

NARRATIVES IN SEXUAL MEDICINE: WHY WE NEED STORIES

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COI

I have no financial conflicts of interest to disclose.

Greetings From SSTAR!

- The Society for Sex Therapy and Research
- Many thanks to Dr. Sharon Parish

Agenda

- Stimulate your thinking regarding the importance of the narrative in sexual medicine.
- Express my concern that we are losing sight of the patient narrative in our research agenda.
- Encourage, and inspire, a greater collaboration between sexual medicine clinicians and researchers.

Why I Love Stories

- My work as a sex therapist has been built around the creation/understanding of life stories.
- Stories help us understand the essence of the person and his/her world.
- Stories remind us of the true privilege of being healthcare professionals.
- Stories help us bridge the gap between research and practice by giving the research “context.”

And, stories “grab” people

- In music (country, folk, opera, Broadway)
- In literature (Dickens, Poe, Faulkner, Fitzgerald)
- Podcasts (Serial, Modern Love)

Why Do Patients Come To Us?

- They may present with physical complaints, but they are concerned about the quality of their lives and their relationships.
- People are “meaning-makers.” (S. Levine)
- They come to us to repair “fractured” stories, whether those stories result from physical or psychological difficulties.

My Favorite Clinician Storytellers

- Danielle Ofri
- Oliver Sacks
- Sandeep Jauhar
- Abraham Varghese
- Atul Gawande
- NYT Couch Series
- Irvin Yalom

The Clinical Value of Stories

- Case vignettes can illustrate and reassure patients.
- They go beyond the confines of “evidenced-based medicine” or sex as a simplistic, mechanical, non-relational process (context).
- They help us retain the “art” in medical practice.
- They help us deal with the “uncertainties” of the human condition.
- Specifically, that the “restoration of function” may not be the same as the “restoration of happiness.”
- In essence, stories remind us that we are dealing with “people” and not just “diseases.”

And of Course.....

- Without the story, there can be no true biopsychosocial perspective.

The Divide in Sexual Medicine

- These are exciting times in sexual medicine.
- The debate over medical vs. psychological interpretations and interventions of sexuality have not brought us closer together.
- We've learned so much about what the body does and what people do, but we know so little about the "why" (meaning).
- I fear we may be losing the narrative in sexuality.

The Loss of the Clinical Narrative

- According to Psychiatrist Peter Kramer, the past 20+ years have seen clinical vignettes lose their standing. For a variety of reasons, we have entered an era in which a narrow, demanding version of evidence-based medicine prevails.

Peter Kramer, M.D.

- “It would be unfortunate if psychiatry (and medicine in general) moved fully—prematurely—to squeeze the art out of its science. And it would be unfortunate if we marginalized the case vignette. We need storytelling, to set us in the clinical moment, remind us of the variety of human experience, and enrich our judgment.”
- The same can be said for sexual medicine.

What's In Our Journals?

- Wonderfully relevant and useful studies. (This meeting as an excellent example)
- But what happened to the in-depth case study?
- I am not trying to be critical of what we are doing, I only want to highlight what we are missing.

Danielle Ofri, M.D.

- “So much of medicine is about stories—the ones we hear, the ones we tell, the ones we participate in....”
- “These stories often have much more in common with what we actually do and how we actually live our lives as caregivers than does the latest randomized controlled trial, no matter how clinically relevant the data are.”
- Again, we are talking about “context.”

Do Researchers and Clinicians Ever Talk to Each Other?!

- One of my initiatives as SSTAR president is to increase the communication between clinicians and researchers.
- I don't think we talk to each other nearly enough.
- No piece of evidence (or theory) should stand on his own. Research data and the clinical vignette need each other.

Clinicians Need Researchers

- But researchers also need clinicians.

How Research Risks Losing The Story

- Research needs to be “clean.” Therefore, we tend to need clean designs (replicable), and clean patients.
- These are rarely the profiles of the patients we see, or the treatments we utilize. So much of what we see is relational and not “clean.”

Empirically Validated Therapies

- Often Assumes:
- Most problems can yield to brief therapies.
- That patients have one clearly definable sx which they can accurately report at the onset of treatment.

EVT (cont.)

- That the elements of efficacious therapy are dissociable from one another.
- That we use only one treatment modality.
- That a written systematic procedural manual can permit the minimally trained to deliver tx effectively.

What We See in Clinical Practice

- What we typically see in clinical practice is much more similar to the case Dr. Sharon Parish presented in this morning's Stump the Professor session. (i.e. patients with multiple sx's, personality disorders, trauma hxs, frequent tx resistance, etc.)

So, Is EVT Treatment of No Value?

- Of course not.
- Clearly, short-term CBT has dominated most of the psychotherapy/sex therapy literature.
- While useful, patients as just described are unlikely to be effectively treated in 6-12 sessions.
- Non-validated therapies are not invalidated therapies.
- This is where clinicians need the help of researchers.

Danielle Ofri, M.D.

- “No matter how efficient medicine becomes, no matter how computerized, automated, algorithmed, wireless, evidence-based, or ‘QA’ed’ it becomes, medicine will always boil down to one caregiver with one patient, in one room, with one story.”

Medical Humanities and Narrative Medicine

- Medical schools have recently included more humanities based courses and scholars in an attempt to create more “people” focused doctors.
- Columbia Univ. College of Physicians & Surgeons/Univ. of Toronto Faculty of Medicine

Kinsey Institute strives to make research relevant

- “Under the aegis of a new director who took the Kinsey helm just over a year ago, the Kinsey Institute is reframing itself. Where once research into sex, gender and reproduction formed the backbone of the institute’s work, now love, sexuality and well-being will take center stage, director Sue Carter says. What helps people form positive, intimate relationships? How does the body react to traumatic sexual experiences? How do hormones influence our sexual experiences?”
- “We’re not dropping sex, gender and reproduction. We’re just trying to make it a little more clear that this is in a context of psychological and emotional functions and health benefits,” said Carter, who has devoted the bulk of her career to studying hormones’ effects on a variety of behaviors, including sex and love.”
(Indianapolis Star)

Too Conservative?

- The concern is understandable, but there is a difference in the needs of the clinical and non-clinical populations.
- For sexual medicine clinicians, most of the sexual problems that come to us are “relational.”
- “Love” and its ramifications are what most of our patients are struggling with.
- Whether the sexual problems affect the relationship, or the relationship problems affect the sex, the bottom line is the same.
- To me, this signals an opening to a research agenda that focuses on the “story.”

“Flying By the Seat of our Pants?”

- “.... everyday infiltrations of ideology can be discerned in the portraits that psychiatrists have drawn of their field. Most of these accounts have been self-serving affairs, in which the past was ravaged so as to justify present clinical certitudes. Nearly every generation has featured a proud practitioner who dismissed his predecessors and lifted the flag of victory, only to have it snatched away some years later.” (Makari)
- Help! Much theory/little data.

What Do Clinicians Want to Know?

- Do medications help those suffering with sexual dysfunction feel less “broken?”
- When is couples therapy indicated over individual therapy?
- How important is full disclosure/transparency after an affair?
- Should those in couples tx ever be seen individually?
- How does sexual trauma affect sexual satisfaction?
- Do interventions that restore sexual functioning actually create “sexually happy” individuals/couples?

ISSWSH and SSTAR Can Lead the Way

- SSTAR Clinical Case Conferences
- Format allows us to combine the narrative with the research.
- But researchers rarely attend.

Helping Clinicians and Researchers Talk to Each Other

Real life is all about the narrative.

Clinical vignettes can do more than just illustrate and reassure. They convey what healthcare professionals see and hear, and those reports can set a research agenda.

We Need to Come Together

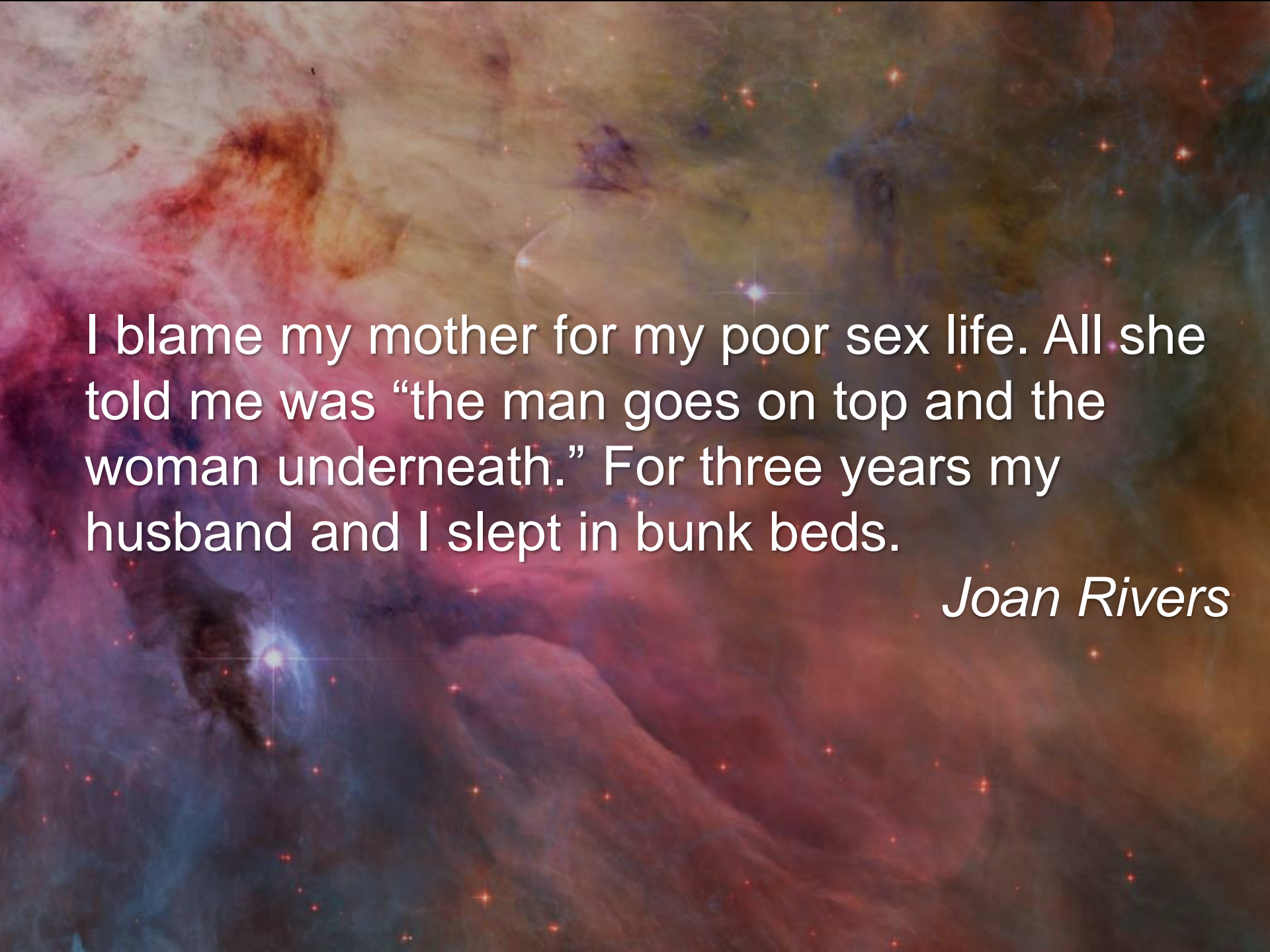
- Perched as I am between the disputants, I have sought to reconcile my quarreling loves. It's been a bit like marital therapy, in which profoundly intertwined partners mostly ignore each other, then occasionally pipe up to loudly dismiss each other's perspective.
- Amid such conflict, I do my best to explore contradictions, look for specifics amid abstractions, search for syntheses and, in the face of real uncertainty, advocate for a multiplicity of explanatory perspectives. And I have come to distrust unstable dualities like mind or brain, artificial divisions like nature or nurture, and seductive dichotomies that should not end but merely begin an inquiry — (George Makari, NYT, 2/23/16)

And of course.....

- I am a clinician, but.....
- Some of my best friends are researchers!

Let's Not Forget That Every Patient Has a Story

There is a person attached to those genitals!



I blame my mother for my poor sex life. All she told me was “the man goes on top and the woman underneath.” For three years my husband and I slept in bunk beds.

Joan Rivers

Let's Have a Discussion!

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