

part 1

**SPIRITUALLY ORIENTED
PRACTICE WITH COUPLES**

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From a spiritual perspective, the purpose of couple work is to help both people co-create a Relationship of Spiritual and Universal Diversity in which the spiritual development of both partners is supported. Such a relationship is a healthy model for other couples in the larger community. This spiritually healthy couple also is interconnected with the larger community and local ecosystem in a variety of ways, and may interact through such activities as service, religious ceremony, and leadership.

Spiritual practice with couples does not replace traditional methods of couple therapy; rather, it *adds* the spiritual dimension to traditional couple work. The symptoms that the couple initially present with are viewed by the social worker as signals from the souls of the partners. These souls are sending messages to the couple about the spiritual nature of their lives and relationship. The task of the social worker is, in part, to help the partners discover their own individual spiritual paths and how their paths interact in the relationship.

From a spiritual perspective, the sexual dimension of the relationship intensifies the possibility of spiritual intimacy and spiritual development for the partners. Thus, sexuality can be seen as a potential powerful catalyst for spiritual growth in each individual's life. Since spirituality and sexuality are both connecting forces, sexuality can also be viewed as a form of spiritual expression that can help people connect with their own bodies, with other people, and with Creative Spirit. From a spiritual perspective, sexual attraction is a gift from God or Creative Spirit that can, like any transforming spiritual gift, bring both suffering and ecstasy.

DEEP SEXUAL RELATIONSHIP

Sexual attraction can lead to a deep sexual relationship. A *deep sexual relationship* is a special connection between two people, characterized by *com-passion* for each other's well-being, ongoing intent to develop *multidimensional intimacy*, the gift of *vertical and horizontal compatibility*, and *mutual commitment to each other's Highest Good*.

Com-Passion

Com-passion is a surrender to love in which each person can experience both the suffering and the ecstasy of his or her partner. In com-passion, the lover "suffers with" her partner when the other is in pain as well as "enjoys with" her partner when the other is in ecstasy. Such intimacy is as intensely connecting as the individual's heart and mind and soul are open to such intensity. This surrender to love can be seen as a surrender to Creative Spirit or God, similar to the transpersonal process of disidentification (see Chapter 7).

Many people experience the beginning of erotic love as a gift from their God or Creative Spirit. Our ancestors often likened the experience to a powerful and sudden loss of individual control or power. The power was now in the hands of the god or goddess of love. Perhaps that is why people still say they "fall" in love. In this sense, sexuality is also akin to spirituality, because people who have intense spiritual experiences also often say that they give up their power to a greater force or power or God.

The spiritually oriented social worker knows that when a person falls in love, the experience always means *something* for that person. Perhaps the experience will lead to a wonderful, life-long marriage. Perhaps the person the individual is falling in love with is someone who is not so good or compatible for him or her. Either way, there are important spiritual life lessons to be learned.

The gift of com-passion can occur on any or all of the levels of consciousness. On the *prepersonal* level, the client may want to fully enjoy the excitement (and the pain) of the falling of the ego into love. On the *personal* level of consciousness, the client may want to examine not only the sexual feelings but also the spiritual, emotional, cognitive, and social experiences she is having. The client does this examination so that she can better understand who the person really is that she is falling in love with, and so that she can begin to understand what the experience means to her. This process could take hours or years. Finally, on the *transpersonal* level, the client may use the sexual experience as an opportunity to have a transformation of consciousness. Such a transformation of consciousness is possible because the heart, mind, and soul are often all opened up, creating a special window of opportunity for spiritual growth. The social worker's task is not to try to create or re-create passion for the client, but rather to help the client uncover and express that passion in ways that support her spiritual process.

Multidimensional Intimacy

Sexuality is the catalyst for some of the deepest intimacy that humans can experience. As described in Chapter 6 (see Table 6.3), deep intimacy is multidimensional, vertical, and horizontal. Deep sexuality is a form of intimacy that is also multidimensional, vertical, and horizontal. *Vertical* sexuality is about how the person's sexuality can help him deepen his own body-mind-spirit-environment connection. *Horizontal* sexuality is about how the person's sexuality can deepen his con-

nection with another person. Sexuality is multidimensional because it can help foster sharing in all the dimensions of development (see Box 17.1).

The social worker's task is to help clients develop the intimacy they need in any or all of these categories. Each client may need intimacy more in some dimensions than in others. The social worker can help the clients become aware of the kinds of intimacy that are most important to them.

Vertical and Horizontal Compatibility

From a spiritual perspective, compatibility with another person is a gift from Creative Spirit or God. The traditional view of compatibility is that there are human characteristics that tend to stay stable over the lifetime and that if two people are not compatible today they will not be compatible tomorrow, regardless of what they try to do about it. This *horizontal compatibility* is thus about the ability of the person to like, live comfortably with, and accept her or his partner. Horizontal compatibility can include compatibility across any of the dimensions of intimacy described in Box 17.1.

The social worker's role is not to enhance horizontal compatibility, but to help the client become more aware of what kind of compatibility she needs, who she is compatible and incompatible with, and what the spiritual meaning of her experiences are. The social worker knows that the client will be attracted to a variety of people, and that some people of these people will be much more compatible with her than others. The worker strives to help the client understand why she is sometimes attracted to people who are not good for her and to let go of such unhealthy patterns so she can have what she does want in her love life.

Another kind of compatibility has to do with the relationship a person has with himself. This *vertical compatibility* is about the ability of the person to like, to live with, and accept himself. A person cannot have more vertical compatibility

BOX 17.1

MULTIDIMENSIONAL (DEEP) INTIMACY AND SEXUAL EXPRESSIONS IN HEALTHY SEXUALITY

Spiritual intimacy	Sharing souls
Physical intimacy	Sharing bodies
Emotional intimacy	Sharing hearts
Cognitive intimacy	Sharing minds
Social intimacy	Sharing friends
Environmental intimacy	Sharing nature

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than he has horizontal compatibility. Vertical intimacy does not mean that a person must always "bloom where he is planted" and stay with a partner regardless of the level of horizontal compatibility that they share. However, from a spiritual perspective, the individual is a body-mind-spirit-environmental being who is most likely to stay happily in a long-term relationship when he is compatible both with himself as well as with his lover. The social worker can help a client recognize the extent to which he feels compatible with himself, and to recognize the extent to which the lack of horizontal intimacy in his relationship is due to his own discomfort with "parts" of himself.

CASE STUDY 17.1

WORK ON VERTICAL AND HORIZONTAL INTIMACY

A 35-year-old woman goes to see a social worker at the local family counseling center. She says, "My father was an alcoholic and my first husband was an alcoholic. I thought I was done with them. But now I have discovered that the man I am engaged to is an alcoholic. Do I have a sign on my back that advertises me as a woman who likes alcoholics?" The worker helps the woman recognize how the trauma in her early life is part of her unhealthy pattern with men, but the work does not stop there. The worker then asks the woman to look at her life pattern from a spiritual perspective. "Why do you think you have this pattern in your life?" she asks. The woman says, "Well, it seems sometimes that the only way for me to have what my soul most wants is to first have to deal with the exact opposite of that." "Yes," says the worker, "now tell me what it is you most want." The woman states that she wants to love herself and be in a loving relationship. They decide to work first on the woman's vertical intimacy and compatibility, by identifying what she dislikes about herself. She starts to realize how much shame she has, and how she actually does not feel that she deserves a man who loves her. Later in their work, when she starts to date a new man who is healthier, she talks about how scared she is of being close to him because "my heart could get really hurt with someone like him whom I am more compatible with." "Yes," the social worker agrees, "and as you already know, there is no way to avoid that risk if you want to be close."

Mutual Commitment to Each Other's Highest Good

Finally, in a deep sexual relationship, two people share a mutual commitment to think and act in support of each other's Highest Good. Thus, a deep sexual relationship is also a continuing choice to love the other person. The social worker knows that "love" is not the same thing as "like." Whereas a person can choose who she wants to love, she cannot choose what she likes or dislikes most in a person. Just like a person may like chocolate more than vanilla, a person will like some traits in her lover more than other traits. When a person chooses to make a commitment to love her partner, she may be able to transcend the things she dis-

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likes about her partner and herself, and in the process learn to love herself and Creative Spirit or God even more. The social worker's task is not to foster or discourage commitment, but to help the clients continue to become aware of and communicate their level of commitment to each other.

SEXUAL EDUCATION

The spiritually oriented social worker interested in practice in human sexuality may choose to design and offer sexual education classes. The worker thinks of spiritual education as a process of "drawing out" the spiritual wisdom already in the person, rather than just a process of "filling up" the person with her own knowledge and perspectives. The worker respects the client's religious and political views on sexuality. The social worker's primary goal in sexual education is not to change her client's religious or political views, but rather to help the client use her sexuality as a tool in her spiritual development.

Today, most education in human sexuality could be called "unhealthy sexuality education." Students receive only half of what they need to develop the kind of deep sexual relationships that their parents and teachers may want them to have. The half they usually receive is how to avoid unwanted pregnancy and sexually transmitted disease (STD). Often the curriculum teaches a strategy of abstinence until when and if the person is married. The benefit of this education is that, if successful, the individual may be able to escape pregnancy and STD. The risk is that the individual may also learn to avoid her or his sexuality.

The often-missing half of sexuality education might be called *healthy sexuality*. Healthy sexuality education helps people learn to develop their own capacity for consciousness, connection, and intimacy so that they can co-create the kinds of deep sexual relationships they want in their lives. The spiritually oriented social worker believes that people in deep sexual relationships tend to be more effective, loving parents, neighbors, and citizens.

What is healthy sexuality? First of all, it is multidimensional, which means that sexuality is interconnected with the physical, emotional, cognitive, social, spiritual, and environmental dimensions. Second, healthy sexuality is both horizontal and vertical, in that sexuality fosters the body-mind-spirit connection within the individual and also can connect the individual with other people and environments. Third, healthy sexuality is never abusive and is always responsible about avoiding unnecessary risk of pregnancy or STD transmission.

Finally, the spiritually oriented social worker believes that education really is a process of "drawing out" the wisdom that already is in the person, rather than "filling up" the person with knowledge that he or she needs. From this perspective, the best sexual education class is designed to be largely discussion oriented and experientially based. Students are asked to discover for themselves their truths about what healthy sexuality really is.

HEALING SEXUAL TRAUMA

The spiritually oriented social worker is aware of how the majority of people on the planet have experienced some kind of sexual trauma. Such trauma can be the result of intentional and direct maltreatment, such as childhood sexual abuse, date rape, or marital rape. Sexual trauma can also be associated with often less intentional and less direct experiences, such as negative messages about the person's body, mind, and spirit that the person might receive from mass media, institutions, families, friends, and lovers.

With so much trauma in a culture, sexual trauma is more the norm than sexual health, and individuals may not be conscious of their own woundedness. The social worker's initial task may often be to "show the client where he is bleeding until the client notices his own wounds." After the client is aware of what happened to him, and of the short- and long-term damage the trauma has caused him, he can also explore the spiritual dimension of his traumatic experiences. The client can ask the question, Why did my soul need to have this trauma during my lifetime?

The spiritually oriented social worker helps the client see where his sexual trauma has impacted him the most by exploring systematically his current capacity for physical, emotional, cognitive, social, spiritual, and environmental intimacy. The worker then can help the client practice opening up himself again in these dimensions, beginning in those areas that are the easiest for him.

GENDER IDENTIFICATIONS

From a spiritual perspective, there are as many genders as there are human beings on the planet. Each person can be viewed as a spiritual being in a human body, blessed with a unique combination of what could be called "feminine" and "masculine" characteristics, all of which are neither right nor wrong, good nor bad. Gender is not just about the genitals, but is about all of what makes people body-mind-spirit-environmental beings. Most of our ancestors lived in cultures that saw masculine and feminine traits not only in people but also in other living and nonliving things. Many cultures had terms for multiple gender identities, going beyond the duality of masculine and feminine genders. People who had both feminine and masculine traits were viewed in such cultures as being healthy or whole, and sometimes became healers or leaders in their communities.

The social worker can use a gender worksheet, such as the one illustrated in Table 17.1, to help the client develop an understanding of how masculine or feminine she thinks she is in various categories and subcategories. In this worksheet, the client is asked to rate her masculinity and femininity in various dimensions along a five-point gender scale. The social worker can provide the client with a safe and accepting therapeutic atmosphere in which she can see herself as accurately as possible.

TABLE 17.1 Gender Worksheet

	MOSTLY MASCULINE	MORE MASCULINE	EQUALLY MASCULINE AND FEMININE	MORE FEMININE	MOSTLY FEMININE
Physical					
Emotional					
Cognitive					
Social					
Spiritual					
Environmental					

For example, on the physical level, a particular male client might identify himself as being "mostly masculine," based on his appearance, physical activities, and sexual behaviors. On the emotional level, however, he may rate himself as "equally masculine and feminine," because he has access to the full range of emotions and can express them all freely when he wants to. On the cognitive level, the man may say he is also "equally masculine and feminine," not only because he has bisexual fantasies but also because he can be both intellectually authoritative and open minded. The same man might rate himself "more feminine" in the social realm because he is very nurturing and giving in his relationships with other people. He might also rate himself "mostly feminine" in the spiritual realm because he is so receptive to Creative Spirit in his life. Finally, on the environmental level, he sees himself as "more feminine" because he is very nurturing to other living things and ecosystems and because he is so open to the energy of sacred outdoor environments.

The spiritually oriented social worker is willing to look at her own gender identities in an honest way, and works on accepting those identities as spiritual gifts in her life. She values all identities equally, and recognizes that there is a place in the world for every person to play a useful role, regardless of his or her unique characteristics.

SEXUALITY IN CHILDHOOD AND ADOLESCENCE

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The spiritually oriented social worker works to help young people discover and affirm their sexuality in safe and responsible ways, even before they begin dating. Many young people are far more ~~alone~~ ^{alone} than they need or want to be, disconnected from themselves and other people often in large part because they are

ashamed of their sexuality. Young people who are not ready to date or who are unsuccessful at dating often feel bad about themselves and may withdraw or act out inappropriately in response. Young people who do not fit into the dominant heterosexual community are especially vulnerable to depression and suicide. Therefore an important part of spiritual practice in sexuality is advocacy for young people who are at risk because of they belong to sexual minorities.

The social worker also works to help young people stay in relationship with their families, friends, schools, and communities so that they can receive the support, resources, information, and love they need to navigate through their sexuality. The social worker may offer many kinds of assistance to achieve these goals. She could do individual or groups sessions with young people, perhaps using educational models to "draw their wisdom out" about appropriate sexual behavior. She could do parenting classes, aimed at helping mothers and fathers to stay in relationship with their children during the difficult adolescent and early adult years. Family therapy may be very helpful in many situations, when a family needs assistance in making their family into a Community of Spiritual Diversity (see Chapter 18).

CASE STUDY 17.2 PRACTICE WITH A YOUNG PERSON AT RISK

A mother and father bring their 13-year-old boy to the social worker at the child guidance clinic. The presenting problem is that the boy was caught cross-dressing and masturbating in his room. The social worker determines first that the boy is very embarrassed and also quite depressed and anxious with some suicidal ideation. The boy is willing to agree to a suicide contract. The parents are also anxious. The mother is dysthymic and the father is a successful administrator who works over 50 hours a week.

The social worker tries family therapy first. He invites the other siblings (a younger brother and sister) to the meeting. The therapist has each family member talk about his or her life. The social worker discovers that everyone in the family feels more alone and stressed than they want to be. The middle child, a 12-year-old girl, is a straight-A student who has poor social skills and very low self-esteem. The youngest boy has been diagnosed with ADHD and acts out frequently at home and school.

Next, the social worker sees the 13-year-old boy for individual sessions. The worker finds out that the boy is very creative and energetic. The young teen does not understand himself why he wants to wear women's clothes, and he feels tremendous shame and guilt about his sexual behavior. He denies having homosexual attractions, but does say he is attracted to girls. He has not dated and seems to have poor social skills. The worker tells the boy about how ancient shamans were often cross-dressers who were understood to "betwix and between" the masculine and feminine worlds. The boy is interested to learn that there is a history of other people who are like him, and that they were not always seen as pathological at all, but rather as healers.