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

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The grounded body as a safe place in difficult times
The page contains a slide titled "Key concepts" with the following key concepts:

- Sex
- Gender Identity
- Gender Role
- Sexual Orientation

The slide references sources "Althof, 2000; Yarhouse, 2001; Lev, 2004."
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)
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)
Body eroticization

- The fetus 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
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
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
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; Binyo, Meana, 2009)

- In fact, what surprised many was the large percentage of patients who discontinued pharmacotherapy, or real dropout (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

Biological factors
Psychosexual skills
Psychological dimensions
Relationship dimensions

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.