

This article was downloaded by:[Brotto, Lori]
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Access Details: [subscription number 781079968]
Publisher: Routledge
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Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of Sex & Marital Therapy

Publication details, including instructions for authors and subscription information:
<http://www.informaworld.com/smpp/title~content=t713723519>

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Online Publication Date: 01 October 2007

To cite this Article: Brotto, Lori A. (2007) 'More Nonindustry Funding is Needed for Sexological Sciences to Endure', Journal of Sex & Marital Therapy, 33:5, 411 - 413

To link to this article: DOI: 10.1080/00926230701477097

URL: <http://dx.doi.org/10.1080/00926230701477097>

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More Nonindustry Funding is Needed for Sexological Sciences to Endure

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The article by Rowland, “Will medical solutions to sexual problems make sexological care and science obsolete?” is timely, thoughtful, and provocative, and is relevant for both sexological therapists and scientists. Rowland discusses the resurgence of interest in treatment of sexual complaints over the past 5–10 years as falling on the heels of the successful PDE-5 inhibitors for men. Despite bringing much positive attention to sexual health as being an integral component of quality of life, this resurgence has been largely medical, and has been coined “Sexual Medicine,” which many see as being distinct from sexological science or sex therapy. “Sexual Medicine” implies a disease model where there is an underlying pathophysiology that requires fixing. The primary research design within Sexual Medicine is the Randomized Controlled Trial (RCT), where participants are randomly assigned to either an active treatment or the control (placebo) group—a methodology that lends itself well to pharmaceutical trials. Because of the incredible success of the PDE-5 inhibitors (e.g., Rowland notes that between 1998–2004, 123 million prescriptions of Viagra™ were written), and because such treatment falls under the guise of medicine, sexual problems have become the near exclusive domain of the medical profession.

As far as peer-reviewed science is concerned, there has been a large increase in the number of publications exploring medical treatments, but no change in the number of publications examining psychological or behavioural correlates of sexual problems in the past decade. Given these numbers, Rowland predicts that the future appears bleak for nonmedical healthcare providers in sexology given that this group will have less and less influence on the study and treatment of sexual problems and because the treatments they provide are less accessible and affordable for most people with sexual problems.

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Although sexologists are trained in content, process, and systemic factors when working with couples which makes them ideally suited to implement integrated treatment protocols working side-by-side with medical colleagues, this is not the norm. Double-blind, placebo-controlled RCTs are the research standard, and often are not appropriate for the study of psychological aspects or treatments of sexuality. It is well known, and Rowland reminds us, that current data on the impact of psychological treatments for sexual problems are outdated, based on poorly defined outcome measures and the result of poorly controlled studies. Outcome studies that explore the efficacy of psychological treatments for sexual dysfunction are therefore often viewed as being substandard in terms of scientific rigor.

Thus, a major factor in the emergence of the sexological field as a medical one is related to the higher standard of sexuality research, and this may be largely due to the amount and type of funds available to conduct such research. Among the federal funding agencies in the United States (National Institutes of Health (NIH) and Canada (Canadian Institutes of Health Research (CIHR))), there are no institutes devoted to funding sexual health-related projects exclusively. The closest parallel in the CIHR is the Institute for Gender and Health which has the main priority of funding issues related to gender disparity, for example, by studying the interactions of sex and gender with other factors to influence health, but the institute has been known to fund some projects in sexuality. Canadian researchers seeking CIHR funding might therefore somewhat tailor their research protocols to make them suitable and appealing to one of the other CIHR institutes (e.g., Institute for Cancer Research; Neurosciences, Mental Health, and Addiction). The effect of this is that expert sexuality reviewers are rarely enlisted to evaluate grants—except occasionally as external reviewers. In some cases, a relative lack of expertise and appreciation for the research topic by internal reviewers may lead to an undermining of the project—with the net result of assigning a low priority score. In the NIH, there are similarly no institutes with the mandate to fund sexuality research, and American researchers also find themselves repackaging their protocols to make them appealing to one of the many NIH institutes. In order for sexuality research to make its place among these federal agencies, sexuality experts should welcome opportunities to provide peer review of grants, thus raising the scientific standard and knowledge with respect to research on sexuality.

However, even after reaching success in the peer-reviewed federal grants stream, sex researchers' funding remains at stake. Both American and Canadian sex researchers who had received federal funds to conduct their studies have come under attack in recent years. In 2003 in the United States, five different research groups who had received peer-reviewed NIH grants were threatened to have their funding revoked because Rep. Pat Toomey (R-PA) forwarded concerns that the topics, all focused on sexuality, were an inappropriate use of NIH funds. Fortunately, the amendment raised by

Toomey was defeated by the House by a mere two votes, allowing the research groups to retain their grants, but having a net result of raising significant concern among other American academics researching sexuality. In many cases, academics became fearful of advertising that they were conducting sexuality research and made attempts to mask their research topics in the publicly available project summaries. In 2007 in Canada, two research centers from the Universities of Toronto and Lethbridge who are exploring pedophilia, with the aid of a provincial government grant, came under attack and were threatened to have their funding withdrawn. Even in the somewhat more liberal of the two countries is there censorship around sexuality research funding. Thus, scientists are conducting research in a climate where the competition for federal funds is extraordinary (16% of NIH R01 Operating Grants and 16% of CIHR Operating Grants were funded in 2006), and even after funds have been awarded, laboratories established, and study recruitment is well underway, researchers remain at risk of having their funds removed by various political groups.

So what is the alternative? One is to seek funding from pharmaceutical companies and this is a tactic adopted by many sexuality researchers. However, this comes with a price—that being the research is of relevance to and interesting to the companies themselves who have the priority of developing and making drugs. Another alternative is to lobby federal granting agencies to devote more funding to sexuality projects. This is a hefty mission that will take many years of change, and is somewhat dependent on larger socio-cultural views around sexuality. As long as sexuality continues to be somewhat “taboo” in our society, there will remain reluctance to view it as a “normal” aspect of quality-of-life that deserves public funding.

Rowland discusses some interesting directions, including that sexologists should “work to reinvigorate a balanced research agenda, and to take more of a political role.” Overall, Rowland’s article is an excellent springboard for discussing the future of sexuality research in North America and prioritizes funding issues in order to steer the clinical direction of the treatment of sexual problems. One might hope that his comments will stimulate academics to take more of a political role in the effort to bring nonpharmaceutical funding to the field. While this might not slow the impressive growth of the field of sexual medicine, it may hasten the growth of the nonmedical sexological sciences.

REFERENCE

- Rowland, D. L. (2007). Will medical solutions to sexual problems make sexological care and science obsolete? *Journal of Sex & Marital Therapy*, 33, 385–397.