

Abstract

Sexual minorities have historically been targets of homophobia, heterosexism, discrimination, and persecution particularly within traditional, conservative religious organizations. As a result, many people who identify as male and gay reject traditional forms of religion and seek alternative spiritual beliefs and practices affirming their sexual orientation, often self-identifying as “spiritual but not religious” (SBNR). Some gay male couples in committed relationships also reject traditional views of sexual fidelity and negotiate open, consensual, non-monogamous sexual relationships with their primary partner. Gay couples seeking behavioral health assistance to navigate relational difficulties may encounter clinicians who fail to acknowledge the harmful influence of discriminatory, heteronormative, Christian-centric prejudice gay men face growing up in North America and the subsequent impact this has on their relationships. This dissertation uses a decolonialist method to draw upon the lived experiences of white, gay SBNR couples (depicted through fictional case studies) to (1) explore the relevance and meaning of research on relational spirituality, SBNR persons, and clinical care of gay persons and (2) formulate emergent clinical strategies (Lizardy-Hajbi, 2021) for spiritually oriented therapeutic care of white, gay SBNR couples going through relationship transitions. These strategies identify how hostile religious environments negatively influence same-sex couples’ construction of their own relational and spiritual beliefs and practices as well as spiritual and relational intimacy, resulting in religious, spiritual, and moral struggles. Spiritually oriented therapists are encouraged to implement the emergent strategy method of this dissertation to explore how traditional, heterosexist, Christian-centered, North American religious beliefs, values, and practices influence gay men and gay male relationships. The emergent strategy method and this dissertation’s emergent strategies may be relevant and

meaningful in clinical work with couples who identify as white, gay, male, and SBNR, especially those moving through relational disruption, particularly the decision to engage in a consensual, non-monogamous, sexually open relationship.