Chapter No. I

INTRODUCTION
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INTRODUCTION

India, with all its diversity, is the only country that has a rich cultural heritage. Today we find that all human inventions have roots in Indian mythologies and religious books, for example we have Yoga, Pranayam, Meditation, Dhayan all these have made human life happier and easier. All other countries have taken into account the treasure of all these healing and healthy techniques.

All the European countries give great importance to married life. To make it happier and lovable, the people try to know their better half’s feelings, attitudes; nature etc. there is a counseling system before the marriage. Before marriage both would be life-partner try to understand each other with their expectations and ambitions. This helps them live life with pleasure and satisfaction.

In India we have various religions that really affect the life style of the communities that follow their own beliefs and traditions. Oriental countries are more inclined towards following their own religious. This religious impression in found among the people and individuals. The person who is going to marry the other person thinks that they would be life-partner may have certain expectations and marriage attitudes because every individuals is shaped and grown up by his or her own religion, sanskar, traditions and philosophical principals. All these facts affect our thoughts, habits, attitudes, likes and dislikes. So it is very open and clear that when a person chooses someone for marriage, he or she is definitely impressed by religions
principals, rule, and sanskars. In the many families females receive equal rights and freedom. In some families women get secondary position or they don’t get equal treatment. It also shows that these families behave in this way because of the religions principals, rules and sanskars.

In today’s modern India the sanskriti and social codes prevent the families to discuss the sexual thinks. It is considered bad or inappropriate to talk about sex and other related things to sex. This has prevented the government to start education about sex right from the school age of the children. The youth of India receives many times incorrect knowledge about sex. This badly affects their married life, sexual life, and personality as a whole thing. These youths suffer the mental illness like depression, inferiority complex and the feeling of guilt, etc.

India is a democratic country. Democracy means place for all different opinions, but sometimes these different opinions severely affect the society. This is happening in connection with sex education. If we think in terms of historical truths and ground realities, we are sure that people will be less afraid of sex and things related to sex.

Life is an epic in which sexual aspects or physical pleasure is an important chapter. The emotion of love about one’s own body helps create love about other’s body. The person that respects the expectations and one’s own body only can respect the expectations and the body of the other.

To feel immense love for life partner is essential but it is not enough for happy married life because many times such a loving person looks at his life partner according to his own expectations or point of view. It is assumed that my partner
should act according to my will her every reaction should act be just like me because I love her. But since mentality of male and female is absolutely different their point of view of looking at a thing or expectations for one another may not only be different but be absolutely opposite to each other’s that’s why it should be taken into consideration that wife is a woman and husband is a man and then we should think about their point of view. This is a key of a successful married life.

Culture, religion and tradition these factors also make an impact on the belief and expectation about the life partner. Every religion has its own teaching and different thoughts are put forward. These thought have an effect on our thoughts. In Indian culture there are various castes and religion and an individual his expectation about his life partner according to his religion and in those expectation some are traditional and some are modern or egalitarian.

In some religions men and women are not treated equally or difference is made between them. In every religion there are some specific principles or there are some rules. These principles create limitations in the expectations. We can see that both the religions Hindu and Muslim have their own religions principles according to which both the religions have different culture according to which both religions have different marriage system.

Even today a Muslim religion has traditional marriage system or their religions principles are harsh. Compared to this Hindu religion also has such principles but they are not as harsh as found in Muslim religion. Also ideology of Hindu is found to be changing or accepting new changes compared to the ideology of Muslim and
the same impact is found in the expectation about our life partner religion wise. Because of these religions principle or because of the harshness of religions rules compared to Hindu religion. Muslim children don’t have the liberty or positive attitude to get knowledge or information about the sexuality. Resulting into insufficient sexual knowledge because of which Muslim children may face more sexual problems than the Hindu children.

**CONCEPT OF RELIGION :**

While William James (1902) differentiated between a first-hand experimental religion and a second-hand institutional, inherited religion, typically, religion and spirituality have been measured by global parameters such as frequency of church attendance, self-rated religiousness, etc. Hill and Pargament (2003) highlight some of the recent advance regarding the conceptualization of religion and spirituality. Lopez and Snyder (2003) too, have discussed the issues in the measurement of religiousness and spirituality and have differentiated between the two. They then go on to use a hierarchical model for organizing the scale at two levels: at the dispositional level are the scale that assess broad individual difference in people’s religiosity and spirituality. At the operational level, there are scales that can measure the motivations behind a person’s religiosity the ways in which an individual may use religion in coping and prayer.

One is thus witnessing, particularly in the US, a polarization between the terms religion and spirituality. While the former is representing “an institutional, formal outward, doctrinal, authoritarian, inhibiting experience, the latter representing an individual, subjective, emotional, inward, unsystematic, freeing expression”
Despite the seemingly heuristic value of such differentiations, they can be dangerous. Thus, religion seems to be bad, while spirituality seem to be good, although research has shown that there are helpful and harmful effects of both (Pargament, 2002). Further, such a bifurcation seems to override the empirical reality that people do not differentiate between the two. Rather, for most people, spirituality is experienced under an organized religious context (Marler & hadaway, 2002). It thus seems better to think of the two as related rather than independent concept (Hill et al. 2002).

**DEFINITION AND ANTIQUITY OF ISLAM AND HINDU:**

The word "Islam" is derived from the Arabic root word "salaama," meaning peace, obedience, purity, and submission. Islam means abiding peace and unconditional obedience to the will of God and His divine law. While other religions derive their names from either a tribe (Judaism), or a geographical area (Hinduism), or a founder (Zoroastrianism, Buddhism and Christianity), Islam derives its name from its central doctrine of peace and submission to God. Thus the chief message of Islam is hidden in its very name. While the followers of other religions may call themselves as Christians, Jains, Buddhists etc., the followers of Islam refer themselves as Muslims or Mussalmans, but never as "Muhammadans," which some non-Muslims however tend to call them erroneously.

Islam by all means is a religion founded by a prophet. Hinduism, in contrast, is a group of religious traditions, established over a period of time, through the revelations received by innumerable saints, seers, incarnations and emanations of
God. It contains various traditions such as Saivism, Vaishnavism and Shaktism that are religions by themselves. In Hinduism personalities do not count as much as the divine law or the dharma. So it is in Islam, where the message of Islam is far more important than the person of Muhammad himself. Muslims therefore do not worship their prophet, unlike the Christians.

The word "Hindu" or "Hindoo" is derived from the Sanskrit root word "Sindhu" and used by Persians, ancient Greeks and many foreigners to denote the people who lived beyond the river Indus, whom Alexander could not conquer. During the medieval period, Islamic scholars and Muslim travelers referred the Indian subcontinent as Hindustan or the land of the Hindus. The word stuck for several centuries and throughout the Islamic Caliphate. During the British rule, the word Hindu was used to distinguish the native Indians who were not Christians, nor Muslims, nor Sikhs, nor Jains, nor Buddhists. The word Hinduism was coined in the 1830s by British scholars to denote the religious traditions of the native Indians to distinguish them from other recognized religions. While they are now popular all over the world under the generic name Hinduism, for generations Hindus recognized their religious traditions as aspects of one eternal Truth that went by the name "sanatana dharma" or eternal law. It is interesting that for over 6000 years, Hinduism went by many names but Hinduism.

**IMPORTANT BELIEFS AND CONCEPTS :**

Muslims worship and submit themselves to none but Allah, the one and only God, who is Merciful, Eternal, Mighty and Infinite. He is the Creator, the Provider and
Sustainer of all creatures and the entire creation. He is considered to be not just the highest God of Muslims, but of all the people in the world, including the Christians, Jews, Hindus, Buddhists, atheists, agnostics and others. Allah is the ruler of the heavens, the earth and all that is between them. Yet He is closer to His pious and thoughtful worshippers, to whom He responds with overflowing love, forgives their sins and grants peace, happiness, knowledge and abundant wealth. Although He is known to most by His popular name Allah, He has 99 other names, which are enumerated in the Qur’an. According to the Hadith, he who memorizes all the names of Allah would go to paradise.

Islam acknowledges the succession of prophets and messengers of God, starting from Adam and Noah. Also included in the list are Abraham, Moses, John the Baptist and Jesus. Muhammad is considered to be the last of the prophets and messengers of Allah. Islam perceives all the prophets and messengers as human beings, chosen by God for the specific purpose of passing on His revelations for the benefit of the mankind. Islam also recognizes the presence of Angels, who are believed to be invisible and never tiring, requiring neither food, nor rest, nor drink, and who spend their time in the service of Allah, obeying His commands and implementing His will. Gabriel, the Angel who passed on the messages of Allah to Muhammad, is considered to be the only messenger Angel. Other important aspects of Islam are:
• Belief in the resurrection of the dead and the Final Judgment Day.

• Belief in fate and free will. God is the only source of everything that happens in the world. He uses Qadaa and Qadar, eternal knowledge and mighty power, to execute His will. He knows everything that happened, that has been happening and that will happen. He is responsible for all that happens or not happens. Yet He has endowed the humans with free will and thereby made them responsible for their actions and choices.

• Belief in Jihad or the struggle for a divine cause. The struggle involved in leading a pious Muslim life, building Muslim community, exercising self-restraint and defending Islam or a Muslim nation, are considered to be Jihad.

• Conversion to Islam is easy. According to Islamic tradition, anyone who sincerely proclaims the glory of Allah and declares Muhammad to be His messenger becomes a Muslim.

• Islam does not recognize the intervention of middle agents between God and His followers. Islamic faith is a matter of individual faith and commitment to the will of Allah. A follower of Allah can communicate with Him directly through his prayers and virtuous actions.

Hinduism believes in the existence of Brahman, the supreme Lord of the visible and invisible universe, who is eternal, stable, unchanging, indestructible, unborn, blissful, and who goes by many other names such as Brahma, Vishnu and Siva. He is both manifest and unmanifest, known and unknown, high and low, envelops
everything, contains everything and also resides in everything. He is the Supreme Lord, the Highest Self, the only Truth, who is the creator, sustainer and destroyer of all that is and that will ever be. He manifests Himself as everything and in everything. He is both the material and instrumental cause of the universe. He creates Rta, the universal order, Dharma, the universal divine law and many divinities to uphold them and manage them. The three gods, Brahma, Vishnu, and Siva are but His three highest functional aspects, endowed with the responsibilities of creation, preservation and destruction. Nature or Prakriti is His dynamic energy and primal matter, in which He becomes involved partially to manifest all the beings and objects of His creation. He maintains and upholds Dharma, the eternal law through His various aspects, dimensions, divinities, incarnations, emanations and also through many great souls, who come to the earth from time to time to spread the message of God.

During creation, Brahman, the Supreme Self, who is absolute, subjective consciousness, diversifies Himself, in the form of an objective relative reality, into innumerable beings and objects and enters into them as individual self or Atman. Atman is Brahman in its essence, but, because of its involvement with the elements, qualities and principles of nature, it becomes deluded and suffers from the impurities of delusion or ignorance, desire oriented actions and egoism. It remains chained to the cycle of births and deaths and the law of karma, till it becomes free through the grace of God or by its own good deeds and inner transformation. A person may go to either heaven or hell or the world of ancestors, depending upon his or her deeds upon earth. However afterlife in these worlds is temporary. Upon
exhausting their good or bad karma, beings have to return to earth to continue their existence. True liberation comes only when they transcend their limitations, realize their supreme Brahman nature and become one with Him in consciousness.

According to Hinduism, God can be worshipped and approached in various ways. Because He is unconditional love, He grants free will to the beings and makes Himself visible to them in whatever form He is envisaged. Most Hindus worship Him as a personal deity of their chosen form, which may also include His feminine forms and aspects. However of all the forms of worship, He considers the path of single minded devotion, self-surrender and inner purity to be the best and the most effective. Out of unbound love, He also manifests Himself in the images men make to worship Him. Depending upon who created them, how they are created and where they are installed, the images of God contain the potency and presence of God Himself, rendering them worthy of worship and adoration. Thus Hinduism sanctions the worship of the living presence of God in an image or a statue or a symbol or an object.

SIMILARITIES BETWEEN HINDUISM AND ISLAM:

- Both Hinduism and Islam accept God as the Supreme Being and Absolute Lord of the universe. He is the creator and sustainer of all creatures and the entire creation. He is the source and cause of the divine law (dharma in Hinduism) which He upholds through His inviolable will.
- Both religions acknowledge that while God has the knowledge and the power to execute and enforce His will, by which everything in the universe
moves or moves not, God is generous enough to endow human beings with free will, so that they become responsible for their actions and the choices they make.

- The Allah of Islam is known by 99 names. The Brahman of Hinduism is also known by several names and by knowing them and chanting them one can attain Him.

- Both Hinduism and Islam acknowledge that God responds to the prayers and aspirations of His followers and grants them peace, happiness, success and knowledge. He loves those who love Him dearly and forgives them for their ignorant and sinful actions.

- In Hinduism there is a belief that God is the Supreme Self and that the entire creation is His body. Islam believes that the believers of God are like a body who share the same experiences in their love, mercy and kindness towards one another.

- Both religions believe that God rescues the faithful in times of distress and responds to their calls for help according to their faith and devotion.

- Both religions believe in the moral responsibility of each individual towards others and in the practice of such virtues as charity, doing good, righteousness, forgiveness, moderation in eating and drinking, tolerance, mercy or compassion, self-control, brotherhood, friendliness, patience and gratitude.

- Hinduism believes in the law of karma. Islam believes in God's reward for good deeds and punishment for bad deeds. Thus declares the Qu'ran,
"Whoever does good deed, he shall be repaid ten-fold; and whoever does evil, and he shall be repaid with evil." (5.32)

- Both religions advocate non-violence and non-killing of human life. Says Qur'an "According to Jewish tradition...whoever kills a human life...it is as though he kills all mankind; and whoever saves a life, it is as though he saved all mankind." (6.160).

- Both religions believe in the company of the pious and not responding to evil. "And when they hear slander against them, they turn aside from it and say: 'We shall have our good deeds and you shall have your deeds. Peace be on you, we do not desire the company of the uninformed." (28.54).

- Hinduism is a tolerant religion. Hindus believe that each individual has a choice to pursue a path in accordance with his or her inner inclination and religious beliefs and interfering with it would tantamount to taking responsibility for another's salvation and also karma. In Hinduism pursuit of Truth is far more important than belief or disbelief in God or a particular divinity. Islam does not recognize other religions, unless they are specifically mentioned in the Qur'an. But it truly respects all those whoever believes in God, who are pious, who are not evil, irrespective of the religion to which they belong. Following are some of the quotations from Qur'an in support of this view:

  - There is to be no compulsion in religion. (2.256)
  - When those come to you who believe in Our signs, Say: "Peace be on you. Your Lord hath decreed mercy for Himself." (6.54)
Be courteous when you argue with the people of the Scriptures, except for those who do evil. Say to them, “We believe in that which has been revealed to us and revealed to you, and our God and your God is One, and to Him do we submit.” (29.46)

- Both Hinduism and Islam believe in the efficacy of prayers and in remembering and reciting the names, words and deeds of God, for inner purification, God's forgiveness and mercy.
- Barring the differences in the details, both religions believe in the ultimate destruction of the world and the rescue of the pious and the pure by God.

**DISSIMILARITIES BETWEEN HINDUISM AND ISLAM:**

- Muslims believe in none but Allah, the one Supreme God and follow only Qu'ran. Hindus worship one God, but in many forms, aspects, incarnations and emanations. They are not particular about the name or the method of worship. They also worship the various gods and goddesses either as the highest God Himself or as an aspect of Him or even as a separate entity. They follow not only several scriptures but also the sayings of several saints and seers.
- A person converts to Islam by proclaiming faith in the supremacy of Allah and accepting Muhammad as His messenger. Technically, a firm declaration of faith in Allah and the prophet is sufficient to convert to Islam. In contrast, a person becomes a Hindu either by birth or by personal choice, but without the need to confirm his faith in any particular God, scripture or messenger. A
Hindu may be a theist or an atheist, a believer in absolute God or a local deity. Whatever path he may choose, he needs to be a seeker of Truth and upholder of Hindu Dharma.

- Islam does not recognize any intermediary between man and God. A worshipper can reach out to Him directly through his prayers. In Hinduism there is a choice. A person can worship God directly or seek the intervention of a priest or a Guru for assistance.

- Hinduism believes in the law of karma. Islam acknowledges that God rewards people for their good deeds and punishes them for their evil actions. However Islam does not recognize any law other than the law of God which is declared in the Qur’an. Unlike Christianity, Islam does not proclaim that men are born in sin. Men are born pure, free of sin, by the grace of Allah and shall remain so as long as they have abiding faith in Him, follow His law and worship Him, practicing virtue and avoiding evil. Hence no need to seek forgiveness through a priest.

- Islam does not recognize any hierarchy of priests, bishops, monks and Popes. In Hinduism there is no central authority like that of a Pope. But it has priests, Shankaracharyas, guru sampradayas (traditions of gurus), ascetic traditions and sectarian organizations that regulate the religious affairs of the individuals, who follow them or seek their help. The Muslim Imams are but religious scholars with no particular divine authority and pious servants of God, serving the faithful as His true followers.
- Islam does not believe in rebirth, but only resurrection and the Last Judgment Day. In contrast to Islam, Hinduism considers life in heaven and hell as temporary. A soul regains freedom forever only through self-realization.

- Hinduism does not have a concept of prophets and messengers, but incarnations, seers, sages, gurus and divinities who pass on the revelations of God to the mankind.

- Sharia, the Muslim law, is imposed through Muslim clerics, well versed in Qu'ran and Hadith, to punish those who disobey the commands of Allah as declared by Him in the Qu'ran. Hindu religious law is presently not imposed through an independent religious authority, but, portions of it, through the government judiciary, according to Hindu civil code.

- Islam considers God and his creation to be two distinct things. God exists everywhere in His creation. But in a theological sense He is not His creation. So is the case with creatures and the people He creates. He is closer to them and ever watchful and heedful, but He is separate from them and never unites with them. He may reward them for their faith and good deeds by ensuring them a place in heaven, but there is no such concept as liberation through self-realization. Many schools of Hinduism, however, consider God and His creation to be the same. There is either no distinction or very little. God is both the material and instrumental cause of His creation. He exists as the Supreme Lord of the entire creation and also as the individual self (atman) in all beings and objects. The individual self is the same in
essence as the Highest Self and when it regains its true consciousness it has the same consciousness as that of God.

- Hindus consider the world in which we live to be illusory and unreal. It exists in relation to the senses and to the extent they can grasp it and make sense out of it. It is unreal in the sense that it is ever changing, destructible, impermanent, created and relative. We are not sure whether what we see is the reality or the truth, because the senses are such imperfect and unreliable instruments of truth. The best means to arrive at truth are direct experience, the experience of others, the inferences based on the things that exist or do not exist or may exist and may not exist, and scriptural authority. The concept of maya or illusion, the existence of Prakriti or nature, either as a dependent or independent aspect of God, and the role of senses in the delusion of the individual beings are alien to Islam. According to Islam the word here is as real as the heaven or hell. They are God's creation and rest in Him.

- Hinduism does not see much distinction between man and the rest of the beings. Man is but one stage in the liberation of soul from the bondage to the cycle of births and deaths. In Islam there is a clear demarcation between humans and animals. Only man can be a true believer and follower of God. The rest of the creatures in the world are created by God for the benefit of man.

- Like Christianity, Islam believes in a Devil known as Iblis. But unlike in Christianity, he is not considered a fallen angel, but a Jinn. In Hinduism
there are Asuras who are fallen gods and who are forever in conflict with gods. There are also demonic beings called Rakshasas who are cruel and mischievous and defy the authority of God at the slightest pretext, although they chose to worship Him for selfish and egoistic reasons and try to misuse their power for doing evil deeds and causing unrest. In the highest sense, in Hinduism as in Islam, God is the ruler of all the worlds and evil is but an instrument of God to punish the wicked and if possible reform them. However, unlike in Islam, the Hindu hell is ruled by a pious god known as Lord Yama, who is considered to be an epitome of justice and virtue.

- The Islamic cosmology essentially consists of the heaven, the hell and the earth. The Hindu cosmology is more complicated. Hinduism recognizes innumerable worlds and planes of existence. God is all these and also beyond them. No one can truly fathom His worlds or the extent of His manifestation.

- In Islam there is no concept of Trinity. God is one and indivisible. Hinduism recognizes three highest functional aspects of God in the form of Brahma, Vishnu and Siva, who are called the Three Deities (Trimurthis), depicted either as one or separate deities, who carry out the three primary functions of God's manifestation, namely creation, preservation and destruction. Each of these three is also recognized as God Himself by their followers.
COMPARISON OF HINDU AND ISLAMIC PRACTICES:

Apart from the above, following are some important differences between the two religions, with regard to their respective religious practices.

- Despite the tradition of polygamy, Hindus are now strictly monogamous. Islam permits polygamy.
- Muslims celebrate mainly two festivals, Id al-Fitre and Id al-Adha. Hindus celebrates many festivals throughout the year. They have festivals in every season, for every planetary configuration, auspicious occasion and for every major god or goddess. Perhaps no other religion has so much cause to celebrate as Hinduism. In a way it is a celebration of time itself and the journey of man upon earth. In worldly matters Islam is an austere religion and Hinduism liberal.
- Islam prescribes a specific dress code for Muslims based on the principle of modesty. They are advised not to wear clothes that are too thin or too tight. Women are expected to wear burkha in public. In Hinduism there is no specific dress code either for men or women, except on specific occasions or to perform certain rituals. Widowed women are expected not to wear ornaments or colorful dresses. Obscenity and public nudity are not tolerated.
- Both Hinduism and Islam do not approve of close and intimate mingling of opposite sexes outside marriage and family relationships. Kissing in public is a taboo. Dating is considered both irreligious and immoral. Both religions proclaim marriage as a bond between a man and a woman, established through
mutual consent, with God as the witness. In Islamic society there is no
disrespect for eunuchs. In fact, in medieval India they were an important part of
royal harems and court politics. But gays are regarded as contemptible and
liable for punishment. Premarital sex, extra marital relationships and adultery
are considered immoral in both religions. In Islam they attract physical
punishment. Married people can seek divorce on certain valid grounds and the
aggrieved parties are entitled for compensation.

- Both religions prescribe a code of conduct with regard to food and drinks. For
  the Hindus the cow and the bull are sacred and should not be slaughtered. So
  they are forbidden from eating beef. For the Muslims, the pig is an unclean
  animal. So pork is forbidden. Islam explicitly prohibits intoxicating drinks and
  substances. As in Judaism, Muslims cannot eat meat unless it is prepared in
  accordance with prescribed rules.

- In Islam abortion is equated with murder and not permitted unless the mother's
  life is in danger. In Hinduism also abortion is equated with murder. According
  to the Vashishta Sutras, "He is called Bhrûnahan who kills a Brâhmana or
  destroys an embryo (the sex of) which is unknown." The notorious practices of
  sati (widow burning on the funeral pyre of her husband) and drowning of girl
  children for economic or religious reasons are now, thankfully, things of the
  past. Male children usually enjoy more privileges in Hinduism than female
  children, because of the religious duties assigned to them towards their parents
  and ancestors and for continuing the family lineage, which is so important for
the continuation of dharma upon earth. In Islam the distinction between men and women is mostly social and economic rather than religious in nature.

- Hindu society is characterized by caste system. The distinction is based not so much according to racial or social differences, but birth and family status. In Islam there is no distinction based on the birth or family status of a person. All believers are equal and equally dearer to Allah. If there is any distinction among people, it is between believers and non-believers, those who acknowledge Allah and His messenger and those who do not and the pious and the evil.

**EXPECTATION FROM THE LIFE PARTNER:**

Friendship, romantic love and marriage are three components of life partner selection these motives guide a person in selecting a partner. It is claimed that norms for life partner. Selections are now changing in India.

The concept of expectation from life partner has linkages with marriage and the various ideas related to choosing a life partner. In India a majority of marriage are arranged by parents, relatives and kin choosing ones marital partner on the basis of premarital acquaintance. Love and courtship is still unacceptable even among the urban, educated middle class. The freedom to choose one’s spouse is perceived as being against the cast, religion and therefore, endogamous alliances are preferred. However new expectation and assumptions about marital ideas have also emerged. Living in a nuclear family strengthens the conjugal bonds between the spouses. Since they have the time and the opportunity to interact and communicate freely.
These developments have influenced the ways in which urban couples define the objective of marriage and their marital role. The Indian husband’s response to the wife’s occupation has been ambivalent. On the positive side she shares the economic burden but this has been seen as a negative reflection on the ability of the husband to be sole provider (Ramu-1989).

The term life partner denotes ideas about sharing, caring, ideas about the future lifestyle, goals and togetherness in married life. The term life partner has been used instead of wife emphasizing an egalitarian relationship.

In spite of many changes in the individual’s circumstances in the course of modernization, urbanization and education, the formidable consensus on the ideal of womanhood and the wife still dominated. It governs the inner imagery of individual’s men and women as well as the social relation between them in both the traditional and modern sectors of the Indian community.

In current times, we India are caught in a cusp between tradition and modernity. This review is India-specific in order to examine the nuances of this cultural context. In the India setup the concept of ‘wife’ rather than life partner dominates. The ancient texts and mythology assert that ‘to be a good wife, is to be a good woman’. Various norms are laid sown for wives. Wives should restrain all their senses and keep their hearts under complete control. They should regard their husband as veritable gods; serve their husband and his family members (kakar-1978).
TYPES OF MARRIAGE

Muslim Religion Marriage:

Nikah is the first and most common form of marriage for Muslims: described in the Qur’an in 4:4. A Muslim bride signing the nikah nama or marriage certificate.

➢ Regulations:

- It is aimed to be permanent, but can be terminated by husband engaging in the Talaq (divorce) process or the wife seeking a divorce.

- The couple inherits from each other.

- A legal contract is signed when entering the marriage.

- The husband must pay for the wife's expenses.

➢ If a divorce date is determined in the nikah contract:

- In Sunni jurisprudence, the contract is voided.

- In Shia jurisprudence, the contract is transformed into a nikah mut’ah.

➢ Requirement of witnesses: Sunny: Two  Shia: None

Nikah Mut'ah :

Nikah mut’ah (temporary marriage), (often referred as "fixed-time marriage" since many of these marriages have a time limit), is the second form of marriage although not explicitly stated in the Qur’an in 4:24 but one can infer. There is controversy on the Islamic legality of this type of marriage, since Sunnis believe it was abrogated by Muhammad, while Shias believe it was forbidden by Umar and hence that ban
may be ignored since Umar had no authority to do so. The Qur'an itself doesn't mention any cancellation of the institution. Nikah Mut'ah sometimes has a preset time period to the marriage, traditionally the couples do not inherit from each other, the man usually is not responsible for the economic welfare of the woman, and she usually may leave her home at her own discretion. Nikah Mut'ah also does not count towards a maximum of wives (four according to the Qur'an). The woman still is given her mahr, and the woman must still observe the iddah, a period of four months at the end of the marriage where she is not permitted to marry in the case she may have become pregnant before the divorce took place. This maintains the proper lineage of children.

**Who may be married?**

Polygamy in Islam is permitted under a few conditions. Women are not allowed to engage in polyandry, whereas men are allowed to engage in polygyny. However, in such cases, men are required to treat all wives with equality.

**Other religions:**

Traditionally, Muslim jurists hold that Muslim women may only enter into marriage with Muslim men. The Qur'an explicitly allows Muslim men to marry chaste women of the people of the Book, a term which includes Jews and Christians.

However, these traditions do not go unchallenged. An examination of the text in the long standing reference cited in footnote. All jurists agreed that a Muslim man or woman may not marry a mushrik [one who associates partners with Allah]. As it is mention in surah Baqrah 2nd sura in chapter 2 verse no. 221 [do not marry
idolatresses women (till they believe) in Allah; (for lo! A believing bondwoman) marrying a believing slave woman (is better than an idolatress) who is a free woman (though she pleases you) though you may like her comeliness and beauty; (and give not your daughters in marriage to idolaters till they believe) in Allah, (for lo! A believing slave) Allah says: giving your daughters in marriage to a believing slave (is better than an idolater) is better than your daughter marrying an idolater who is free (though he pleases you) though his body and strength may please you. (These invite unto the Fire) they invite to disbelief and to works that lead to hell, (and Allah inviteth unto the Garden) by means of His divine Oneness, (and unto forgiveness) through repentance (by His grace) by His leave, (and He expoundeth thus His revelations) His commands and prohibitions regarding marriage (to mankind that they may remember) so that they may take admonition and refrain from unlawful marriage.

He also goes on to cite the often overlooked fact that the same jurists who ruled that Muslim women may not marry non-Muslim men also considered marriage between Muslim men and non-Muslim women in the west to be far less than desirable: "Importantly, the Hanafi, Maliki, and Shafi'i jurists held that it is reprehensible (makruh) for Muslim men to marry a kitabiyya if they live in non-Muslim countries. They argued that in non-Muslim countries, mothers will be able to influence the children the most. Therefore, there is a high likelihood that the children will not grow up to be good Muslims unless both parents are Muslim. Some jurists even went as far as saying that Muslim men are prohibited from marrying a kitabiyya if they live in non-Muslim countries." This matter remains unsettled in the west where
Muslim men and women are free to marry non-Muslims, and there are those who do without repercussions from Muslim jurists.

**Restricted relations**:

Marriage is forbidden between certain blood relations (although not between cousins) and between those individuals who were both breastfed by the same woman (see wetnurse). See also *mahram* for a fuller discussion of unmarriageable kin; Muslims are free to marry anyone not in these prohibited classes.

Narrated Abu Huraira: The Prophet forbade that a woman should be married to a man along with her paternal aunt or with her maternal aunt (at the same time). Az-Zuhri (the sub-narrator) said: There is a similar order for the paternal aunt of the father of one's wife, for 'Ursa told me that 'Aisha said, "What is unlawful because of blood relations, is also unlawful because of the corresponding foster suckling relations." Sahih Bukhari: Volume 7, Book 62, Number 46

Narrated Ibn 'Abbas: It was said to the Prophet, "Won't you marry the daughter of Hamza?" He said, "She is my foster niece (brother's daughter)." Volume 7, Book 62, Number 37

**Age limits and arranged marriages**:

No age limits have been fixed by Islam for marriage. An engagement may be arranged between families for their children, but Islamic requirements for a legal marriage include the requirement that both parties are able to give informed legal
consent (*ijab-o-qubul*). A marriage without this consent or performed under coercion is considered void and may be annulled on those grounds.

It is Islamic tradition that a wedding not commence until both parties are fit for sexual relations.

**Adulterers:**

Islam does not give adulterous men the right to marry a chaste woman and nor may an adulterous woman marry a chaste man, except if the matter has not gone to court and the two purify themselves of this sin by sincere repentance. "Women of purity are for men of purity, and men of purity are for women of purity "(Quran 24:26)

**Other:**

A woman or man may propose marriage directly or through an intermediary (matchmaker).

Recognition or celebration of same sex marriage is completely unjustified in the view of Islamic law. In Islam, homosexuality is forbidden by Qur'anic injunctions and Islamic tradition.

A marriage is registered by the *Qadhi* who performs the short ceremony.

Unlike the wedding ring in Western societies, there is no visible sign worn to show a woman or a man is married. However, some Muslims have found the wedding ring to be a non-religious tradition and have used a ring.
Mahr :

Mahr is a mandatory gift given by the groom to the bride. Unlike a bride price, however, it is given directly to the bride and not to her father. Although the gift is often money, it can be anything agreed upon by bride and groom such as a house or viable business that is put in her name and can be run and owned entirely by her if she chooses.

Islamic Marriage Contract :

The purpose, rules and regulations of the Islamic Marriage Contract. A Muslim marriage is not a 'sacrament', but a simple, legal agreement in which either partner is free to include conditions. These conditions are stipulated in a written contract. Violating any of the conditions stipulated in this contract is legal grounds for a partner seeking divorce. The first part of the Nikah, 'marriage ceremony' is the signing of the marriage contract itself.

Various traditions may differ in how Nikah is performed because different groups accept different texts as authoritative. Therefore, Sunnis will likely accept Bukhari Hadith while Shia will have their own collections, for example Furu al-Kafi, thus producing different procedures. This contract requires the consent of both parties. There is a tradition, outside of the religion, in some Muslim countries to pre-arrange a marriage for young children. However, the marriage still requires consent for the wedding to legally take place.
Divorce is not forbidden as a last resort, however the dissolution of the contract, Talaq, is often described as the most disliked of permissible things in Islam and should be used as a last resort.

**BEHAVIOR WITHIN MARRIAGE:**

**Rights and obligations of spouses:**

Islam advocates a role-based relationship between husband and wife. Narrated Ibn 'Umar: The Prophet said, "All of you are guardians and are responsible for your wards. The ruler is a guardian and the man is a guardian of his family; the lady is a guardian and is responsible for her husband's house and his offspring; and so all of you are guardians and are responsible for your wards." Sahih Bukhari: Volume 7, Book 62, Number 128

It puts the main responsibility of earning over the husband. Both are obliged to fulfill the other's sexual needs. Husbands are asked to be kind to their wives and wives are asked to be obedient to their husbands.

**Sexuality in Islam:**

Sexuality in Islam is largely described by the Qur'an, Islamic tradition, and religious leaders both past and present as being confined to marital relationships between men and women. While most traditions discourage celibacy, all encourage strict chastity and modesty with regards to any relationships across gender lines, holding forth that intimacy as perceived within Islam -- encompassing a swath of life more broad than strictly sex -- is to be reserved for marriage.
Narrated 'Abdullah: We were with the Prophet while we were young and had no wealth whatever. So Allah's Apostle said, "O young people! Whoever among you can marry, should marry, because it helps him lower his gaze and guard his modesty (i.e. his private parts from committing illegal sexual intercourse etc.), and whoever is not able to marry, should fast, as fasting diminishes his sexual desire." Volume 7, Book 62, Number 4:

While adulterous relationships are strictly forbidden, permissible sexual relationships within marriage are described in Islamic sources as great wells of love and closeness for the couple involved. Sexual relationship between married couples is even source of rewards from God as doing the opposite i.e. satisfying sexual needs through illicit means has punishment. Specific occasions -- most notably daytime fasting and menstruation -- are times forbidden for intercourse, though not for other ways of touching and being close to one another. Anal sex with one's wife is also strictly prohibited.

**Gender role in Islam:**

In Islamic theology, both sexes are generally considered to be equal in value and differences between the sexes are recognized, resulting in different rights, obligations, and distinct roles.

Generally, Muslims expect women to be home-makers and caregivers to their children, although early Islamic scholars decreed that there was no requirement for them to do either. It is generally considered a good thing if they are educated as well. Cultural interpretations of Islam support the traditional division of labour
whereby women assume the main responsibility for the home while men are responsible for supporting their wives. Motherhood is seen as one of the most important roles in society. Muslim wives and mothers should be granted the respect due to all women for the struggles and sacrifices they make for the sake of their families. Mother has been given three times higher status over father. In some interpretations of Islam, Muslim women may seek a higher education, work outside the home or volunteer their services to benefit the community as long as their primary responsibilities are taken care of, they have the permission of their husbands and they do not compromise their faith in doing so (i.e. jobs that require them to dress in a fashion that is contrary to the Sharia--Hijab).

**Islam and children :**

Islam has its own rules of regulations regarding adoption, with distinct rules and regulations prior to and after the legal adoption. Muslims are allowed to adopt as long as they do not change the name of the child they adopt. Muslims are usually required to let any such children continue the lineage of their birth parents, and are not allowed to make the adopted children to continue the adopted parents' lineage.

**DIVORCE (Talaq) :**

The typical way to end a marriage is through Talaq a legal Islamic divorce. Divorce is very disliked in Islam. However, it is still legal and can be practiced.

In Shia Islam, a divorce is a procedure that is threefold

-Initiation - The divorce is announced publicly (triple talaq is illegal)
-Reconciliation - the couple will try to reconcile differences

-Completion - With two witnesses and after the Iddah period has expired, the divorce is complete.

In Sunni Islam there is Tripal talaq, it is a (controversial) practice in which the couple instantly divorces by declaring the intention three times and thus making sexual relations between them haram for each other. However Islamic tradition maintains that divorce cannot be final until after a period called Iddah, that is the period of three months or more specifically three menstrual cycles, so that it is evident that the wife is not pregnant. Furthermore, after the divorce is final the couple may not remarry until the wife has married and divorced another.

Narrated Nafi: Ibn 'Umar bin Al-Khattab divorced his wife during her menses. Allah's Apostle ordered him to take her back till she became clean, and when she got another period while she was with him, she should wait till she became clean again and only then, if he wanted to divorce her, he could do so before having sexual relations with her. And that is the period Allah has fixed for divorcing women. Whenever 'Abdullah (bin 'Umar) was asked about that, he would say to the questioner, "If you divorced her thrice, she is no longer lawful for you unless she marries another man (and the other man divorces her in his turn)." Ibn 'Umar further said, 'Would that you (people) only give one or two divorces, because the Prophet has ordered me so." Sahih Bukhari: Volume 7, Book 63, Number 249

Narrated Yunus Ibn Jubair: Ibn 'Umar divorced his wife while she was having her menses. 'Umar asked the Prophet who said, "Order him (your son) to take her back,
and then divorced her before her period of the 'Iddah has elapsed." I asked Ibn 'Umar, "Will that divorce (during the menses) be counted?" He replied, "If somebody behaves foolishly (will his foolishness be an excuse for his misbehavior)?"

HINDU RELIGION MARRIAGE

Arranging the marriage:

Traditionally, Hindu parents look for a prospective match for their son/daughter from their own community also known as arranged marriage. Elders in the family and parents seek the prospective match through word of mouth within the community. The use of jathakam (astrological chart at the time of birth) of the son/daughter to match with the help of a priest is common, but not universal. Parents also take advice from the brahmin called 'panthulu' in Telugu who has details of many people looking to get married. Some communities, like the Brahmins in Mithila, use genealogical records ("Panjikas") maintained by the specialists.

Jathakam is drawn based on the placement of the stars and planets at the time of birth. The maximum points for any match can be 36 and the minimum points for matching are 18. Any match with points under 18 is not considered as an auspicious match for a harmonial relationship. If the astrological chart of the two individuals (male and female) achieves the required threshold in points then further talks are considered for prospective marriage. Also the man and woman are given chance to talk and understand each other in the duration anywhere from 15 minutes to one
hour. Once there is an agreement then an auspicious time is chosen for the wedding to take place.

**Hindu Wedding:**

Wedding ceremonies can be expensive, and costs are typically borne by the parents. It's not uncommon for middle- or upper-class weddings to have a guest list of over 500 people. A live instrumental band is played in some parts where as some marriages have bharat is (the bridegroom's family) dancing to music just before coming to the wedding venue. Vedic rituals are performed and the family and friends then bless the couple. Food is served to all the invitees with lots of delicacies. The wedding celebrations can take up to one week depending on the practice in those different parts of India.

**Types of Hindu marriage and rituals:**

Historically the so called Vedic marriage was but one of the few different types of Hindu marriage customs. Love marriage was also seen in historical Hindu literature and has been variously described in many names: eg Gandharva vivaha etc. In certain poor vaishnav communities still there is a custom called kanthi-badal which is exchange of bead-garlands as a very simplified form of ritual in solitude in front of an idol of Krishna, considered a form of acceptable love marriage.

Elopement has also been described in old Hindu literature. Lord Krishna himself Eloped Rukmini on horse chariot. It is written that Rukmini's father was going to marry her to Shishupal, against her wishes. Rukimini sent a letter to Krishna informing of a place and time to pick her up.
Symbolic rituals worn by married Hindu women:

The married Hindu women in different parts of India follow different customs. In some places, in especially eastern India, they put on vermilion on the hair parting, wear a pair of conch bangles (shankha), a pair of red bangles (pala) and an iron bangle on the left hand (loha) while their husband is alive. In Tamil Nadu, a married woman is required to wear a necklace with a distinctive pendant called a thali and silver toerings. Both are put on her by the husband during the wedding ceremony. The pendant on the thali is custom-made and its design is different from family to family. Apart from this, the married woman also wears a red vermilion dot on her forehead called a Kunguma pottu and (whenever possible) flowers in her hair and colored glass bangles. The married woman is encouraged to give up all of these when her husband dies (although some choose not to).

Modernity:

Many people believe that arranged marriage is the traditional form of marriage in India and that love marriage is a modern form that a few couples opt for, usually in urban areas. Love marriage differs from an "arranged marriage" in that the couple, rather than the parents, chooses their own partner. However, there are various instances from ancient scriptures of Hinduism, of romantic love marriages that were accepted in ancient times. Somewhere in the course of time, arranged marriages became predominant and love marriages became unacceptable. Despite some love marriages, the vast majority of Indians continue to have arranged marriages.
**MUSLIM MARRIAGE ACT:**

India is land of diverse culture and religions. People of many religions live here with peace and harmony. Though similar constitutional rights and duties are assigned to all the citizens of the country, they are free to abide by their own social and religious belief. The marriage acts of different religions are framed in the Indian constitution in accordance with their social and religious set up, as the Hindu Marriages are framed according to the Hindu cultural beliefs and customs, the Muslim Marriage Act has been framed keeping in mind the social, religious and cultural traditions of the Muslims. Given below are the basic interpretations of the various sections of Muslim Marriage Act, for the understanding of common men.

**Basic Interpretations of Muslim Marriage Act:**

- Under the law, Nikah or marriage is a civil contract and may be permanent or temporary and no religious ceremony or ritual is necessary. It states that to have a valid Nikah or marriage under the Muslim law, presence of a Qazi or priest is not necessary. Merely a proposal in the presence and hearing of two normal males or one normal Muslim male and two normal Muslim female adults, and acceptance of the said proposals at the same time constitute a legal wedding under the Muslim Personal Law.

- The Muslim Marriage law permits a man four wives if he treats all of them equally.
• It is assumed that on completion of 15 years of age, a person attains puberty. If a person is of sound mind, normal and has attained puberty his or her marriage cannot be performed without his or her consent.

• To have a legal and valid marriage following conditions are to be satisfied like both should be of sound mind or the guardian in marriage should act on behalf of the person of unsound mind in arranging the marriage contract. Either the parties should have attained the age of puberty or the guardian in marriage on behalf of the party concerned should enter into the marriage contract.

• In case of divorce a husband can leave his wife without any reasons merely by pronouncing the word "Talak" thrice. However for a Muslim woman to obtain divorce certain conditions are necessary. The husband and the wife with mutual agreement can also put an end to the marriage.

• There is certain prohibited relationship, whose marriage is considered void. Like mother and son, grandmother and grandson, uncle and niece, brother and sister and nephew and aunt.

• There is a slight variation in the laws that govern the Sunni and Shia Marriages. However, the basic elements are same in both of the cases.

**HINDU MARRIAGE ACT:**

Unlike West, marriage in India is regarded more as a religious and social affair than a legal affair. Despite a very detailed chapter on the Indian marriages in the Indian constitution, most of the people in the country are unaware of the laws associated with marriages. In a cosmopolitan culture like India where umpteen numbers of
cultures and religion prevail under the same canopy, it is very difficult to regulate all the customs by same kind of regulation especially of the matter is related with sensitive issues like marriage and hierarchy. Therefore, different kinds of Marriage Acts have been defined for different religions in the country. The Hindu marriage is governed by, ‘The Hindu Marriage Act’, which came into existence on 18 May 1955.

**Basic Provisions of Hindu Marriage Act :**

- The provision under the Act is that it applies to any person who is Hindu by religion and it is also applicable to Buddhists, Jains, and Sikhs as well as and the person who is not a Muslim, Christian, Parsi or Jew, and who is not governed by any other law.

- It extends to the entire India except the State of Jammu and Kashmir, and it is applicable to Hindus domiciled in the territories to which this Act extends who are outside the said territories.

- Under this law the bridegroom should be of 21 years of age and the bride should be of 18 years of age. They both should be Hindu by origin and should not be within the degree of prohibited

- Neither party should have a spouse living nor any party should be subject to recurrent attacks of insanity or epilepsy, either of them should not be suffering from mental disorders or should not be unfit for marriage and procreation of children and both should be of sound mind and capable of giving valuable consent.
Bigamy or Polygamy is now prohibited and as per law it is treated as an offence under the Indian Penal code.

Just like marriages the law also governs divorces. Under the law divorce can be obtained on the grounds of adultery, cruelty, desertion for two years, conversion in religion, unsound mind, etc.

The Hindu Marriage law has also described certain prohibited relationships whose marriage is not legalized. Like father and daughter, son and mother, brother and sister and many more.

The Hindu Marriage act also does not set any prescribe or particular ceremonial for marriage. It states that a Hindu marriage may be formalized in accordance with the customary rites and ceremonies of either party. Where rituals include the saptapadi (seven steps by the bridegroom and the bride jointly before the sacred fire), the marriage is said to be solemnized once the seventh step is taken.

It has now become mandatory to register a Hindu Marriage.

THE NATURE OF ATTITUDE:

Suppose, after the first day of classes, you bump into a friend who asks you how your day has been. You might reply “I hear a wonderful lecture in my psychology class, ate lunch at an awful French restaurant, and stood in the line for such a long time that I missed my favorite soap opera.” You have described your day by expressing a series of attitudes. The defining characteristic of attitude is that they express an evaluation of some object (Insko & Schopler, 1972; Petty & Cacioppo,
1981). Evaluations are expressed by terms such as liking-disliking, pro-anti, favoring-not favoring, and positive-negative. They are the feeling tone aroused by any attitude object. Attitudes can be entities, people (my best friends, the president, myself), or abstract concepts (abortion, civil rights, foreign aid). Indeed, anything that arouses evaluative feelings qualifies as an object of attitudes.

By restricting the term attitude to evaluations, we are distinguishing attitudes from belief, or opinions. Beliefs are cognitions, or thoughts, about the characteristics of the objects. They like objects to attributes (Fishbein & Ajzen, 1975). Suppose your friend expresses a favorable attitude toward a presidential candidate, senator X. this attitude is probably associated with number of specific beliefs about the candidates that the candidates has a sound economic policy, will work to lower taxes, will help to prevent war, and so on. Beliefs, or opinions, are assessed by how likely they are to be true. In addition, we have evaluative feelings about beliefs and these will contribute to our attitude. For example, people who favor senator X’s economic policies and who want to see taxes lowered and war prevented will have a favorable attitude toward the candidate. While people who oppose the senator’s stands will be against the candidacy. A given attitude thus is often a summary of the evaluations made of different aspects of the attitude object.

One reason attitudes are important is that they are thought to guide behavior. If you are favorable towards candidate X, you will be likely to vote for X. some social psychologist have included attitude-relevant behavior as part of the definition of attitude. We have not done this because it would hide an important question: what is the relationship between people’s attitudes and their behaviors in attitudes-relevant
situations? Suppose your acquaintance, Joe, expresses a very favorable attitude toward classical music. You have observed, however, that Joe never buys classical records, never listens to classical music on the radio, and has turned down free tickets to hear a touring symphony orchestra. If Joe’s attitude toward classical music is defined by his positive verbal expression and his behavioral choices, you would have to add the positive expressions with the negative behavioral instances of never choosing to hear classical music. Depending upon the weighting, Joe’s attitude would be set as mildly positive or mildly negative. However, we prefer to say that Joe expresses a very positive attitude toward classical music, but his attitude is discrepant from his behavior. This seems to be not only more true to life but also more theoretically interesting. The relationship between attitudes and behavior is by no means straightforward.

It should now be clear that attitude is individual expressions representing a summary of evaluations of an attitude object. The expressions that one makes publicly to other are not always the same as the expressions one makes privately to oneself. It is reasonable to suspect that Joe’s private attitude toward classical music is not nearly as positive as the one he publicly expresses. While this aspect of attitudes is an annoyance to the people who attempt to measure them, it adds an intriguing element to the study of attitude.

Marriage involves the union of two individuals who decide to live in an intimate relationship for the major portion of their life. It is said to be one of the deepest and most complex form of human relationships. Landis (1954) observes, “Marriage and family are not optional; they are necessary. They meet man’s deepest needs.” It
provides for the reliable satisfaction of certain vital personal needs – both physical and psychological.

But a good marriage does not simply happen, not even when choice of marriage partner is most carefully made. It has to be worked out jointly (Kumar, 1986). The process of changing two single lives into one shared life requires a great deal of mutual commitment and accommodation (Locke & Williamson, 1958). One is required to develop a proper attitude, skill and temperament to be successful in marriage. Ruch (1970) rightly says that being the right person is more a matter of becoming the right person. The ease in becoming the right person to a great extent depends on the attitude one holds towards marriage (Srivastav, 1974).

**DAFINATIONS OF ATTITUDE:**

Social psychologists generally use the term attitudes to refer to our evaluations of virtually any aspect of social world the extent to which we have favorable or unfavorable reactions to issues, ideas, persons, social groups, objects including desserts. Some social psychologist defined attitudes:

According to,

- Gergen (1974) “An attitude is the disposition to behave in particular ways toward specific objects.”
Fishbein and Ajzen (1975) “An attitude is a learned predisposition to respond in a consistently favorable or unfavorable manner with respect to given object”.

Edwards (1957) “Attitude is the degree of positive or negative effect associated with some psychological object”.

G. W. Allport : “Attitude is a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individuals’ response to all objects and situations with which it is related.”

THEORIES OF ATTITUDE :

A number of psychological theories have been suggested to explain how attitude from and why they change. The theories most frequently employed can be categorized as either 1) learning theories, 2) consistency theories, or 3) cognitive-response theories. Examples of each will be discussed below. It should be noted that these different approaches are not contradiction but simply focus on different factors which may affect the way attitudes develop and change.

LEARNING THEORY :

One of the first investigators to suggest that learning principles could be applied to attitudes was Doob (1947). He proposed that the principle of classical and instrumental conditioning could be used to explain the formation and change of attitude in much the same way that they have been applied to overt behaviour. Consider classical conditioning on successive occasions, a neutral stimulus is paired with an unconditioned stimulus. Over time, the previously neutral stimulus may
begin to elicit a response similar to that produced by the unconditioned stimulus. Objects, people or events associated with unpleasant experience may take on favorable evaluation, while those associated with unpleasant experience may be evaluated negatively. For example, in sires of trials, a word associated with the ending of a brief electrical shock will be rated more favorable than will a word associated with the onset of shock (Zanna et al. 1970). If the association with a particular object is irrelevant, our attitude can be “illogical.” Griffitt (1970) had people interact in small groups in either a comfortable room or one which were hot and uncomfortable. When asked to rate how much they liked the other people present in the room, individuals in the hot room reported liking the others less that did individuals in the comfortable room.

Instrumental conditioning, in which the reward consequences of any behavior shape its subsequence enactment, is obviously relevant to attitude formation and change. If you express an attitude to a friend who then provides positive reinforcement (by smiling, nodding, or expressing approval), your attitude is likely to be strengthened. On the other hand if your friend provides punishment (by frowning, disagreeing, or expressing disapproval), your attitude is likely to be weakened. Credit for demonstrating the potential of the instrumental conditioning of attitudes is given to Greenspoon (1955) who used verbal rewards to alter what people said. Specifically, Greenspoon rewarded the subjects’ use of plural pronouns by saying “mm-hmm” each time a plural pronoun was used. Through this simple technique, the frequency of the expression of plural pronouns was increased. It was then an easy step to apply similar verbal-reinforcement techniques to altering attitude in laboratory settings.
Most of these studies involved engaging participants in an interview situation during which they were asked to make comments on both side of some controversial issue. The experimenter then reinforced the expression of statements in one direction (in the favorable direction for some participant and the unfavorable for others) by nodding, smiling, saying “good” or otherwise showing approval. Many of these studies showed an increase in the frequency of statements made in the reinforced direction over the course of the interview. Furthermore, when their attitudes were tested after the interview, it was found that many of the participants had changed their attitudes in the direction of the reinforcement and that this change seemed to persist over time.

It should be evident that instrumental conditioning will be especially important in social influence situations involving interactions with others. Membership and acceptance in particular groups is often contingent upon the attitude one expresses. Peer group such as clubs, unions, sororities, fraternities, and churches differentially reinforce the expression of certain attitudes relevant to the groups. Parents may often give or withhold rewards and approval contingent upon the attitudes expressed by their children. This may be the chief reason why a high degree of similarity exists between the attitudes of parents and children on certain topics. A study of high school seniors and their parents reported by Jennings and Niemi (1968), produced typical results. The greatest agreement was on religious affiliation: 74 percents of the seniors had the same religious affiliation as their parents, and only a negligible percentage had actively shifted to another religion. While not as strong, a comparable agreement was found in political party affiliation. Moving back a whole
generation, very similar results were obtained for the parents agreement with their own parents.

GOOD AND BAD ATTITUDES TOWARDS MARRIAGE:

All over the world, there are so many attitudes towards marriage. According to a poll by Gallup international, almost half of young unmarried Americans between the ages of 20 to 29 are ready to have marriage abolished. With the recent statistics on marriage and divorce, you cannot blame them. Many agree that marriage should only be for people who are ready to spend the rest of their lives together. Attitudes towards marriage are influenced by many factors in society. For example, the divorce rate and so on. Culture also affects attitudes towards marriage. In countries where this union is cherished, more and more people will be of the sentiment that marriage is a good institution and should live on. Religion also plays a major role in influencing these attitudes. Christians, Muslims, Hindus and others cherish the marriage institution. For this reason, marriage to many of them will be a good thing for every member of society. Those people who have bad attitudes towards marriage are mainly concerned about longevity of marriage.

They fear that it will not be as stable as they would want it to be. Others are against marriage because they deem it as an old concept that is no longer workable in today's complex world. People come with different opinions and, they will never agree. Therefore, it is wise to consider what marriage entails and, what the benefits and losses for marriage are. First, people who get married find a partner or a companion. You do not have to go through life alone. For this reason, statistics have
shown that people who get married live longer than their counterparts who do not. Life was built for people who are in communion with each other. We are social beings and we all have the yearning to be close to people in an intimate way. Therefore, this is a good enough reason to cherish the marriage institution. Children who have grown up in a marriage situation are healthier and perform better in school and life in general. This is because they have the experience of being raised by a man and a woman.

For this reason, marriages bring up children in a wholesome way which manages to raise good men and women in society. This shows that the institution is full of merits. Marriage entitles couples to a host of legal benefits. In the United States couples enjoy 1,400 legal rights and benefits upon signing their marriage certificate. On the down side, marriage comes with very many implications. Let us begin with legal issues. If you have assets or property, you spouse becomes entitled to half of what you have upon marriage. This creates a loop hole where people can get married to you for this reason alone. Since half of all marriages are ending in divorce, a lot of legal tussle is involved. So much time and money is spent on legal aspects. Upon divorce or separation couples will suffer some trauma not forgetting the children. Their attitude in life might be altered and many never fully recover. Marriage is supposed to be for life but, many never live up to their vows. The above concerns are genuine and marriage can prove to be complex.
SEXUAL ANXIETY:

The pre-marital sexual anxiety refer to fears and apprehension one hold about his being successful as far as sexual relation in marriage are concerned. These fears and apprehensions are mainly caused by distorted notion. One developed about sex during his development years mostly based on unscientific information he gets about sex from his friends, acquaintances and cheap sex books (1988).

During one study (kumar-1991) on sex related myths, it was observed that quit a few among college students interviewed believed that masturbation caused impotency-inability to have proper penile erection. Another sex related myth that emerged quit strongly and could also give rise to fear and apprehension about sexual effectiveness in a person was that penis size was related with ones sexual potency. If so believed, then the person who has indulged in masturbatory practices or has got a relatively smaller penis would have every likelihood of developing fears and apprehensions about his ability to fully sexual satisfy his partner. Such fears and apprehension once developed are bound to play have with the sexual life of the person (Feldman-1989).

It is an irony that sex which is so much an integral part of our lives is so difficult to be discussed and thought of in a rational manner. (Goldenberg-1977). Seems to be right when he observes “There is probably no other area of their lives about which people care so much and know so little.
What is anxiety?

Uneasiness, apprehension and tension that stems from anticipation danger, which may be imagined or real. Some definitions of anxiety distinguish it from fear by limiting it to anticipation of a danger from a largely unknown source, whereas fear is a response to a consciously recognized and usually external threat or danger. Others can see or recognized external dangers but not the “internal” threats that an anxious individual experiences. Singh and symptoms of anxiety and fear may seem the same, as they include hyperactivity, apprehension, excitability, irritability and suffering from exaggerated and excessive worries and fearful anticipation. Many abused and psychologically traumatized individuals, such as victims of family violence, have lifelong symptoms of anxiety.

Until (1980), anxiety was considered a one-dimensional condition. Then mental health professionals began to realize that there are several categories of specific symptom cluster, with unique causes, treatments and outlooks for improvement. Following are several of the major categories described in the diagnostic and statistical manual of mental disorder, 4th ed., published in 1994:

- Generalized anxiety disorder
- Phobia: specific phobia (formerly simple phobia) and social phobia
- Agoraphobia
- Panic attacks and panic disorder
- Obsessive-compulsive disorder
- Post-traumatic stress disorder
However, according to Sheryle Gallant, Gwendolyn Puryear Keita and Renee Royak-Schaler, in *Health Care for Women: Psychological, Social and Behavioral Influences*, two of the most prevalent categories are generalized anxiety disorder and panic disorder. Primary care physicians have indicated that anxiety disorders are the most common mental health problem in their practice.

In primary care setting, anxiety disorders often are under recognized because anxious individuals often present doctors with physical symptoms rather than psychological concerns.

Most mentally health people experience anxiety in everyday life. For example, many may experience anxiety about getting to a job interview on time, going on a first date or looking just right at an important event. Others become anxious about being held up in traffic because of a bridge raising or a delayed train, while still others become anxious when they hear report of imminent bad weather conditions.

Most people learn to cope with such transient anxieties by taking more time, making additional preparation and facing the fact that the situation are temporary and are not really threatening.

Many individuals who face a threat or change in their health status may become anxious. These anxieties may relate to a fear of the unknown or a fear of unpleasant treatment and possible pain and disability.

Anxieties also occur relating to socioeconomic status. For example, threats of job layoffs cause many people anxieties, while others become anxious over change in stock market prices and develop constant fears that their fortunes will be wiped out.
These situations, if severe enough to interfere with function or sleep in otherwise well-adjusted individuals, would be categorized as adjustment disorder.

Anxious individuals focus on a situation, object or activity than they want to avoid; extreme anxieties and fears of these experiences can become phobias. If the anxiety seems unfocused, it is known as free-floating anxiety. This is a fear of social criticism, diagnosed as a social phobia if it interferes with normal social or occupational function. Other phobias may be more specific, such as fear of public speaking, riding in cars, snakes or mice.

Those who suffer from agoraphobia often experience panic attacks first. Recent studies have shown that about 25 percent of patients with major depression suffer panic attacks. The suicide-attempt rate in patients with panic attacks has been found to be just as high as in those with depressive disorders.

Anxieties may be experienced in specific periods of sudden onset and be accompanied by physical symptoms such as nausea or dizziness. Anxiety focused on physical symptoms that preoccupy individuals to the point that they believe they have a disease can lead to hypochondriasis.

Many people turn to smoking, alcohol or drug use to cope with anxieties. These habits are not considered healthy coping mechanisms, as they can lead to health hazards and dependencies. Physicians may prescribe antianxiety drugs, or anxiolytic drugs, for some individuals who experience temporary anxieties at certain times.
1) **Definition of Anxiety**:

Anxiety is a multisystem response to a perceived threat or danger. It reflects a combination of biochemical changes in the body, the patient's personal history and memory, and the social situation. As far as we know, anxiety is a uniquely human experience. Other animals clearly know fear, but human anxiety involves an ability, to use memory and imagination to move backward and forward in time, that animals do not appear to have. The anxiety that occurs in post-traumatic syndromes indicates that human memory is a much more complicated mental function than animal memory. Moreover, a large portion of human anxiety is produced by anticipation of future events. Without a sense of personal continuity over time, people would not have the "raw materials" of anxiety.

It is important to distinguish between anxiety as a feeling or experience, and an anxiety disorder as a psychiatric diagnosis. A person may feel anxious without having an anxiety disorder. Also a person facing a clear and present danger or a realistic fear is not usually considered to be in a state of anxiety. In addition, anxiety frequently occurs as a symptom in other categories of psychiatric disturbance.

**Description**:

Although anxiety is a commonplace experience that everyone has from time to time, it is difficult to describe concretely because it has so many different potential causes and degrees of intensity. Doctors sometimes categorize anxiety as an emotion or an affect depending on whether it is being described by the person having it (emotion) or by an outside observer (affect). The word *emotion* is generally used for the
biochemical changes and feeling state that underlie a person's internal sense of anxiety. *Affect* is used to describe the person's emotional state from an observer's perspective. If a doctor says that a patient has an anxious affect, he or she means that the patient appears nervous or anxious, or responds to others in an anxious way (for example, the individual is shaky, tremulous, etc.).

Although anxiety is related to fear, it is not the same thing. Fear is a direct, focused response to a specific event or object, and the person is consciously aware of it. Most people will feel fear if someone points a loaded gun at them or if they see a tornado forming on the horizon. They also will recognize that they are afraid. Anxiety, on the other hand, is often unfocused, vague, and hard to pin down to a specific cause. In this form it is called free-floating anxiety. Sometimes anxiety being experienced in the present may stem from an event or person that produced pain and fear in the past, but the anxious individual is not consciously aware of the original source of the feeling. It is anxiety's aspect of remoteness that makes it hard for people to compare their experiences of it. Whereas most people will be fearful in physically dangerous situations, and can agree that fear is an appropriate response in the presence of danger, anxiety is often triggered by objects or events that are unique and specific to an individual. An individual might be anxious because of a unique meaning or memory being stimulated by present circumstances, not because of some immediate danger. Another individual looking at the anxious person from the outside may be truly puzzled as to the reason for the person's anxiety.
2) Definition:

Anxiety is a bodily response to a perceived threat or danger. It is triggered by a combination of biochemical changes in the body, the patient's personal history and memory, and the social situation.

It is important to distinguish between anxiety as a feeling or experience and an anxiety disorder as a psychiatric diagnosis. A person may feel anxious without having an anxiety disorder. Also, a person facing a clear and present danger or a realistic fear is not usually considered to be in a state of anxiety. In addition, anxiety frequently occurs as a symptom in other categories of psychiatric disturbance.

Description:

Anxiety is related to fear, but it is not the same thing. Fear is a direct, focused response to a specific event or object of which an individual is consciously aware. Most people will feel fear if someone points a loaded gun at them or if they see a tornado forming on the horizon. They also will recognize that they are afraid. Anxiety, on the other hand, is often unfocused, vague, and hard to pin down to a specific cause.

Sometimes anxiety experienced in the present may stem from an event or person that produced pain and fear in the past. In this experience, the anxious individual may not be consciously aware of the original source of the feeling. Anxiety has an aspect of remoteness that makes it hard for people to compare their experiences. Whereas most people will be fearful in physically dangerous situations, and can
agree that fear is an appropriate response in the presence of danger, anxiety is often triggered by objects or events that are unique and specific to an individual. An individual might be anxious because of a unique meaning or memory being stimulated by present circumstances, not because of some immediate danger.

THE CONCEPT OF SEXUAL ANXIETY:

Anxiety is an important cause of sexual dysfunction. Sometimes anxiety is an understandable consequence of an earlier frightening experience such as a man’s failure in his first attempt at intercourse, or a woman’s experience of sexual abuse or assault. Sometimes the anxiety relates to frightening accounts of sexual relationships received from parents or other people. Psychoanalysts suggest that anxiety about sexual relationships originates from even earlier experiences, namely failure the oedipal complex in boys or the corresponding attachment to the father in girls.

Anxieties caused by mental attitude about sexuality and physical condition involving sexuality. Some anxieties are caused more by psychological attitudes, while other comes from the physical aspect. Many sexual anxieties have arisen due to the new sexual freedom that many individuals experienced in the latter decades of the 20th century. Sexual activity between men and women, unmarried as well as married seemed to increase for a number of reasons. First, improved methods of contraception in the from of the birth control pill became available. Secondly, some sexually transmitted (venereal) diseases, most notably syphilis and other drugs.
During the last two decades of the 20\textsuperscript{th} century, an increasing number of new sexually transmitted diseases (STDs) appeared, causing sexual anxieties that differed from previously recognized generalized sexual fears. For example, when an individual discovers, feels or suspects a genital lesion, he or she may lose interest in sexual intercourse or at least restrain himself/herself for fear of infecting the partner. Another situation is the concern faced by the innocently infected partner of an individual with a sexually transmitted disease who has had intercourse outside a stable relationship. The innocent partner may realize the implications of STD but may not want to face the reality of the diagnosis.

Under the stress of having a sexually transmitted disease, a person may become angry, anxious or depressed. Anger may be directed at the physician consulted as well as the person who transmitted the infection. Professional in clinics specializing in sexually transmitted disease deal with this kind of anxiety by letting the individual voice his or her feelings and later by offering reassurance. In some individuals, anxiety is so severe that a short course of antianxiolytic medication is given.

Guilt and depression over a sexually transmitted disease are not uncommon. In some cases, antidepressant medications are given. Many conditions, such as genital herpes, pelvic inflammatory disease, anger, anxiety, guilt and depression.

Physical symptoms of gonococcal and nongonococal urethritis may be more easily and rapidly treated than the psychological symptoms. Resuming intercourse soon after tests indicate cure may help to heal the psychological wound that one or both
partner in a stable relationship feel. Unfortunately, nongonococal urethritis may be recurrent and the patient may be told not to resume intercourse until the inflammation clears. This advice may put an extra stain on a relationship.

Pelvic pain and pain during sexual intercourse (dyspareunia) usually interfere with satisfactory sexual intercourse. Pelvic inflammatory disease also causes pain during intercourse and may lead to infertility. Along with dealing with a women’s feelings of loss of health and fertility, a physician may see the couple together to identify problems that have occurred because one or both partners has had sex with others and to discuss the anger and resentment the women feels if it is the man who has not been monogamous.

Genital herpes may occur in one partner in a relationship when the other has never knowingly had the infection. Both may be confused about where the infection came from and may be angry, accusatory or resentful of the other partner. Discussion guided by a trained therapist enables the couple to face the fact together. Such a couple should discuss whether herpes, once healed, might disturb further sexual relationship (usually not).

Women and homosexual men who have had anorectal herpes may develop maladaptive behaviors after the primary attack. Vaginismus (tightening of the vaginal muscles) and anospasm (tightening of anus muscle) may continue long after ulcers have healed. Systematic desensitization (for example, using the partner’s finger as a dilator) often is successful in overcoming this problem in a few session with an appropriately trained sex therapist.
Frequent recurrence of genital candidiasis (yeast infection) may leave both partners confused, frustrated and angry about the supposed source of the problem. If the relationship is unstable, symptoms may assume dimension out of proportion to the signs. Trichomonas vaginalis and gardneralla vaginalis often involve offensive vaginal discharges, which may cause a loss of interest in the male partner. After treatment the odor may disappear, but the women may have lost confidence in herself, and the man may mistake the normal musky vaginal odor for the previous abnormal odor. The couple may need reassurance from a physician or sex therapist.

Syphilis, whether congenital or acquired, is feared by many people as “worse than cancer.” Congenital syphilis that occurs in later life may devastate an individual when he or she realized the implication of the disease with respect to his or her parents.

An individual who has a sexually transmitted disease or whose partner is unfaithful may lose interest in intercourse. Loss of libido may be due to anxiety, depression or a lack of interest in the partner. Individuals who are undergoing treatment for a sexually transmitted disease should discuss with their physician their attitude about resuming sexual relations. Counseling with short-term psychotherapy may help the individual return to normal sexual function.

Some individuals may complain of symptoms of a sexually transmitted disease yet not have any illness. Some who have had an infection retain the symptoms after the infection has been cleared up with appropriate medication. Penile and urethral
itching, penile and perineal pain, testicular pain and pelvic pain may either be psychosomatic or represent symptoms of reactive sexually transmitted diseases.

Many individuals visit sexually transmitted disease clinic for checkups because they fear having acquired an STD. Some continue to believe or fear that they have contracted an infection in spite of extensive and frequent reassurance. Some of these individuals may have delusions of venereal disease, which are fixed ideas that the individuals cannot be talked out of (found in schizophrenic disorders, psychotic depression and monosymptomatic delusions), and phobias or obsessionial fears. Individuals who have a fixed belief of venereal disease should be referred for psychotherapy.

**RELIGION AND SEXUAL BEHAVIOR:**

The issue of religion affecting sexual behavior of people around the world has received a great deal of attention. A sexual act that does not lead to procreation has been traditionally condemned by almost all religions. The hostility of Christianity to sex is known for centuries. Although Jesus did not say much about sex, St. Paul regarded celibacy as superior to marriage. Given a long history of the impact of religion on sexual behavior, Patton (1988) stated that Catholicism has caused severe psychological damage to its adherents because they have suffered from shame, anxiety and guilt that are related to sexual behavior. In his famous report, Kinsey & co-worker (1948) concluded that religion had its impact on masturbation among men and women. The more religious they were, the less often they masturbated. As compared to inactive Protestants, among devout Catholics and Jews the frequency
of masturbation was lower. Kinsey and co-workers (1953) also showed religious backgrounds of female had a significant impact on their sexual outlets. The rate of oral genital sex and achieving orgasm within a few years of marriage was higher among them as compared to the previous generation.

Sociologists in particular and social scientist in general were concerned about the higher rate of suicide among protestant than Catholics (Pescosolido, 1990). Durkheim (1897) related this phenomenon to the less integrated protestant system in which an individual’s does not subordinate to rituals. Because Catholicism provides a strong order and subordination, it brings a sense of purpose in relating with others and respect for group life. Such a framework keeps an individual away from personal trouble that constitutes potential causes for suicide. Analysis of religious publication rates by Breault and Barkey (1982) led them to discover that it had a life-saving impact. Steven Stack (1992) concluded that suicide and religiosity are negatively correlated, that is, the higher the religiosity, the lower the suicide rate. Commenting on how religion contributes to lowering suicide rates and depression, he argued that an individual’s belief in a purpose in suffering and spiritual success may reduce the incidence of suicide and depression.

We now consider issues concerning the use of religion in psychotherapy. “The antipathy of contemporary psychology to religion,” writes Hood (1992) “is well established in the experimental literature.” Such a pessimistic conclusion is now changing, albeit slowly. For example, such a change is seen in one issue of American Psychological Association Monitor (August, 1996) which contains an article on “Religion and psychology share Ideals and Beliefs.” In the same journal,
Clay has summarized the view of several psychologists who were participating in the 1996 APA convention. It is interesting to note that although approximately 75% of Americans are guided by some religious beliefs in their lives, only a third of psychologists feel the same impact. Does this discrepancy cause any implication in psychotherapy? How would an atheist psychotherapist handle a highly religious patient with entirely different sets of values? One danger is that consciously or unconsciously, a psychotherapist may subtly inject his own values in a patient that may later cause more harm than good. For many psychologists, psychology has substituted religion in understanding guilt, human values and ethics. Several such issues are of serious concern to psychologists and they are addressed in a publication of American psychological association, *Religion and the clinical practice of psychology* (1996).

Available data show that approximately 40% of American would prefer to consult a clergyperson first for advice concerning their personal problems. This preference for a clergyperson is reported to be very high among Afro-American partly due to their lack of faith in psychotherapy and partly due to affordability. The issue at heart in picking up psychotherapy or religion is the fundamental difference between their approaches. While the focus of psychology is individualistic, religion has a communal orientation. A person having roots in a communal environment is bound to find himself/herself at odds with a therapy that would help an individual to focus on his/her own self. Needless to say that if psychologists work with religious leaders without sacrificing their scientific focus, they can achieve a lot by way of community intervention. After all, for centuries religious leaders have been
addressing psychological problems of the members of the community. It is time that psychology associates with them to make a stronger base in the community than ever before. No one will disagree that such a merger has its problems but a few will believe, as Ellis (1962) opined, that religion is a major source of neurotic disturbances.

Psychologists interested in religion lack adequate models to conceptualize how religion contributes to positive mental health. If God is viewed as a caring, dependable friend, some extension of attachment theory already available in psychology can be useful. The problem is that when distressed people begin to look at God for help, they are already classified by psychologists as having psychiatric problems. However, such a change in moving toward God may be a sign of restoring the lost balance rather than slipping deeper into trouble. Besides conceptual problems, psychologists have to focus on variables that are reliable in assessing the real contribution of religion in sustaining mental health. Recent research has shown that hard variable (for example, divorce, death, etc.) show positive relationship between religion and mental health but the soft variables like dogmatism and rigidity bear relationships that are questionable (Gartner, 1996 as quoted by Clay at the APA convention).

In view of the large bulk of findings relating health to religion and other psychosocial factors, it has been suggested that a multi-disciplinary bio-psychosocial model of health (with inputs from medicine, psychology, sociology, social work and religion) would be more efficacious than the presently used medical model of health (Zittel & co-workers, 2002). At the same time we should not overemphasize the
The positive role of religion: it can become addictive, and extremes of any form are not wholesome for the individual. In fact, such an obsession with religion has not only harmful effects for the person but also devastating effects for the family. Taylor (2002) discusses connections between scrupulosity and obsessive-compulsive disorder, and the defects on the addict, the co-dependent spouse and children and even the adult children.

**SEX AND RELIGION**:

If only from the tale of Adam and Eve everyone knows that sex and religion are connected: and the eyes of them both were opened, and they knew that they were naked; and they sewed fig leaves together, and made themselves aprons (Genesis 3).

If fact the connections are extensive. Theodore Schroder for example, following Freud, maintains that religion is thereby discredited. Schroeder writes that “all religion in its beginning is a mere misinterpretation of sex-ecstasy … Thus literally may we say “God is love” – sex-love, sometime in disguise and indistinctly recognized as such…” the deep connection between the sex instinct and the development of religion in the individual is further underlined by the tendency of conversion to take place during adolescence. In his *Psychology of Religion* Starbuck observes that “conversion is a distinctly adolescent phenomenon” and furthermore: “conversion and puberty tend to supplement each other in time rather than to coincide; but they may, nevertheless, be mutually conditioned.”

Many non-Christian, religions also urged polygamy: the Moslem, for example, may have up to four wives and any number of concubine slaves. Passages in the *Koran*
describing the Islamic paradise clearly indicate the Moslem view of sex: “As for the righteous they shall surely triumph. Theirs shall be gardens and vineyards, and high-bosomed maidens for companions…” “They shall recline on couches arranged in rows. To dark-eyed houris we shall wed them”, “And by their side shall sit bashful, dark-eyed virgins, as chaste as the sheltered eggs of ostriches…” perhaps female chastity was not every Moslem’s idea of paradise, but in all other respect there was little more to be desired. In The Thousand and One Night Shahrazad says “Glory be to Allah, Who has made the fairest sight in all His world of two lovers lying in bed after delight, hands holding hands, and hearts beating together!” What would the Christian mystics say! According to E. S. Gifford, Allah promised every true believer seventy-two girl of his own paradise, each one exclusively devoted to her master and all “having complexions like rubies and pearls” and “fine black eyes”.

Mohammed is reported as saying “Your wives are your tillage; go in therefore into your tillage in what manner so ever ye will” and even the fast was no reason to abstain: “It is lawful for you on the night of the fast to go to your wives: they are a garment unto you and you are a garment unto them.” And yet despite all this women were regarded, as in Christianity, as being unclean: “O true believers, when you prepare yourself to pray… if you have touched a woman, and yet find no water, take fine clean sand and rub your faces and hands therewith.” In almost all the world religions women have been held in very low esteem. At least the Moslem women are one up on their Roman Catholic counterparts: following a fatwa issued by the Grand Mufti in 1937, Mohammedans are allowed to take any measures by mutual consent to prevent conception.
THEORIES OF ANXIETY:

PSYCHOANALYTIC THEORY:

Although Freud originally believed that anxiety stemmed from a physiological buildup of libido, he ultimately redefined anxiety as a single of the presence of danger in the unconscious. Anxiety was viewed as the result of psychic conflict between unconscious sexual or aggressive wishes and corresponding threats from the superego or external reality. In response to this signal, the ego mobilized defense mechanisms to prevent unacceptable thoughts and feelings from emerging into conscious awareness. In his classic paper “Inhibitions, Symptoms, and Anxiety,” Freud states that “it was anxiety which produced repression and not, as I formerly believed, repression which produced anxiety.” Today, many neurobiologists continue to substantiate many of Freud’s original ideas and theories. One example is the role of the amygdale, which subserves the fear response without any references to conscious memory system for anxiety responses. One of the unfortunate consequences of regarding the symptom of anxiety as a disorder rather than a signal is that the underlying sources of the anxiety may be ignored. From a psychodynamic perspective, the goal of therapy is not necessary to eliminate all anxiety and use it as a signal to investigate the underlying conflict that has created it. Anxiety appears in response to various situations during the life cycle and, although psychopharmacological agents may ameliorate symptoms, they may do nothing to address the life situation or its internal correlates that have induced the state of anxiety.
LEARNING THEORY:

Theorists of this school are of the view that all behaviors (including pathological behaviors) are learned and can hence be unlearned. Neurotic behaviors may be precipitated by diverse types of stress including:

Failure to live up to one’s own expectations and those of others, with subsequent feelings of inferiority and failure, unexpected desires and weak spots arising from early trauma, seemingly impossible choices or decisions, dissonant cognition, and frustrating life situations that rob meaning and hope from life.

The antecedents of maladaptive behavior have to be identified and dealt with. Starting with the classical conditioning theory of Ivan Pavlov which demonstrated that a behavior could be changed by using reinforcement associated with a particular conditional or natural stimulus (that elicited the desired response), came a series of behavior modification techniques based on the instrumental conditioning of Skinner and the modeling approaches of Dollar and Miller. The techniques, which were initially tried on animals, were tried on humans with success by many experts such as Watson who demonstrated instilling and removing fear (phobia) of animals in a child.

In their experiment to demonstrate that humans learn and unlearn normal and abnormal behaviors, Watson and Raynor (1920) demonstrated the development of phobia in 11-month old Albert. They first showed that Albert was not afraid of furry objects and that he had no fear to furry animals etc. he was then given a rat to play with and as he neared it, they produced fear by making a loud noise and Albert
withdrew from the rat. This instilling of fear continued until after sometime not only was Albert afraid of the rat, he had generalized the fear to objects resembling it. This experimentally induced fear was released later by means of social imitation and direct reconditioning.

Today’s behavioral approach and the underlying themas stem directly from developments that took place during the twentieth century in Russia and America. The efforts of Thorndike and Watson helped to not only understand human behavior in terms of stimulus response, but were supplemented by countless lab experiments that contributed to several theories of learning. Originally derived from lab experiments, the assumptions of learning theories postulate that in as much as a disturbed behavior is “acquired”, its evolution and treatment can also be understood within the framework of these theories.

All behaviors, whether maladaptive or adaptive, are consequences of the same basis principles or behavior acquisition and maintenance. It is either learned or unlearned or normal and abnormal in accordance with its social significance. All learning theories can be subsumed under two basic mechanisms: (a) Classical Respondent conditioning derived from Pavlov’s famous experiments and (b) Operant Instrumental Conditioning linked to Skinner’s instrumental conditioning experiments. Basic to these theories are the Low of effect (theory of Throndike) and the pleasure principle of Freud’s psychoanalytical precipitants of which assign the highest priority to the immediate precipitants of behavior, de-emphasizing the role of remote, underlying, causal determinants important in the medical field. Regardless of the mechanisms of learning, the theory asserts, quite simply, that
there are two types of abnormal behavior, viz., (a) behavioral deficits that result from a failure to learn and (b) maladaptive behavior that is a consequence of inappropriate learning.

Over the years, many behavior modification techniques have involved, all of which share certain common features. Before starting therapy, for example, a thorough interview following by behavioral analysis is essential. This helps in identifying the antecedent variables related to the disorder and the reinforcers that need to be used in the therapeutic sessions. Following this is self-monitoring and evaluations which help ascertain the diagnosis as well as decide the reinforcers to be used. These take the form of rewards or punishments and are used to either facilitate a desirable behavior or reduce or extinguish an undesirable one. Some of the commonly used behavior modification techniques include desensitization therapy, explosive therapy, and token economy, time out method, shaping and modeling. Depending on the problem of a particular patient, a method of selected for use invariably, relaxation therapy is combined with behavior modification.

Learning theories take a totally different view from that of psychoanalytic theories where the etiology of normal and neurotic behaviors is concerned. For instance, these theories do not give much importance to the individual’s past, but stress upon the “here and now” aspects of the person.
EXISTENTIAL THEORY:

According to this theory humans exist first, and their unique choices define them. These very choice from and define their selfhood and essence of living. These theorists are of the view that man is nothing but what he makes of himself. How a person lead his life and how he acts depends on his willingness to see his situation clearly and no the manner in which he sees his relationship to the world and to others. The clarity with which one sees oneself free and purposeful and the extent to which his acts are participatory decide his level of existence in the world. The human freedom is not a thing, a being instead; it is the being of humans. It refers to the freedom to choose and implies a finite number of alternative since each choice precludes others. A person is limited by the facility of his body and the things around him, for example, self-deception is a choice, a commitment to a way of existence in which the person does not know or see what he denies. Another person may deny by choosing not to look. In addition, any denial of the truth of one’s vision is a lapse of authenticity and thus falls into self-deception. Self-deception, thus is the motivated refusal to attend explicitly to responses in a situation that one has organized and chosen to live in. Further, according to the existentialist theory, self-deception is the major motive force underlying psychopathology which, in turn, is dependent on the person being unwilling to (a) attend closely to his priorities and commitments (b) see the world and himself with awareness (c) spell out the way he operates in the world (d) spell out the way other around him operate, and (e) lay out his personal myth clearly by focused, explicit attending.
These encounters are responsible for a person developing pathology as they are indicative of certain expected behaviors in daily life the humanistic-existentialist theory believes that violation take place because of self-deception leading, in turn, to the development of psychopathology. A violating situation is one in which the person’s vision is disconfirmed, his integrity is jeopardized or not accepted, and in which his subjectivity is destroyed, forcing him to submit to another perspective.

According to the existential theory, the basis of all mental illness is the partial withdrawal of a person from the outer world to his inner world. Such withdrawal is considered to be one of egocentricity or autism and may be enriching or retarding. This theory believe that a person with a creative personality will be able to “be in the world” and also share his value with others, whereas the mentally ill person is one who is “alienated” from the others and has a distorted “being in the world”. Thus, one may find egocentric preoccupation in the hysterical patient’s distortions of bodily functions. On the other hand, the rigid, legalistic rituals of the obsessive person represent preoccupation with a high degree of perfection. Existentialism views anxiety as manifesting itself in numerous variations, for example, loss of physical functions, fear of death and helplessness. All these drive the person to erect defenses in the form of autistic withdrawal, egocentricity etc. in the therapeutic encounter, these anxieties are re-experienced by the patient. The relationship between therapist and patient continues until normal trust is established. The therapist diverts the attention of the patient from his hidden guild and feelings of worthlessness and helps him to make use of her thwarted potentialities. The trust that develops in this relationship is highly therapeutic as it brings new found
freedom to the patient and helps him to develop his potentialities in a positive direction.

**SEXUAL DYSFUNCTION :**

In men sexual dysfunction refers to repeated impairment of normal sexual interests and or performance. In women it refer more often to a repeated unsatisfactory quality to the experience; sexual intercourse can be completed, but without enjoyment. What is regarded as normal sexual intercourse, and therefore what is thought to be impaired or unsatisfactory, depends in part on the expectations of the two people concerned. For example, one couple may regard it as normal that the woman is regularly unable to achieve orgasm, whilst another may seek treatment.

**TYPE OF SEXUAL DYSFUNCTION :**

**Lack of sexual desire disorder :**

*Description and causes* complaints of diminished sexual desire are much more common among women than among men. The term lack of sexual desire indicates that the condition has been present since the start of sexual activity. The term loss of sexual desire indicates that the condition developed after a period when sexual desire was normal. Loss may be global or situational.

*Global Lack of desire* suggests a biologically determined low level of sexual drive, or homosexual orientation when the complaint relates to heterosexual intercourse.

*Global loss of desire* suggests a medical or psychiatric cause. Medical causes include low testosterone, high prolactin, systemic disease, and the side-effects of
medication. Psychiatric causes include depressive disorder, the consequences of sexual trauma, and several intrapsychic conflicts leading to inhibition. Loss of desire after a depressive disorder usually returns to the previous level as the disorder resolves, but occasionally it persists.

*Situational loss of desire* often reflects general problems in the relationship between the sexual partners.

**Sexual aversion disorder:**

Sexual enjoyment is sometimes replaced by a positive aversion to genital contact. When this aversion is persistent or severe and accompanied by avoidance of almost all genital sexual contact with a sexual partner, the condition is classified as sexual aversion disorder. The causes of the condition are not well understood; they seem to be similar to the psychological causes of hypoactive sexual desire disorder.

**Specific sexual fears:**

A few women are made extremely anxious by specific aspects of the sexual act, such as being touched on the genitalia, the sight or smell of seminal fluid, or even kissing. Despite these specific fears, they may still enjoy other parts of sexual intercourse.

**Male erectile disorder:**

This condition is the inability to reach an erection or to sustain it long enough for satisfactory coitus. It may be present from the first attempt at intercourse (primary)
or develop after a period of normal function (secondary). It is more common among older than younger men.

**Premature ejaculation:**

This term refers to habitual ejaculation before penetration or so soon afterwards that the woman has not gained pleasure. It is more common among younger than older men, especially during their first sexual relationship.

**Sexual pain disorder:**

**Dyspareunia** this term refers to pain on intercourse. Such pain has many causes. Pain experienced after partial penetration may result from impaired lubrication of the vagina, from scar or other painful lesions, or from the muscle spasm of vaginismus. Pain on deep penetration strongly suggests pelvic pathology such as endometriosis, ovarian cysts and tumours, or pelvic infection, thought it can be caused by impaired lubrication associated with low sexual arousal.

**Vaginismus:**

Vaginismus is spasm of the vaginal muscles which causes pain when intercourse is attempted, in the absence of a physical lesion causing pain. The spasm is usually part of a phobic response to penetration, and may be made worse by an inexperienced partner. Spasm often begin as soon as the man attempts to enter the vagina; in several cases it occurs even when the women attempts to introduce her own finger. Several vaginismuses may prevent consummation of marriage. So-called ‘virgin wives’ may have a generalized fear and guilt about sexual relationship
rather than a specific fear of penetration. Some women with vaginismus are married to passive men who have low libido and are able to accept their wives’ refusal to permit full sexual relation (Dawkins 1961; Friedman 1962). Low libido in the man then becomes evident when the treatment has reduced the woman’s problem.

**The Relationship between Anxiety Disorders and Sexual Dysfunction:**

Anxiety can be defined as a feeling of apprehension and fear characterized by physical, psychological, and cognitive symptoms. In the context of stress or danger, these reactions are normal. However, some people feel extremely anxious with everyday activities, which may result in distress and significant impairment of normal activity.

Anxiety disorders are a group of clinical entities in which an abnormal level of anxiety is the prominent symptom. This group includes panic disorder, specific and social phobia, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), acute stress disorder, and generalized anxiety disorder. Sexual dysfunctions (SDs) are defined in *DSM* as disturbances of the 3 phases of the sexual response cycle: desire, arousal, and orgasm, in addition to sexual pain disorder.

Anxiety plays an important role in the pathogenesis and maintenance of SDs. This co-presence is very common in clinical practice: patients with SDs will often present with an anxiety disorder, and in many cases it is unclear which is the primary disorder. On the other hand, for many patients with a psychiatric disorder an SD may be a persistent disturbance.
Anxiety represents the final common pathway by which social, psychological, biological, and moral factors converge to impair sexual response. The neurobiological expression of anxiety is complex, but it mainly involves a release of adrenergic substances (epinephrine and norepinephrine). Sympathetic dominance is also negatively involved in the arousal and orgasm phases and may interfere with sexual desire.

Psychological elements are generally considered important in the pathogenesis of SD, but it is difficult to explore these factors with standardized instruments. There are few studies that explore this hypothesis using diagnostic tools, and in some cases these studies have considered anxiety as a feeling and not as a clinical entity.

In this article, we examine the relationship between anxiety disorders and SDs, using *DSM-IV-TR* categories, although we are conscious of the limits of this approach. In doing so, we will consider not only the dichotomy between normal and pathological functioning but also the issue of sexual satisfaction as part of wellness. We review studies that report on sexuality in anxiety disorders and on those that report on anxiety in patients who have SDs.

**Anxiety disorders in patients with sexual dysfunction:**

The complex relationship between anxiety disorders and desire disorders is rarely clarified in the medical literature. Kaplan underlines a strong prevalence of panic disorder (25%) in patients affected by sexual aversion disorder. Anxiety is also relevant in sexual arousal. Induced by different stressors, anxiety can distract from erotic stimuli and impair sexual arousal, principally through an increased
sympathetic tone. This may result in poor erection in males and a reduction in lubrication and clitoral tumescence in females.

Various aspects of anxiety are historically considered in arousal disorders, particularly the vicious circle of anxiety/dysfunction/performance anxiety. Honeymoon impotence is a specific example of this, as suggested by Shamloul, who studied 100 patients with this problem.

Several studies have found that the prevalence of anxiety disorders varies from 2.5% to 37% in males affected with erectile dysfunction (ED). However, these studies failed to point out a significant correlation between a singular type of anxiety disorder and ED. Recently, however, a link between free-floating anxiety and ED has been suggested. Others report that the association between anxiety (as a feeling) and ED is strongest in patients aged 45 to 54 years.

One study found that the presence of anxiety symptoms in patients with arousal disorders was associated with poor treatment outcomes. Hyperarousal syndromes, such as persistent sexual arousal, are not found in DSM-IV-TR. The specific role of anxiety in these cases is unknown. Leiblum and colleagues\textsuperscript{12} described 103 women with involuntary

Genital and clitoral arousal. An anxious experience represented the trigger in one third of these women. Anxiety-related symptoms such as worry, panic attacks, and obsessive thoughts or behaviors were also seen in significant numbers of these patients, as were secondary anxiety symptoms (worry and embarrassment).
Addition to desire and arousal, orgasm may also be impaired by anxiety. While it is widely accepted that anxious thoughts or feelings disrupt female orgasm, few studies have examined this relationship or tried to identify specific aspects of anxiety related to impaired orgasm.

Negative emotions, including anxiety or fear of failing to meet a partner's expectations, represent one of the most common causes of premature ejaculation (PE). This has been explained by investigators as being caused by a sympathetic hyperactivity that reduces ejaculation control. Others have pointed to the role of attention, suggesting that men who are anxious during sexual intercourse are worried about sexual performance or sexual adequacy, and that these thoughts may distract attention from the sexual sensations that precede orgasm and ejaculation.

Hyperattention to performance and fear of inadequacy in meeting others' expectations are typical of social phobia, in which concern about performance and judgment reflect a high sympathetic tone. This has been confirmed by Tignol and colleagues and Corretti and colleagues, who report that the prevalence of social phobia is 47% and 25.5%, respectively, in patients with PE. This link between social phobia and PE was also substantiated by reports of 2 cases in which worry about social performance led to uncontrolled ejaculation.

Other investigators propose a significant role of free-floating anxiety in PE. The relationship between anxiety and retarded ejaculation is unclear, although some investigators suggest that sexual performance anxiety can contribute to retarded ejaculation.
Anxiety disorders and pain disorders:

High levels of anxiety have been found in women with dyspareunia, who seem to experience severe pain during sexual intercourse. The pathophysiological factors that regulate this phenomenon are unknown. An interesting hypothesis suggests that a strong relationship exists between anxiety and hypervigilance in patients with anxiety and SD, with attention being allocated to threatening stimuli during sexual intercourse.

Recent studies have significantly increased the understanding of pain perception and have demonstrated that a complex series of spinal, midbrain, and cortical structures are involved in pain perception. Pain perception can be roughly divided into a lateral, somatosensory system involved in discrimination of pain location and intensity, and a medical system that mediates the anticipatory, fearful, affective quality of pain through limbic structures. Dysfunctions of these limbic structures, including the hippocampal cortex, may be involved in SDs in which pain represents the prevalent symptom. Patients with chronic pelvic pain have often been found to have a history of sexual trauma or abuse. Moreover, similar alterations in limbic structure have been demonstrated both in patients with chronic pelvic pain and in survivors of trauma. This may suggest that pain represents not only a symptom of SD but also a symptom of a more specific anxiety disorder such as PTSD.
Sexual Performance Anxiety:

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Anxiety plays an important role in the pathogenesis and maintenance of Sexual Dysfunctions. This co-presence is very common in clinical practice: patients with SDs will often present with an anxiety disorder, and in many cases it is unclear which the primary disorder is. On the other hand, for many patients with a psychiatric disorder an SD may be a persistent disturbance.

Anxiety represents the final common pathway by which social, psychological, biological, and moral factors converge to impair sexual response. The neurobiological expression of anxiety is complex, but it mainly involves a release of adrenergic substances (epinephrine and nor epinephrine). Sympathetic dominance is also negatively involved in the arousal and orgasm phases and may interfere with sexual desire.

Psychological elements are generally considered important in the pathogenesis of Sexual Dysfunction, but it is difficult to explore these factors with standardized instruments. There are few studies that explore this hypothesis using diagnostic
tools, and in some cases these studies have considered anxiety as a feeling and not as a clinical entity.

In this article, we examine the relationship between anxiety disorders and Sexual Dysfunction, using DSM-IV-TR categories, although we are conscious of the limits of this approach. In doing so, we will consider not only the dichotomy between normal and pathological functioning but also the issue of sexual satisfaction as part of wellness. We review studies that report on sexuality in anxiety disorders and on those that report on anxiety in patient who have Sexual Dysfunction. Anxiety disorder in patient with sexual dysfunction.

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Several studies have found that the prevalence of anxiety disorders varies from 2.5% to 37% in males affected with erectile dysfunction (ED).7-9 However, these studies failed to point out a significant correlation between a sin-gular type of
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Hyper attention to performance and fear of inadequacy in meeting others' expectation are typical of social phobia, in which concern about performance and judgment reflect a high sympathetic tone. This link between social phobia and Premature Ejaculation was also substantiated by reports of 2 cases in which worry about social performance led to uncontrolled ejaculation.

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**CAUSES OF SEXUAL PROBLEM**

In most cases more than one factor is relevant in causing a sexual problem. In addition, factors are often contributory rather than casual. Each by itself may not ensure the development of a sexual problem, but a problem may result from a complex interaction of factor. In couples this commonly reflects the characteristics both of each partner and of their relationship.

Broadly speaking the causes of sexual problem can be separated into those which are *psychological* and those which are physical. Physical causes may be sub-divided into physical illness, surgery, and drugs.
A useful way of further classifying causes of sexual dysfunction and their interactions is to differentiate them temporally. This can assist understanding of the mechanism involved. Thus one can separate the causes into:

1) **Predisposing factor**, which include experiences early in life which have made a person vulnerable to developing sexual difficulties at a later stage;

2) **Precipitants**, which are events or experiences associated with the initial appearance of a dysfunction; and

3) **Maintaining factors**, which explain why a dysfunction persists.

**PSYCHOLOGICAL CAUSES:**

The range of psychological factors relevant to the etiology of sexual dysfunction is enormous, and differentiation of them is to some extent arbitrary. Considering causes of sexual dysfunction in terms of predisposing factor, precipitants, and maintaining factor is particularly pertinent when reviewing psychological causes.

**Predisposing factors:**

These are the factors whose recognition is most likely to be conjectural, because early experiences tend to be easily forgotten or distorted in the light of subsequent events. However, it is important to try to identify predisposing factors as their recognition can help the patient make sense of the current difficulties. Sometime, particularly in the case of primary disorders, identification of early experiences will be the most important step in understanding the sexual problem. Subsequent management will depend on altering the factors which now maintain the dysfunction, including current attitudes towards sexuality.
**Disturbed family relationships:**

How children perceive their parents relationship, and the relationship children have with their parents, are also likely to be important in determining vulnerability to later sexual and other interpersonal difficulties. If the relationship between parents is characterized by friction and lack of affection, especially physical affection, a child is presented with a poor initial model for men/women relationship. Similarly, if the relationship between the child and either parent is lacking in warmth and affection, difficulties in establishing intimate relationship in adulthood may be created. One would predict that the relationship with the opposite-sex parent would be most important in this respect.

The theoretical implications of disturbed family relationship are supported by clinical impression, but unfortunately there is only scanty research evidence. In a series of patient assessed for treatment of sexual dysfunction, O’Connor and stern (1972) found that a history of death of either a parent or a sibling was more common than expected, and also that 23 percent of patients had experienced separation of their parents. In a study of married Swedish women by uddenberg (1974), subjects who were infrequently or never orgasmic generally reported less satisfactory relationship with their fathers during childhood than woman with good orgasmic frequency similarly, women who were dissatisfied with their sexual relationship reported poorer relationship with their father during adolescence than those satisfied with their sexual relationship. Fisher (1973) found that women with ‘good orgasmic consistency’ less often recalled loss or separation of their parents than those women with unsatisfactory orgasmic function. Finally, in their study of
Swedish married men, nettelbladt and uddenberg (1979) found that, when compared with men with good sexual adjustment, those with sexual dysfunction more often described their father negatively, and reported contact with them during childhood and adolescence as being poor and relatively infrequently. They also more often reported infrequent and poor contact with their mother during adolescence (but not during childhood), and tended to characterize their mothers as dominating.

Thus, there appears to be some tentative evidence for the theories and clinical impressions earlier. However, one must interpret very cautiously evidence based on retrospective inquiries, because of the possible distortion of memory in the light of subsequent experience. In addition, they tell us little about causal mechanism. For example, rather than having a direct effect on sexuality, poor parent-child relationship might cause sexual difficulties through their effect on self-esteem or the ability to cope with intimacy.

**Inadequate sexual information**:

Although there is a lack of empirical evidence, clinical impression suggests that inadequate or poor information about sexuality is an important vulnerability factor for the development of sexual dysfunction. Sex education has been woefully inadequate or entirely lacking for many people, especially those now of middle or older age. In many cases sexual information will be based to a large extent on dirty jokes heard in adolescence, or on poor information gained from discussion with other children whose sex education has been equally inadequate. Lack of knowledge about the sexual anatomy may lead to sexual dysfunction. For example, if a woman
does not know the position of the clitoris, or does not event know that it exists, she may be vulnerable to orgasmic dysfunction; similar ignorance on the part of man may contribute to sexual dysfunction in his partner. Knowledge of sexuality is often particularly poor concerning the opposite sex.

**Traumatic early sexual experiences:**

It is unclear to what extent unpleasant childhood sexual experience contributes to the development of sexual difficulties in later life. Childhood sexual experiences, especially incest, are far more common than previously recognized. Following their study of male sexuality, Kinsey and colleagues (1948) Reported that incestuous experiences with older persons were rare; among women they found that 4 Per cent reported pre-adolescent sexual approaches by there fathers (Kinsey et al. 1953. more recently, of 952 college students in the USA asked about pre-pubertal sexual activity with adult, 7.7 per cent of the women and 4.8 per cent of the men reported such an experience (Fritz et al. 1981). The girl’s experiences in nine out of ten cases were of heterosexual nature, whereas 40 per cent of the experiences of the males were homosexual. When Finkelhor (1980) asked 796 New England college students about sexual experience with siblings. 15 per cent of the women and 10 per cent of the men reported some type of sexual experiences involving a brother or sister. Usually the experiences were of an exploratory nature (e.g. general fondling, and touching of the genitals.)
Early insecurity in psychosexual role:

Lack of security or comfort with personal sexuality may predispose to sexual dysfunction. The term ‘personal sexuality’ refers to the attitude of people toward their own bodies, especially their sexual anatomy, and towards their sexual thought and urges. Many factors will influence the development of ease or discomfort with personal sexuality but early experiences are especially important. Timing of puberty is one example. If a young person develops physical characteristics earlier than other of the same age, embarrassment may persist into adolescence. For example, a girl whose breast development pre dates that of most other girls of the same age may be teased and become self-conscious about her breasts. Similarly, delayed puberty can cause feeling of inadequacy. Family attitudes to the adolescent’s emerging sexuality are also likely to influence psychosexual adjustment. If parents encourage the adolescent to persist with pre pubertal activities and fail to acknowledge the adolescent’s new needs, including those of privacy, this may cause the young person to feel the sexual development is unwelcome, and that it should be denied or suppressed, the consequent uneasiness with sexuality may persist into adulthood. Furthermore, religious beliefs may compound the adolescent’s confusion about sexuality, particularly when strong sexual urges, which appear to conflict with religious ideas, are experienced.

Discord in the general relationship:

As has already been noted, and will be emphasized again elsewhere in this book, discord in a couple’s relationship is the most common reason for sexual dysfunction, both as precipitant and a maintaining factor. Although some couples
are able to continue a satisfactory sexual relationship in spite of considerable
general friction, this is unusual. The next chapter will emphasize the necessity to
identify during the assessment couples whose sexual problems are symptomatic of
difficulties in their relationship in general. Unfortunately, this is not always easy.
Whereas chronic hostility and dislike may be very apparent, loss of affection or
unexpressed resentment may be denied by a couple.

**Infidelity**:

Discovery of a partner’s infidelity is fairly common precipitant of sexual
dysfunction, especially loss of interest in sex or erectile dysfunction. Guilt
concerning secret infidelity may also precipitant dysfunction in the unfaithful
partner. Infidelity will in itself often reflect other problems in the relationship.
Sometime, a person first recognized sexual dysfunction following a more
satisfactory sexual experience with a new partner.

**Unreasonable expectation**:

An individual’s sexual expectations will partly determine current satisfaction.
Unreasonable expectation may cause problems and precipitate apparent dysfunction.
One recent example was the publicity concerning multiple orgasms in women. This
has caused some women to think that they were inadequate because they
experienced orgasm only once during sexual activity. Another example was the
controversy over the apparent difference, particularly in terms of sexual maturity,
between ‘clitoral’ and ‘vaginal’ orgasms.
Depression and anxiety:

Depression and anxiety is a particularly important precipitant for sexual dysfunction, especially impaired interest in sex. Many people suffering from depression experience loss of interest in sex (beck 1974). Fewer experience impaired sexual performance (Mathew and Weinmann 1982). Thus Weinmann and Payket (1974) found that the most marked difference between depression and non-depression women in terms of their sexuality was the extent to which the depression women reported impaired sexual interest. Their actual frequency of sexual intercourse was less markedly affected by the mood disturbance. A few women reported orgasmic dysfunction or dyspareunia. On recovery from depression the only major change in sexual adjustment was increased interest in sex. Beaumont (1977) also found that ‘impaired libido’ was the most common effect of depression in men and women, with one fifth of subject having ceased sexual intercourse altogether after becoming depressed. A few depressed men suffered erectile dysfunction and some women reported difficulty in reaching orgasm.

Little is known about how anxiety states affect sexuality. A surprising impression from the literature is that any effects are not very profound, certainly when compared with those of depression. This may be because it is anxiety about sexuality, rather than general anxiety, which is important in causing sexual problems.
**Performance anxiety:**

Obsessive concern with adequate sexual performance is one of the most common reasons for the persistence of sexual dysfunction. This applies especially to men with erectile difficulties or premature ejaculation, and women with orgasmic dysfunction. For example, a man with erectile dysfunction may be concerned above all else with whether or not he can get an erection and, if he does, with keeping it long enough for sexual intercourse to occur and his partner to be satisfied. He may try to ‘will’ his erection, rather than allow it to occur as a natural response to erotic pleasure. He may also become very anxious at the point of vaginal penetration when he feels most need to maintain his erection. These anxieties ensure that he continues to experience erectile difficulties and, as often happens, that the problem worsens. A similar pattern may apply to a woman who has difficulty reaching orgasm. She may have thoughts such as ‘my partner will get tired of stimulating me if I do not come soon’, or ‘he won’t think much of me if I do not have an orgasm’, or ‘it will hurt his pride if I do not have a climax’. In view of such thoughts, and the excessive demand that some men place on their partners to achieve orgasm in order to satisfy their own performance needs, it is not surprising that many women resort to faking orgasms.

Performance anxiety is thus related to an excessive need to perform or to satisfy the partner, with little need being paid to the individual’s own pleasure and satisfaction.

**Guilt:**

This is a common feeling experienced by people with sexual problems. It may reflect long-standing inhibitions about sex resulting, for example, from a restrictive
upbringing. Abandonment to erotic pleasure may therefore be impossible. Guilt may also be experienced because of the perceived effects of sexual dysfunction on the partner. For example, a woman who has lost interest in sex following childbirth may nevertheless have sexual intercourse because she feels guilty about denying her partner sexual satisfaction. However, this may make her resentful and therefore hinder normal recovery of her sexual interest.

**Poor communication between partners:**

Many couples who develop sexual dysfunction are unable to discuss their sexual relationship. Consequently, not only are the partners unable to express their sexual need and anxieties, but they may each being to guess what the other is thinking and feeling. Such guessing can lead to serious misconceptions and further contribute to the sexual difficulties. For example, a woman whose interest in sex is reduced following childbirth may find it impossible to tell her partner that she now requires more gentle caressing before she can being to get aroused. Her partner may mistake her reduced enthusiasm for sex as a personal rejection and start to withdraw from lovemaking, or, when lovemaking does occur, hurry the act because he believes his partner wants him to get it over quickly. Communication difficulties should be tackled early in sex therapy.

**Fear of intimacy:**

Fear of intimacy is a common cause of sexual problems (Kaplan 1977; 1979). Intimacy has been defined as ‘a special quality of emotional closeness between two people… an affectionate bond… composed of mutual caring, responsibility, trust,
open communication of feeling and sensations, as well as the non-defended interchange of information about significant emotional events’ (Kaplan 1979). In relationships where there is a high degree of intimacy there is also likely to be sexual happiness because the partners are able to be open with each other, and to abandon themselves to erotic pleasure. We have already noted that individuals who find difficulty in coping with intimacy often come from backgrounds characterized by a lack of warmth and affection. Kaplan believes that a single person who has intimacy problems is likely to have a succession of relationships, each of which ends at the same point of closeness when the individual destroyed the relationship because further involvement is too threatening. In couples this problem usually results in one or both partner failing to engage wholeheartedly in the sexual relationship. One partner may always rush any sexual act to a conclusion because the closeness of mutual caressing and arousal is threatening. Fear of intimacy is thus an important factor in the maintenance of sexual dysfunction; if unresolved it is likely to lead to both persistent and worsening difficulties. If fear of intimacy is contributing to a couple’s sexual problems this will usually become obvious during the early stage of sex therapy when the couple are asked to begin the pleasuring exercises.

**Inadequate sexual information; sexual myths:**

Just as inadequate or misguided about sexuality makes a person vulnerable to sexual dysfunction, so these factors can also contribute to the persistence of a problem once it develops. When communication between partners is also poor, an important means of correcting misinformation or making new discoveries about the partner is
lost. Lack of confidence may further compound the problem for example, a woman who fails to get fully aroused or be orgasmic with her partner because he, out of ignorance, never provides her with clitoral stimulation, may feel unable to tell her partner of her needs, partly because they no longer discuss their sexual relationship and partly because she fears she may hurt his pride by suggesting he is anything less than a perfect lover.

**Restricted foreplay**:

A sexual problem may first develop and then persist because a couple engages in little or no foreplay before sexual intercourse. Also, couple with sexual difficulties often spends less and less time on foreplay before sexual intercourse. This may occur for several reasons. A woman who has lost most or all of her interest in sex may feel she must have sex for her partner’s sake, but finish it as quickly as possible. It is increasingly unlikely, therefore, that she will get pleasure from the sexual relationship and so her interest usually declines even further. A man with premature ejaculation may avoid foreplay because he fears this will lead to his becoming too aroused and therefore ejaculating more quickly. This usually results in little or no pleasure for both the man and his partner, thus adding further tension to the sexual relationship and making the problem worse. The sensate focus exercises used in sex therapy are intended to encourage full, relaxed, and enjoyable foreplay.
OVERCOMING ON SEXUAL ANXIETY:

Male Sexual Anxiety:

Men are under tremendous pressure to be masculine and unfailingly virile. However men have just as many emotional issues as women and these can sometimes interfere with sexual relationships. If a woman is not sexually aroused she can hide it and no one need know. However, for a man there is no hiding the fact that he has erectile dysfunction.

Failure in intimate situations is more common than people think. If the woman understands and supportive then probably the next time everything will go as normal and the incident will be forgotten about - just one of those things. However, very often the man takes to brooding and worrying about it. This brings on the very failure that he is trying to avoid. Despite being fairly common in men of all ages, too many men try to live with it in secret and do not seek help.

Once physical causes have been eliminated, hypnosis is the most effective therapy. Male sexual performance anxiety generally needs two sessions to be corrected.

Rationale:

The main sex organ is actually the brain. It controls hormones and it controls thoughts and beliefs about sex. If the thoughts are not right, then nothing else is right. The usual reason for sexual dysfunction is that the young man's brain is constantly thinking about failure. He goes over and over what happened, what might happen next time, what might happen if he never performs again, what his mates
will say if they find out, what girls will tell each other about him. Failure is what is in his mind all the time. So that is what his mind delivers. You get what you think about. Men in this situation need to learn to control their thoughts. Doing that is preventing it happening again.

**Procedure:**

The first session is used to explain to the client that he is effectively hypnotizing himself. Most clients feel immediately better about it as soon as they realise that it is fairly common and that it can be easily reversed.

**Cognitive therapy:**

The objective of the first session is to teach the man how to use his mind for support, instead of allowing his thoughts to sabotage himself. I show the client how to use visualizations to create positive conditions in his mind, so that not only will it not happen again, he won't even think of the possibility.

**Hypnotherapy:**

The second session is used to guide the client through a typical sexual performance in hypnosis. The client is led through an idealized version of the normal courtship process and at every stage the client is filled with images and feelings of what it is like to be outstandingly good. The client relives the event, exactly as it would be if he was not just good, but amazingly good. He experiences what it is like to be the world's greatest lover. The hypnosis creates an overwhelming certainty, an enthusiasm that wipes out the old feelings, so that the next time he is in that
situation or a similar situation he minds will fill with positive feelings of strength and vigor.

The hypnotherapy is also used to address the issue it was that caused the original failure. It might be a self esteem issue or general self confidence or concern about commitment to a long term relationship. These issues are dealt with direct suggestion.

That way the client will be able to have whatever sort of relationship he wants, and the positive visualization exercises will ensure that the old worries never come back.

**Follow up**:

There is generally no need for a follow up. Most young men are extremely resilient. Once the pattern of behavior has been altered, it is altered forever.