

# 26

## Practicing Sexual Medicine - A primer for trainees

Sathyanarayana Rao T S

### ABSTRACT

The Practice of sexual medicine has undergone tremendous changes in the last two decades. Even though there are attempts to remove myths and misconceptions in the society, socially problems exist because of many cultural aspects related to our country. The branch of sexual medicine is one of the most neglected area both by the profession and the society and for the same reason many unscientific practices prevail which are exploited by quacks. The need for training in psychiatry and more specifically sexual medicine at undergraduate and postgraduate level is well recognized and attempts are made to rectify the same. This article makes an attempt to sensitize both the students and the professionals to the emerging field of sexual medicine.

**Keywords:** Training in sexual medicine, Emerging field of sexuality, Sexual medicine, quacks.

### INTRODUCTION

It is well accepted that the sexuality is an important component of physical intellectual, psychological and social wellbeing of all the individuals. The "sex" is very commonly used to refer to the genital organs and the activities concerned which are primarily physical. In our country, still more commonly, it concerns the production of offspring. However, we must understand that it involves much more than procreation or reproduction. It is only one of the aspects of sex. The term "sexuality" is used in much broader sense and involves an individual's entire personality. It involves identification of a person with a gender being male or female, identification - being masculine or feminine, of feelings, attitudes and behaviors that are appropriate for that sex. It is also about relationships, of how he/she will influence or be influenced by everyone with whom he/she comes into contact socially. In

brief, sexuality refers to the entire person<sup>1</sup>. The biology - anatomy and physiology of reproduction and the psychology of sexual behavior have made us realize that individual's sexuality results from many factors and conditions that act at different times in one's life time and these factors involve both the genetics and the environment. Constitutional factors and early upbringing are very important even in understanding the current situation. In brief, sexuality is a bio-psycho-social (multi-factorial) phenomenon.

Now it is clear that sexuality is a vast subject covering many fields of study and the genitality with which it is confused is only a small part of it. However there is a lack of agreement on what constitutes "normal", "healthy", "adequate" or "functional" sexual behavior. To overcome this difficulty in definition, clinicians have tried to adopt a patient-centered approach. Accordingly, a sexual problem exists when an individual presents a complaint about one or more behavioral, affective or cognitive problem in sexual relationship or functioning. Unless specified otherwise, sexual inadequacy refers to sexual dysfunction by which Masters and Johnson in 1970 implied some specific disruption of the "Sexual Response Cycle". In both men and women it encompasses desire/appetite - excitement or arousal - plateau - orgasm and resolution phases. Sexual inadequacies need to be differentiated from gender identity disorders and paraphilias<sup>2</sup>.

### The Practice of Sexual Medicine:

The Practice of sexual medicine has undergone tremendous changes in the last two decades or so with educators, counselors, therapists and scientists contributing significantly in removing illiteracy regarding human sexuality and by providing knowledge about the sexual behavior and biology of men and women from the womb to tomb<sup>3</sup>. With this progress it is possible to help both the individuals and distressed couples and make it possible to prevent sexual deficiencies and deviations.

Sexual expression is culturally determined and learned on the basis of innate individual drives. A proper relationship can be attained with commitment, effort, compromise, trust and faith. The conceptualization of human sexuality as a simple phenomenon is impossible and too simplistic a thought to be practical. Many theories abound and they are wrapped with myths, misconceptions and misdirection compounding the problem.

Helping patients who have sexual difficulties or dysfunctions does not demand more time or knowledge than an average physician or counselor can provide. However, it is commonly seen that some physicians are embarrassed in taking the sexual history with a view that it might cause embarrassment - actually it is the embarrassment of the physician! Workshops and brief clinical trainings are enough to provide the opportunity to learn what is left

out in the medical college. Spending enough time with the patients and partners is absolutely essential. A detailed medical history relevant to the sexual problems must be obtained from the patient and his or her partner. It is just not sufficient that a courtesy questioning will solve the problem, which infact is the case in the medical history proformas. It is necessary to remember that many mysterious symptoms may be related to individual / couple's sexual problems. Indian Psychiatry society has deliberated on this issue and a new specialty section has come into being. Indian Journal of Psychiatry (JP) carried a stock taking article as an editorial titled 'Road Map for sexual medicine: Agenda for Indian Psychiatric Society' in its 2008 issue<sup>4</sup>. The pertinent parts emphasizing sexuality training for trainees is an eye opener and is reproduced here for its importance:

"To further the science of sexual medicine, it is most crucial that the trainee psychiatrists are amply exposed to clinical experience in the field. Supervised training in thorough case work up and management of patients attending psychosexual clinics should be mandatory. Manuals as the one mentioned before would come as an aid to the trainee doctors. Basic training in sexual medicine at the undergraduate level which is completely lacking needs to be introduced. Regular Continuing Medical Education programmes, seminars and discussions in the fraternity would provide the required momentum. In the long run, as steps to further the science of sexual medicine shall be taken, involving the community through sex education and such other programmes would be inevitable".

In this direction, IPS has brought out the clinical practice guidelines on "Sexual Dysfunctions" for the use of all the members and practitioners. The spirit behind sexuality and sexuality practice are enunciated in very clear terms in the Valencia declaration on sexual rights by the World Association of Sexology in 1999 (Appendix I).

## HOW TO ACHIEVE TRAINING & CONTINUED CAREER DEVELOPMENT

As trainees, there are many ways to acquire and further your knowledge in sexual medicine both in health and dysfunctions. Honing your clinical skills involves first and foremost your interest, initiative and willingness to excel.

The suggested methodologies for students - in - training are<sup>5</sup>:

### 1. Finding a mentor:

The first advice that can be provided is to identify a senior level professional in your discipline with an interest in human sexuality. Please ask him to serve as your mentor. He can help you develop efficiently and effectively by providing ongoing research and clinical

supervision. He can help you with the recent developments in theory and practice. He would be your role model in the long run to learn.

## 2. Take didactic courses

Regardless of whether or not you will get a mentor, you should proceed by taking up didactic courses related to human sexuality. To have a holistic and comprehensive coverage it is ideal not to restrict your courses to your academic discipline alone. For a psychiatry trainee departments of clinical psychology, social work, nursing etc. are going to be of use. In the medical college, branches like psychiatry, endocrinology, urology, gynecology can be synergistically combined to study. The basic sciences like Anatomy, Physiology, Biochemistry, endocrinology are important and can be good foundations for scientific understanding.

## 3. Get Clinical training & experience

Internship, extended postings in the speciality sections, clerkship, residency programmes are all helpful. CMEs, symposias and workshops are coming up regularly even in India, and one must make use of them.

## 4. Getting involved in research

The Job becomes easy if you are part of a major research centre, university or an academic centre. You need to search out opportunities to get involved in research. It is also possible that well known and internationally recognized scientists and institutes welcome volunteers and junior colleagues. Being involved in research helps you present your findings in various fora - both at national and international levels.

## Suggested Methodology for the professional

Once qualified, you have much more chance to get involved with the sexuality practice, either privately or in an academic / research institution. Wincze & Carey<sup>5</sup> suggest certain ideas which are helpful.

### 1. Read the classics

This is the least restrictive approach for self initiated development. They provide both the overview and specialty aspects.

### 2. Reading professional journals

To update on the developments in theory and practice.

### 3. Join professional organizations devoted to sexuality

In the Indian context one which is active and very professional is "Council on Sex Education and Parenthood International" head quartered at Mumbai. Family Planning Association, India has SECR (Sex education, counseling, research and training) centers all over India meeting client and professional needs.

Internationally many organizations are doing the yeomen service in this field:

1. American Association of Sex Educators Counselors & Therapists (AASECT)
2. Society for Scientific Study of Sexuality (SSSS)
3. International Academy of Sex Researchers (IASR)
4. Society for Sex Therapy & Research (STAR)
5. One can have membership of World Association of Sexology and Asia - Oceania Federation of Sexology among others.

### 4. Seek postdoctoral training

Though many western, specifically USA, offer many such programmes. In India it is still at a nascent stage and evolving.

## STARTING SEX THERAPY PRACTICE

### A. Certification:

To the best of our knowledge, it is still non-existent in India. Kuvempu University, Amity University etc. provide varied nature of programmes but the selection of candidates, only part time in-house training and not so formal evaluations are the draw backs. As it stands today those who call themselves "Sex therapists" and who claim to be certified are those who are qualified in a core discipline such as psychology, social work, medicine, specifically psychiatry, nursing etc. As a result of absence of proper state licensing or certification, it is possible for any one to claim himself or herself as sex therapist without any credentials, expertise or training. Many quacks are thriving in our country who are not even remotely related to medicine or allied branches for this very simple reason. It is our responsibility to bestow attention to learn and practice sexual medicine scientifically to help people in distress with sexual concerns and problems.

## B. Recruitment of clients for practice

Many strategies like seeking referrals, telephone listing etc have been suggested. But there is no alternative, like any practice, the best bet for 'advertising' is the satisfied client, who will enhance and enrich your practice. Networking with other professional organizations, working as a team in a multi-disciplinary setup, getting involved in teaching, training and research programmes are all very helpful.

## C. Insurance

It is a nightmare situation in our country as even today 'mental illnesses' are not gives benefit of insurance. Similar story applies to sexual problems in general. Even reimbursement from many corporations or organizations will not be forthcoming.

## D. Ethics of sex therapy

Sex therapy carries negative connotation in the mind of public and other professionals for the esoteric, unscientific, bizarre and unethical practices published in the media like nude marathon sessions with clients, touching, hugging, kissing, sexual intercourse etc. It is for this reason that those who practice sex therapy should have an impeccable professionalism. As suggested by Wincze & Carey<sup>5</sup> 'not only should we abide by the ethical standards of our professions, but we must also avoid even the appearance of impropriety'. It is advised to avoid sexual intimacies with clients and observe professional boundaries at work. A power differential exists as clients are in a vulnerable position and have a psychological dependence. Hence a possibility of sexual victimization exists. There are innumerable possibilities of transference and counter transference to occur. Since many may have the history of sexual abuse, possibility of re-victimization has been emphasized.

## CONCLUSION:

Rao and Avasthi<sup>4</sup> in their editorial conclude and to quote them:

"Sexual health has twin facets - physical and mental. But the individual patient is torn between the various specialties, i.e. urology, neurology and psychiatry. It is time that with the development of sexual medicine, the psychiatrist acts as the coordinator. He should take up the responsibility of integrating the various fields and offer comprehensive services in the field of sexual health and medicine. One way of achieving this goal would be to establish multispecialty sexual clinics, affiliated to teaching institutions with

comprehensive liaison activities”.

## Appendix I

### DECLARATION OF SEXUAL RIGHTS

Sexuality is an integral part of the personality of every human being. Its full development depends upon the satisfaction of basic human needs such as the desire for contact, intimacy, emotional expression, pleasure, tenderness and love. Sexuality is constructed through the interaction between the individual and social structures. Full development of sexuality is essential for individual, interpersonal and societal well-being. Sexual rights are universal human rights based on the inherent freedom, dignity and the equality of all human beings. Since health is a fundamental human right, so must sexual health be a basic human right. In order to assure that human beings and societies develop healthy sexuality, the following sexual rights must be recognized, prompted, respected, and defended by all societies through all means. Sexual health is the result of an environment that recognizes, respects and exercises these sexual rights:

1. The right to sexual freedom. Sexual freedom encompasses the possibility for individuals to express their full sexual potential. However, this excludes all forms of sexual coercion, exploitation, and abuse at any time and situations in life.
2. The right to sexual autonomy, sexual integrity and safety of the sexual body. This right involves the ability to make autonomous decisions about one's sexual life within a context of one's own personal and social ethics. It also encompasses control and enjoyment of our own bodies free from torture, mutilation and violence of any sort.
3. The right to sexual privacy. This involves the right for individual decisions and behaviors about intimacy as long as they do not intrude on the sexual rights of others.
4. The right to sexual equity. This refers to freedom from all forms of discrimination regardless of sex, gender, sexual orientation, age, race, social class, religion, or physical and emotional disability.
5. The right to sexual pleasure. Sexual pleasure, including autoeroticism, is a source of physical, psychological, intellectual and spiritual well being.
6. The right to emotional sexual expression. Sexual expression is more than erotic pleasure or sexual acts. Individuals have a right to express their sexuality through communication, touch, emotional expression

and love.

7. The right to sexually associate freely. This means the possibility to marry or not. To divorce, and to establish other types of responsible sexual associations.
8. The right to make free and responsible reproductive choices. This encompasses the right to decide whether or not to have children, the number and spacing of children, and the right to full access to the means of fertility regulation.
9. The right to sexual information based upon scientific inquiry. This right implies that sexual information should be generated through the process of unencumbered and yet scientifically ethical inquiry, and disseminated appropriate ways at all societal levels.
10. The right to comprehensive sexuality education. This is a lifelong process from birth through out the life cycle and should involve all social institutions.
11. The right to sexual health care. Sexual health care should be available for prevention and treatment of all sexual concerns, problems and disorders.

## SEXUAL RIGHTS ARE FUNDAMENTAL AND UNIVERSAL HUMAN RIGHTS

World Association for Sexology, Valencia 1999.

### REFERENCES:

1. Steen, E.B & Price J.H (1998) Human Sex & Sexuality. Dover Publication Inc. New York.
2. TSS Rao (2004) Emerging Frontiers of Psychiatry. Sexuality Practice in the Indian context ANCIPS 2004 Souvenir, Mysore, India
3. Prakash Kothari (2000) A conceptual model for Human sexuality. Souvenir, KANCIPS 2000, Mysore, India
4. Sathyanarayana Rao TS, Avasthi A 'Road Map for sexual medicine.' Agenda for Indian Psychiatric Society. Indian Journal of Psychiatry 2008; 50: 153- 4.
5. John P Wincze & Michael P Carey (1991) Sexual Dysfunction. A guide to assessment & treatment. The Guilford press. New York.

T.S. Sathyanarayana Rao  
 Prof. & Head, Department of Psychiatry,  
 JSS University, JSS Medical College Hospital  
 M.G. Road, Mysore - 570004.

[www.indianjpsychiatry.org](http://www.indianjpsychiatry.org)

E-Mail: [tssrao19@yahoo.com](mailto:tssrao19@yahoo.com), [tssrao19@gmail.com](mailto:tssrao19@gmail.com)