

Chapter 2

Interdisciplinary References in Sexual Medicine

Sexual medicine by definition includes anthropological, biomedical, psychological and socio-cultural aspects of sexuality and gender. It is by nature interdisciplinary and constantly integrates the know-how from other specialized fields such as general medicine, gynecology, urology, andrology, endocrinology, psychiatry, psychosomatics, psychotherapy as well as from adjoining human sciences, especially biology, psychology, sociology, etc. This corresponds with the large variety of patients: For instance, the diabetes patient complaining of sexual disorders at some stage during his chronic disease (erectile disorder in men, arousal and orgasm problems in women); the hypertonic patient whose medication affects his sexual reactions negatively; the patient suffering from depression, lacking sexual desire (as well as perhaps having to cope with arousal and orgasm difficulties).

All these patients give an impression of the mentioned diversity as does the young man with sexual performance anxiety; the couple, whose unresolved conflicts or struggles for power within their partnership lead to sexual symptoms; the woman, who suffers pain during intercourse caused by lack of lubrication after menopause, etc. (Fig. 2.1).

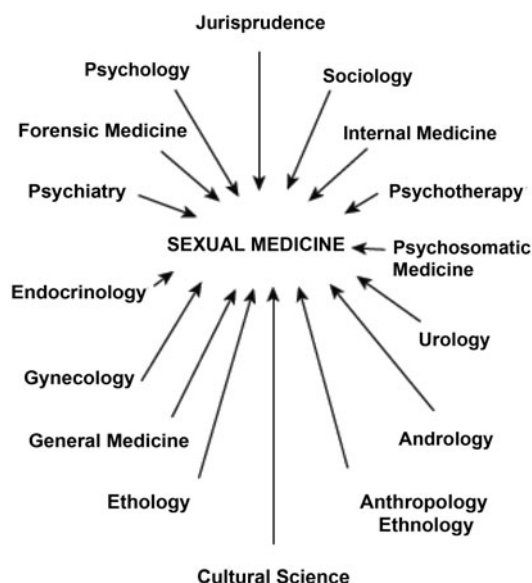
In addition to that there is the enormous and growing significance of disorders of sexual preference (paraphilias, see Chap. 4.4) and disorders of sexual behaviour (dissexuality, see Chap. 4.5), having currently become an issue of attention in the media due to the revealed cases of sexual abuse at institutions (such as the church), which are now able to be precisely diagnosed, provided that the necessary expertise in sexual medicine is deployed.

Looking at the available specialized preventive and therapeutic measures which are able to indeed prevent sexual offences, makes the connection to the criminal justice system evident. This is true anyway for expert opinion activity concerning legally registered sexual delinquents.

It is a matter of great concern for sexual medicine to provide other disciplines with its specialized knowledge, making a contribution to help improve public sexual health. This is most effective if further development of sexual disorders can be hindered or the occurrence of sexual traumatization can be prevented.

When the increasing numbers of disorders in sexual reproduction (see Chap. 4.6) are considered, including the often massive effects of involuntary childlessness on

Fig. 2.1 Interdisciplinary references in sexual medicine (p. 7)



sexual and partnership comfort (see Beier et al. 2005), the spectrum of sexual disorders is broadened and the challenges to sexual medicine become apparent.

However, the contributions of various adjoining disciplines to the significance of sexual medicine confirm anthropological findings that human beings are relational beings programmed with a “social brain”, relying on loving care and acceptance. All this is general knowledge. It is not only that many patients/couples do not see the connection between attachment, partnership-comfort and psychosocial basic needs on the one hand and sexuality on the other, even a great number of professional counsellors within the health system do not estimate this adequately either (see Chap. 3).

The inevitable interdisciplinarity of sexual medicine is automatically given by the fact that sexuality is an interpersonal event. On the one hand, this leads to the necessity of relying on basic knowledge concerning communication, partnership and social relationship issues, etc. On the other hand, just as much, consequently integrating the partner into the assessment procedure as well as into the therapy itself.

Only by heeding this “pair aspect” and carrying out the work with both partners consequently from the beginning, the prevailing mutual influences and interferences within a partnership are taken into account, otherwise, the reality of the couple in their partnership is missed. These “pair dynamics” can have a positive boosting effect and a salutogenic impact or they can activate and maintain a negative “downwards spiral” and a self-reinforcing pathogenic vicious circle. Figure 2.2 using the example of an erectile disorder, illustrates how this interaction of overlapping vicious circles in the couple itself can lead to disadvantages for both partners and their relationship on the functional as well as on the partnership level.

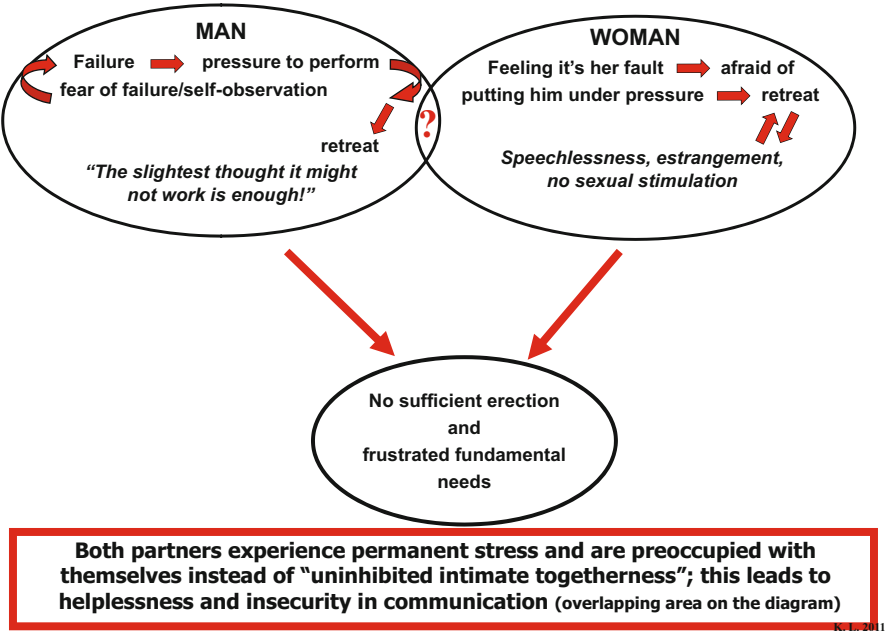


Fig. 2.2 Overlapping vicious circles in erectile dysfunction (p.8)

An interruption of interaction perpetuating existing disorders can only be achieved by specialized diagnostic assessment, meaning that specialized knowledge and skills are called for, which are in no way mediated during current medical or psychological training, as these concentrate on diagnostic assessment of individual—and exactly not interpersonal—disorder conditions. The same applies to therapy, which consequently would need to begin with the couple from the start. Neither in postgraduate training for physicians nor in psychotherapeutic supplementary courses are there any systematic approaches underlining the necessity of specialized qualifying measures for sexual medicine and the syndyastic sexual therapy (see Chap. 6.7).

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