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 masturbation is a special taboo.

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. Autosexual behavior as a topic for inclusion in general gynecological 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].
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 [1] [2].

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 divorce. 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-


Inraresituationsmasturbationcanbeconnectedwithvul- vovaginitis.Ifthisisthecase,a good medical history is ne- cessarytoidentifythetimeofthelesions'appearanceandtheir evolution.Allcutaneousperineallesionsinachildshouldbe subjecttocarefulsystemicexaminations,eitherinthepresence oftheparentsorinprivate(whenteenagepatientsare involved).

Insuchsituations,bacterioscopicanalysisofthesamples, accompaniedwithbacterialidentificationandclinicalevaluation areusefulindiagnosticprocedures.Thchild'sage,thecircumstancesoftheoccurrenceofthediseaseandtheisol- atedorassociatedcharacterofthelesionsshouldbeconsid- eredforthe-purposeofetiology.

Medical,psychologicalandsocialaspectsofpediatricand adolescentgynecologyandsexologyisthesubjectofmany pa- pers[24–31].

6. Summary


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