Cultural anorgasmia: considerations in the evaluation of male infertility in the Hasidic community

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There are many factors that may contribute to infertility, including psychosocial issues. The understanding of the cultural and spiritual background of patients can help elicit a sexual history that may lead to a diagnosis and subsequent successful treatment plan. Within this context, we present a case report of a Hasidic couple with primary infertility. Evaluation revealed what we are referring to as "cultural anorgasmia," with the male partner having never been educated about nor experienced an orgasm due to his religious upbringing. Counseling about basic anatomy and the physiology of sexual arousal and orgasm was successful in overcoming anorgasmia and achieving pregnancy.

Key Words: infertility, Hasidic, Jewish, cultural anorgasmia

Introduction

Male factor infertility plays a role in approximately 50% of couples who have difficulty conceiving. Evaluation of all males is essential in the infertile couple, preferably by a urologist with specialized training. An understanding of the cultural and spiritual background of patients can help elicit a sexual history that may lead to a diagnosis and subsequent successful treatment plan. Within this context, we present a case report of a Hasidic couple with primary infertility despite trying to conceive for over 12 months. Detailed evaluation revealed what we are referring to as "cultural anorgasmia," with the male partner having never been educated about nor experienced an orgasm due to his religious upbringing. Counseling about basic anatomy and the physiology of sexual arousal and orgasm was successful in overcoming anorgasmia and achieving pregnancy.

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Case report

A 21-year-old male accompanied by his 22-year-old wife presented to a fertility and reproductive medical center for evaluation of primary infertility, with a trying-to-conceive period of over 1 year. Notably, the couple are members of an ultra-orthodox Jewish community, the Hasidim. There are no prior pregnancies or impregnations, with the current relationship being the first sexual partner for both. A post-coital test showed poor results, with 1-2 nonviable sperm seen under high-power field microscopy. The patient was unable to provide a semen sample for analysis due to religious considerations. He denied any past medical or surgical history. No familial fertility issues or genetic abnormalities were noted. Physical examination revealed a 5'10", 190 lb (body mass index 27.3 kg/m^2) male with normal virilization and no gynecomastia. The genitourinary exam showed a circumcised phallus without skin lesions, an orthotopic urethral meatus, bilaterally descended testes of 25 mL volume each free of palpable masses or tenderness, bilateral palpable vas deferens, and no varicocele or inguinal hernia present in the upright position with Valsalva maneuver. A review of laboratory results was unremarkable, including a normal male karyotype (46,XY) and no Y-chromosome microdeletions. His late morning serum testosterone was in the low-normal range, 327 ng/dL (reference range 264-916 ng/dL); luteinizing hormone was 8.0 mIU/mL (reference range 1.7-8.6 mIU/mL), and follicle stimulating hormone was 5.7 mIU/mL (reference range 1.5-12.4 mIU/mL). On detailed sexual history questioning, the couple reported "difficulties" with intercourse during the first few months of marriage which slightly "improved" with time. When explicitly asked, the patient was "unsure" if he ever experienced an orgasm. He was able to engage in penetrative vaginal intercourse, but would "eventually stop" without a notable pleasurable sensation or urethral discharge.

The initial assessment was primary infertility due to male anorgasmia. Discussions were held detailing normal intercourse with male sexual function, including erection, orgasm, and ejaculation. Recognizing the couple's unfamiliarity with the subject, layperson terminology and graphical depictions of the male and female reproductive tracts were used to explain basic anatomy, penetrative vaginal intercourse, and male orgasm with ejaculation. The couple initially declined consultation with a sexual or mental health professional.

On follow up, the patient reported meeting with his Rabbi and a local Hasidic community sexual and couples counselor. The counselor further reinforced sexual activity expectations. In addition, support was provided through discussions with other couples experiencing similar difficulties. Following this, the patient experienced his first orgasm and ejaculation. In retrospect, he was able to confirm prior anorgasmia. The couple opted to continue to try to conceive and within a few months were able to successful achieve pregnancy.

Discussion

Primary infertility is defined as the failure to conceive at any time in the past with any prior partner.[1] It is estimated that about 15% of couples are unable to conceive after 1 year of unprotected intercourse, with the male factor solely responsible for nearly 20% of these cases and a contributor in up to 50%.[2] The initial evaluation for male infertility should include a complete medical and reproductive history, physical examination, and at least two semen analyses, with subsequent additional testing, such as blood work and imaging, as needed.[3] The physician's goal is to identify the etiology for infertility and, if possible, to remedy it. However, patients of certain cultural and religious backgrounds may not allow the physician to perform a complete infertility work up, such as a semen analysis evaluation. Furthermore, these same factors may hinder a patient's knowledge of secular sexual terminology and practices that may be taken for granted on routine history intake. We define "culture anorgasmia" as a treatable condition related to religious or cultural upbringing that limits a person's knowledge about sexual function and results in an inability to achieve orgasm in the absence of physical or hormonal abnormalities.

Our patient was a member of the Hasidic Jewish community, a religious group at the strictly orthodox end of spiritual beliefs and followings.[4] Rabbinic authority establish and maintain guidelines for behavior in line with the Talmud, a compilation of Jewish civil and ceremonial law. Observance is mandatory.[4] Many features of the secular world are considered distractions from their way of life, and therefore they choose to live in tight-knit communities segregated from outside cultural influence. Due to the strict adherence of Jewish law and cultural insularity, physicians are often confronted with many barriers to history taking and permissible diagnostic evaluations.[5]

Based on the orthodox rabbinical interpretations of the Talmud, masturbation is forbidden.[5] In fact, Maimonides, a renowned Jewish authority, scholar, and physician once stated: "Semen constitutes the strength of the body, its life, and the light of the eyes. Its emission to excess causes physical decay, debility, and diminished vitality".[6] As described above, our patient was anorgasmic his entire life, despite being free of any

identifiable physical condition, due to his cultural and spiritual upbringing. With the act of masturbation and orgasm foreign to one, it can be difficult for a physician to explain the sensation and the act, especially early on in the physician-patient relationship. The Merriam-Webster dictionary defines orgasm as "the peak of the physical pleasurable sexual excitement caused by stimulation of sexual organs, as in intercourse." This terminology can be confusing if one is unfamiliar with and has never discussed sexual manners.

It has been estimated that the Hasidic population was about 180,000 in 2006 in the United States, with the majority residing in Brooklyn, New York.[7] With such a large Hasidic population, New York has a network of Orthodox Jewish sex counselors. They often deal with similar circumstances, and not infrequently have to explain common secular sex-related terms, including orgasm.[8] The goal is to explain all aspects of sexual activity without diverging from their religious beliefs, in a culturally-appropriate manner. As exemplified by the patient described above, cultural competency is increasingly acknowledged as a vital aspect to the holistic care of patients.[9] It is of the utmost importance to understand the barriers of care to patients and to know the ancillary resources available to assist in care.

This case is unique in that both the physician and a non-medical health professional were able to overcome barriers posed by cultural and religious upbringing. No specific medical or device related techniques were used in the treatment of the couple's infertility. Rather, without physical findings for the cause of primary infertility and with the knowledge of the couple's cultural background, treatment focused primarily on the education and elucidation of sexual intercourse for the purpose of conception. Behavioral modification was achieved simply by using layperson terminology and graphical depictions to describe not only the anatomy of the male and female reproductive tracts, but also the phenomenon of orgasm. Support, clarity, and reassurance were provided via contact with other patients with similar issues within their community, who otherwise would not have been known to them. This stresses the importance of personalized medicine and cultural competency when counseling patients of various backgrounds. The resistance of patients to meeting with a mental health professional and/or the lack of accessibility to mental health services are common barriers in the physician-patient relationship. This, however, should not preclude a culturally-sensitive discussion to be initiated by the physician which, as our report illustrates, can lead to a positive outcome.

Although the work up of male infertility often focuses on identifying and treating anatomic and hormonal causes, one must consider beliefs and cultures as potential contributors to infertility. Within the Hasidic community, patients may experience barriers to sexual activity which can result in difficulty conceiving. It is imperative that the physician be culturally competent and knowledgeable when treating a patient with a set of beliefs that differs from the majority. An understanding of the cultural and spiritual background of patients can help elicit a sexual history that may lead to a diagnosis and successful treatment plan. Further studies should be performed to better understand and educate patients on sexual norms in a culture that is otherwise segregated from secular society. □

References

1. Sabanegh EJ, Agarwal A. Male Infertility. In: Campbell-Walsh Urology. 10th ed. Wein AJ, Kavoussi LR, Novick AC, Partin AW, Peters CA, editors. Philadelphia, PA: Elsevier Saunders Inc.; 2012. p. 616.
2. Thonneau P, Marchand S, Tallec A et al. Incidence and main causes of infertility in a resident population (1,850,000) of three French regions (1988-1989). *Hum Reprod* 1991;6(6):811-816.
3. Jarow J, Sigman M. The optimal evaluation of the infertile male: AUA Best Practice Statement. American Urologic Association, Education and Research Inc. 2010.
4. Coleman-Brueckheimer K, Dein S. Health care behaviours and beliefs in Hasidic Jewish populations: a systematic review of the literature. *J Relig Health* 2011;50(2):422-436.
5. Gordon JA, Amelar RD, Dubin L, Tendler MD. Infertility practice and Orthodox Jewish law. *Fertil Steril* 1975;26(5):480-484.
6. Dorff E. Masturbation: a touchy subject: is pleasuring oneself permitted in Judaism? Matters of Life and Death: A Jewish Approach to Modern Medical Ethics. Philadelphia, PA: The Jewish Publication Society; 2003.
7. Comenetz J. Census-Based estimation of the hasidic Jewish population. *Contemporary Jewry* 2006;26(1).
8. Bergner D. The Orthodox Sex Guru. The New York Times Magazine 2015.
9. Bloch AM, Gabbay E, Knowlton SF, Fins JJ. Psychiatry, cultural competency, and the care of ultra-Orthodox Jews: achieving secular and theocentric convergence through introspection. *J Relig Health* 2018;57(5):1702-1716.