Introduction

Some fifty years ago Margaret Mead, in her classic work, *Coming of age in Samoa*, introduced many of us to the place cultural norms play in each ethnic group's perception of appropriate sexual behavior (Mead, 1954). In the ensuing sexual upheavals, rooted in research and in changing practices, we may have lost some of the importance of this cultural dimension. For many traditional populations, ostensibly little touched by twentieth century sexual variations, intimate relations remain deeply anchored in sacred beliefs, which define, optimally, every aspect of couple interaction.

For marital and sex therapists, it is axiomatic that denying the validity or opposing the mandates of these expectations will undermine any attempt at creating therapeutic trust. As Bhugra (2002) has recently noted, “Relationships and sexual therapies have to be seen and delivered in the context of an individual's culture and society as well as of prevalent norms when the therapies are being offered. Furthermore, the clinician must be aware of specific cultural and ethnic patterns of relationship behaviours and social mores (p. 99).” Working in accord with such belief systems may
necessitate creative modifications of treatment protocols in order to maximize potential for change while minimizing immutable sources of resistance.

This paper examines six pervasive influences on the sexual behavior of Haredi Jewish couples and the inherent clinical challenges resulting from their adherence to traditional rules defining and influencing intimate behavior. A case example is presented which illustrates some of these influences.

The Haredim

The word haredi (pl. – haredim) means God fearing and refers to those within the Orthodox Jewish community whose lives are governed by scrupulous observance of Jewish law (The term “Ultra-Orthodox” has been used to refer to this population). Any deviation from Biblical and Talmudic requirements is generally unacceptable, with emphasis on stricter rather than more lenient legal interpretations. The focus is not on asceticism, but rather a belief in God’s active involvement with humanity and consequently the need to sanctify literally all aspects of daily life.

Those conducting their lives as Haredi may identify with various traditions related to geographic location, such as Eastern Europe or North Africa, or philosophical orientation, such as Hassidism – a more spiritual approach to Judaism (Ribner, 1998). Some outward manifestations, however, are common to all Haredim, including modes of dress that are modest and tend to be uniform, particularly for males; relatively specific gender role expectations; central values of marriage and large families; strict prohibition of male-female physical contact before marriage, and explicit rules governing contact after marriage; daily prayer and study, more communal for men than
for women; living in Haredi neighborhoods and, wherever possible, making use of exclusively Haredi communal institutions.

This last point, the preferred separation from the general community, even from less-strict Orthodox, has, both as cause and consequence, a suspicion of any outside influence which may adulterate strongly defended values and norms. While Haredim do not oppose seeking help for personal, family or communal problems, interventions must conform to religious guidelines, with only life or death situations permitting any deviance.

As the general public has become more attuned to definitions of sexual dysfunctions and options for treatment, so, at its own pace, has the Haredi community. Traditionally, various communal functionaries, such as rabbis, their wives and more recently paraprofessional premarital advisors for both men and women, have provided such assistance. A condition of sex therapy with Haredim is that the couple may consult a rabbinic authority at any or all stages of treatment and specific treatment suggestions may require modification to conform to religious dicta. The rabbi’s primary operating principles, based on his authority to define desired and permitted behaviors, will be a) the couple’s sexual compatibility and satisfaction, and b) their potential to fulfill the Biblical commandment of procreation.

Influences on intimate behavior

A cautionary note is in order here. Not being a scholar of Jewish sources, it is not my purpose to present a definitive summary of Jewish law and tradition as it relates to human sexuality. Rather it is to discuss a number of issues seen as central by Haredi couples with whom I have worked over the years,
enhanced by discussions with rabbinic authorities and research done in these specific areas.

**Holiness – sanctifying intimacy**

If, as noted above, the Haredim see sanctity as infusing every aspect of the human experience, then sexuality should be no exception. And in fact this topic takes center stage in the burgeoning number of volumes explaining philosophical aspects of intimate relations written for engaged couples and newlyweds (Friedman, 1997; Shlanger, 1994).

Haredi couples have offered me two perspectives on how they understand the connection between their intimate lives and holiness. The first sees sex as an aspect of human behavior, which must be intentionally sanctified; otherwise these actions remain profane and almost animalistic in their nature. Sex, by its very intensity and physicality, can never be neutral. As a consequence, the marital partners in a sexual union must consciously focus on creating an atmosphere of holiness through proper thoughts and through some limitations on behaviors (e.g. always covered with a sheet) and timing (e.g. preferring Sabbath eve).

The second perspective sees holiness as the *result* of intimate relations, as Friedman (1997) explains:

Sanctity is creating emotional union between husband and wife via their sexual relationship … sanctity is ensuring that the pleasure from every marital encounter is converted into … further strengthening, solidifying and cementing the marital bond … sexual sanctity,
transforming the experience from a physical act of selfish self-gratification to a spiritual act of selfless concern and consideration, is best obtained through maximizing the pleasure of his or her spouse during intimacy (pp. 64-65).

Far from mere semantics, the difference between these two philosophical constructs may well determine a couple’s sexual self-perception as fulfilled or failed. Enhancing all aspects of a relationship, certainly the physical, and thereby creating holiness as integral to this bond, stands in stark contrast to introducing holiness as a factor without which sexual contact remains evaluated, at best, as incomplete. For Haredi couples, particularly newlyweds, the expected presence of holiness in their lives may appear as contradictory to the intensely physical experience of sexual contact. Attempting to instill a feeling of sanctity while flooded with all the sensory inputs of physical intimacy may prove a daunting goal indeed, one often doomed to failure. Additionally problematic, the remembered images associated with holiness may stifle any incipient arousal. I recall one emotionally intimate couple that placed pictures of prominent rabbis on the walls of their bedroom and were then puzzled by their unsatisfying sex life.

If, however, a central goal of intimacy is the emergence of holiness, then the prime focus of a couple’s sexual interaction is relationship-building, a quest as long-lasting as the duration of the marriage and hopefully enhanced by deepening sensitivity and commitment. Working with such couples necessitates placing their sexual relationship within the totality of their intimate contacts, as manifest in most areas of their interaction. At the very least,
Haredi couples may be greatly relieved to know that enhancing the bonds between them, emotionally and physically, ranks culturally as first level priority and it is this closeness which will then be sanctified.

**Time – the scheduling of intimacy**

Traditional Jewish observance expressly forbids literally any physical contact between spouses during the days of menstruation and for a week thereafter. These “Laws of Family Purity” represent an inviolate and integral aspect of identity as an Orthodox Jew (Donin, 1972). This “two weeks on/two weeks off” pattern of contact characterizes marital life until menopause, with two notable time frame exceptions, pregnancy and nursing (until post partum menstruation resumes), when uninterrupted contact is permitted.

Some potential benefits (e.g. heightened sexual interest after a two week abstinence) or challenges (e.g. the tension of no physical contact for two weeks) have been the focus of considerable attention (Ostrov, 1978; Burt & Rudolph, 2000; Petok, 2001). I would add one other dimension to this discussion. Within this monthly sequence of contact/no contact, couples may be confused as to the specific focus of prohibition – act or object. If physical intimacy per se is perceived as forbidden, then maintaining and even expanding non-physical gestures of closeness (e.g. going for a walk together) exist as legitimate tools for strengthening marital bonds. Resuming sexual relations stands as consistent with the existing emotional atmosphere and should and generally does bring an added, positive aspect of connection.

If, however, it is the spouse as a person who is perceived as forbidden, then finding a workable model for non-contact intimacy may be confusing,
contradictory and possibly untenable. Furthermore, restoring sexual connection, or for that matter any physical bond, may be experienced as painfully jarring, necessitating the functioning of an internal on/off switch, which remains beyond the capacity of some couples.

Haredi norms also provide guidelines for appropriate times for sexual activity. The seven days after menstruation culminate with the wife’s obligation to immerse that night in the mikve, a ritual bath. When she returns home, there is a strong expectation that the couple resume intimate relations after the two-week hiatus referred to above. Jewish law expressly forbids forced sexual behavior of any kind, however “mikve night” relations are to be avoided only in unusual circumstances. Being together on this night symbolizes a culturally encouraged completeness to the marital relationship and emphasizes the importance of the physical component. A lack of willingness and/or desire by either spouse is seen as aberrant behavior, indicating a personal or relationship problem, and often engendering referral for religious or professional counseling.

The other significant time frame held as particularly conducive to sexual relations is Friday night, the Sabbath eve. The range of textual justifications for this practice is broad, however the central themes focus on a parallel between the sanctity of the Sabbath and the sanctity of marital intimacy (Lamm, 1980). The warm family atmosphere of the celebratory Friday night meal, including some wine as an integral component, function, in part, as preparatory experiences later leading to sexual activity for the spouses. Both are expected to achieve a feeling of desire for one another, so that intercourse results from mutual attraction and not the requirement to fulfill
a commandment. Levels of conflict may result from a lack of desire on the part of one or both partners, albeit not rooted in a relational problem (e.g. end-of-week exhaustion) in the face of a strong cultural expectation to engage in Friday night sexual activity.

Modesty – in sex as in all things
The biblical phrase “… and you shall walk in modesty with your God” (Micah, VI, 8) is understood by the Haredim as a principle applicable to almost every aspect of daily life. While modesty in dress is the most recognizable manifestation of this standard, it has relevance as well to a couple’s intimate life, particularly regarding issues of privacy and separation. Shlanger (1994) explains:

When marital relations are private, they can achieve intimacy. But the presence of outsiders restrains a couple from focusing on their inner unity, and all that remains is a base physical act. Thus, it is necessary to prevent all public exposure of their marital relations (pp. 36-37).

This directive applies not only to overt sexual behaviors but extends, on one level, to any public contact between spouses. In some Haredi families the definition of public includes the presence of close family members, children as well. As a consequence, it is likely, that Haredi children will have grown into adulthood without ever having seen parental displays of physical affection. On another level the directive prohibits either spouse from thoughts or fantasies involving anyone but each other, doing so being considered
tantamount to having another person in the marital bed. The goal here is to avoid engaging in any activity that may undermine marital integrity.

Modesty also plays a role with regard to sexual activity itself, for example the amount of light used in the room where intimate contact occurs. Haredi norms mandate that actual sexual intercourse take place only in the dark, whereas foreplay may have more flexible visual guidelines, e.g. indirect lighting. Although both spouses are expected to be entirely naked during intimate times, a sheet should be covering them (under no circumstances should a sheet or anything else be separating them), and even when minimal lighting is present, accepted practice for men is not to look directly at female genitalia. The language of sex has its own modesty guidelines, which are discussed below.

From a clinical perspective, a differentiation must be made between a normative ambivalent response to a one time forbidden, now permitted activity and the problematic use of modesty as a tool for maintaining distance or achieving control. For newlyweds particularly although not exclusively, fear of this new sexual experience and its implications for various levels of intimacy and openness is only to be expected among those for whom nudity with another, as an example, may have no personal paradigm. However, when the invocation of modesty serves a dynamic rather than sacred function, it is no longer a therapeutic context, but the focus of therapy itself. Such lines may be finely drawn, necessitating consultation and possibly more direct involvement with a rabbinic authority to clarify the specifics of religious boundaries.
**Being together – becoming sexually active**

A daunting challenge confronting Haredi newlyweds is the shift from total abstinence before the wedding ceremony to the encouragement of initial physical contact immediately afterward (when the couple is sent off to be alone for several minutes), culminating in the cultural expectation of consummating the marriage that night. Included in this pre-marital prohibition are most manifestations of even non-physical intimacy, other than dating conversations, which, in the Haredi world, have their own distinct regulations.

In recent years, communally sanctioned teachers who specialize in working with prospective brides and grooms for a brief time between engagement and wedding have provided preparation for such an emotionally charged change.

If, for whatever reason, full sexual intercourse does not happen the first night, the couple is expected to achieve that level of intimacy as soon as possible. Failing to do so is not only cause for concern, but justifies notifying indigenous sources of guidance such as the rabbi, his wife or the above-noted teachers, who may give emotional support and/or technical advice. Should these resources prove ineffective, the couple may be advised to turn to professionals perceived by the Haredi community as willing to work within its sexual strictures.

Essentially, this shift from the absolutely forbidden to the not only permitted, but encouraged, has no parallel within the Haredi world. There exits no other area of cultural norm where such a dramatic change has the status of de rigueur. Whatever the minimal available preparation for this transition, formal consummation of the marriage is fraught with unknowns in a number of areas.
For the overwhelming majority of Haredim, there will have been no pre-marital physical contact with anyone from the other sex after early childhood (other than with family members), nor will there have been an opportunity to see someone from the opposite sex, in person or in print, not completely clothed. 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. Furthermore, whatever the prenuptial preparation for intimate contact, it will have included little or nothing regarding actual sexual behaviors. The combination of no physical experience and little or no sexual information plus the cultural expectation of full intercourse occurring soon after the wedding can create a potent problem-producing context. Difficulties in this purely physical realm may be as basic and as painfully awkward as neither husband nor wife knowing the location of the vaginal opening.

Beyond overcoming the barriers of physical self-revelation lies the task of emotional self-revelation. Physical intimacy may engender redefinitions of self and other for which no personal, and therefore useful, model exists. Feelings heretofore repressed or sublimated now must be released to allow for the successful sequencing of desire and arousal. The Haredi practice of minimal dating and/or conversation before the wedding will have produced little emotional attachment at this stage of the relationship. Yet it is just this connection which must provide sufficient trust for, at the very least, initial sexual overtures.
**Communication – the language of intimacy**

The language used in the Haredi world to describe sexual union tends to make use of words and phrases such as wholeness, completeness, connection, mutual love, fulfilling a commandment, God-given inclination, and sanctification. Assuming that sexual expression is confined to marriage, descriptive terms tend to have a positive, encouraging tone. Normative behaviors and socialization within the Haredi community, however, have militated against the acquisition of language that specifically describes sexual organs (particularly of the opposite sex) and sexual behaviors. In recent years this has somewhat been ameliorated through the use of premarital advisors, as noted above, although this educational advancement does not seek to achieve comfort level with sexual terms and norms, only familiarity. In any event, the couple’s gradual development of a private sexual language suitable to their own (hopefully) clear communication must not include vulgar or coarse vocabulary.

Gender is an additional determinant regarding the proper use of language. In keeping with norms of modesty, Haredi women are socialized to be less verbally explicit regarding their intimate desires and to make primary use of non-verbal cues, while men have more leeway in this regard. This not an outright prohibition for women and if words are the only understandable means of communication in a given situation, it is clarity that wins out.

To fulfill the requirements of the Laws of Family Purity, as noted above, wives must inform their husbands of the onset of menses and the consequent cessation of physical contact. It is recommended that this be done through some action, such as moving a household object from one place to another,
rather than by overt statement, even when the couple is alone. Couples often struggle with the quality of their communication during the period each month when physical contact is forbidden. Overly intimate language may create an untenable sexual atmosphere that allows for no immediate gratification. Language void of any affection may be perceived as distancing or at times rejecting. Achieving a suitable balance is often perceived as a life long task.

**Sexual isolation**

Other than overtly problematic situations, such as delayed pregnancy or intolerable sexual dysfunction, a Haredi couple can expect almost no sexual inputs from outside sources during the entire course of their marriage. This population group has, as a general rule, no televisions, often no radios, sees no movies and reads no secular novels. Even ostensibly innocuous wellsprings of information such a family or women’s magazine may be forbidden in the Haredi household. Such circumstances limit the acquisition of problem definitions or knowledge of potential resolutions such as alternate intimate activities. Banking on the philosophy of “What you don’t know won’t hurt you” has, at times, led to silent suffering, increased frustration, boredom and/or distancing.

Rules of modesty tend to minimize the likelihood that either spouse will share concerns with friends or relatives, with the rabbi often the first person to hear about a sexual problem. Where only advice is sought, the pre-marital advisors usually function as the most comfortable source of expertise. There is no “certification” for this role and therefore no guarantee that the advisors will possess useful or needed information.
Within the Haredi community itself, available literature focuses on philosophy and attitude, not on anatomical descriptions or sexual activities. Written literature originating outside the community always presents the potential risk of containing facts or values not consistent with Haredi perspectives.

**Case example**

Isaac and Rebecca, ages 32 and 29 respectively, had been married 9 years when they came for marital therapy, and were the parents of 4 children ages 8 to 1. Both were born into families not religiously observant and each had become Orthodox when in college. They first met in Canada, married there, and then moved to Israel where they gradually adopted a Haredi lifestyle, to which they were both firmly committed. Isaac worked as a teacher/counselor in a religious drug rehabilitation facility and Rebecca worked part time as a medical technologist.

The presenting complaint centered on a growing emotional distance which they both experienced and a fear of being trapped in a marriage based only on responsibilities and obligations. They reported their last sexual contact as having occurred almost a year earlier, not that either would be opposed but they never seem to get around to it. Their bedroom door could not be locked and the room’s only window, which faced the street at ground level, had a six-inch gap between the bottom of the curtain and the windowsill. The couple’s interaction, both in the treatment as well as through reports of home life, was characterized by a commitment to propriety at all costs. In fact the therapist told them they were the politest couple he had ever seen.
The marital dynamic that unfolded during the first 2 months of treatment revealed that Isaac had gradually become more withdrawn as his work satisfaction had decreased, to the extent that he now weighed whether to pursue an alternate career direction. Rebecca, who had long depended on Isaac for all of her emotional support, felt this withdrawal as rejection and sough to fill the emotional space between them with greater emotional demands. Isaac responded by questioning what he was getting from the marriage, withdrawing even further, until there was little positive about their emotional connection.

Briefly, marital treatment focused on helping Rebecca find sources of emotional connection and support outside the marriage, but consistent with her Haredi values, e.g. women’s Bible study group, volunteer work. Isaac began to perceive her as more independent, less needy and taking up less emotional space. He eventually turned to her to raise his own self-doubts, allowing both to feel a greater capacity for mutual support. This gradual change was mirrored in richer emotional exchanges in treatment, although propriety was always maintained.

The therapist returned to issues of intimacy toward the end of the fourth month of weekly contact. In separate sessions, both independently recalled two incidents, which seem to have been the triggers for their ongoing lack of any sexual connection. In the first Rebecca, in an attempt to enhance their sex life, had borrowed a negligee from a friend (she had never owned any) and surprised Isaac by wearing it one night. They both reported this change as profoundly anxiety provoking and disturbing, with Rebecca feeling uncomfortable and not at all herself and Isaac responding with exaggerated
humor, directed more at himself than at Rebecca. They did not have sexual relations that night.

The second incident occurred in the office of a Haredi sex counselor who had been consulted well before the couple’s current therapist. The counselor had suggested that they might want to try something “naughty” in order to enhance their intimate relations. Isaac was deeply insulted by the use of this term, feeling that such language had no place in the kind of religious life-style he and Rebecca had chartered for themselves. For her part, Rebecca was more upset by Isaac’s reaction than by the suggestion itself, although at the time she had no idea as to its implementation.

At this point in the treatment, the therapist evaluated their emotional bond as being strong enough to allow for an attempt at physical reconnection. The couple was first instructed to make their bedroom into a space suitable for shared intimacy. Rebecca was asked to take responsibility for seeing to a longer window covering and Isaac for affixing a door lock. Having achieved a sense of accomplishment, the therapist then asked them to clarify with each other their understanding of the relationship between sexuality and religious values. When some doubt and uncertainty emerged, the therapist suggested that they consult with their rabbi, who subsequently underscored the importance of marital intimacy in all its physical and emotional manifestations.

The language of intimacy was also a therapeutic topic at this stage. The couple’s knowledge of physiology and sexual positions appeared adequate, but descriptive terms were in need of fine-tuning. Isaac could not relate to the word “fun” as an adjective describing sex, and felt more comfortable with derivations of “pleasure.” Rebecca, with Isaac’s support, was
uncomfortable with the idea of women using any verbal communication during 
the couple’s sexual activity, in keeping with both of their religious norms. 
Communication before actual sexual contact, as well as different forms of 
expressive touch during periods of intimacy, were acceptable to both. 

On the condition of continued abstinence from sexual intercourse, the 
couple was asked to undertake a gradual course of sensate focus exercises. 
Initially greeted with anxiety and skepticism, the couple agreed to give it a try. 
The therapist emphasized that the goal at this stage was achieving a level of 
comfort and not sexual arousal. Beginning assignments involved above waist 
back massages while wearing regular night clothing, then below waist, then 
without clothes, etc. Rebecca was quite content that there was now at least 
some physical affection; Isaac at the outset felt uncomfortable, then bridled at 
the continuing intercourse prohibition, despite denying any real interest. 

About a month into this sequence, Isaac raised his concern that 
progressing any further might produce a level of arousal for which he had no 
legitimate sexual outlet, since intercourse remained prohibited by treatment 
contract. The therapist responded that in his opinion, it was not yet time for a 
change. The next session the couple sheepishly confessed that they had 
broken the rules and had full sexual relations, both reporting it as a positive 
experience. 

Treatment continued for another month before ending with the 
agreement of all parties. One week before the last session, Rebecca and 
Isaac had taken some vacation time and reported having been sexually active 
six of the seven nights they had been away.
Conclusion
In this case, knowledge of religiously determined factors such as modest behavior, acceptable language and sources of sanctity enabled the clinician to establish a comfortable therapeutic relationship and avoid cultural blunders leading to “fatal errors.” In accepting the couple’s values as integral to the therapeutic context, the clinician created an atmosphere of trust and respect, which allowed for the raising of sexual issues and cooperation with suggested interventions.

This level of cultural sensitivity is predicated on the clinician having an existing familiarity with client background (Charlton, 1997), an acknowledgement of an outsider’s limits as to what can be known and an ongoing willingness to listen and learn. Clients do not expect god-like wisdom, but rather have the very human desire to be accepted for who they are, without judgment. In that light, it is hoped that this paper will further the goals of better understanding the Haredi community and providing them with the level of professional attention they need and deserve.

Acknowledgements
An earlier version of this paper was presented at the 6th Congress of the European Federation of Sexology, Cyprus, June 2002. I am grateful to Rivkah Rabinowitz, MS for her helpful comments.
References


