

# Preface

Sexual medicine touches on many aspects of primary health care. But even though some medical schools in the USA were pioneers in including courses on human sexuality in their curriculum in the 1960s and 1970s, most physicians lack formal education in the diagnosis and management of sexual and partnership-related problems, probably due to the fact that there are not enough experienced teachers in this field, meaning that educators are often uncertain how best to teach the issue lacking an evidence-based, as opposed to an individually derived, concept of human sexuality. Yet many patients seek information and advice or treatment for sexual concerns, while others hope the doctor will question them in this direction. To satisfy such demands professionally, specialized skills are called for. Although the HIV/AIDS epidemic should have been a final wake-up call to health professionals to install explicit discussion concerning sexual behaviour during routine office practice, too many physicians are still inadequately trained or prepared for dealing with sexual concerns of their patients, and/or unaware of the far reaching consequences of such disturbances for well being and health in general. During the last ten to twenty years, however, the fields of neurobiology, psychoneuroimmunology, and endocrinology have provided an impressive body of knowledge to better explain the intricate connections between health and human relations, including sexual ones, and hence to teach the issue founded on an evidence-based concept of human sexuality.

This book offers a plausible, understandable and teachable concept of sexuality ready for use in clinical practice—if the practitioner is convinced about the importance and the impact of this work, meaning that sexual health plays a significant role in life quality, that sexual and partnership problems cause both emotional and physical distress, and that sexual inquiry is an essential component of responsible and comprehensive health care.

To solve problems the right tool kit is needed, and this is true for medical health care as well. The tool kit for solving sexual and partnership problems contains resilient, evidence-based models of human attachment on the one hand and human sexual preference structure on the other. A professional who can obtain an accurate picture on this in a patient will be in a position to decode sexual disorders and develop an adequate therapy option. This tool kit is offered here, based on the authors' longstanding experience in dealing with sexual medicine in theory and practice.

Looking at an evidence-based model of human attachment, reference is made to the well-known fact that humans are phylogenetically programmed as relational beings with a social brain, disposed to pair bonding, the couple being the prime social unit. This was already perceived by the Greek philosopher Aristotle, establishing the term “syndyasticós,” which serves as a template for the term “syndyastics” used in this book. Thus, the syndyastic concept comprises humans in their biopsychosocial entity as social and sexual beings seeking relationships to fulfill their fundamental needs and desires for belonging, acceptance, affection, closeness, warmth, and security, and connects these essentials of well being and health with human sexuality in its functions of bonding, lust and reproduction.

However, while everybody knows about sexual lust and reproduction, a majority of patients seeking help for sexual concerns are not conscious of the bonding, relational and hence communicative dimension of sexuality mediated to a great deal by neurobiological mechanisms such as those transmitted by Oxytocin.

During a specialized treatment (syndyastic sexual therapy) the patient(s)/couple(s) become aware of this relational and communicative function of sexuality adding a new dimension to sex and lust by connecting lust and attachment. Thus, dependent on the quality of the relationship, sexual interaction has the potential of becoming a form of non-verbal communication, mediating in a physical way belonging together, accepting each other, being close, experiencing warmth and security, in short, embodying intimacy also in the language of sexuality. Carnal and relational lust intensify each other and may lead to a new, salutogenic meaning of “sex,” which no longer is unrelated or even contradictory to love.

In this context it is of utmost importance and in no way random, to determine what kind of sexual preference a person has. If, for instance, a fetishistic preference is present, this can affect sexual and partnership contentedness and cause distress during sexual interaction followed by disorders of sexual function, undermining the attachment dimension and frustrating fulfillment of the mentioned fundamental human needs.

Bearing in mind that sexual preference structure becomes manifest during puberty and remains stable for a lifetime—which is true for sexual orientation as well as for paraphilic arousal patterns—it is necessary to include this issue in the assessment in a non-judgmental way, derived from (1) knowledge about the whole range of human sexuality and (2) clinical experience in the targeted examination of patients.

This holistic approach is the basis of syndyastic sexual therapy, which aims at enhancing the quality of the relationship as a whole and thus increasing the satisfaction of the couple by focussing on the fulfillment of fundamental needs. This releases the potentiality of changing a pathogenic view on sexuality to a salutogenic one and resolving the respective sexual disorder(s). In this process the therapist assists the couple in healing themselves. The same objective also applies to singles, whether temporary or permanent, who can also profit from the syndyastic concept, but need other resources of acceptance and support.

Although it is not claimed to offer a cure-all, it has to be taken into account that medical care is moving incredibly fast in the direction of health maintenance and

health enhancement. Here sexual health holds a key position for life quality, which health professionals need to accommodate by helping patients to achieve their desired level of sexual and partnership contentedness.

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