

Encouraging Greater Awareness Of All Relevant Factors When Clinicians Apply A Biopsychosocial Model

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Introduction

The biopsychosocial model is generally considered the current gold standard for the diagnosis and treatment of sexual disorders (Rullo et al, 2016).

Given the model's importance to our field, we must periodically re-examine ways to optimize its strengths and minimize misapplication.

Aim

Examine sexual health clinician's understanding and application of the biopsychosocial model, to ensure it remains adequately inclusive and robust for diagnosis and treatment. Doing so will remind clinicians of how they

already use it productively but will also alert them to potential "blind spots" resulting from their specialized training and practice cultivated within their professions of origin.

Method

Current biopsychosocial models relevant to sex therapy and sexual medicine were reviewed. Potential revisions to improve understanding and application of the model were circulated to a group of internationally recognized sexual medicine experts, with the intention to write

guidelines for the next generation of clinicians. Those experts were intentionally chosen, to represent different disciplines of origin, geography, gender and opinion and are all mentioned in the acknowledgement section. That manuscript is in preparation.

Results

Clinician shortcomings were evident regarding the application of the biopsychosocial model. Too many sexual health professionals seemed unaware and failed to address important factors that determine the etiology of sexual disorders. Various biomedical, behavioral, cognitive, and cultural factors were often overlooked depending on the clinician's profession of origin, whether sexual medicine physicians or mental health professionals who identify as sex therapists..

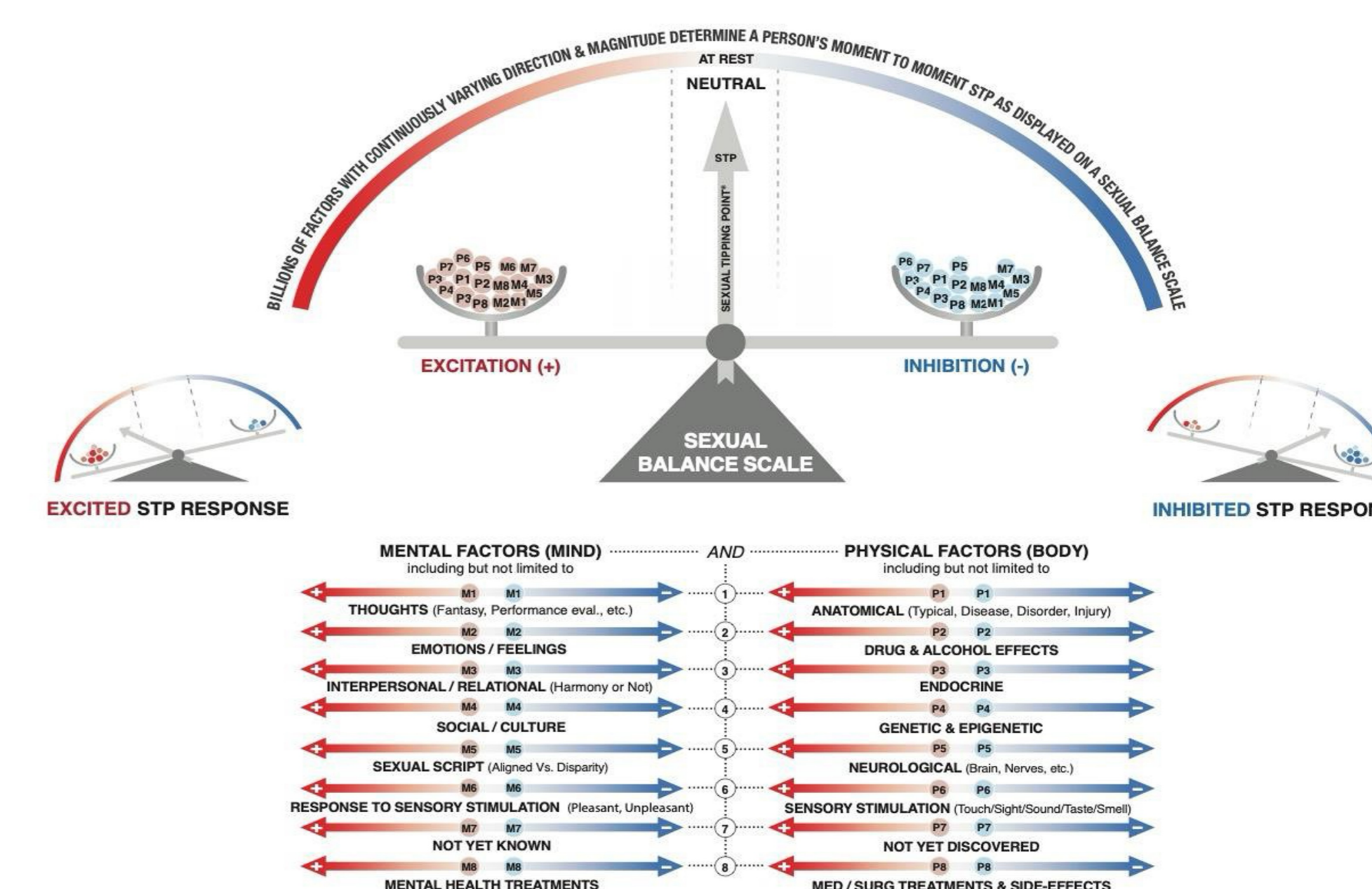
Conclusion

Sexual disorders are best understood, diagnosed, and treated within an integrated model, which includes attention to the proportional role of all relevant etiological factors. The biopsychosocial model must be a "stand-in" for all the predisposing, precipitating, and maintaining biological, medical/surgical, cognitive, behavioral, emotional, social, and cultural factors involved in the etiology and treatment of sexual disorders. The relevant aspects of those factors are best understood at a granular detail level that recognizes their proportional contribution to a given individual's sexual response. Exposing all relevant disciplines that have expertise in treating sexual disorders to transdisciplinary training is a pathway towards accomplishing that goal. It will be a milestone accomplishment for the fields of sexual medicine and sex therapy and meaningfully benefit patient care if an expanded, reframed view of "biopsychosocial" is appreciated and accepted by all sexual health professionals. Hopefully, all healthcare practitioners will maintain a patient-centered holistic view of healing that integrates a variety of treatment approaches as needed whether for sexual dysfunction or any sexual concerns. The Sexual Tipping Point model offers a potential template for an easier recognition of all the relevant biopsychosocial factors necessary for the understanding, diagnosis and treatment of sexual disorders

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THE SEXUAL TIPPING POINT® AN EXPANDED BIOPSYCHOSOCIAL MODEL



The STP model uses a **dynamic balance scale** with two arms labeled **excitation** and **inhibition** to represent the **billions of factors** that can influence a person's sexual response. These factors are shown as **sliders** on a **matrix** of potentially relevant **Mental** and **Physical** factors listed below the **Sexual Balance Scale**. Each **slider** moves along its axis based on its degree of **excitation** or **inhibition**, with changing **hues of red** indicating increasing **excitation** and **blue** indicating increasing **inhibition**. The **size** of the **slider** reflects the **magnitude or strength** of the **factor's contribution to the sexual response**. **Both inhibitory and excitatory processes can occur simultaneously, and the balance between these processes determines the overall sexual response**. The **sliders** are labeled "M" or "P" to indicate whether they refer to a **Mental** or **Physical** factor and **numbered** according to the factor they represent. **Numbered and lettered balls in the cups** of the **STP Balance Scale** indicate the polarity and strength of the **sliders** displayed in the matrix. The balance between the opposing forces of **excitation** and **inhibition** of all the **sliders** combined, represents an individual's **sexual tipping point**, and shows their **transitioning** between a sexual and/or non-sexual state. The **dots** separating the **Mental** and **Physical** sides within the matrix represent the **continuous link between the mind and body**. Some factors may be **neutral (=)** while others remain still **undiscovered (?)**. Disorders, diseases and/or injuries are indicated by the placement of the relevant sliders on various factor axes. Overall, the STP model provides a graphic and conceptual framework for understanding the complex interplay of mind and body factors that influence a person's sexual response. By identifying the factors that contribute to an individual sexual tipping point, the model can be used to guide personalized approaches to sexual health and well-being.

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