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Sexology and Sex Research

Towards an Interdisciplinary Study of Human Sexuality

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History of Sexology

- Iwan Bloch (1908)
- Magnus Hirschfeld
- In 1919, the first Institute for Sexology was founded at Humboldt University in Berlin



From the very beginning, sexology
was defined as an interdisciplinary
science



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It was recognized that the principles of medical science were not enough to understand the complexities of human sexuality; rather, an interdisciplinary approach was required.

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∴ Within the socio-cultural climate of the women's emancipation movement and the industrial revolution, the sexology field flourished and gained momentum within the 20th century's first sexual revolution; this sexual revolution was a radical departure from Victorian notions of sexuality (Coleman, 2000).



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Although Bloch envisioned sexology as an interdisciplinary field of study, most early pioneers in sexology were physicians (e.g., Albert Moll, Max Marcuse and Havelock Ellis) (Bullough, 1994).

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Not surprisingly, the medicalization of human sexuality was well under way to understanding sexual variations and disorders (Krafft-Ebing, 1906; 1933).

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• It is notable, however, that many early sexologists were not solely concerned with the amelioration of sexual disease; rather, in the course of working to understand the complexities and determine the normality or healthiness of human sexuality, many pioneers also fought for sex education, access to care, and sexual rights (Bullough, 1994).

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This brief history lesson is presented to illustrate that the struggle to define what is sexually healthy, normal, or disordered has been debated since the earliest beginnings of sexology.

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• The idea of promoting sexual health was part of the many pioneers' work.

They were concerned about helping people feel better about their sexuality. Although their activities were not called “promoting sexual health,” it is, in essence what they were attempting.

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• After the destruction of the
Hirschfeld Institute by the Nazis in
1933 and the ensuing World War II,
the field of sexology was revitalized
in the United States much to the
credit of Alfred Kinsey and the
publication of his famous studies
(Kinsey, Pomeroy and Martin, 1948;
Kinsey, Pomeroy, Martin and
Gephard, 1953).

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The Kinsey Institute was founded in 1947. The Society for the Scientific Study of Sex was founded in 1959 by Hugo G. Beigel, Ph.D., Harry Benjamin, M.D., Albert Ellis, Ph.D., Henry Guze, Ph.D., Hans Lehfeldt, M.D., Robert V. Sherwin, L.L.B.

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The interdisciplinary nature of this group is particularly notable, signaling a shift in the composition of the next generation of sexology pioneers. Albert Ellis, a psychologist, served as the Society's first president.

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While American sexology grew more interdisciplinary, sexology around the globe continued to be dominated by physicians.



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· In the 1950s and 60s sexological journals and societies were founded around the world at a rapid pace. In 1974, the first World Congress of Medical Sexology was held in Paris (note medical) resurrecting the old sexological congresses first organized by Hirschfeld and Moll



The World Association for Sexology (WAS) was founded in 1978 in Rome at the 3rd World Congress of Medical Sexology. The founding of WAS illustrated the growth of sexological societies worldwide and the need for a world organizing association. The name of the World Congresses was changed to the World Congress of Sexology which reflected a wider view of sexology.

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The 4th World Congress of Sexology and the first World Congress of the newly formed WAS were held in Mexico City in 1979.

The pervasiveness of male physicians leading the field in these early years persisted. In 1997, I was the first non-physician president elected by the WAS.

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: In a rich and fertile environment of the budding sexual revolution of the 1960s and 70s, sex research was revived and certainly gained speed as the revolution was in full swing. The winds of the sexual revolution activated a renewed interest in sex research, education, counseling, and therapy.



This second sexual revolution
focused on “wellness” and self
actualization.



• Publications by Kinsey (Kinsey, Pomeroy & Martin, 1948; Kinsey, Pomeroy & Martin and Gephard, 1953), Masters and Johnson (1966; 1970), Gagnon and Simon (1973), Bell and Weinberg (1978) and others challenged the notion of what was considered sexually healthy or not.



:Kinsey relied on a multidisciplinary team to examine the nature of human sexual expression without attempting to find the roots of disease and dysfunction. As with the early German sexologists, an interdisciplinary approach was continued in an attempt to understand normal sexuality (Bullough, 1978).

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: Defining Sexual Health



Eli Coleman, Ph.D

National Advisory Council to

Promote Sexual Health

Atlanta, Georgia

July 27, 2004

Education and Treatment in Human Sexuality: the Training of Health Professionals

Report of a WHO Meeting

Technical Report Series
572



World Health Organization, Geneva 1975

Sexual Health

Sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love.

Sexual Health

- A capacity to enjoy and control sexual and reproductive behavior in accordance with a social and personal ethic;
- Freedom from fear, shame, guilt, false beliefs and other psychological factors inhibiting sexual response and impairing sexual relationship;
- Freedom from organic disorders, diseases, and deficiencies that interfere with sexual and reproductive functions.



Pan American Health Organization
Pan American Sanitary Bureau,
Regional Office of the
World Health Organization

in Collaboration with the



**World
Association
for Sexology**

PROCEEDINGS OF A REGIONAL CONSULTATION • ANTIGUA GUATEMALA, GUATEMALA • MAY 2000

Promotion of **Sexual Health** Recommendations for Action

Developing Global Strategies: World Health Organization

- WHO held an international consultation to discuss approaches and strategies for promoting sexual health:
- To elaborate new working definitions of sex, sexuality, sexual health and sexual rights;
- To serve as a basis for countries to develop their own strategies



Geneva, January 28-31, 2002

Sex

- Sex refers to the biological characteristics which define humans as female or male.
[These sets of biological characteristics are not mutually exclusive as there are individuals who possess both, but these characteristics tend to differentiate humans as males and females. In general use in many languages, the term sex is often used to mean "sexual activity", but for technical purposes in the context of sexuality and sexual health discussions, the above definition is preferred.]

Sexuality

- Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.

Sexual Health

- Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexual Rights

- Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus documents. These include the right of all persons, free of coercion, discrimination and violence, to:

Sexual Rights

- the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive health care services;
- seek, receive and impart information in relation to sexuality;
- sexuality education;
- respect for bodily integrity;
- choice of partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when to have children; and
- pursue a satisfying, safe and pleasurable sexual life.

The responsible exercise of human rights requires that all persons respect the rights of others.

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- New working definitions of sex, sexuality, sexual health and sexual rights

- http://www.who.int/reproductive-health/gender/sexual_health.html



Developing National Strategies to Promote Sexual Health

- In the case of Australia and the United Kingdom, the strategies to promote sexual health were more specifically tied to HIV prevention.
- However, most recently, a broader strategy to promote sexual health and responsible sexual behavior was unveiled in the United States.

The Surgeon General's
Call to Action
To Promote Sexual Health
And Responsible Sexual
Behavior
2001



Office of the Surgeon General

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Sexual Health

Sexual health is inextricably bound to both physical and mental health. Just as physical and mental health problems can contribute to sexual dysfunction and diseases, those dysfunctions and diseases can contribute to physical and mental health problems. Sexual health is not limited to the absence of disease or dysfunction, nor is its importance confined to just the reproductive years. It includes the ability to understand and weigh the risks, responsibilities, outcomes and impacts of sexual actions and to practice abstinence when appropriate. It includes freedom from sexual abuse and discrimination and the ability to integrate their sexuality into their lives, derive pleasure from it, and to reproduce if they so choose.



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The definition implies rights but emphasizing responsibilities.



You cannot have rights without
responsibilities



Responsible Sexual Behavior

- Sexual responsibility should be understood in its broadest sense. While personal responsibility is crucial to any individual's health status, communities also have important responsibilities.

Individual Responsibility

- Individual responsibility includes understanding and awareness of one's sexuality and sexual development; respect of one's partner; avoidance of physical or emotional harm to either oneself or one's partners; ensuring that pregnancy occurs only when welcomed; and recognition and tolerance of the diversity within any community.

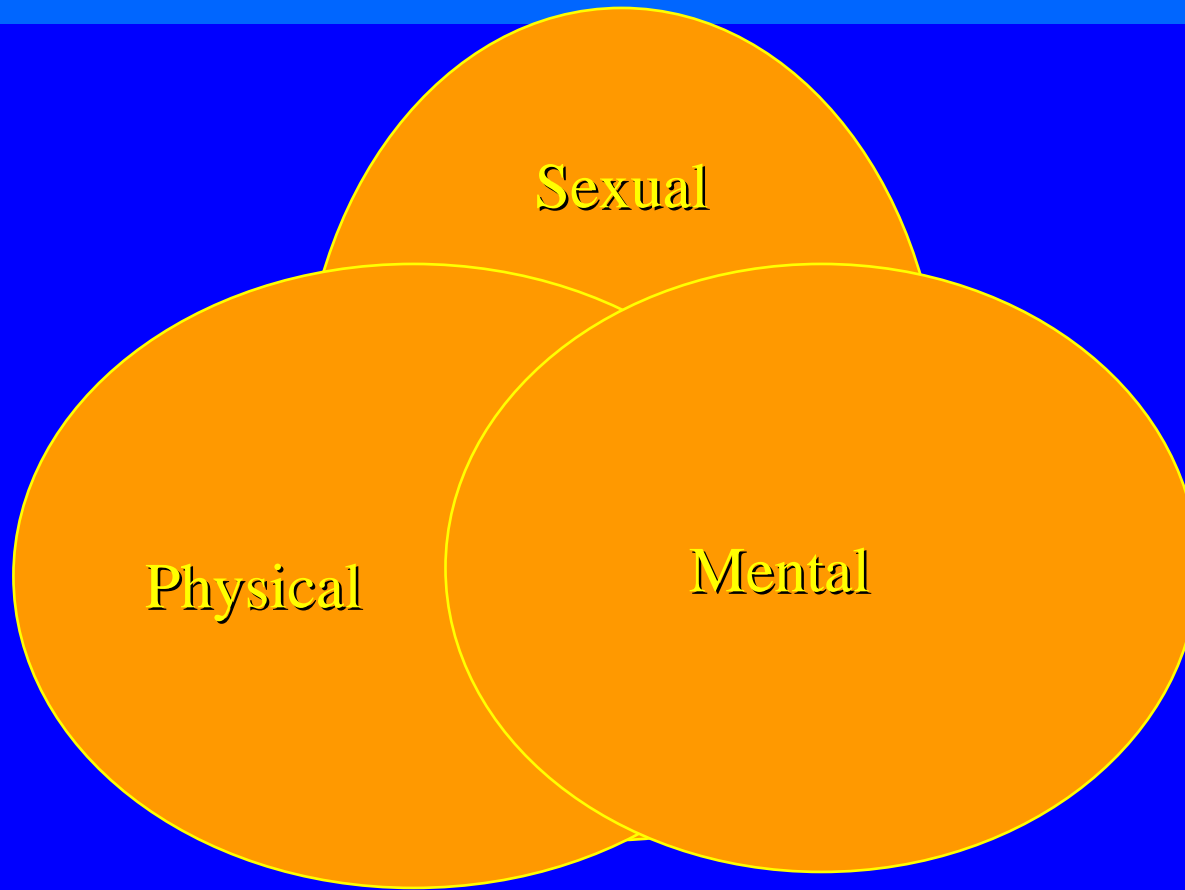
Community Responsibility

- Community responsibility includes assurance that its members have access to developmentally and culturally appropriate sexuality education, as well as sexual and reproductive health care and counseling; the latitude to make appropriate sexual and reproductive choices; respect for diversity; and freedom from stigmatization and violence on the basis on gender, race, ethnicity, religion, or sexual orientation.

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The definition of sexual health has progressed since WHO published its original definition in 1975. The similarities between definitions and the various concepts referred to in the definitions demonstrate a common beginning point. The inclusion of mental health, responsibility, and the importance human rights for sexual health has marked the most recent development. We expect that the definition of sexual health will evolve further. Similar to how historical events have shaped the development of the current definitions of sexual health, it is expected that upcoming definitions will be affected by future events that will shape the world in which we will live

Sexual Health



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Sexual and Reproductive Health



Reproductive
Health



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Sexual and Reproductive Health



Sexual Health

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Sexual health promotion
improves sexual well being
and not just reducing
illness and disease.





Back to History





Exploring and Expanding the Boundaries of Sex Research



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This cross-cultural study of sexuality
has challenged some of our most
basic assumptions and theoretical
formulations.

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• The boundaries of topics of sex research are also expanding. We have moved beyond the paradigm of reproductive biology and have begun to recognize that sexuality has many purposes. Research on attraction, communication, type of relationships, gender, sex roles, sexual attitudes and values becomes a part of sexual science.

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Expanding and Understanding the Definition of Sexuality and Sexual Health

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Four Components of Sexual Identity

Chromosomal Sex/Natal Sex

Gender Identity

Social Sex-Role

Sexual Orientation

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Sexual Orientation

Behavior

Fantasies

Emotional Attachments

Identity

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Post-modern Sex Research

“Understanding of its meaning; moving us from an arithmetic of behavior to a literacy of behavior. It requires that we place all sexual behavior in the larger context of the lives lived by those having these experiences.”

William Simon, 1989

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If we only have a hammer, then all problems are solved with nails.

Mark Twain



Expanding the Boundaries of Methodologies in Sex Research



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In addition, our methodologies have been expanding beyond empirical research, and we have recognized the value of case studies, humanistic and phenomenological scientific methods.

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• As a particular example, our main tool which helped legitimize sex research in the eyes of other scientists was empirical research. If we couldn't assign a number, if it wasn't based on data, so it wasn't research. There are several traditions of research which do not rely on the unidirectional assumptions of empirical research.



∴ All these methods are scientific methods. However, this does not mean that empirical research is obsolete. The value of research methodology should not be evaluated according to its type but rather to the appropriateness of what is being studied and, thus the boundaries of research methodologies are expanding.





Expanding the Boundaries of Communication



• We stand ready to advance sexology,
communicate our knowledge and
enhance the quality of sexual health
throughout the world. We are
interested in connecting with each
other through networking,
conventions, publications and more
and more through computers and
Internet capabilities.



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• The greatest excitement, however, lies in the possibilities of connecting sexual scientists through computers which do not depend on the time or expense of visiting and establishing these libraries. We want to take advantage of new technologies which can bring this together.

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Towards a Greater Understanding of Sexual Problems

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As we enter this new century, we will find a new era of sex research -- exploring and expanding the boundaries of sex research. What is sex? What is sexuality? What is sexology? How do we study it? What constitutes research? What are some of the important areas of sex research around the world?

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HIV Epidemic

- Why are people relapsing?
 - Lack of education
 - Complex bio-psycho-social phenomenon
 - Too much emphasis on the social aspects
 - Not enough emphasis on individual psychopathology
 - Lack of recognition that sex is a basic biological drive
 - We don't eroticize alternatives to unsafe sex

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To counter global sexual problems, such as HIV infection, we need a broader understanding of sexuality, and one based on a cross-cultural point of view. Otherwise, we will not be able to adequately address this epidemic.

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Sexual Dysfunction

- New performance pressures
- Greater understanding of biomedical aspects

: Even in the area of sexual
: dysfunction we are learning that by
eliminating old performance
pressures and eliminating myths and
misinformation that we have created
new myths and new performance
pressures. Because we know that
women can be multi-orgasmic, it
seems that this has created a pressure
on many women to be multi-
orgasmic or feel inadequate.

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: In this area of research, we have probably over emphasized the psychosocial aspects of sexual dysfunction. The advances in sexual medicine have been astounding and we have greater understanding of erectile dysfunction and realize that many of these men suffer from biomedical disease processes and can benefit from biomedical interventions.



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The most common sexual dysfunction that we see in the United States today is low sexual desire. This remains a mystery and a challenge for us to further understand and develop better treatments.

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We must stop making the same mistakes and assume that most of this is function in some psychological process and fully understand these phenomena that we must understand the biopsychosocial factors.

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Sexual Problems Faced by Sexual Minorities



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• We must study sexual problems faced by sexual minorities. We spent most of this century depathologizing homosexuality as a mental disorder. Even after all these efforts, there still remain many people who refute the scientific evidence which supports this non-pathological view. However, sexual minorities are not immune from sexual problems.

∴ As long as homosexuality is stigmatized, individuals will suffer the consequences. As adults many of these individuals have gone through a coming out process which is ultimately strengthening and probably accounts for the lack of discernible differences of samples of heterosexual and homosexual individuals.

: While a “coming out process” is strengthening for many individuals, others fall victim to the devastating effects of this stigmatization. There is probably an interaction between the constitutional abilities of the individual to confront the psychological factors and they are mediated by positive and negative life events which determine the final outcome.



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We need to help sexual minorities to develop a positive self concept. We need to help societies learn to accept and celebrate their diversity thus minimizing the stigmatization process.

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Compulsive Sexual Behavior



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Dangers in Understanding Compulsive Sexual Behavior

- Overpathologizing
- Value Differences
- Developmental Processes
- Habits/Obsessions and Compulsions
- Problematic
- Confusing CSB with addictions



Sex Offenders

- Not all compulsive
- Impulse control problems
- Not homogeneous population
- Treatment effectiveness

Sexual Abuse

- What is it to be a victim?
- Attribute all problems to victimization
- Finding a simple answer to complex problems
- Inevitable consequences
- Recovered memories
- Abuse by the profession

Process of victimization

- Mediated by protective and risk factors
- Externalized
- Risk of identity and intimacy dysfunction
- Re-victimization
- Never get beyond their fear, anger, distrust
- Responsible for own destiny



Domestic Violence

- Violence is committed by men.
- What is the women's role?
- What are the system dynamics?
- How can both take responsibility for their part?

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We are fortunate to be a part of such a diverse and talented body of scientists who support the mission of the advancement and the promotion of sexual health throughout the world.

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We have many problems to solve
and we have many basic things still
yet to understand. We each have our
own tools and our perspective.

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At many times we disagree. But ultimately, we greatly benefit from our diversity.



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It's an exciting time, a time of change. As we continue into this new century, we will find a new era of sex research--exploring and expanding the boundaries of sex research.

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And hopefully, we will foster interdisciplinary, sexological approaches to the study of sexuality.