

# Autosexual behavior as a topic for inclusion in gynecological practice

Ewa Jakubek<sup>1,\*</sup>, Grażyna Jarząbek-Bielecka<sup>2</sup>, Jacek Boroch<sup>3</sup>, Małgorzata Mizgier<sup>3</sup>, Katarzyna Plagens-Rotman<sup>4</sup>, Witold Kędzia<sup>2</sup>

<sup>1</sup>Department of Law, Organization and Management in Healthcare, Faculty of Health Sciences, Poznan University of Medical Sciences, 60-001 Poznań, Poland

<sup>2</sup>Division of Developmental Gynecology and Sexology, Department of Perinatology and Gynecology, Poznan University of Medical Sciences, 60-001 Poznań, Poland

<sup>3</sup>Department of Morphological and Health Sciences, Dietetic Division, Faculty of Physical Culture in Gorzow Wlkp., Poznan University of Physical Education, 60-001 Poznań, Poland

<sup>4</sup>Hipolit Cegielski State University of Applied Sciences, Stefana Wyszyńskiego 38, 62-200 Gniezno, Poland

\*Correspondence: [ejakubek.x@gmail.com](mailto:ejakubek.x@gmail.com) (Ewa Jakubek)

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It is advisable that the medical history of the gynecologist be extended to include the functioning of patients in the sexual sphere, including partner relationships, which affects health, including women's sexual health. For many patients, sexology issues are taboo and autosexual behavior (masturbation) is a special taboo. Masturbation refers to sexual stimulation, especially of one's own genitals and often to the point of orgasm, which is performed manually, by other types of bodily contact (except for sexual intercourse), by use of objects or tools, or by some combination of these methods. Autosexual behavior as a topic for inclusion in general gynecology and developmental gynecology indicates the need for a very individual approach to this issue in the context of a given patient. Similar medical issues seem to refer to a general truth about medicine that it is neither merely art nor science, in the modern sense of these terms. It is a separate, indirect field, *tertium quid*, i.e., the third, intermediate possibility between art and science, but different from both. In the Aristotelian sense, medicine is a habit of practical understanding, perfected by experience in patient care, and the issue of autosexual behavior in general gynecological requires special experience and an individual approach to a patient.

## Keywords

Sexology; Gynecology; Autosexual behavior; Sexsomnia

## 1. Introduction

Gynecology, as a science of a woman, is closely connected with the science of sexology. The emergence of sexology as a science required the development of original concepts of sexual conditioning, sexual development and sexual identity, as well as undertaking pioneering attempts to treat sexual problems and addressing cultural and socio-political aspects of sexuality [1–7]. The fact that the emergence of sexology coincided with the birth of psychoanalysis was of great importance for the development of sex science. Due to the overlapping areas of their research, these disciplines have exerted

significant impact on each other. Sexology is a science that is constantly developing in its interdisciplinary fields. It is advisable that the medical history a gynecologist conducts be extended to include the functioning of patients in the sexual sphere, including partner relationships, which affects health, including women's sexual health. For many patients, sexology issues are taboo and masturbation is a special taboo [8–10].

## 2. Autosexual behavior

Masturbation is the sexual stimulation of one's genitals, performed manually or by other types of bodily contact (except for sexual intercourse). Alternatively, one can masturbate with the use of objects or tools, or combining any of these methods [8–11].

Attention is paid to the topic of early childhood masturbation, which has specific medical and psychological significance. There is a need for proper sexual education of children, adolescents and parents.

In the past, the approach to the topic of masturbation (autosexual behavior) primarily depended on the perception of the role and value of sperm for the body, on the approach to reproductive issues and problems related to asceticism and the sexual sphere. Any sexual behavior or its concealment was governed by religion and as time passed, subsequent orders and bans were added.

Historically, this phenomenon is characteristic of all major religious systems. Attitude to self-sexual behavior in different cultures and eras was therefore different. The issue of sexual behavior in gynecological practice is worth analyzing in the context of modern health knowledge [8–12].

### 3. Determinants of sexual health

According to modern medicine, human health is largely determined by genetic factors, but the importance of environmental factors, including lifestyle, is also emphasized. The World Health Organization (WHO) defines health as a state of physical, mental and social well-being, not just a lack of illness or disability. Health is also the ability to perform social roles and adapt to and cope with environmental changes. It is a process of mutual conditioning in the body-environment relationship which, in the absence of illness, maintains a balance between the body and the environment. Health offers the potential of the body to adapt to the requirements of the environment. Health promotion, the concept introduced in 1945 by Henry Siegerist, is the process of enabling individuals and social groups to increase control over health determinants to improve their health. It is conducive to the development of a healthy lifestyle, as well as shaping other environmental and individual factors leading to health. Health promotion should be understood as one of the four major pillars of medicine alongside disease prevention, disease treatment and rehabilitation.

When analyzing the issue, it is necessary to consider the aspect of health promotion in the context of sexual health which, according to WHO (World Health Organization), is the integration of biological, social, emotional and intellectual aspects of sex life, important for positive personality development, communication and love [12].

As already mentioned, a gynecologist can often find out about factors negatively affecting a woman's health, including sexual health. Sexual harassment can be such a negative experience. Adults sexually abused in childhood are generally characterized by lower self-esteem, a greater tendency to addictive use of drugs and alcohol, mood disorders or interpersonal problems, post-traumatic stress disorder, dissociative disorders, psychoses, which may include eating disorders or persistent habit of masturbating (anankastic auto-eroticism), which is often established in childhood [12–16].

### 4. Paternal alienation syndrome

Divorce experience is another negative experience that is also mentioned in patients' gynecological history. Usually, divorce has a bad effect on health. It not only increases the risk of cardiological problems and cancer but also worsens the patient's financial situation and loosens their social relationships. These, in turn, can result in psychological problems, brings doubt, loneliness and the loss of confidence. In such circumstances, sexual need is often realized through autosexual behavior [17].

In most cases, divorce is a negative life experience. Undoubtedly, it can also bring suffering for the divorcees' children. For this reason, the legislator introduces a restriction on divorce declarations which would result in decreasing child welfare. A gynecologist practicing as a pediatric gynecologist may encounter various problems affecting a girl's sexual development, which can be a consequence of a di-

vorce. American court psychiatrist Richard Gartner conducted research on the importance of a child in a divorce conflict. He showed that divorce is a traumatic experience for a child. Richard Gartner introduced the term Parental Alienation Syndrome (PAS), referred to in literature as the Gartner Syndrome.

Parental Alienation Syndrome is considered to be the effects of parental behavior resulting from the use of legal solutions for marriage dissolution and granting primary care of a child to one of the parents. Such resolutions may affect the child's formation resulting in, among others, self-destructive behaviors (including eating disorders), blocking one's individuality, easy addiction, reduced self-esteem, anger, aggression, depression, anxiety and even suicidal tendencies. The divorce trauma is also associated with the strategies employed by the parents to slander each other. According to Bohdan Bielski, "through inefficient or intentionally programmed conversations with the child, a belief is instilled in the child's consciousness that the other parent harmed him. In fact, the child is used as a weapon in interparental conflicts. As a result of such indoctrination, the child develops a conviction that it is him/her that considers the absent parent a bad person and therefore does not want to see him.

In order to diagnose Parental Alienation Syndrome, it is necessary to ensure that there was no violence, including sexual violence, in the parent-child relationship. The symptoms which may indicate harassment are analyzed. Masturbation is particularly important, as it is often treated as evidence of sexual harassment. An oversensitive mother or a grandmother, believing that a child masturbates because she has been awakened by a "bad touch", is looking for the causes. Sooner or later the question is asked "did Dad touch you there?" The way questions are asked is important. It is obvious that the question phrased in this way already contains a built-in suggestion. With the tone of the voice full of worry or confidence about the answer, it is easy to imagine a child's nod or even a "yes" answer.

It is emphasized that parental alienation does not have to accompany only the divorce process, but it can also be used as a tool facilitating blackmail and violence against the other parent in a relatively stable pathological relationship of parents.

Divorce has permanently entered the condition of modern married life, causing many problems and often drama. In most cases, divorce should be classified as a negative life experience which can undoubtedly cause children to suffer. However, if the divorce does occur for various reasons, it is important for the parents to respect each other until the end and to ensure that the children suffer as little as possible [17–24].

### 5. Gynecological problems

Pediatric and adolescent gynecology is an emerging medical specialty, involving the fields of pediatrics, pediatric surgery, pediatric endocrinology, psychiatry, gynecology, ge-

netics, dermatology, public health medicine, and sexology. Due to its complex nature, it addresses a wide range of diseases occurring at various stages of human development, from infancy to adolescence. The adolescent, neither a child nor quite an adult, poses a particular management problem to the traditional medical specialties [25]. The gynecological topic for inclusion that children and adolescents encounter are of great medical and psychological complexity and therefore call for a coherent and expert approach. One such symptom is masturbation [25–31].

Child masturbation is self-stimulation of the genitals with the aim of experiencing pleasure or self-comfort and may manifest itself in various forms, e.g., children rubbing themselves with their hands or other objects. It is not the normal inspection of the genitals, which can be frequently observed in 2-year-old children during a bath. While masturbating, a child is usually disoriented, aroused and preoccupied. The frequency of masturbation may vary from several times a day to occasional episodes occurring once a week. Boredom, tiredness and stress may significantly increase the need for masturbation. It is worth mentioning that incidental masturbation is not unusual for nearly a third of toddlers and preschoolers. They usually discover it while exploring their bodies and continue masturbating because it is pleasurable. Masturbation may also be triggered by the feeling of unhappiness resulting from a punishment or taking a comforting object away. It may be a defense reaction to the pressure exerted upon children to stop masturbating.

Attention is paid to the consequence of early childhood masturbation, which has specific medical and psychological significance. There is a need for proper sexual education of children, adolescents and parents. Parents should be helped to understand that trying to eliminate masturbation from a child's behavior may be a futile task. However, they may be advised to control the situations and places in which such behavior is exhibited, e.g., allowing masturbation in the bedroom or bathroom only. Certain techniques may be adopted to discipline or distract children from doing it in other circumstances. In the school or pre-school setting, masturbation can only be tolerated at naptime. Caregivers and teachers should be informed about the techniques such as distracting children with a toy or an activity and attracting their attention by issuing clear, straightforward comments and instructions. It has also been observed that some children masturbate less frequently when they experience more physical affection from their parents in the home setting. This may involve hugging, touching or cuddling. What should be avoided is punishing children for masturbation or making them feel embarrassed. This may result in a child's suffering and a burden of guilt. Parents should also be advised to turn to professional help if they feel their efforts are inadequate or if they notice their child is unhappy about the habit.

In rare situations masturbation can be connected with vulvovaginitis. If this is the case, a good medical history is necessary to identify the time of the lesions' appearance and their

evolution. All cutaneous perineal lesions in a child should be subject to careful systemic examinations, either in the presence of the parents or in private (when teenage patients are involved).

In such situations, bacterioscopic analysis of the samples, accompanied with bacterial identification and clinical evaluation are useful in diagnostic procedures. The child's age, the circumstances of the occurrence of the disease and the isolated or associated character of the lesions should be considered for the purpose of etiology.

Medical, psychological and social aspects of pediatric and adolescent gynecology and sexology is the subject of many papers [24–31].

## 6. Summary

The presented issue of autosexual behavior as a topic for inclusion in general gynecology and developmental gynecology indicates the need for a very individual approach to this issue in the context of a given patient. Similar medical issues seem to refer to a general truth about medicine that it is neither merely art nor science in the modern sense of these terms. It is a separate, indirect field, *tertium quid*, that is, the third, intermediate possibility between art and science, but different from both. In the Aristotelian sense, medicine is a habit of practical understanding, perfected by experience in patient care, and the issue of autosexual behavior in general gynecology requires special experience and an individual approach to a given patient [32–34].

## Author contributions

EJ, GJB, JB designed the manuscript. WK provided help and advice on the manuscript. JB, EJ, GJB, MM, KPR wrote the manuscript. All authors contributed to editorial changes in the manuscript. All authors read and approved the final manuscript.

## Ethics approval and consent to participate

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## Conflict of interest

The authors declare no conflict of interest.

## References

- [1] Available at: [kobieta.interia.pl/uczucia/news-krotka-historia-seksuologii/annachodacka](http://kobieta.interia.pl/uczucia/news-krotka-historia-seksuologii/annachodacka) (Accessed: 18 May 2018).
- [2] Imieliński K. *Zarys Seksuologii i seksiatrii*. PZWL, Warszawa. 1982.
- [3] Imieliński K. *Love and sex*. Warszawa. 1984.
- [4] Nass GD, Libby RW, Fisher MP. *Sexual choices*. Boston: Jones & Bartlett Learning. 1987.

- [5] Dynasty IV-lata ok. 2670–2500 p.n.e., dynastia VI-lata ok. 2350–2180/2168 p.n.e. [w:] List of kings-Egypt, Gods and Pharaohs. 48, Poznań 2006.
- [6] Lew-Starowicz Z. Sex in the cultures of the world. Wrocław. 1987; 48.
- [7] Stusiński J. History of sexology. Przegl Seks. 2017; 2: 2–22.
- [8] Laqueur TW. Lonely sex. A cultural history of masturbation. 2006.
- [9] Dora M, Mijas M. From masturbation insanity to sexual health. Changes in the perception of autoeroticism in medical discourse and therapy. Psychoterapia. 2012; 3.
- [10] Boroch J, Jarząbek-Bielecka G. The specificity of sex science-sexology and the outline of its history. Medycyna Rodzinna. 2019; 22: 47–51.
- [11] Boroch J, Jarząbek-Bielecka G, Mizgier M, Wojtyła-Buciora P, Bieś Z, Kędzia W, *et al.* Infantile and early childhood masturbation and adult masturbation. Medycyna Rodzinna. 2018; 21: 80–82.
- [12] Jarząbek-Bielecka G. Health promotion, ethics and legal aspects in adolescents gynecology and sexology. Archives of Perinatal Medicine. 2016; 22: 39–42.
- [13] Boroch J, Kwiatek-Markiewicz S, Filewski A, Jarząbek-Bielecka G, Musielak M, Kędzia W, *et al.* Masturbation as a symptom of child sexual abuse-an analysis of the problem in the historical context of sexual deviations involving children. Medycyna Rodzinna. 2019; 22: 101–105.
- [14] Boroch J, Jarząbek-Bielecka G, Mizgier M, Kędzia W. Child sexual abuse and eating disorders. CEOG Maszynopis. 2019.
- [15] Opydo-Szymaczek J, Jarząbek-Bielecka G, Kędzia W, Borysewicz-Lewicka M. Child sexual abuse as an etiological factor of overweight and eating disorders-considerations for primary health care providers. Ginekologia Polska. 2018; 89: 48–54.
- [16] Boroch J, Jarząbek-Bielecka G, Jarząbek Z, Mizgier M, Sowińska-Przepiera E, Kędzia W, *et al.* Aspects of medical opinion in the case of sexual violence towards children. Medycyna Rodzinna. 2018; 21: 339–343.
- [17] Jarząbek-Bielecka G, Boroch J, Jarząbek J, Kędzia W. An outline of medical and ethical problems related to divorce, including impaired psychosexual development of children of divorced parents. Medycyna Rodzinna. 2019; 22: 96–100.
- [18] Frech A, Williams K. Depression and the psychological benefits of entering marriage. Journal of Health and Social Behavior. 2007; 48: 149–163.
- [19] Ploubidis GB, Silverwood RJ, DeStavola B, Grundy E. Life-course partnership status and biomarkers in midlife: evidence from the 1958 british birth cohort. American Journal of Public Health. 2015; 105: 1596–1603.
- [20] Rand DC. A review of work done by Dr. Richard Gardner and others: the spectrum of parental alienation syndrome. American Journal of Forensic Psychology. 1997; 15.
- [21] Mitchell J. Parental alienation and the courts. Journal of Legal Medicine. 2002; 70: 194–195.
- [22] Hoult JA. The evidentiary admissibility of parental alienation syndrome: science, law, and policy. Children's Legal Rights Journal. 2006; 26.
- [23] Wojewódka M. Parental Alienation (PA) and Alienation Syndrome (PAS). Available at: <http://www.psychologia.net.pl/artykul.php?level=495> (Accessed: 07 September 2018).
- [24] Jarząbek Z. Adjudication of the fault of the breakdown of the marriage in divorce Master thesis. Uniwersytet Warszawski Wydział Prawa i Administracji. 2018.
- [25] Boroch J, Jarząbek-Bielecka G, Mizgier M, Kędzia A. Sexuologic and gynecologic problems in childhood and adolescence girls. Pediatric Endocrinology. 2019; 18: 17–22.
- [26] Jarząbek-Bielecka G, Pawlaczek M, Pawlaczek M, Pisarska-Krawczyk M, Wojtyła-Buciora P, *et al.* The problem of inflammation of the female genital system-assessment of girls' knowledge about prevention and treatment. Medycyna Rodzinna. 2018; 21: 29–36.
- [27] Barton D. Schmitt MD. My child is sick. American Academy of Pediatrics Books. RelayHealth. 2014.
- [28] McKesson Corporation 201410. Available at: [www.health.am/gyneco/pediatric-gynecology](http://www.health.am/gyneco/pediatric-gynecology) (Accessed: 18 May 2018).
- [29] Hamel-Teillac D. Vulvo-Vaginal Disorders. Available at: <http://www.health.am/gyneco/more/vulvo-vaginal-disorders/> (Accessed: 18 May 2018).
- [30] Health & Wellness. Summit Medical Group. Available at: [www.summitmedicalgroup.com/library/pediatric\\_health/pa-hgbeh\\_masturbation/](http://www.summitmedicalgroup.com/library/pediatric_health/pa-hgbeh_masturbation/) (Accessed: 18 May 2018).
- [31] Available at: [www.secasa.com.au/pages/trauma-responses-in-children/](http://www.secasa.com.au/pages/trauma-responses-in-children/) (Accessed: 18 May 2018).
- [32] Pellegrino ED, Thomasma DC. Philosophical basis of medical practice. New York: Oxford University Press. 1981.
- [33] Jarząbek-Bielecka G. Fundamentals of ethics and philosophy in medicine in light of considerations by Edmund D. Pellegrin, David C. Thomasma-selected issues. Wydaw. Nauk. Uniw. Med. im. K. Marcinkowskiego, Poznań. 2019; 5–55.
- [34] Jarząbek-Bielecka G, Boroch J, Bielecki M, Kędzia W. Selected aspects from the history and philosophy of medicine including family medicine and pharmacy issues. Medycyna Rodzinna. 2019; 22: 106–112.