

## EDITORIAL

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### If I Forget You, O Jerusalem, Let My Right Hand Forget Its Skill (Psalms 137:5)

Unforgettable Jerusalem, Israel was the venue for the 2012 conference of the International Society for the Study of Women's Sexual Health (ISSWSH) held Feb 19–22. For over five years, the *Journal of Sexual Medicine* (*JSM*) has been the official journal of ISSWSH. Accordingly, the 2012 ISSWSH meeting reflected the ideals and excellence of our *JSM*.

The *JSM* audience encompasses a wide variety of health-care professionals who study, diagnose, and/or treat the sexual health concerns of men and/or women. These professionals include scientists, biologists, endocrinologists, family practitioners, gynecologists, internists, neurologists, physiologists, psychiatrists, psychologists, sex therapists, urologists, nurses, physical therapists, and other health-care clinicians. With such diversity, *JSM* promotes cultural differences as well as the exchange of scientific information generated from experimental and clinical research in sexual medicine.

The diversity of *JSM* was exemplified by the 2012 ISSWSH meeting as well. The meeting was multidisciplinary, engaging basic science and clinical research. Attendees presented studies concerning the psychologic and biologic aspects of sexual function and dysfunction. The meeting venue, Jerusalem, espoused spirituality, diversity, and culture, and in a multitude of ways, the multicultural, multiscientific spirit of Jerusalem was truly captured at this conference.

And just as *JSM* is the journal with the highest citations in sexual medicine, the 2012 ISSWSH meeting had the highest attendance of any ISSWSH meeting held outside of North America.

First, let us consider the science. Participants were treated to state-of-the-art lectures on the neuroendocrinology of trauma and its effect on sexual function, the sexual consequences of gynecological surgery, and the impact of hormonal contraception, as well as breast cancer, on sexuality. The education program provided cutting-edge instruction in clinical sexual medicine through courses and podium presentations that included updates in the treatment of sexual pain, contraception, pregnancy and birth considerations for

women with sexual pain, and human immunodeficiency virus and oral sex. An important resource for much of the state of the art sexual medicine information presented is the *JSM* [1–6].

Next, let us consider diversity and culture; the symposia reflected on the different treatment paradigms between Europe and North America in the treatment of pain as well as in testosterone use. Cultural diversity was reflected as well in a stimulating lecture entitled: “Unveiling Eros: Sexuality in Jewish, Christian and Muslim Theology.” Attendees at the conference also reflected diversity, with participants from Nigeria, Singapore, Burma, Ghana, South Africa, Eastern and Western Europe, the United Kingdom, and North America. In addition to the scientific and cultural aspects, Jerusalem, as the cradle of the world's three major monotheistic religions, exudes an aura of spirituality, felt particularly within the ancient walls of the Old City. The municipality of Jerusalem treated conference attendees to a trip to the Tower of David Museum's spectacular sound and light show. There, against the backdrop of the Old City walls, participants learned about the history of Jerusalem from the second millennium BCE until today.

Finally, one cannot remember Jerusalem, or the 2012 ISSWSH conference, without the Israelis themselves. The conference was not only held in Israel but also hosted in Israel, by the local sexual health community. As local organizing chair of the conference, I was particularly gratified that more than half of the conference attendees were Israelis. Israeli participants included physicians, therapists, counselors, nurses, educators, and physical therapists. Many Israelis presented posters and articles, introducing concepts made in Israel, to the international sexual health world. These included the effect of Israeli-designed Paula sphincter exercises on sexual health, the ethics and role of surrogate therapy in Israel for the treatment of female sexual problems, and successful social change exemplified by Israeli Bedouin and Ethiopian Jews regarding female genital mutilation.

Just as Jerusalem left an impression on ISSWSH, perhaps the multidisciplinary model demonstrated

by ISSWSH will influence the prototype of all sexual medicine meetings and all sexual medicine journals. Our *JSM* is a genuine example of a multidisciplinary sexual medicine journal—under one cover are sexual medicine topics ranging from epidemiology, psychology, anatomy, physiology, outcomes research, basic science, intersex and gender identity disorders, sexual pain, and endocrinology. Bringing a multidisciplinary sexual medicine conference to Israel, represented by a multidisciplinary sexual medicine journal was an essential step in demonstrating the importance of sharing information among various fields and disciplines, where practitioners learn from, and about, each other's contributions to the field and to existing sexual health organizations.

The new fellowship program recently introduced by ISSWSH recognizes the expertise of researchers and practitioners regardless of whether they are physicians, psychologists, nurses, or physical therapists who have demonstrated proficiency in women's sexual health. This model does not exist in Israel as full membership in the local sexual medicine organization is limited to physicians only, and full membership in the sex therapy organization is limited to physicians, social workers, and clinical psychologists. Perhaps the indelible impression left by this conference will lead to changes in the traditional paradigm found in Israel and so many other countries.

In the meantime, take advantage of the plethora of offerings published in your journal by

researchers, physicians, psychologists, nurses, physical therapists, and educators, to name a few. Read the articles, write the manuscripts, review for the *JSM* and cite articles when appropriate. Supporting the multidisciplinary paradigm involves learning more about the interventions you can provide but also understanding what your colleagues have to offer you, as well as your patients/clients.

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