is aware of their client's apprehension regarding how they will be perceived by the clinician prior to starting treatment.
- Taking into account the unique issues and barriers that Orthodox Jewish clients face in seeking mental health treatment, clinicians are strongly urged to recognize and appreciate the tremendous effort and risk that Orthodox clients make in their decision to seek treatment.
- Important to for clinicians to avoid mistaking or misinterpreting their client's behavior as paranoid.
- As ethically and culturally competent sex therapists, must become aware about their own prejudices that they hold about Orthodox Judaism and sex in general.

APPENDIX F

**Presentation Evaluation Form**

**Presentation Evaluation Form**  
**Treating Sexual Dysfunction In Orthodox Jewish Couples**  
**April 2, 2013**  
**Natalie Itkin, M.A., Psy.D. Candidate**

*Your evaluation is anonymous, but please provide your Title and Position:*

---

(e.g. M.A., Psy.D. Intern)

*Please provide your opinion regarding today's presentation, by marking the box which best corresponds with your agreement for each of the statements below.*

	Strongly Agree	Disagree	Neutral	Agree	Strongly Disagree
1. The presenter fulfilled the objective of increasing audience's knowledge of Orthodox Jewish laws regarding appropriate sexual practices.					
2. The presenter increased audience's awareness of the unique treatment issues involved in sex therapy with Orthodox Jewish clients.					
3. The presenter increased audience's understanding of how a lack of knowledge about Orthodox Jewish laws regarding sexuality may lead to client's fearfulness or refusal to seek necessary treatment.					
4. The presenter helped the audience learn about methods of modifying standard sex therapy treatment interventions by incorporating Orthodox Jewish laws.					
5. The presentation was well organized, and presented in a professional manner.					
6. The presenter was responsive to questions and appeared knowledgeable about the presentation topic.					
7. I would recommend this presentation to other professionals.					
Please feel free to leave additional comments below (Optional):					

***Thank you for your attendance and providing your feedback on this evaluation form!***



APPENDIX G

**Vita**

**NATALIE ITKIN**

**EDUCATION HISTORY**

- 08/2009**            **Alliant International University**  
**California School Of Professional Psychology**  
 Alhambra, CA  
 Individual, Family, & Child Emphasis Area  
 Degree Expected: 2013
- 12/2012**            **Alliant International University**  
**California School Of Professional Psychology**  
 Alhambra, CA  
 M.A. Clinical Psychology
- 08/2006-05/2009**    **California State University Northridge**  
 Northridge, CA  
 M.A. Clinical Psychology
- 08/2002-06/2006**    **California State University Northridge**  
 Northridge, CA  
 B.A. Clinical Psychology, Cum Laude

**CLINICAL EXPERIENCE**

- 08/2012- 07/2013**    **Pre-Doctoral Intern**  
**San Fernando Valley Community Mental Health Clinic**  
**Van Nuys, CA**
- 08/2011-08/2012**    **Pre-Doctoral Intern**  
**WISE& Healthy Aging**  
**Santa Monica, CA**
- 09/2010- 08/2011**    **Practicum Intern**  
**LA Gay & Lesbian Center**  
**Los Angeles, CA**
- 08/2006- 06/2009**    **Master's Level Student, Fieldwork**  
**Child And Adolescent Diagnostic Assessment Program**  
**Northridge, CA**

## **PSYCHOLOGICAL ASSESSMENT**

Experience in administering, scoring, and interpreting the following: Wechsler Intelligence Scale For Children (WISC-IV), Woodcock-Johnson Tests Of Cognitive Abilities and Achievement III (WJ-Cog-III), Wide Range Assessment of Memory And Learning (WRAML-2), Bender Visual Motor Gestalt Test-II, Developmental Test Of Visual-Motor Integration (VMI-4), Peabody Picture Vocabulary Test (PPVT-III), Comprehensive Test Of Phonological Processing (CTOPP), Wechsler Individual Achievement Test (WIAT-II), Wide Range Achievement Test (WRAT-4), Children's Depression Inventory (CDI), The Millon Clinical Multiaxial Inventory- III (MCMI-III), The Minnesota Multiphasic Personality Inventory (MMPI-2), Wechsler Individual Achievement Test (WIAT-II), Wechsler Adult Intelligence Scale-IV (WAIS-IV), The Thematic Apperception Test (TAT), Beck Depression Inventory, and ADHD Checklist.

## **LANGUAGES**

Fluent in Russian

## **HONORS**

- Dean's Honor List Spring 2006 at California State University, Northridge
- Deans Honor List Spring 2004 at California State University, Northridge
- Deans Honor List Spring 2003 at California State University, Northridge
- The National Society of Collegiate Scholars, April 2003
- The National Dean's List, 2005

## **PROFESSIONAL MEMBERSHIPS**

American Psychological Association, Student Affiliate, September 2007-present  
California Psychological Association, Student Affiliate, September 2007-present  
Psi Chi: The National Honor Society in Psychology, December 2005-present  
Phi Eta Sigma National Honor Society, October 2003- present