



Sexual Medicine and Psychiatry: Promises, Potentials, and Pitfalls: Global and Local Perspectives

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ARTICLE INFO

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Dates:

Received: 02-03-2022
Accepted: 15-03-2022
Published: 05-05-2022

Keywords:

Comorbidity, Future
developments in sexual
medicine, History
of sexual medicine,
Psychiatry,
Sexual medicine.

How to Cite:

Tripathi A. Sexual
Medicine and
Psychiatry: Promises,
Potentials, and Pitfalls:
Global and Local
Perspectives. *Indian
Journal of Behavioural
Sciences*. 2022;25(1): 4-9.
doi: 10.55229/
ijbs2022.0302

Abstract

Sexual medicine is a rapidly developing subspecialty of modern medicine. Yet, there are several uncertainties over its place in contemporary medicine. As of now, this is an interdisciplinary field. Several medical disciplines contribute to the evaluation, management of clients with sexual dysfunctions, research, innovation, and generation of further knowledge and skills. Psychiatry has played an essential role in the historical development of sexual medicine. The brain plays a vital role in sexual functioning during health and disease. Several conceptual understandings of the disorders, assessment strategies, and management techniques have psychological or neural science-related underpinnings.

Additionally, sexual disorders have high comorbidity with several mental health conditions. Clients can be the best managed if a biopsychosocial perspective on sexual medicines is utilized in diagnosis and management. A host of newer development and progress is happening in this field, so keeping track and consistent updating is imperative for clinicians desirous of competently practicing sexual medicine.

INTRODUCTION

Sexual medicine has a history dating back to ancient times, and most of the traditional medical systems had some of the focus on sexual issues. Ayurveda, the traditional Indian medical system, has a subspecialty known as Vajikaran, specifically focussing on aphrodisiacs, virility, and improving the health of progeny.¹ However, sexual medicine, as part of modern medicine, is one of the branches of medicine that is yet to evolve entirely and carve its place in medicine sufficiently. The term sexual medicine started being frequently used around the 1970s in modern medicine.² Since its inception, this branch of medicine was interdisciplinary in nature, and experts from various fields contributed to the scientific development of sexual science over time. This branch essentially involves skills and knowledge spread across multiple medical disciplines as per the current organization of medical branches. Gynecology, endocrinology, psychiatry, psychology, urology, dermatology, internal medicine, etc are some of the medical branches having stakes in sexual medicine. Sexual medicines primarily aim to prevent, diagnose, treat, and rehabilitate medical

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conditions and diseases influencing all aspects of sexual health, sexual functioning, and sexual disorders of an individual or couple.³ All variables influencing sexual health like genetics, biochemical factors, physiology, psychology, social, cultural, political, and environmental and its interaction are studied to improve sexual health, attitude, behavior, and practices.

Although the importance of sexual health has been widely recognized and as per WHO, sexual health is considered fundamental to the overall health and wellbeing of individuals, couples, and families, and the social and economic developments of the communities and countries.⁴ However, sexual medicine is yet to receive its due in modern medicine in large parts of the world, and training and exposure to sexual medicine at medical schools remains deficient and far from adequate.⁵

Sexual problems are prevalent. Although large-scale epidemiological data are scarce, there are significant regional and national differences in the overall prevalence rates. The data varies significantly as per the age of the participants in the study, diagnostic definition, comorbidities, study type, and sample selection used.

However, there is broad consensus that “at least 50% of the couples experience a “diagnosable” sexual problem at some point in their marriage/relationship.”

The overall prevalence of sexual disorders is higher in females compared to males. Up to 50% of women and up to 40% of men are affected by a sexual problem in their lifetime. Advancing age is the single most significant predictor of sexual dysfunctions, and sexual functioning has been a significant predictor of the quality of life of an individual.⁶

MILESTONES IN SEXUAL MEDICINE- PREMODERN TIMES

The history of sexual science is far from documented perfectly except for its evolution and development in the European and American continent. Traditional knowledge in sexual science is poorly documented, and its incorporation with modern medicine is sketchy. The global form of expertise in sexual sciences existed before the strategic and meticulous

development of modern allopathic medical science. Its mention is found in several traditional medical systems all across the world.

Indian and Chinese literature on the sexual area has been known for a long time. Kamasutra, an ancient Indian treatise written around the second century BC, on sexual behavior, practices, and strategies to enhance sexual pleasure, is still considered one of the best-known literatures on this subject to date. Ancient Indian literature is rich in eroticism and sex symbolism. The writings in ‘Kamasutra,’ sculptures carved in the walls of ‘Khajuraho,’ ‘Konark,’ and various other temples and monuments depict various sexual acts artistically. The profession of ‘prostitution’ has a long history in India and has been mentioned in Kautilya’s ‘Arthashastra’ and Vatsyana’s ‘Kama Sutra’. The mention of eunuchs for providing service of oral sex to their masters in ‘Kamasutra’ are all examples of highlighting homosexuality in the past era

Developments in sexual medicine passed through several phases of liberty and conservatism in eastern regions. Predominant social, cultural, and religious factors were primary determinants of such developments.

Sexual medicine in modern science has also passed through an eventful and topsy-turvy path. As biological understanding of sexual disorders as well as sophistication, knowledge, and skills in fields of pharmacology and surgery steadily increased, a variety of medial and surgical treatments were utilized in the diagnosis and treatment of these conditions. As doctors of different disciplines practiced sexual medicine, there were huge variations in clinical suggestions and standards. Many people continued to use predominantly biological or psychological etiological model of understanding and caregiving with limited cross referral with persons of other disciplines. Frequent disagreements between professionals were reported in diagnosis and management of persons with sexual dysfunctions.⁷

PSYCHIATRY AND SEXUAL MEDICINE

Mental health and sexual health were closely tied in the history of modern medicine.

Psychiatry deals with brain disorders, and it was noticed since the start of scientific developments in sexual medicine that the brain plays the most critical role in sexuality. Various sexual responses like desire, pleasure, and orgasm originate in the brain. Physiological responses like genital and cardiovascular and other responses are also orchestrated in the brain, facilitating, or inhibiting it. Hence, several brain disorders and several psychological issues like guilt, insecurity, fear of rejection, poor self-esteem, lack of information, difficulty in forming and maintaining relationships, and attitudinal challenges may influence sexual functioning in health and disease.

Sexology was incorporated in psychiatry, and its classificatory systems, diagnostic guidelines and a significant amount of initial research was conducted in conjugation with mental health.

Biological understandings of sexual disorders were limited till mid of the 20th century. The conceptualizations and etiopathological understanding were largely derived from psychological and sociocultural processes influencing sexuality. Freud had a considerable influence on understanding, conceptualization, and integration of sexual medicine and psychiatry in the 20th century. His work strongly connected psychiatry to sexology.

Master and Johnson's work on sexual problems and developing a healing program gave much-needed therapeutic strategies. Master and Johnson proposed in their work that around 90% of the erectile dysfunction in men is psychogenic. As per his conceptualization, deep-seated personality issues and adverse childhood experiences as the primary psychological reasons. Almost similar statistics were proposed for the other sexual disorders like premature ejaculation and female sexual disorders (Although the research data has reversed the statistics now, and biological reasons are implicated in more than 90% of the sexual disorders as of now).⁸ Later, Helen Singer Kaplan furthered work on developing psychological interventions for sexual disorders and did significant work in the development of sex therapy. Several psychologists and psychiatrists contributed in the further developments and refinement in the concept of sex therapy since then. Sex therapy

is considered one of the most effective forms of intervention in a broad number of sexual problems despite the development of many pharmacological and surgical interventions for sexual disorders.

Sexual medicine is now considered a multidisciplinary discipline. Biological, psychological, and sociocultural factors are considered to play a key role in the development, maintenance, and treatment approaches of sexual disorders. Hence, psychiatry and psychology continue to play a significant role in sexual medicine.

Several developments in society at the political, sociocultural, and historical levels influenced the direction of sexual medicine. Sexual liberation, right-based movement, and incorporation of reproductive rights, including the right for abortion, Lesbian, gay, bisexual, transgender, and queer (LGBTQ) rights movement, issues of increasing population, and challenges faced by the uprising of sexually transmitted disorders, particularly acquired immune deficiency syndrome (AIDS), are essential events influencing sexology.

Sexual issues and dysfunction are common in patients suffering from psychiatric disorders. A variety of factors has been implicated in these high rates of comorbidities (Table 1).

In addition to the above-mentioned factors, mental health professionals, family members, and relevant others may harbor several misunderstandings and myths related to the sexual functioning of patients with psychiatric illnesses.

- Patients with psychiatric illness do not care for their sexual function. They are too ill to consider this important.
- Psychiatric patients cannot manage their sexuality, and it is better not to consider this.
- Discussing this issue might trigger inappropriate behavior.
- If sex and its dysfunctions are essential for the client, they will bring it into the discussion themselves.
- The sexual functioning of patients with psychiatric disorder will definitely be affected, and very little can be done about it.
- There is an issue more important to be taken care of rather than focussing on sexual functioning in patients with psychiatric illness.

Table 1: Causes of high comorbidities of psychiatric disorders and sexual dysfunctions

1.	Common etiological factors – Several genetic, biological, psychological, and social factors may be contributing to both Psychiatric disorders (PD) and sexual dysfunctions (SD).
2.	Phenomenology of PD like amotivation, withdrawn behavior, anhedonia, fear, anxiety, etc. Similarly, shame, humiliation, interpersonal conflict, and stress due to SD may influence PD.
3.	Comorbidities like substance use disorder, anxiety, and high rates of several medical disorders like cardiovascular and metabolic abnormalities, etc
4.	Interpersonal factors like poor relationship, diminished intimacy, relationship discord
5.	Personality related factors especially having dysfunctional personality traits.
6.	Problems in educational, occupational, social domains
7.	Living situations (Economic conditions) as PD may often create economic difficulties, especially in long-standing cases
8.	Medications like psychotropic drugs, treatment for diabetes, hypertension, and other comorbid medical causes
9.	Stigma and discrimination of PD may cause problems in relationships, economic situations, psychological wellbeing and may have a nonspecific yet significant influence.

These myths are often incorrect and result in inadequate attention and remediation, leading to poor satisfaction in several clients. Suppose proper education and training are provided to the mental health professionals in identifying and managing sexual issues affecting patients with psychiatric disorders. In that case, this leads to better quality of care and services to these clients.

FURTHER PROGRESS AND DIRECTION OF MOVEMENT IN SEXUAL MEDICINE

Psychiatry has played a significant role in understanding and conceptualizing both sexual health and sexual disorders. Sexual disorders were included in the diagnostics guidelines of psychiatric disorders for a long. Both prominent diagnostic systems International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM) included sexual disorders. It went from time-to-time revision, and other sexual disorders as evidence base of these disorders evolved. The revisions in diagnostic guidelines attempted to incorporate relevant scientific progress and changes in current societal attitude, political stances, moral and religious outlooks, and human rights standards. Recent and imminent revisions of these systems i.e., DSM-5 and ICD-11, continue to incorporate sexual dysfunctions though significant changes have taken place in comparison to previous diagnostic

guidelines of sexual dysfunctions. However, as per the proposal in ICD-11, sexual disorders are now separated from the mental health section and a new section of conditions related to sexual health has been incorporated. The classification considers integration of sexual disorders from all medical subspecialties to one place. As per the current understanding, the division of etiopathology in psychological and organic is inappropriate and simplistic. Substantial evidence has been accumulated that the origin and maintenance of sexual dysfunction frequently involve both physical and psychological causes in the same individual. The modern view suggests that all sexual dysfunctions are multifactorial and the result of ongoing interacting relationships among biological, cognitive, emotional and behavioral, contextual, and interpersonal contributing factors. Hence, a more integrative approach in sexual medicine is warranted. Discussion on the exact nature and extent of current changes is out of the scope of this document, and readers can read it elsewhere.⁹

Variations in sexual identity and orientation were extensively studied recently. Their biological, psychological, social and cultural aspects were researched, and great deal of new knowledge was accumulated recently. Accordingly, steady changes have happened in the clinical understanding of identity and orientation-related issues. In the early 1970s, homosexuality was declassified as a sexual paraphilic disorder, as was the case earlier. A significant change has also happened in

understanding and approach towards other gender-atypical behaviours and clinical conditions. Changes are being made so that overall structure remains more aligned to current scientific progress, more responsive to the need, experience, and human rights situation, and more supportive of access to high-quality health care. Scientific advancement and the contribution of psychiatry is significant in modifying societal and cultural opinion about several sexual issues.

In India, several legal developments have taken place reflecting changing needs of society and cultural evolution. In 2018, the Honourable Supreme Court of India decriminalized consensual homosexual sexual practices (under Section 377). Although, a lot needs to be done for LGBTQIA+ community in the country, this is the first step taken by legal authorities. The Supreme Court declared section 497 of the Indian Penal Code (IPC) to be unconstitutional and in violation of Article 14 of the Indian Constitution because it discriminates against men and women. As a result, a man's consensual sexual relationship with a married adult woman is no longer regarded a crime. The Rajya Sabha passed the Transgender Persons (Protection of Rights) Bill in November 2019, and the President of India gave his assent in December 2019. It aims to empower transgender people in social, economic, and educational settings. Healthcare requirements and other rights have been specified. Although, pace of changes is considered slow by many individuals, the direction of changes is progressive and acceptable.

CONTEMPORARY ISSUES INFLUENCING SEXUAL MEDICINE

The rapid pace of technological developments in the contemporary world is influencing all aspects of life. Internet and mass media have made a significant impact on the way we access information, which influences our opinions, attitude, and behavior in all aspects of life, including sexuality. Since the advent and increasing utilization of social media, it is now considered a major avenue of socialization, social interaction, connection, communication, and a part of self-identity and self-expression.

With the availability and access of the internet, technology, and social media, its influence on varied aspects of sexuality like sexual behavior, attitude, interaction, and satisfaction is phenomenal. Even radical new sexual technologies called 'Digi-sexuality' are emerging.¹⁰ The internet has dual influence on sexuality. On one hand, it has made available cheap, easily available, comfortable, and often reliable sources of information for a large majority of the population. It opens a world to the people who might have been not able to access useful information otherwise. However, it also includes a high proportion of twisted, inappropriate, and potentially damaging sexual material and exposure to people, especially the younger generation. It is often considered harmful and misleading by many science scholars and researchers for young audiences in the absence of any guidance and supervision. Several aspects like sexting, cyberbullying, risky online sexual behaviour has been the cause of the concern in young population.

Parallel growth in technologies impacting our interaction with self and others in intimacy, sexuality, and sexual pleasure are also evolving. Algorithm-driven dating apps, sexual stimulation technologies like incorporating virtual realities in sexuality, vibrators, tele-dildo, and robotic companion are influencing sexuality in the world. With the progress of artificial intelligence to take care of several needs of humans, attention on romantic, intimacy and sexual needs is likely. Humanoid robots can be programmable to deliver the romantic and sexual needs of willing individuals optimally. Although these technologies are utilized by a tiny minority of people as of now, changing sociocultural situations and easily accessible cheap technological ads either in addition to conventional sexual practices or solos sexual practices are likely to increase in the near future. Although the debate on pro vs cons of such technological changes will continue to exist, these technologies are likely to have greater penetrance with the passage of time.¹¹ As these technologies evolve, their sophistication ease in procuring, use and adopt will likely improve. Many people can start experimenting with Digi-sexualities and clinicians will require a framework to understand its nature, pattern, and approach to deal with its issues.



CONCLUSION

In recent years, the field of sexual medicine has made enormous progress and significant advances in almost every area, from epidemiology to the pathophysiology of sexual dysfunction.

Recent strides in pharmacology, psychology, and psychological therapies related to sexual medicine have impacted every aspect of the practice of sexual medicine.

The unique nature of the intrinsic and extrinsic factors influencing human sexuality across the lifespan needs a combined approach. Division of etiopathology in organic, psychological, or combined type is incorrect and often inadequate from the clinical perspective. Clients can be the best manager if biopsychosocial perspective to sexual medicine is utilized in diagnosis and management. A host of newer development and progress is happening in this field, so keeping track and consistent updating is imperative for clinicians desirous of competently practicing sexual medicine.

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