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CME Information: Sexual Health and Religion: A Primer for the Sexual Health Clinician

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- Summarize the integration of sexuality and religion.

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CME

Sexual Health and Religion: A Primer for the Sexual Health Clinician

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ABSTRACT

Introduction. Sexual health is an integral part of the multifaceted human experience that is driven both by biological factors and psychological facets. Religion may provide a moral code of conduct or a sexual compass as to sexual norms and behaviors.

Aim. The aim of this study was to summarize the integration of sexuality and religion.

Method. A review of published literature and religious texts was conducted.

Results. The integration of religion with country or state politics and laws is a complicated dilemma and will not be discussed in the scope of this article. The extent to which an individual incorporates their religious doctrine into their sexual life is a personal and individualized choice. The sexual medicine health professional will likely encounter a diverse patient population of distinct religious backgrounds, and a primer on religion and sexuality is a much needed adjunctive tool for the clinician.

Conclusion. Because religion can influence sexuality and dictate, in part, the behavioral and medical treatments for sexual complaints, the clinician should be familiar with religious guidelines regarding sexuality, and treatment should be customized and individualized. Failure to do so can impact compliance with the therapeutic interventions. Religious awareness also solidifies the therapeutic alliance between clinician and patient as it demonstrates respect and acknowledgment for patient's beliefs and autonomy. **Kellogg Spadt S, Rosenbaum TY, Dweck A, Millheiser L, Pillai-Friedman S, and Krychman M. Sexual health and religion: A primer for the sexual health clinician. J Sex Med 2014;11:1606–1619.**

Key Words. Religion; Sexuality; Catholicism; Judaism; Islam

Introduction

Sexual health is an integral part of the multifaceted human experience that is driven both by

biological factors and psychological facets. Socio-cultural aspects including religious beliefs can influence sexual mores and how one perceives oneself as a sexual being. Religious diversity and

belief principals can shape the patients' views of sexual behavior and what is deemed to be acceptable and appropriate. Religion may provide a moral code of conduct or a sexual compass as to sexual norms and behaviors. Sexuality is often discussed in religious texts and sacred books and can be associated with a variety of meanings including: a temptation, a gift, or a spiritual union between married individuals. Several religions disapprove of self-stimulation and sexual activity between persons of the same gender, while most endorse sex for procreation. Clerics or clergy are often asked to choose celibacy and others require their members to adhere to a strict code of sexual conduct. The integration of religion with country or state politics and laws is a complicated dilemma and will not be discussed in the scope of this article. The extent to which an individual incorporates their religious doctrine into their sexual life is a personal and individualized choice and should be explored within the sexual health assessment. Sexual medicine health care professionals should not assume a patient ascribes to a certain doctrine even if self-identified within that specific religion. The provider should ask detailed questions concerning how religion affects the patients' sexuality and sexual function.

The authors present some of the key tenets of various world religions that are relevant for the sexual health professional. Some of the major religions are represented within the review and regretfully, all religions could not be included. The sexual medicine health professional will likely encounter a diverse patient population of distinct religious backgrounds, and a primer on religion and sexuality is a much needed adjunctive tool for the clinician. Because religion can influence sexuality and dictate, in part, the behavioral and medical treatments for sexual complaints, the clinician should be familiar with religious guidelines regarding sexuality, and treatment should be customized and individualized. Failure to do so can impact compliance with the therapeutic interventions. Religious awareness also solidifies the therapeutic alliance between clinician and patient as it demonstrates respect and acknowledgment for patient's beliefs and autonomy.

Catholicism and Sexuality

At the center of the Catholic scripture are the Gospels, which describe the life and teachings of

Jesus. The Catholic Church's sexual ethics and standards are the compilation of teachings from Old Testament Judaism, the scriptural writings of one of Jesus' disciples, St. Paul, and the doctrine proposed by a prominent 12th century Catholic theologian, St. Thomas Aquinas.

Catholic doctrine teaches that sexuality should be governed by its accordance with "natural law." Although the human conscience is considered a source of personal moral responsibility, natural law is considered the definitive measure of objective good in terms of sexuality [1,2].

Abiding by natural law, Catholicism teaches that human life and human sexuality are inseparable and sacred, and that sexuality is a conduit for the formation of new human life. Catholics believe God created human beings in His image and everything he created is good, therefore, the human body and sex are also good. Catholics consider sex to be chaste within the context of marriage; intercourse is called the nuptial act and is seen as an act of love between two married persons, which leads to the formation of new life and which gives glory to God [1-3].

Traditionally, the Church taught that the marital relationship and procreative sexuality were the only appropriate means of sexual expression and that openness to the creation of a new life was an essential aspect of each sex act [1]. As such, sex during menstruation, masturbation, contraception, and sexual practices aimed at pleasure e.g., oral/manual stimulation, which could not result in conception, were not acceptable (even within the context of marriage).

Between 1962 and 1965, Catholic Church leaders convened The Second Vatican Council a series of meetings to discuss the "modernizing" of relevant teachings to the "modern world." In the teachings of Vatican II, sexual acts within marriage were acknowledged as serving both unitive and procreative roles. This concept introduced sexual pleasure as providing support and stability for Catholic marriage [1-4]. The sex therapist can emphasize the Church's position on the restorative/unitive purpose of sex within marriage when working with Catholic couples who are engaging in sensate focus exercises, exploring non-coital pleasuring techniques, or while dealing with issues such a vaginismus and desire discrepancies. The Catholic teachings on specific subjects are the following:

Chastity

In cases in which sexual expression is sought outside sacramental marriage, the Catholic Church expresses disapproval. Catholics who are not married should express chastity through sexual abstinence, inclusive of refraining from physical or mental sexual activity with a person other than one's spouse. Interpreted strictly, fantasizing about contact with or actual sexual contact involving other than one's spouse, consumption of pornography, or involvement with prostitution are all considered sinful behaviors in Catholicism. During confession, an individual privately describes the sinful behavior(s) to a priest, expresses sincere desire for God's forgiveness, does penance for sin(s); is absolved of sin(s), and asks for grace to refrain from sinning in the future. Although Catholicism is among the most restrictive religions with regard to sexual morality, confession is an activity that provides for human deviations from that morality and supports its members as they strive to lead virtuous lives [1,3,4].

Catholicism does not allow its clergy to marry and believes that chastity of priests and nuns is a virtue that moderates their sexual appetite and distractions, so that they can devote their lives to the holiness of prayer, worship, and proclaiming the Gospel. Perhaps one of the most difficult sexual issues that face the Catholic Church today is the sexual abuse of children by Catholic priests. The scandal has caused an enormous shift in the Church members' views of priests and calls into question whether chastity leads to "holiness" or whether it contributes to sexual sin [4].

Contraception

Contraception, according to Catholic doctrine, is defined as every action that, whether in anticipation of the conjugal act or in its accomplishment, renders procreation impossible. Contraception is considered intrinsically wrong by the Catholic Church. The vast majority of Catholic laity (an estimated 63%) differs from strict interpretation of this Church doctrine and believes that it is possible to use external birth control methods and still practice the Catholic faith [2,4]. When a contraceptive is used to treat a medical condition, such as the use of combined hormonal contraception to treat pelvic pain, it is considered acceptable by the Church.

Homosexuality

In Catholic doctrine, homosexual orientation is viewed as an orientation that is not freely chosen, therefore it is not considered a sin. Homosexual sexual acts, however, are considered "contrary to natural law" as they do not fulfill the procreative purpose of sex and are therefore seen as wrong. Controversy exists whether the unitive purpose of sexuality applies to same-sex couples and whether their sexual unions nourish the relationship and give glory to God [2].

Traditional Catholic Church doctrine disapproves of masturbation, citing it as a non-procreative /nonunitive sex act, performed for the sake of pleasure. Modern Catholic theologians believe that masturbation should be judged within its life context and endorse a more tempered viewpoint of self-pleasuring [1].

A central theme that emerges in the discussion of the Catholic Church and sexuality is that of a "modern" interpretation of official Church teachings. This interpretation is often adopted by faithful Catholic couples, both before and after marriage in order to practice Catholicism in way that is consistent with their personal conscience and that makes sense within their sociocultural context. It is crucial for the sexual health expert to assess this interpretation among each of the individuals in the couple and assist them in finding the common religious ground from which they can participate in open sexual communication, self-exploratory and unitive, and pleasure-oriented exercises. Catholic women and men involved in sexual therapy and sexual medicine treatment should be assisted to see the growth-promoting and restorative aspects of sexuality for the couple, which fosters fidelity and ultimately gives glory to God. In this way, couples can continue to participate in their churches, working within and around traditional doctrine on sexual issues.

Judaism and Sexuality

Judaism is a monotheistic religion with a core system of laws and beliefs. Jews are not a monolithic group and there exists great diversity in regard to culture, affiliation, and ethnicity. Judaism views sexuality as positive and natural, similar to many other human drives and behaviors. Within matrimony, sex is mandated not only for the purpose of procreation but also for the sake of expressing and enhancing love and closeness

between married couples, as well as for mutual pleasure. Sexual relations are encouraged throughout a couple's lifetime [4].

Sexual expression, as many aspects of behavior, is guided by fundamental values and codified laws and is based on the core principles of modesty, purity, and sexual exclusivity. While these Jewish principles are widely accepted, the extent of adherence to ritual laws tends to be far greater among Orthodox and Ultra-Orthodox Jews.

The biblical phrase “. . . and you shall walk in modesty with your God” (Micah 6:8) is understood as a principle applicable to every aspect of daily life. Jewish values encourage modesty in behavior, in language, and in appearance. In Jewish practice, while modesty extends to sex, this concept does not imply that sexual intercourse should take place through a hole in a sheet, despite common myth. In fact, Biblical sources do not refer to the nature of specific sexual activities, and later sources, such as the Talmud and Maimonides, imply that all consensual sexual acts between married couples are permitted. Modesty in marital relations refers specifically to privacy and discretion in regard to public display or discussion. Clinically, this may have implications regarding the extent to which clients feel comfortable or are familiar with explicit language and direct discussion of intimate activities.

The timing of sexual contact between husband and wife is governed by a set of biblical laws known as Taharat Hamishpacha, literally, family purity. Taharat Hamishpacha requires that husbands and wives abstain from all physical and sexual contact for the duration of a woman's niddah time, i.e., the length of her menstrual period plus an additional seven “clean” days. At the end of this approximate 12-day separation, a woman immerses herself in the ritual bath (mikvah). After this, the couple is allowed and expected to resume all physical and sexual contact. The incorporation of these laws and attitudes, including the fundamental concept of monthly sexual abstinence and marriage renewal between husband and wife, has been cited as a key factor in promoting and maintaining Jewish marital and familial happiness [5]. The dynamics of “on-and-off” sexual contact, planned rather than spontaneous sexual activity, and ritual practice has been cited as both a source of comfort and a source of distress among women and couples who observe these laws [6].

Observance of Taharat Hamishpacha has clinical applications in sexual medicine and therapy. In sex therapy, sensate focus and other intimate interventions must be interrupted during the niddah cycle. Additionally, the impact of monthly abstinence and renewal should be explored in the context of intimacy and sexuality. Medical or hormonal interventions should consider the significance of vaginal bleeding as it pertains to the woman's niddah status.

Traditional Judaism sees heterosexual marriage as the ideal and preferred context for sexual expression. Clearly distinguishing between sexual desire and its physical realization, Jewish law prohibits sexual promiscuity between and among men or women. Masturbation or self-stimulation to orgasm as a form actively inducing lust and sexual gratification is prohibited.

Traditional Judaism also prohibits adultery, incest, and male/female homosexuality, citing them as grave sins. The core of this prohibition are the prominent words in the Decalogue “lo tin'af”—commonly understood as a prohibition against adultery and incest—which is interpreted to mean, “Do not ignite in your body [the fire of] sexual lust” (Babylonian Talmud Tractate Niddah 13b). When masturbation is deemed alleviative, remedial, or therapeutic, it is certainly permitted; however, when it is viewed in the context of inducing lust, it is prohibited. The concern for “wasting the seed” is secondary to the purpose of the masturbatory act.

Practically, however, medieval and Kabbalistic sources have influenced contemporary Orthodoxy, and extra-vaginal ejaculation is frequently of great concern to Orthodox and Ultra-Orthodox Jews. Interventions such as sensate focus or self-stimulation techniques that may result in ejaculation outside of intercourse may be met with concern. Often, consultation with the couple's rabbinic authority who provides permission to engage in the intervention is sufficient to relieve anxiety.

Jewish ritual practice and tradition vary according to geography (e.g., North African/Sephardic vs. Eastern European/Ashkenazi), dynastic affiliation (Hassidic vs. Lithuanian), and degree of participation in general culture (Ultra Orthodox vs. Modern Orthodox). Ultra-Orthodox Jews, or “Haredim,” are a devout and tightly knit community, and strive to remain separate from the outside world, while Modern Orthodox Jews are fre-

quently more integrated with secular society. School and extracurricular activities are sex segregated from early childhood in Haredi culture, while mixed gender activities are common in Modern Orthodox circles. Marriage in the Haredi sector is encouraged at a young age, and marriages are often arranged through parents and/or matchmakers after a limited number of meetings and a short period of engagement. In modern Orthodox circles, dating, courtships, and formation of intimate relationships before engagement are common. Both modern Orthodox and Haredi youth are expected to refrain from any sexual experiences, and premarital sexual education, usually provided by premarital instructors, occurs in a very limited manner, just prior to the wedding [7].

The anticipation that intercourse takes place shortly after the wedding, when most couples have had no previous sexual contact, often leaves newlyweds experiencing cognitive dissonance. As a result, unconsummated marriage is a commonly recognized clinical presentation of newly married Jewish couples, particularly within the Orthodox population [8,9]. Lack of information, insufficient premarital education, and a cultural context strongly proscribing sexual behavior are all factors that contribute to this phenomenon. Providing basic information about anatomy and physiology with specific behavioral suggestions is often sufficient to empower the couple to achieve sexual intercourse [4].

Traditional Jewish doctrine strictly forbids sexual intercourse between males and technically classifies it as abhorrent and detestable, which can be subjected to capital punishment; however, modern reconstructionist Judaism and Reform Judaism do not hold this view and permit homosexual intercourse. The Conservative Judaism Committee on Jewish Law and Standards has issued multiple opposing opinions on homosexuality, therefore the issues remain controversial.

Judaism recognizes the constructive role of human sexuality within the framework of mutual love and respect. In addition, gleaning support and clarification through rabbinic guidance can be helpful in alleviating anxiety and facilitating treatment success.

Hinduism and Sexuality

Hinduism is the world's third largest religion after Islam and Christianity, and is the major religion of

India and Nepal. Unlike other religions, Hinduism does not claim a single founder or agreed upon set of teachings. Over the centuries, there have been key Hindu leaders who have imparted various philosophies. Most Hindus follow a sacred text known as the Vedas, which dates back to 6,000 B.C. The Upanishads, which contain the philosophical essence of the Vedas, Bhagavad Gita, Ramayana, and Mahabharata are popular Hindu texts that provide insight to women's sexual rights in ancient times [10]. According to these texts, women enjoy many freedoms, including the ability to choose their own husbands. According to ancient Hindu discourse on how to lead and conduct one's life, "The society that provides respect and dignity to women flourishes with nobility and prosperity. And a society that does not put women on such a high pedestal has to face miseries and failures regardless of how much noble deeds they perform otherwise" (Manu Smriti 3.56). In Vedic times, women were elevated to the level of deity. In the Hindu faith, Brahma, Vishnu, and Shiva are the Creator, Protector, and Destroyer of the universe, respectively. While these deities governing the Universe are male, they must be coupled with their female companions in order to achieve their goals. The necessity of the male and female deities working together symbolize that one is incomplete without the other [10].

Hindu scriptures are rather vague concerning the topic of sexuality. However, sexual pleasure does make up one of the four essential elements, known as the purusharthas, necessary to live a good life. The element known as Kama means "pleasure of the senses," which includes sexual pleasure, and is regarded as important to a virtuous life as social welfare, liberation, and righteousness [11]. The element of Kama is explored further in the ancient Hindu text known as the Kama Sutra. This text that reflects on the nature of human sexual behavior is made up of various Sutras (writings characterized by short rules or precepts. It was compiled by Vatsyayana sometime between the 4th century B.C. and the 6th century A.D. The Kama Sutra does not merely represent a manual of sexual positioning but, in fact, is a comprehensive work that gives insight into the politics and social customs of ancient India. It addresses issues of courtship, marriage, and conjugal happiness. In the Kama Sutra, sexual behavior is an integral part of sensual pleasure and sensual pleasure is important in order to live a good life [11].

In most traditional Hindu cultures, sexual contact between a man and a woman is strictly prohibited prior to marriage. As a result, there is often a lack of communication within families regarding sexual health issues. Within their communities, Hindu women are praised for their purity and virtue. One of the consequences of absent or limited sexual education in a newly married couple is the potential development of fear or anxiety related to sexual activity, and ultimately, sexual dysfunction.

Many Hindu laws governing sexuality stem from cultural tradition and societal caste. One of these beliefs relates to the concept of premarital sex. In a country where ancient temples, like those found in Khajuraho, have images depicting sexual activity between men and women; many Hindu communities discourage the private interaction of young women and men [12]. Adamczyk and Hayes reported that compared to Jews and Christians, ever-married Hindus were less likely to report premarital sex [13]. The arranged marriage system is still a vital aspect of Hindu societies in India, and as a result, premarital sex is forbidden as a woman's chastity is highly valued. Current studies of married Hindu couples support this low incidence of premarital sex [12–14]. Unfortunately, sexual health issues among young people are often not addressed because of the assumption that they are virgins until marriage. As a result, knowledge about sexually transmitted infections (STIs) is low within the Hindu population. A 2006 study showed that only 44% of women and 53% of men are aware of STIs [15]. This lack of sexual education may have negative consequences on the healthy sexual development and may contribute to sexual dysfunction.

Although the true prevalence of female sexual dysfunction (FSD) throughout India is unknown, one study of 150 young married women in southern India showed that one third met Diagnostic and Statistical Manual of Mental Disorders IV criteria for FSD. These women had poorer quality of life and impaired social relationships [16].

According to ancient text, homosexuality is regarded as one of the possible expressions of human desire. Although some Hindu texts contain prohibitions against homosexuality, a number of Hindu mythic stories portray the homosexual experience as natural and joyful and several Hindu temples contain carvings that depict both men and women engaging in homosexual acts [17,18]. In

2009, Hindu Council UK issued a statement that “Hinduism does not condemn homosexuality,” subsequent to the decision of the Delhi High Court to legalize homosexuality in India.

Bollywood films are based on Hindu principles, and the romances depicted in the films contain no physical touching between males and female; therefore, there are no “love scenes” (hand holding, deep kissing) as is common in Western culture films. Instead, keeping with historic tradition, dancing, and singing are used as the main communicative tool between the sexes. Bollywood films and Hindu novels can be used for bibliotherapy and film assignments for couples with hypoactive sexual desire disorder and might not be highly sensually charged, in part because of their lack of explicit nudity and graphic sexuality.

Islam and Sexuality

Sexual and moral codes in Islam are guided by both the Quran (heavenly message from God in book format) and the Hadith (lessons from the prophet Mohammed). Standard Islamic teaching suggests that sexual expression is permitted only in the context of marriage between men and women and that strict moral code and disciplined sexual behavior are essential for stable social structure [19].

Standard Muslim dress code for females involves that the entire body be covered for modesty, except for the face and hands. When two adults of the opposite sex meet, they are instructed not to look at each other with lust or desire. Seductive clothing, casual meetings of men and women, pornographic images, and sexually explicit songs glean disapproval. Traditional Islam doctrine and teachings prohibit sexual relations outside sanctified marriage and prohibit sexual contact during menstruation [20].

Extensive variation exists in Muslim interpretations of sexual life. Young Muslims growing up in western culture are second or third generation and identify more closely with the sexual norms and values of their birth country.

Sexual relations are of great importance in the Muslim marriage and go beyond mere child bearing. Sexual fulfillment for both the husband and the wife is considered ideal. In some instances, sexual dissatisfaction is considered legitimate grounds for divorce [20]. Any sexual position is acceptable but anal penetration is strictly prohib-

ited. Vaginal intercourse is prohibited for 40 days after childbirth, as well as during daylight hours, while fasting, while on pilgrimage, and during menstruation [21]. According to Islam, it is acceptable for a woman to be active and responsive during sex, and oral sex is permissible as part of foreplay [22]. After sexual activity (particularly when ejaculation has occurred), men and women are expected to complete a full body ritual washing [23].

Premarital sex is uncommon among traditional Muslim women, and abstinence until marriage is more likely to be practiced in traditional families. Socioeconomic variables are associated with timing of sexual initiation; as secondary education increases, age at sexual debut increases. Exposure to the mass media is associated with earlier sexual initiation [24].

Islamic marriage and divorce laws and practices vary depending on locale and on social, political, and economic circumstances. A contract and dowry may be required for a marriage to be valid. In some instances, men hold the right to divorce while women face legal impediments in divorce and child custody. Modern Muslim legislation permits men to marry non-Muslim women [25].

The practice of polygyny, in which one man may have several wives simultaneously, is a controversial issue within modern Islamic societies. The Quran limits the number of wives a man can marry to four. Many modern Islamic nations have either outlawed or regulated polygyny although many traditionalists consider a man's right to four wives essential to the Islamic concept of marriage [25].

Extramarital sex is considered a violation of traditional mores and is considered sin in Islam. In the past, the punishment for adultery was much more severe than it is now. A woman could be confined to a house until death for infidelity and a man could be stoned to death. Islamic law, however, required the evidence of four reliable witnesses or self-confession for verifiable proof. In essence, while the punishment for adultery was severe, the requirements for proof of guilt were so strict that the chances of conviction and punishment were small [20].

The Quran is ambiguous on the issue of masturbation. Self-stimulation is permissible when done "out of necessity", i.e., soldiers during wartime, prisoners, travelers, individuals who have difficulty finding a suitable spouse, and to avoid

adultery [26–28]. Oral sex is permissible as part of foreplay.

Homosexuality is considered unlawful, abnormal, and punishable under Islamic law. Sex between two individuals of the same gender is considered an unnatural and prohibited act [29]. The Quran explicitly states that homosexual acts are considered illicit and if verified by witnesses or by self-confession, then the individuals would be punished [20].

Anal intercourse is prohibited and sodomy is punishable by death or execution in some Muslim countries [23]. Pornography is generally frowned upon, except in the specialized cases such as in the treatment of sexual dysfunction, where erotic material may be used as a therapeutic intervention prescribed for the purpose of saving a marriage. Prostitution is strictly forbidden in Islam.

Following men and women who observe the teachings of the Quran and practice abstinence if unmarried, limit the number of sexual partners, and abstain from anal sex, there is a reduction in sexually transmitted disease risk.

Muslims are unlikely to discuss private sexual matters or practices outside the home, which can make assessment and diagnosis of sexual problems challenging for the health care professional. Discussing sexual information for medical consultation does not violate this privacy code; however, many men and women may not be willing to share their specific concerns [20].

Female circumcision is still practiced in some remote parts of Africa in order to exercise control female sexuality [23]. The moral and ethical issues surrounding female genital circumcision are beyond the scope of this article; however in some instances, this procedure may be preformed in unhygienic conditions, which results in poor healing, and scarring may result in female sexual debilitation. The health care professional should be aware of the religious overtones relating to female circumcision and enter into a frank and candid discussion with the patient and explore her thoughts related to this procedure. When sexual dissatisfaction occurs as a result of the procedure, it can be inferred to violate the Quran doctrine, which stresses the importance of sexual satisfaction.

The Quran is not entirely clear regarding the rules governing birth control. Some argue that the withdrawal method deprives a woman of her rights to children and to sexual satisfaction [23]. Contra-

ception can be practiced at the couple's discretion as long as it does not involve voluntary interruption of pregnancy or deprives a woman of her rights to children or to sexual satisfaction. This is consistent with the view that the purpose of sexual behavior between husband and wife is not limited to procreation [23]. Abortion is permitted in the first trimester, if the mother's life is endangered, in the presence of lethal congenital anomalies, and in pregnancies resulting from rape or incest. In general, Muslims agree that the mother's life takes precedence over the life of the fetus [30].

Buddhism and Sexuality

Buddhism differs from Judaism, Christianity, Hinduism, and Islam in that followers of this religion do not worship any gods. Instead, Buddhists adhere to a set of beliefs and traditions based on the teachings of Siddhartha Gautama, better known as the Buddha, who lived around the 4th century B.C. For many followers, Buddhism represents more than a religion—it is a way of life. The central dogma of Buddhism is the Four Noble Truths. They center on the concept of suffering (*dukkha*)—it is definition, origin, cessation, and path to cessation. The path to cessation of suffering is known as the Noble Eightfold Path, which teaches followers to be moral, to be aware of thoughts and actions, and to develop wisdom.

When it comes to living an ethical life, followers of Buddhism follow The Five Precepts. Unlike the moral codes of other religions, these precepts are not commandments; rather, they are voluntary responsibilities. The Five Precepts teach followers to refrain from taking the life of a living being, abstain from taking what is not given, avoid sexual misconduct, abstain from false speech, and to avoid intoxication. For lay followers of Buddhism, the precept regarding sexual misconduct suggests that Buddhists should follow certain norms of morality and behavior; e.g., avoiding sexual activity with people who are engaged in other relationships, avoiding sexual activity with people who are considered vulnerable, and to not engage in sexual abuse [31].

Buddhist principles have been shown to have a positive effect on adolescent health in countries with a high Buddhist population. Research suggest that Buddhist practices reduce alcohol use and improve emotional intelligence and in Thai adolescents [30,32]. Chamrathirong et al. found

that the Buddhist beliefs of parents trigger monitoring behavior, which ultimately reduces adolescent early sexual initiation [30,32,33].

The Buddha did not refer specifically to the issue of homosexuality in any of his teachings. However, several of his followers, including Tsongkhapa, have voiced opposition. In his writings from the 15th century detailing the stages in the path to enlightenment, he describes one aspect of sexual misconduct for men includes sexual acts with a person they should not have intercourse with (one's mother, other men's wives, all men, and eunuchs). Tsongkhapa also considered masturbation or self-stimulation as a form of misconduct. Many of the teachings regarding sexuality in Buddhist cultures may have come from scholars whose beliefs were based on the cultural norms of their day. Ultimately, the Buddha taught that in order to achieve enlightenment, followers must have wisdom and compassion [31].

Ordained Buddhist monks and nuns live in celibacy, similar to Catholic tradition. Abstaining completely from sex is seen as a necessity in order to reach enlightenment whereas sex and masturbation are seen as serious transgressions [34]. According to some Tibetan authorities, the physical practice of sexual yoga is necessary at the highest level of spiritual attainment. This type of yoga is highly regulated, requires multiple years of specialized training, and has historically been extremely rare [35]. The 14th Dalai Lama of the Gelug sect holds that the practice should only be done as a visualization [35]. The Japanese Shingon and Tendai and all other non-tantric forms of Buddhism do not recognize sexual yoga.

With reference to homosexuality, Buddhists follow diverse teachings. There are some Buddhist texts that advocate avoidance of same-sex relations and label it as sexual misconduct while other western Buddhism writings are inclusive and non-prohibitive of same-sex relationships [36].

In Buddhism, a central tenet that can be traced to early Hindu scripture is mindfulness. Mindfulness is a spiritual process considered to be of great importance in the attainment of enlightenment [37]. It is an attentive awareness of the present moment. The Buddha advocated that one should establish mindfulness in one's day-to-day life, maintaining a calm awareness of one's body, feelings, and mind. Mindfulness practice has been taught as a therapeutic technique in medicine. It has been shown to alleviate a variety of mental

and physical conditions, including obsessive-compulsive disorder, depression, anxiety and for the prevention of relapse in substance abuse [37].

Brotto and colleagues have studied mindfulness as a behavioral technique in sexual medicine. Their research suggests that mindfulness can significantly improve sexual response and reduce sexual distress in women with sexual desire and arousal disorders. Mindfulness can be a valuable technique to redirect individuals who are spectating during sexual activity. In women with provoked vestibulodynia, it has been shown to reduce pain perception and improves quality of life [37]. Many sexual therapists and counselors utilize structured mindfulness counseling as part of comprehensive cognitive behavioral therapeutic interventions [37]. Mindfulness maybe a helpful technique for both men and women who are distracted or suffer from spectating during sexual activity.

After extensive literature search, the authors were unable to locate any published guidelines or data concerning unconsummated marriages and Buddhism.

Mormonism/Latter-Day Saints (LDS) Church and Sexuality

Mormonism, also known as The Church of Jesus Christ of Latter-Day Saints (church of LDS Church), is guided by the Book of Mormons and the Bible. For the purposes of this article, the term Latter-Day Saints (LDS) will be used in place of Mormons.

Hugh Brown, one of the distinguished leaders of the LDS Church, claims that LDS Church views the union of a man and a wife in marriage as sacred and posits that faith gives them the courage to endure in married life until the end, despite the difficulties, trials, disappointments, and occasional bereavements. Elder Brown emphasizes that all attempts should be made to avoid a failed marriage, which may result in “loss of celestial glory” [38]. The LDS’s strong support of marriage encourages couples to resolve their differences instead of abandoning their marriage. As a result of the negative stigma attached to marriage dissolution, distressed couples may stay together out of fear of social stigma. Those couples who decide on separation or divorce experience shame about their life situation and may face excommunication from the Church.

Like many other religions, LDS Church urges youth to commit to sexual abstinence. One of the prominent church leaders, Elder Elaine Dalton, warns youth against premarital sex and encourages them to protect the precious gifts of their agency and their body [39]. Some of the youth of the LDS community may be confused by the dissonance between the LDS doctrines about premarital sex and the permissiveness of the mainstream American youth culture [39].

LDS acknowledges the experience of same-sex attraction as a complex reality. Church doctrine posits that the attraction itself is not a sin, but same-sex sexual activity is seen as a sin. The Church takes the view that people who are struggling with same-sex attraction should be treated with compassion by their family and the Church. LDS supports that same-sex attractions are not a choice, but choosing *not* to respond to the attraction with physical contact is a choice—and the proper choice for LDS members so that they do not go against the spirit of the Lord [40,41].

Elder Jeffrey Holland describes that people who are struggling with same-sex attraction should be treated with compassion by their family and the Church. However, family members should not condone behaviors that go against the Spirit of the Lord [41]. The conditional acceptance of gay members by the LDS Church based on whether or not they engage in same-sex physical activity can result in shame and internalized homophobia, which may manifest as sexual distress and psychosexual pathology [42,43]. The popular Hollywood film *Latter Days* illustrated the family struggles as their young son comes out as a gay man while on a mission to spread the gospel of the Mormon Church. The movie illustrates the family struggles, internalized homophobia, and attempts at conversion therapy.

According to Malan and Bullough, since the turn of the century, the LDS Church condemns masturbation [44]. A LDS Bishop, Brad Wilcox, in his book *Growing Up: Gospel Answers about Masturbation and Sex*, states that although there is no physical harm in masturbation, “there is evidence that this the carrying serious emotional and spiritual consequences” [45,46].

Pornography is also strictly prohibited by the LDS Church and use of pornography is an offense that should be atoned for by prayer. Prohibition may affect the treatment protocols that may neces-

sitate the use of erotica for the treatment of different types of sexual dysfunctions such as desire disorders [47], erectile dysfunction in men [48], and orgasmic disorders [49].

Special Considerations: Counseling Techniques

Special considerations for sexual medicine professionals treating patients include:

Professionals should use all available resources to learn about the beliefs and religious practices of their patients. An attempt to understand the personal belief system is critical for overall success in the sexual health treatment paradigm.

Professionals need to be sensitive to the members' attachment to the religion and potential need community for social support and spiritual guidance. Self-examination of the health care professional's own religious bias and how it may influence the treatment are critical. The health care professional should separate personal belief from professional responsibility when addressing sensitive sexual health considerations and use best medical evidence available to offer treatments.

Use of the model of permission giving, limited information, and specific suggestions [50] may need to be used with utmost sensitivity to cultural/religious differences.

Conclusions

Among many of the religions considered in this review, support of heterosexual unions though marriage is consistent in all religions, while the degree of a religion's tolerance to other sexual behaviors is widely variable. Masters and Johnson noted that rigid and inflexible religious childhood background maybe associated with sexual dysfunction [47–49,51,52]. Highly religious upbringing may also influence a patient's compliance to medical interventions or continued cognitive behavioral sexual therapy. Many religious individuals may lack basic understanding and knowledge concerning sexual responsivity and may also be sexually naïve and inexperienced. When appropriate and permissible, basic sexual education including anatomy, understanding of techniques for sexual self-exploration, and the use of educational books or materials coupled with relaxation techniques or sensate focus may be useful.

When clients/patients are dealing with dissonance between the religious doctrines and their core sexual identity, intensive therapy with a trained specialized sex therapist may be warranted.

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CME Multiple Choice Questions

1. A member of which religion might refer to the act of sexual intercourse within the context of marriage as “the nuptial act”?
 - a) Protestant
 - b) Mormon
 - c) Catholic
 - d) Islam
2. According to the LDS church, homosexual attraction is not a sin but it is sinful to:
 - a) Talk about it.
 - b) Write about it.
 - c) Act on it.
 - d) Suppress it.
 - e) Show kindness to a person with homosexual feelings.
3. The LDS church prohibits masturbation because according to LDS doctrine and teaching, masturbation:
 - a) Causes physical illness.
 - b) Affects career opportunities.
 - c) Causes guilt.
 - d) Causes serious emotional and spiritual consequences.
 - e) Causes problems in relationships.
4. Judaism recognizes the sexual act as:
 - a) A legitimate expression between married individuals
 - b) As a method of procreation
 - c) As a husband’s requirement to his wife
 - d) All of the above
5. Core concepts in Judaism surrounding sexuality include:
 - a) Modesty, sexual exclusivity, and family purity
 - b) Modesty, spirituality, and polygamy
 - c) Spirituality, sexual exclusivity, and family purity
 - d) Vaginal intercourse, modesty, and family purity
6. Sexual medicine practitioners should be aware of the following interventions regarding Orthodox Jewish clients:
 - a) No special considerations
 - b) The effect of vaginal bleeding on family life
 - c) All interventions requiring ejaculation outside the vagina are strictly prohibited
 - d) b and c are correct

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