

# Human Sexuality, Sexual Medicine and Psychiatry

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The evolution of the use of the terms "sex," "sexuality," "sexology," "sexual sciences," and "sexual medicine" has taken a long journey and deserves a brief overview. Before the 18th century, only the adjective "sexual" (Latin: *sexualis*) was used to mean "belonging to the sex or gender." The term "sexuality" emerged in the 1800s in the field of botany and was first used in the title of a German monograph, "On the Sexuality of Plants," by August Henschel in 1820. In German literature, the equivalent term "Sexual wissenschaft" was popularized by Berlin dermatologist Iwan Bloch in his book "The Sexual Life in Our Time," published in 1907. The term was initially translated into English as "sexual science," but was soon changed to "sexology." The transition from clinical sexology to sexual medicine only started in the 1970s. The German journal "Sexualmedizin," which began publication in April 1972, and the British Journal of Sexual Medicine published in 1972, were the first journals specifically dedicated to the field of sexual medicine.<sup>1</sup>

Sigmund Freud, Magnus Hirschfeld, Henry Havelock Ellis, and Richard Freiherr von Kraft-Ebing are regarded as some of the earliest pioneers in the field of sexual medicine. Freud authored "Three Essays on the Theory of Sexuality," Hirschfeld wrote the first comprehensive textbook of sexology, Ellis wrote "Studies in the Psychology of Sex," and Kraft-Ebing wrote "Psychopathia Sexualis." Kamasutra by Vatsyayana from India, written in 2<sup>nd</sup> to 3<sup>rd</sup> century is considered one of the first sex manuals in history.<sup>2</sup> Several landmark contributions helped establish sexual medicine as a legitimate specialty, including: Alfred C. Kinsey's studies on sexual behavior in human males and females; William H. Masters and Virginia Johnson's research on human sexual response and inadequacy; and James H. Seman's "stop-start technique" for treating premature ejaculation. These pioneering works provided crucial insights into human sexuality and helped lay the foundation for the field of sexual medicine.

Sex does not lie in between the legs but in between our ears – the brain. Sex has been a consistent source of motivation and focus of interest to humankind.<sup>3</sup> Human sexuality is the way in which we experience and express ourselves as sexual beings.<sup>4</sup> It is determined by anatomy, physiology, culture in which a person lives, relationships with others and developmental experiences throughout the life cycle.<sup>3</sup> Sexuality encompasses various aspects of human behavior, including sexual orientation, sexual expression, sexual fantasies, and sexual behaviors. It is a complex and diverse aspect of human behavior and experience. The study of human sexuality has gained significant importance in recent years, and researchers have explored its relationship with various

aspects of mental health and well-being.<sup>5</sup>

One of the central concepts in the study of human sexuality is the distinction between sex and gender. Sex refers to the biological and physiological characteristics that define males and females, such as chromosomes, hormones, and genitalia. Gender, on the other hand, refers to the social, cultural, and psychological characteristics associated with being male or female, including gender roles, expectations, and behaviors. Gender identity is a crucial component of human sexuality and refers a person's deeply felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender. It may or may not correspond to a person's sex assigned at birth or to a person's primary or secondary sex characteristics.<sup>6</sup> Sexual orientation refers to the sex of those to whom one is sexually and romantically attracted. Categories of sexual orientation typically have included attraction to members of one's own sex (gay men or lesbians), attraction to members of the other sex (heterosexuals), and attraction to members of both sexes (bisexuals). Some people identify as pan sexual or queer in terms of their sexual orientation, which means they define their sexual orientation outside of the gender binary of "male" and "female" only.<sup>6</sup> While these categories continue to be widely used, research has suggested that sexual orientation does not always appear in such definable categories and instead occurs on a continuum.<sup>7</sup>

Several theories have been proposed to explain the development and expression of human sexuality which also have equal importance in psychiatry. The biological perspective views sexuality as a product of evolved traits and hormones.<sup>5</sup> The psychoanalytic perspective, first introduced by Sigmund Freud, emphasizes the role of unconscious desires and conflicts in shaping sexual behavior.<sup>8</sup> The behavioral theory suggests that sexual behavior is learned through conditioning and reinforcement. This theory proposes that humans learn sexual behavior through experiences of pleasure or punishment, which then shapes future sexual behavior.<sup>9</sup> The cognitive-behavioral perspective views sexual behavior as learned through experience and shaped by cognitive processes and social factors. This theory suggests that humans actively process information and make choices about sexual behavior based on cognitive processes, such as beliefs, attitudes, and expectations.<sup>10</sup> The evolutionary theory of human sexuality suggests that sexual behavior has evolved over time to maximize reproductive success. Humans are biologically predisposed to seek out mates who possess characteristics that signal reproductive fitness, such as physical attractiveness, intelligence, and social status.<sup>11</sup>

The classification and diagnosis of sexual disorders is an important aspect of psychiatry and research. The DSM<sup>12</sup> and ICD<sup>13</sup> are the two main diagnostic systems used in mental health, providing criteria for sexual disorders. The DSM-5 and ICD-11<sup>14</sup> are the current versions, including categories for sexual dysfunctions, paraphilias, gender identity disorders, and sexual development disorders. The DSM and ICD provide similar criteria, but with some differences in categories and criteria used. Further research is needed to refine diagnostic criteria for better understanding and treatment of sexual disorders.

Human sexuality is a complex interplay of psychological, social, and biological factors that is fundamental to human life. In psychiatric practice, addressing a patient's sexual health is essential for their overall well-being and is often a critical factor in the diagnosis and treatment of mental illness. Sexual dysfunction is a prevalent problem among individuals with mental health conditions and can have a significant impact on their quality of life.<sup>15</sup> Furthermore, research suggests that the relationship between sexual dysfunction and mental health may be bidirectional. For instance, individuals with sexual problems may be more vulnerable to developing mental health disorders, and individuals with mental health disorders may be more likely to experience sexual dysfunction.<sup>16-17</sup> The relationship between sexual function and mental health is complex and multi-factorial, and it requires a holistic approach to treatment.

Additionally, sexuality plays a crucial role in overall mental health and well-being, with individuals who experience sexual dysfunction or dissatisfaction being more likely to experience depression, anxiety, and other mental health disorders.<sup>18</sup> Individuals who feel stigmatized or discriminated due to their sexual orientation may also be at an increased risk for mental health issues such as depression, anxiety, and substance abuse.<sup>19</sup> On the other hand, individuals who have positive sexual experiences and relationships may experience improved mental health and overall well-being.<sup>20</sup> Sexual health and satisfaction can improve overall mental health and well-being, and it is essential for psychiatrists to address sexual issues as part of a patient's treatment plan. This can improve the patient's quality of life, relationship satisfaction, and overall well-being. Thus, it is important to address sexual health and functioning as part of overall mental health treatment. The psychiatric aspects of human sexuality are a critical area of research; particularly given the significant impact that sexual dysfunction can have on mental health. Therefore, more research is needed to better understand the relationship between sexual function and mental health, and to develop effective treatments for individuals who experience sexual dysfunction in the context of mental health disorders.

In our part of the world, the field of human sexuality and sexual medicine is often overlooked, and even in urban settings, doctors are often uncomfortable addressing sexual

health issues. Though sexual dysfunction is common in both sexes; in our country males more commonly seek medical help for sexual dysfunction than females. Female may feel more shame and stigma discussing their sexual problems to a clinician.<sup>21</sup> Despite patients expressing complaints about sexual health problems, doctors may lack knowledge on how to approach these issues or take a proper sexual history. The neglect of sexual health is further exacerbated by the lack of attention paid to this subject in both undergraduate and postgraduate medical training thus sexual health needs to be emphasized in both undergraduate and postgraduate medical curriculum.<sup>22</sup> Sexual health problems in our region are often dealt with by a range of specialists, including physicians, psychiatrists, dermatologists, and gynecologists. However, only few of these specialists are willing to practice sexual medicine due to the taboo nature of sex in our culture. Given their unique training and expertise, psychiatrists are well-positioned to take the lead in assessing and treating sexuality-related problems and issues. Psychiatrists focus on the mechanisms and disturbances of human thought, emotion, behavior, and relationships; treating the patient as a whole, rather than separate systems or body parts. They sensitively and non-judgmentally explore issues that patients find difficult to articulate, and they are skilled in history taking and counseling. Therefore, psychiatrists should take the initiative in addressing human sexuality-related issues to improve the quality of life for their patients. By doing so, they can help address the gap in the field of sexual medicine and help alleviate the negative consequences of untreated sexual problems on the physical, mental, and emotional well-being of their patients.

Psychiatrists play a crucial role in the field of sexual medicine, and it is our collective responsibility to take this area of medicine to the forefront of our practice. This means not only understanding the physiological and psychological aspects of human sexuality, but also being able to provide appropriate and effective treatments for our patients. By prioritizing sexual medicine in our work, we can make a significant impact on the well-being of our patients and improve their quality of life. This can involve pursuing additional training or education in sexual medicine, incorporating discussions of sexual health into our patient evaluations, and advocating for increased awareness and resources for sexual medicine in our professional communities. By taking proactive steps to prioritize sexual health in our practice, we can better serve our patients and promote overall wellness. So, if we need to make a difference in the field of human sexuality and sexual medicine, we need to act now.

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