Masters and Johnson's success attracted many to the field they pioneered, but their failure to recognize sexual desire, as a distinct aspect of sexual response was noteworthy. That omission, although currently controversial once again, was rectified when Kaplan updated her "biphasic" model to a "triphasic" model (desire, arousal, orgasm), influencing (as did Lief independently) 1977 all clinicians who followed.

It was Kaplan's first book, *The New Sex Therapy* (1974), which had the greatest effect on society by implying what sex was and how people were treated for sexual disorders around the world. Kaplan, along with Masters and Johnson's two-week intensive residential program into an outpatient treatment, and her book became the standard text for most clinicians and institutions. She founded the Human Sexuality Program at the NY Hospital, Cornell University; the first medical school based clinic of its kind, anticipating many of today's programs. In 1974 (prior to other multidisciplinary sexual medicine journals) she, along with Cliff Sager and Harold Lear established the Journal of Sex and Marital Therapy. Both a psychologist and psychiatrist by training, Kaplan recognized and brought to sexual medicine a respect for multi-determinism, multilevel causality and multidisciplinary participation. Kaplan's typology recommended the clinician modify the "immediate causes," and only directly address the "remote causes," when "resistance" to progress occurred. Kaplan's therapeutic eclecticism sometimes incorporated strategic use of medication, a combination (although remaining mindful of) the "remote causes," when "resistance" to progress occurred. Kaplan's typology recommended the clinician modify the "immediate causes," and only directly address the "remote causes," when "resistance" to progress occurred. Kaplan described the "dual control elements of human sexual motivation," and identified sexual "inhibitors" and "suppressors" to sexual desire dysregulation. Subsequent dual-control biopsychosocial-cultural models have provided a conceptual framework for understanding the complex and dynamic interpersonnal and interpersonal variability of both sexual function and dysfunction. These models can be used to illustrate how sexual counselling can be integrated with current and future medical/surgical treatments to provide optimized risk/benefit for patients suffering from sexual disorders.