New directions in research on well-being: psychological process in everyday contexts

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Sexuality and well-being

- Introduction
The development of sexuality is based on three major factors, that constitute its grounding...

The Grounded Body as a Safe Place in Difficult Times
Sexual identity is a "substructure of sexual functioning" that has been defined in a few different ways but with significant conceptual overlap.

- It appears to entail one's **biological sex** (as male or female), gender identity (one's psychological sense of being male or female), **sex role** (degree to which one adheres to social expectations for one's sex), **sexual orientation** (the direction and persistence of one's experiences of **sexual attraction**).
Sexual identity is a "substructure of sexual functioning»…

- Biological Sex
- Gender Identity
- Gender/Sex Role
- Sexual Orientation

SEXUAL IDENTITY

(Althof, 2000; Yarhouse, 2001; Lev, 2004)
Biological Sex

It refers to femininity or masculinity of a person, determined by biological factors:

- sex chromosomes (chromosomal sex)
- presence of male or female gonads (gonadal sex)
- hormones (endocrine sex)
- internal sex organs, external sexual organs and secondary sexual characteristics (phenotypic sex)
- sexual differentiation of the brain

(WHO, 2002; Simonelli, 2007)
Sex determination is a phenomenon that is established gradually and with a complex cascade control during pre-and postnatal development of the individual.

The majority of individuals is clearly defined as male or female by the presence of these discriminatory factors, although in a minority of cases one or more of these biological aspects are subject to interference and thus mark ambiguous sexual identity (eg, hermaphrodite...).
Gender Identity

Gender identity refers to a person’s basic sense of self as male, female or ambivalent.

It includes both the awareness that one is male or female and an affective appraisal of such knowledge.

(Money, Ehrhardt, 1972; Zucker, Bradley, 2005)
Gender Role

All those things that a person says or does to disclose himself or herself as having the status of boy or man, girl or woman or ambiguous, respectively.

It includes, but is not restricted to sexuality in the sense of eroticism.

It is the public expression of gender identity.

(Money, Hampson, and Hampson 1955; Money, Ehrhardt, 1972)
Sexual Orientation

It refers to the tendency of the person to respond with sexual arousal to certain stimuli rather than others.

- Towards persons of the opposite sex -> Heterosexuality
- Towards persons of the same sex -> Homosexuality
- Towards both sexes -> Bisexuality

Recently, some authors have proposed the concept of “sexual fluidity” or “erotic plasticity”.

(Baumeister, 2000; Diamond, 2008)
Sexual Orientation

- Until recently, the prevailing scientific position saw sexual orientation as a stable trait, early determinate and highly resistant to change, but this view was recently challenged by a variety of theoretical perspectives that have led some authors to speak of sexual fluidity (Diamond, 2008) or erotic plasticity (Baumeister, 2000). Theorists in these areas have suggested that sexual orientation is inherently flexible and evolving over the course of life, so some individuals may experience transitions sexual orientation during life, referring to their sexual and emotional experiences, their own social interactions and influence of cultural context. These influences may play an action in maintaining sexual orientation, or important or less important changes may precipitate.

- For "sexual fluidity" Diamond (2008) refers to the ability / possibility of a flexible sexual responsiveness depending on the circumstances.

- For "erotic plasticity" Baumeister (2000) refers to the extent to which sexual desire can be modified on the basis of social, cultural and situational factors.
Body eroticization

The integration between biological and sensory experience begins in the fetal period and forms the core of the body eroticization:

- The fetus already manifest expressions of pleasure at the 15th week, both sucking the finger and swallowing sweet substances that can be injected into the amniotic fluid.

- The male fetus presents erections within a few months before birth; similarly, in single day newborn females vaginal lubrication and clitoral swelling can be noticed.

- Research conducted on children still in the uterus and then for one year after birth has shown how much correspondence there is between intra-uterine and extra-uterine behavior.

*(Masters, Johnson, 1986; Giorni, Siccardi, 1996; Johnson, Maxwell, 2000)*
Body

- The libido has somatic origins.
- It finds its privileged localization in organs, which do not correspond to the neutral regions but work as "erogenous zones" that produce pleasure and generate sexuality.
- The degree of self-sensing body is inversely proportional to the level of muscular tension.
Information (structural, present, pleasant/unpleasant) from body periphery reach cerebral cortex and are integrated with other information such as:

- mirroring the social body image;
- socio-cultural models that enhance some aspects of corporeality more than others;
- socio-cultural education to postures (eg, military...);
- management of interpersonal distances.

All of these elements are transformed into body image that becomes a stable representation of themselves, a fundamental component of the structure of the ego.
Family relationship

Psychological and interpersonal factors play a major role in why and how we have sex.

The ways in which love and affection are expressed in one’s family of origin, affect adult sexuality.

- Parent-child contact during physical care and play.
- Parents' reactions to the child's sexual reflexes.
Family relationship

- The sensory and motor experience of the first months of life, is then enriched by the experience of interacting with others early in life that may facilitate or inhibit behaviors related to pleasure in later years. Parent-child contact during physical care, bathing, feeding and play will determine both the future of the child's sexual identity, and its ability to establish intimate relationships. The reactions of parents to their child's sexual reflexes are aspects of early sex education: a offended or worried parent will communicate distress; on the contrary, parent who shows peace and quiet can lead child to an attitude of acceptance of the sexuality.

- The body gives the child feelings of pleasure and is a useful source of self-knowledge: self-stimulation of the genital organs and erogenous zones appear in males around 6-7 months and becomes the claimant to 15-16 months, while delays to appear in girls up to 10 months and remains rather intermittent and occasional, with preference for indirect methods, such as rocking or shaking legs. At age 3, children begin to feel the disapproval of parents for genital games and these activities tend to disappear or be hidden.
Sexological Training Programmes in Italy

Since 2002 the most important Italian sexology organisations, involved for many years in training and updating, have been united under the aegis of

The Italian Federation of Scientific Sexology

www.fissonline.it

with the aim of promoting sexology and its professional applications.

It includes the most important Italian sexology associations.
News in Sexology

- The international literature on peer reviewed studies shows the increase in combined pharmacological and psycho-sexological approaches.

- New view of the normal patterns of sexual response (memory of events experienced)

- New pharmacological proposals for the treatment of sexual dysfunctions

- Debate on the nosology of sexual dysfunctions

- Satisfaction vs performance
Sexual Therapy in the age of pharmacotherapy

- Sexual psychotherapy, for someone destined to disappear giving way to medical sexology, is instead in a time of great expansion.

  (Leiblum, 2007; Binc, Meana, 2009)

- In fact, what surprised many was the large percentage of patients who discontinued pharmacotherapy, or real drop-out (up to 50%), a phenomenon not easily explained by the robust efficacy and safety of these new pills.

  (Althof 2002; 2006)
The answer lies in the complex inter-relationship between efficacy, treatment satisfaction, adverse events, insurance concerns, cost, and the powerful but often silent multiple psychosocial factors.

Medical therapy alone often fails to address these important issues and relapse prevention is usually ignored.
Components of an Integrative Biopsychosocial Model of Sexual Dysfunction

(McCabe et al., 2010)
Integration between working areas

During the past three decades, connections between specialists, models and intervention techniques have decidedly increased, both in clinical practice, in educational programs and in international research and guidelines, that must be seen in a dynamic relationship.

Althof et al., 2011; Simonelli et al., 2010
An intelligent challenge

- Increase and integrate aim and work with other scientific associations strictly connected with sexuality

Sexual Health

Sexual Medicine

Sexology
Conclusion

We always consider two main directions:

Psychosomatic and Somatopsychic

It's necessary to implement working groups that will develop the integration of diagnosis and treatment of SDs, and encourage scientific research in this area.
At an international level...

- The European Federation of Sexology (EFS) has **over 50** active societies and individual members.

  http://www.europeansexology.com

- WORLD ASSOCIATION FOR **SEXUAL HEALTH**

  https://worldsexualhealth.net
References


Video

Masters and Johnson: The Science of Sex

https://youtu.be/gpXoA5jqRiU