Unifying the Field of Psychosexual Therapy

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An International Dialogue on Theories and Practices

Edited by

Caleb Jacobson

Cambridge Scholars Publishing

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This book is enthusiastically dedicated to the fifty-one founding members of the International Association of Psychosexual Therapists. Thank you for believing in the vision. You have helped light the torch to brighten the future of our field!

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*Members are listed in the order in which they joined.

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Contributors

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Caleb Jacobson is an internationally recognized clinical psychologist, sex therapist, and Bible scholar. He holds both a Doctor of Psychology (PsyD) in clinical psychology and a Doctor of Philosophy (PhD) in Hebrew Bible, biblical archaeology, and psychological exegesis. As the author of *Sex Therapy with Religious Patients: Working with Jewish, Christian, and Muslim Communities*, Dr. Jacobson has made significant contributions to the field of sex therapy, particularly in understanding the intersection of religion and sexuality. He currently serves as the president of the School of Sex Therapy and the International Association of Psychosexual Therapists.

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Mark A. Yarhouse is the Dr. Arthur P. Rech and Mrs. Jean May Rech Professor of Psychology at Wheaton College. His research is on the relationship between sexual or gender identity and religious identity. He is the author of several books, including *Understanding Gender Dysphoria*, *Gender Identity & Faith*, and *Emerging Gender Identities*. He is the chair of the APA Division 36 (Psychology of Religion and Spirituality) task force on LGBTQ+ Issues.

Introduction

Caleb Jacobson, Psy.D., Ph.D.

Editor

While it may be unsuspecting, this volume, which you now hold in your hands, represents a significant shift within the field of psychosexual therapy on several fronts. Most obviously, it is the publication of the book itself. Within many branches of humanities, it is the norm to publish conference proceedings such as this, but it has yet to become the standard within our field. This must change. This volume is just the first of more that will follow, not only in this series but hopefully as a new trend within our discipline. These efforts are imperative as we seek to add legitimacy to the field, overcome myths and misconceptions about the work, and seek to establish new and effective treatments for those we serve. As such, it is an honor to serve as editor of this collection of papers.

Next is what this publication itself represents, which is multifaceted. First, we must consider the International Symposium on Sex Therapy, which was designed to offer a forum for collegial discourse concerning important topics within our field, a place where clinicians, researchers, and students could share ideas and approaches to therapy, all with the hope of developing better treatment modalities and protocols. Unfortunately, within psychosexual therapy, there has been less and less space for academic discourse and discussion. It has been replaced by advocacy and affirmation. While there is a place for both, it does not negate the essential need for evidence-based treatment protocols. It becomes problematic when it hinders the ability of qualified clinicians and researchers to openly discuss and explore the nuances of sexual issues, identities, and orientations in order to serve those in our communities better.

Secondarily, we must also recognize the importance of clinicians' access to scholarly yet relevant and applicable data and resources. This better equips them to work with diverse populations and issues and provides a level of professionalism and skill essential to meeting the ever-evolving landscape

of the work that we do. By offering clinicians a yearly volume, practitioners worldwide can continue to glean insight and skills to better their practices.

Finally, the symposium represents the first annual meeting of the International Association of Psychosexual Therapists (IAPST), which began with a small meeting of fifteen clinicians on December 4, 2023, and quickly grew to over one hundred members in over eight countries. It was no small feat to hold its first gathering only five months after its inception, and yet the symposium took place May 20–22, 2024, in beautiful Portimão, Portugal. This stands as a testament to the need for such an organization and the commitment, dedication, and need within our field for such an organizational gathering.

The papers that were given during the symposium, which now make up this book, represent diversity — not just in the way the presenter looks or where they may be from, but diversity in ideas and worldviews. This is something the field of sex therapy has been greatly missing, and the absence of such diversity has isolated some and deprived us all of the benefits that such exposure brings. Both the International Association of Psychosexual Therapists and the International Symposium on Sex Therapy have become a place of welcome for psychosexual therapists regardless of their nation of origin, residence, religion, creed, gender, or any other categorical filter.

As it will become evident from reading the pages before you, by celebrating diversity among our members and among their ideas, we can effectively meet the needs of diverse communities of people. Therefore, we chose the title *Unifying the Field of Psychosexual Therapy*. Something that becomes obvious when looking at the contributors themselves, the communities they touch on, and the topics they present.

Take, for example, the first chapter of this book. In what will be considered her seminal chapter, Ms. LaTanya E. Jones, from the School of Sex Therapy, introduces us to a seriously overlooked population in “Breaking the Silence: Augmenting Psychosexual Practices for the Deaf Community.” This is an area of infancy within our field, which will require researchers and clinicians to invest time and energy in exploring it. We are grateful to have been the forum and now the publication to break ground on the topic of sex therapy with deaf patients.

Next, Mr. Tommy Underhill addresses “What Every Mental Health Professional Needs to Know About Sex and Autism.” This chapter once again highlights a void within our area of specialization, a void made

glaringly obvious by an individual with autism. The insights in this chapter should be absorbed by clinicians worldwide, as they will help them better identify and recognize the ways in which they can aid both individuals and couples where one or more partners are neurodivergent.

Dr. Mark A. Yarhouse, the Dr. Arthur P. and Mrs. Jean May Rech Professor of Psychology at Wheaton College, gracefully and skillfully moves the conversation to the delicate topic of helping Christian patients struggling with gender identity issues in chapter three. Following this, I humbly offer a chapter on "Religio-Fetishism," which, in my public introduction of the paper, I jokingly remarked, "I'm just going to show y'all a bunch of ancient smutty photos, and then we'll go to lunch." However, in actuality, this chapter coins the term religio-fetishism, defining this arguably common type of fetish, and provides examples of how it shows up in clinical practice.

In chapter five, Ms. Sarah Lebovits from Yeshiva University provides a remarkably engaging chapter on "Recreating the Culture in the Sex Therapy Room: The Powers of Culture!" The following chapter introduces us to "Creative Therapeutic Methods in Psychosexual Therapy," presented by Ms. Effie Soultani from the London Diploma on Psychosexual and Relationship Therapy. Clinicians of all skill levels will surely find useful nuggets to glean from this chapter. Dr. Laurie Betito then introduces us to Pornhub's groundbreaking initiative, The Pornhub Sexual Wellness Center, in her chapter titled "Empowering Intimate Wellbeing: Pornhub's Initiative for Comprehensive Sexual Health Education."

"The Role of Body Image and Sexual Shame in Women's Sexual Dysfunction" ends the book but certainly not the conversation, as Ms. Christine Wilhoite presents an adaptation of her master's thesis explicitly developed for this symposium. The topic's importance and prevalence will make the chapter relevant to most readers.

When the First Annual International Symposium on Sex Therapy commenced on May 20, 2024, I stated my desire that participants would leave feeling encouraged, motivated, and empowered as they returned home to their clinics, private practices, and universities. Equally, I hope that you, as the reader, will also be encouraged, motivated, and empowered whether you are a seasoned professional in the field of psychosexual therapy, an inspiring student just beginning their academic journey, or a clinician specializing in another area of psychotherapy. The work that we do is of such vital importance. The role of psychosexual therapists can not be overstated since we deal with the most critical components of the human experience. Sex,

sexuality, and gender impact the way we view ourselves, the way we interact with others, and the way we encounter our world.

Therefore, it is with great hope that this volume serves as a catalyst to increase academic discourse, collegial debate, scholarly pursuits, and the development of treatment methods. Further, the International Association of Psychosexual Therapists and, by extension, the International Symposium on Sex Therapy will continue to serve as the avenue where colleagues from around the globe will find a welcoming home to their diverse perspectives and skills as we push forward in our mission of *Unifying the Field of Psychosexual Therapy*.

Chapter One

Breaking the Silence: Augmenting Psychosexual Practices for the Deaf Community

LaTanya E. Jones, MSM, NIC, MSW, MED, C-PST
The School of Sex Therapy

Introduction

Health disparities persist within the Deaf[1] community due to historical, cultural, and systemic factors hindering access to education, resources, and care (Barnett et al., 2011). Historically, deaf individuals have faced limited access to sexual education and pervasive societal stigmas, leading to inadequate sexual health knowledge and decision-making skills. Communication barriers exacerbate these disparities, impeding access to healthcare services and support.

Sexual health deficiencies have profound consequences for the well-being of deaf, deafblind, and hard-of-hearing individuals, contributing to higher rates of sexual violence, abuse, and untreated infections (Johnston-McCabe et al., 2011).

According to Porter and Quiller-Willams (2013), gay, lesbian, and bisexual students who were also deaf or hard of hearing [are] more likely to experience abuse than those in mainstream majority groups.

[1] Throughout this chapter, "deaf" will be used inclusively to refer to individuals with hearing loss, including those who identify as D/deaf, hard of hearing, late-deafened, and deafblind. When referring specifically to Deaf culture and the Deaf community, "Deaf" will be capitalized.

This chapter explores the imperative of adjusting psychosexual practices for the Deaf community, aiming to address prevalent disparities and gaps in psychosexual therapeutic services. By "breaking the silence," this chapter advocates for augmenting existing therapeutic approaches to accommodate the needs and experiences of deaf individuals. It will examine innovative strategies and interventions tailored specifically to this population. It also delves into the role of linguistic and cultural factors in shaping psychosexual experiences among deaf individuals, emphasizing the importance of linguistic diversity and cultural sensitivity in therapeutic interventions. Furthermore, the chapter underscores the significance of interdisciplinary collaboration and community engagement in developing effective and inclusive psychosexual practices for the Deaf community.

By shedding light on these crucial issues, it is hoped to advance psychosexual therapeutic equity and accessibility for deaf individuals, ultimately striving toward holistic well-being and empowerment within this marginalized population. Addressing psychosexual therapeutic disparities in the Deaf community requires a comprehensive approach that addresses cultural, linguistic, and systemic barriers. By integrating these elements, society can create a more equitable environment where deaf individuals have the resources and support they need to thrive. This approach not only benefits deaf individuals but also enriches the broader community by fostering diversity, understanding, and mutual respect.

Understanding the Deaf Community

Hearing Loss and Deafness

The World Health Organization (WHO) estimates that approximately 5% of the world's population – or 430 million people – require rehabilitation to address their disabling hearing loss (including 34 million children). It is estimated that by 2050, over 700 million people – or 1 in every ten people will have disabling hearing loss (WHO, 2024).

Individuals with hearing thresholds exceeding 20 decibels (dB) in either ear are classified as having hearing loss, which can range from mild to profound and may impact one or both ears (WHO, 2024). This condition hinders the ability to perceive conversational speech or loud sounds. The term "hard of hearing" encompasses those with mild to severe hearing loss who generally communicate through spoken language and benefit from hearing aids, cochlear implants, other assistive devices, and captioning (WHO, 2024). Conversely, individuals who are deaf typically experience profound hearing

loss, characterized by minimal to no auditory perception, and primarily use sign language as their mode of communication. The prevalence of hearing loss increases with age; among those older than 60, over 25% are affected by disabling hearing loss (WHO 2024). The degree and factors of hearing loss vary and can occur anytime during a person's life span.

Exploring Identity, Language, Culture, and Social Norms

To explore the cultural aspects of identity, sign language, and social norms within the Deaf community, consider the following elements:

Identity

The word "Deaf"[2] emphasizes the cultural identity and experiences of being deaf rather than focusing solely on the audiological aspect of deafness. It highlights the shared experiences and cultural heritage of deaf individuals. The Deaf community often forms tight-knit groups where members share a sense of belonging and mutual support, and the community is integral to the identity of many deaf individuals.

Language

Many signed languages[3] are fully developed, natural languages with their own distinct grammar and syntax, separate from spoken languages. These languages play a crucial role in the cultural identity of the Deaf community, utilizing visual and spatial cues, such as handshapes, facial expressions, and body movements, to convey meaning. Individuals with hearing loss may use standardized manual communication modalities, such as American Sign Language (ASL), used in the United States and parts of Canada; British Sign Language (BSL), used in the United Kingdom; Auslan is used in Australia,

[2] As stated on the first page of this chapter, "deaf" will be used inclusively to refer to individuals with hearing loss, including those who identify as D/deaf, hard of hearing, late-deafened, and deafblind. When referring specifically to Deaf culture and the Deaf community, "Deaf" will be capitalized.

[3] Though based on an American perspective of sign language, the chapter's author intentionally uses the term "signed language" in this chapter to encompass and respect the diversity of signed languages used globally. This inclusive terminology reflects a commitment to acknowledging the rich variety of linguistic and cultural practices among Deaf communities worldwide. By adopting "signed language," the author aims to emphasize the universal relevance of the concepts discussed, ensuring readers understand the applicability of the insights beyond the American context. This approach underscores a dedication to fostering a more inclusive and comprehensive understanding of signed languages in various cultural settings

International Sign (IS) used in international settings, and Langue des Signes Française (LSF) which is used in France, and from which ASL is derived. In addition, signed languages vary by region, state, and country (Kusters et al., 2022).

Another form of manual communication is home signs, which are gestures or signals created within specific households to facilitate communication between hearing and deaf family members when an established sign language is unknown (Horton, 2020).

Some individuals may use assistive technology, such as hearing aids or cochlear implants, to receive audio input and respond verbally. Others may rely on Protactile[4] communication, a language used by deafblind individuals that employs tactile channels and is conveyed through touch on the body. Unlike visual-based sign languages, Protactile allows DeafBlind people to exchange information through touch (Holmes & Hall, 2023).

Additionally, many deaf individuals are bilingual, using both signed and written or spoken language, which can influence their communication preferences and strategies.

Social Norms

In Deaf culture, particularly in America and Canada, maintaining eye contact is crucial. It signifies engagement and attention during conversations; breaking it can be seen as rude or inattentive. The culture values direct and explicit communication to ensure clarity and minimize misunderstandings. Emphasizing collectivism, the Deaf community prioritizes group harmony and mutual support over individualism, fostering a strong sense of community. Storytelling and sharing personal experiences are vital cultural practices that help pass down traditions, share knowledge, and strengthen community bonds.

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[4] Protactile communication is a tactile language developed within the DeafBlind community to facilitate effective interaction through touch. Unlike traditional sign languages that rely on visual cues, Protactile communication uses touch-based signals, enabling DeafBlind individuals to convey complex ideas and emotions. This method incorporates tactile versions of American Sign Language (ASL), along with continuous feedback through touch on the body, known as backchanneling, to maintain engagement and clarity. It also includes guiding and spatial cues to help navigate environments, enhancing independence and social interactions. Pro Tactile promotes greater independence, strengthens community connections, and provides a shared, accessible mode of communication (Holmes & Hall, 2023).

These cultural aspects shape the identity and daily lives of deaf individuals in America and Canada, contributing to a rich and diverse cultural landscape within the Deaf community in these countries.

Common Misconceptions and Stereotypes

Below are several common misconceptions and stereotypes about the Deaf community that often lead to the belief that Deaf individuals are less capable or dependent, which can result in underestimating their autonomy and communicative abilities. To counter these misconceptions, the reality is also provided to highlight the strengths and diversity within the Deaf community, promoting a more accurate and respectful understanding of their experiences and capabilities.

Addressing these misconceptions is crucial for psychosexual therapy, as it ensures that therapy is tailored to the unique experiences and needs of Deaf patients. By recognizing and challenging these stereotypes, therapists can create more inclusive, respectful, and effective therapeutic environments, ultimately supporting the holistic well-being of Deaf individuals and enhancing their access to quality psychosexual therapy. This approach not only affirms the dignity of Deaf patients but also empowers them in their journey toward healing and personal growth.

Communication

Misconception

There is a widespread belief that deaf individuals cannot communicate effectively because they cannot hear.

Reality

Deaf individuals communicate using various methods, including sign language, writing, and, in some cases, spoken language. While sign language syntax shares general properties with spoken language syntax, it is a fully developed language with its own iconic grammar and syntax (Schlenker et al., 2023).

Use of Sign Language

Misconception

It is often assumed that all deaf people use sign language.

Reality

Not all deaf or hard-of-hearing individuals are fluent in sign language. Accessibility.com reports that "out of the 48 million people in the United States who experience hearing loss, fewer than 500,000, approximately 1%, use sign language" (Lacke, 2020). Others may use written communication or spoken language, depending on their background, education, and personal preference.

Disability

Misconception

There is a stereotype that deafness is a defect or disability that should be cured.

Reality

Many deaf individuals do not view their deafness as a disability but rather as a unique cultural identity. They see themselves as part of a rich linguistic and cultural community (Reagan, 1995).

Music or the Arts

Misconception

It is commonly thought that deaf people cannot enjoy music, theater, or the arts because they cannot hear.

Reality

Deaf individuals experience and appreciate music and the arts differently through vibrations, visual performances, and sign language interpretations.

Isolation and Depression

Misconception

There is a fallacy that deaf individuals are often included in family conversations and that their families know sign language, ensuring effective communication at home.

Reality

Many deaf individuals face significant barriers to inclusion in family conversations (Meek, 2020). Contrary to the belief that families of deaf individuals commonly know sign language, research indicates that most hearing families with deaf members do not become proficient in sign language. This communication gap can lead to feelings of exclusion, isolation, and depression for deaf individuals within their own families (Sheppard & Badger, 2010).

Lip Reading[5]

Misconception

It is often assumed that all deaf individuals can read lips fluently (Disability Rights Florida, n.d.).

Reality

Lip-reading is a skill that varies widely among deaf individuals. It is not a universally effective means of communication, as many words and sounds look similar on the lips; only about 40 percent of the sounds of the English language are visible from a person's face/lips (Hanks & Hill, 2015). Lipreaders also do not understand more than one-third of the words spoken, even in an optimal environment (Goss, 2003).

[5] The interpreting of speech by watching the speaker's lip and facial movements without hearing the voice. Merriam-Webster.com Dictionary, s.v. "lipreading," accessed May 30, 2024, https://www.merriam-webster.com/dictionary/lipreading.

Intelligence

Misconception

There is a harmful stereotype that deaf individuals are less intelligent because they cannot hear.

Reality

Intelligence is not related to hearing ability. Deaf individuals are equally intelligent and capable as hearing individuals and excel in all academics and professional careers.

Employment

Misconception

There is a belief that deaf individuals are limited to low-skill jobs.

Reality

Deaf individuals can and do hold high-profile and skilled positions across various fields, including education, law, medicine, the arts, science, and technology. With access to language and communication, and with the proper support, accommodations, and education, they can achieve any career goal, e.g., the Association of Medical Professionals with Hearing Losses (AMPHL.org), National Deaf Therapy (nationaldeaftherapy.com), Deaf in Government (dig.org), and Deaf in STEM (atomichands.com), to name a few.

The Deaf community, a vibrant and diverse cultural and linguistic group, often faces numerous misconceptions and stereotypes that stem from a lack of understanding and awareness. These misconceptions can lead to prejudice, discrimination, and the marginalization of deaf individuals in various aspects of life, including barriers to essential services such as psychotherapy and psychosexual therapy (Mousley & Chaudoir, 2018). The lack of qualified therapists proficient in sign language, combined with inadequate accommodations and cultural misunderstandings, significantly impedes deaf individuals' access to mental health and sexual health services. Addressing these erroneous beliefs is crucial in promoting inclusivity and respect. By shedding light on the reality of Deaf culture, communication, and capabilities, we can dismantle harmful stereotypes and foster a more informed and accepting society. This discussion aims to debunk common

misconceptions and provide a clearer, more accurate understanding of the Deaf community while highlighting the critical need for improved access to therapeutic services.

Barriers to Psychosexual Therapy

Understanding and addressing the psychosexual therapeutic needs of the Deaf community is crucial for promoting overall well-being and equality. However, deaf individuals face numerous barriers that hinder their access to adequate psychosexual therapeutic services. These multifaceted barriers involve stigma and discrimination, communication challenges, cultural misunderstandings, limited access to specialized services, educational gaps, psychological hurdles, technological limitations, and privacy concerns (Mousley & Chaudoir, 2018). The following discussion delves into these barriers, highlighting the specific obstacles that deaf individuals encounter and emphasizing the need for targeted interventions to improve psychosexual therapeutic care for this underserved community.

Communication barriers are one of the most significant obstacles faced by deaf individuals in accessing psychosexual therapeutic services. Federal regulations—including Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and subsequent revisions, and Section 1557 of the Patient Protection and Affordable Care Act—require that healthcare organizations provide effective communication access to deaf and hard of hearing patients and that healthcare organizations defer to patients' request for preferred communication modality or accommodation (James et al., 2023). Yet, the scarcity of interpreters proficient in both sign language and psychosexual therapeutic terminology, as well as the lack of deaf therapists who specialize in psychosexual therapy, makes it impossible for deaf patients to have their needs met effectively. Additionally, hearing providers lack the knowledge of sign language necessary for direct communication, leading to a reliance on written materials that may not be accessible or adequately comprehensive. The resulting miscommunications can lead to misunderstandings, misdiagnoses, and ineffective treatment, underscoring the critical need for improved communication resources and training for psychosexual clinicians. Smith-Baily states, "Providing services in a person's native language is on average twice as effective as therapy in English, and interventions designed for a particular culture are four times more effective" (Griner & Smith, 2006).

Cultural competence is another vital area where barriers exist. Providers often lack awareness of Deaf culture and the specific needs of deaf

individuals, which can lead to stereotyping and biased treatment. This lack of cultural sensitivity can prevent deaf patients from receiving respectful and effective care, further discouraging them from seeking help (Griner & Smith, 2006).

Additionally, educational barriers contribute to the problem, such as deaf individuals often receiving inadequate sex education due to communication challenges in schools and a lack of accessible resources (Job, 2004).

This educational gap leaves many deaf individuals without the necessary knowledge to make informed decisions about their psychosexual therapy, increasing their vulnerability to health issues (Job, 2004). Addressing these barriers through targeted education, training, and resource development is essential for fostering a more inclusive and effective healthcare environment for the Deaf community. Below are some challenges highlighted for consideration: share sensitive information. The anxiety that personal details might be inadvertently disclosed through third-party communication aids deters many from seeking the help they need, thus perpetuating a cycle of unmet psychosexual health needs (Hanks & Hill, 2015).

Communication Barriers

Effective communication in psychosexual therapy is crucial, yet deaf individuals often encounter significant barriers that impede their access to appropriate care. Issues highlighting these communication barriers include a lack of qualified interpreters, limited provider knowledge of sign language, and inadequate educational materials.

Lack of Qualified Interpreters

A shortage of sign language interpreters proficient in psychosexual terminology can hinder effective communication between deaf individuals and providers.

Limited Provider Knowledge of Sign Language

Many providers lack knowledge of sign language, making it difficult to communicate directly with deaf patients without an interpreter.

Inadequate Educational Materials

The inadequacy of educational materials in sexual health education is a pressing concern, particularly for students with disabilities. The absence of

valid and reliable resources, coupled with a lack of federal funding aimed explicitly at comprehensive sexual education for this population, significantly hampers their ability to receive appropriate and effective instruction (Treacy et al., 2017).

Cultural Competence

Cultural competence in healthcare is crucial for ensuring that all patients receive effective and respectful care. However, a lack of awareness of deaf culture and the presence of stereotypes can lead to significant barriers in the treatment of deaf individuals, particularly in areas concerning their sexual health.

Lack of Cultural Awareness

Healthcare providers may not be aware of Deaf culture and the unique needs of deaf individuals, leading to misunderstandings and ineffective care (Griner & Smith, 2006; Bai & Bruno, 2020).

Stereotyping and Bias

Providers may hold misconceptions about the sexual health needs and behaviors of deaf individuals, resulting in biased or inappropriate treatment (Job, 2004).

Barriers to Services

Accessing psychosexual therapeutic services is particularly challenging for Deaf individuals in the United States. Listed below are some of the barriers to service.

Geographical Barriers

As of 2023, 2,265 people were employed as sex therapists in the US, an increase of 5.8% on average over the five years between 2018 and 2023 (IBISWorld, 2024). In 1990, there were 20 licensed deaf therapists in the United States (Thrive Global, 2019). Despite the existence of agencies specializing in psychotherapy services for the Deaf community, such as National Deaf Therapy, Gallaudet Counseling and Psychological Services, and the Deaf Counseling Center, there remains a notable lack of psychosexual therapeutic services specifically tailored to the needs of deaf individuals. LeeAnn Valentine is the only deaf, African-American psychosexual therapist in the United States of America, and currently, she

is not accepting new patients (Valentine, 2024). As such, psychosexual therapeutic services may not be available in areas with deaf populations, necessitating costly and inconvenient travel or foregoing services altogether.

Lack of Sex Education

Deaf individuals often face significant challenges in receiving adequate sex education due to communication barriers in schools and a lack of accessible resources. This gap in education leaves many Deaf people without the necessary knowledge to make informed decisions about their sexual health (Treacy et al., 2017; Valentine, 2024; Job, 2004). As a result, they may turn to peers or unreliable sources for information, which can lead to widespread misinformation and misconceptions (Treacy et al., 2017; Valentine, 2024).

Psychological Barriers

Psychological barriers within the Deaf community compound the limited access to accurate sexual health information. Stigma and shame often surround the act of seeking psychosexual therapeutic services, creating a reluctance to pursue needed care. Additionally, past negative experiences with healthcare providers who lacked an understanding of Deaf culture or specific needs can foster a fear of misunderstanding. This fear may discourage individuals from seeking help, further isolating them from essential psychosexual support (Job, 2004).

Technological Barriers

Technological challenges also play a significant role in the accessibility of psychosexual services for Deaf individuals. Video interpreting services, which are crucial for communication in various aspects of life, including medical and mental health visits, are often inadequate in telehealth platforms. Many platforms lack essential capabilities, such as Video Relay Services (VRS) or Video Remote Interpreting (VRI)[6], and even when these

[6] **Video Relay Service (VRS) and Video Remote Interpreting (VRI)** are both video-based telecommunication services that help people who are deaf or hard of hearing (D/HoH) communicate remotely. However, they differ in a few ways: **Service type**: VRS is a telephone alternative that allows callers to make voice-to-voice calls, while VRI is a video conferencing platform that will enable people in different locations to access an interpreter. **Cost:** VRS is complimentary, while VRI is fee-based. **Flexibility:** VRI is more flexible than VRS because it's not limited to phone communication. For example, a patient can use VRI to access a medical interpreter in an emergency if the hospital lacks an interpreter. **Interpreter role**: VRS interpreters facilitate communication between people in separate locations,

services are available, they frequently do not offer interpreters skilled in psychosexual terminology. This lack of specialized interpretation hinders effective communication between Deaf individuals and psychosexual therapists, making it difficult to receive appropriate care (Skinner et al., 2018).

Privacy Concerns

Privacy concerns further complicate access to psychosexual therapy for Deaf individuals. Using interpreters can raise significant confidentiality issues, particularly in small communities where interpreters may have personal connections to the patient, their friends, or family. This close-knit dynamic can lead to fears of exposure, with individuals worrying that their personal and sensitive information might be inadvertently disclosed through third-party communication aids. These concerns can deter Deaf individuals from seeking the help they need, perpetuating a cycle of unmet psychosexual health needs (Hanks & Hill, 2015).

Deficit in Qualified Therapists

Despite a growing number of sex therapists nationwide, very few are trained to meet the specific needs of the Deaf community. With only a handful of licensed Deaf therapists and even fewer specializing in psychosexual therapy, many Deaf individuals are left with limited options—either travel long distances to access care or forgo these essential services. This issue is compounded by inadequate sex education, stigma, technological limitations, and privacy concerns, all of which further restrict access to vital psychosexual support for the Deaf community (Griner & Smith, 2006).

Strategies for Augmenting Psychosexual Practices for the Deaf Community

Addressing the psychosexual therapeutic needs of the Deaf community requires a comprehensive approach that acknowledges and mitigates the unique barriers they face. Deaf individuals often encounter significant obstacles in accessing psychosexual therapeutic services, stemming from communication challenges, cultural misunderstandings, and a lack of tailored resources. These barriers not only hinder effective care but also contribute to feelings of stigma and isolation within the Deaf community.

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while VRI interpreters can facilitate communication between people in the same or different locations.

To foster a more inclusive and supportive environment, it is crucial to develop and implement strategies that enhance accessibility, cultural competence, and educational initiatives.

Communication accessibility is a fundamental component in augmenting psychosexual practices for the Deaf community. Many deaf individuals rely on sign language, yet the availability of interpreters proficient in psychosexual terminology is limited. This gap can lead to miscommunications and inadequate care. Moreover, telehealth platforms, which have become increasingly important, often lack the necessary tools to facilitate effective communication between deaf patients and their psychosexual therapists. Enhancing communication accessibility through qualified interpreters, direct communication training for providers, and developing accessible educational materials is essential in bridging this gap.

Cultural competence and educational initiatives play equally vital roles in improving psychosexual therapeutic services for the Deaf community. Psychosexual therapeutic service providers must be equipped with the knowledge and sensitivity to understand and respect Deaf culture. This can be achieved through ongoing cultural sensitivity training and active Deaf community engagement. Comprehensive sex education tailored to deaf individuals is necessary to ensure they have the information and resources needed for informed decisions about their psychosexual health. Collaboration with qualified deaf clinicians and deaf sexuality educators is crucial to provide a "deaf-lens" perspective in sexuality education materials and psychosexual therapeutic services for the Deaf community. Addressing these critical areas can reduce stigma, improve service accessibility, and foster a more inclusive and equitable therapeutic environment for the Deaf community.

Enhancing Communication Accessibility

To improve communication accessibility for Deaf individuals in psychosexual therapeutic settings, it is essential to increase the availability of proficient interpreters skilled in both sign language and psychosexual terminology. Mental health providers [should] ensure that [their] Deaf patients have access to communication in the language or modality most conducive to their needs, typically American Sign Language (ASL) (Sheppard & Badger, 2010). Additionally, training healthcare providers in sign language can facilitate direct communication with Deaf patients. Developing and distributing psychosexual therapeutic materials in accessible formats, such as sign-language videos and plain-language documents, is also crucial.