



Introduction: *History of Sexual Medicine*

1

Emmanuele A. Jannini

1.1 Introduction

Life, biologically speaking and limited to creatures who do not clone themselves, always arises from a sexual act. Although in an age of medically assisted reproduction, this paradigm may have innovative exceptions, it is still evident that the fundamental biological function, primeval, constitutive, and constitutional is precisely sex. Everything comes from sex that gives birth to everything is living and not cloned. The sexual function is therefore, without a shadow of a doubt, the earliest and most important of all biological functions. In other words, the first brick of the building of physiology and therefore of physiopathology, and consequently of medicine itself, is precisely sex. However, sexual medicine is a field of science still too frequently ignored by academic medicine [1].

Andrology and sexual medicine have had closer relations than those, more recent and not always easy, between gynecology and sexual medicine. For this reason, it is useful, before addressing its history, to establish priorities, not just semantics. The precedence of Andrology over the Medicine of Sexuality has a trivially alphabetical reason and a more profoundly his-

torical one: the landing of Andrology (especially in its original major competence, that of Male Reproductive Medicine) in the port of Medicine and Science has far preceded Sexology and for a long time even included it, especially if not exclusively in its male declination. The opposite precedence (sexual medicine first and then Andrology) instead has logic on its side, once it has admitted, the fundamental concept that Sexology is a chapter of internal medicine and therefore susceptible (and the fruits are very visible and incontrovertible by now for about 30 years and beyond) of scientific exploration. In our species, in fact, sex precedes reproduction, unless this is, as we said before, medically assisted, as well as precedes any other biological, psychic, behavioral, and social human function. The obvious need to specify the sexological content derives from the observation that the etymology *andros*—inevitably refers to the male. The (re)discovery of the female component, of the sexuality of the woman, of the couple as an entity object of scientific, diagnostic, and therapeutic competence requires the constant citation of sexology, in its various exceptions of Sexual Medicine, Medical Sexology, Clinical Sexology, and Psychosexology, each of which with more or less defined connotations and contents [2].

E. A. Jannini (✉)
Chair of Endocrinology and Medical Sexology,
Department of Systems Medicine, University of
Rome Tor Vergata, Rome, Italy

1.2 Andrologists, Sexual Physicians, Medical Sexologists, Sexologists, and Psychosexologists

Traditionally, the andrologist had first defined himself as a physiopathologist and doctor of male reproduction, over time discovering the need to recognize sexuality, and not just the reproductive act, as an object of clinical interest. The reasons for this delay are not only the daughters of cultural heritage unwilling to recognize that sex and reproduction in the human species do not necessarily coincide, but also rather in the enormous cultural delay that sexology had, and in some ways still has, towards reproductive pathophysiology. The use of the Galilean method, humus and irreplaceable culture medium for andrology and sexual medicine, has not been considered as indispensable by generations of so-called, more or less self-defined, sexologists. Nor can it be blamed on these alone. The Italian medical schools where the word “sexology” or “sex” or “sexual dysfunction” appear in the students’ curriculum are still very few: even today it is possible to graduate in medicine and surgery without having received formal lessons and clinical training on some of the most widespread and most dramatically impacting human pathologies on the quality of life of the population: sexual dysfunctions.

It is surprising, but it is also true, that similar shortcomings are recorded in the field of psychological academic training. The only exam in sexology (Psychology and Psychopathology of Sexual Behavior) has traditionally been a complementary exam and, after the reform has eliminated, the term of complementary exam, there are not many faculties or schools of psychology that have structurally activated it. The same courageous attempt by a single university in Italy, that of L’Aquila, to offer a specialist degree course with a focus on Sexology has been tempered by the obligation to unify courses due to a lack of staff: so, sexology has returned to being a Cinderella. This has allowed the proliferation of private schools that issue sexologist qualifications without any legal value and not always with a decent teaching staff. If one looks at the curriculum of professors teaching in these schools,

which have proliferated thanks to the inaction of public academic training, it is very, very rare to find international scientific publications. This clearly denounces how far Italian (and not only Italian) sexology still has to go.

But some positive signs are beginning to be seen: second-level university masters, which issue non-professional qualifications in medical sexology or medicine of sexuality (the third-level master is not yet active in Italy for any subject), are officially recognized from the state as a post-graduate training, they begin to spread throughout the country and already a university, in the course of medicine and surgery in English, offers its students an official and compulsory course in Endocrinology and Sexology. It happens in Rome, Tor Vergata. Finally, very recently, the two Universities of Rome, Tor Vergata and Sapienza, joined in a shared 2 years Master course of Clinical Psychosexology in the Faculty of Psychology, providing an unique didactical product.

It is clear that public recognition of the figure of the sexologist, being a doctor (sexual physician) or a psychologist (clinical psychosexologists), is increasingly indispensable. A recognition that starts from the definition of the trainer, who can only be university, identified on the basis of a true, proven, scientific activity dedicated to this fundamental subject. The same specialization schools that already did it must increasingly feel the responsibility of training specialists capable of intercepting the healthcare needs of the population in question. It is quite clear that such a professional figure will soon become one of the most important supports for the quality of life of patients and couples [3].

1.3 Development of the Sexual Medicine

Medical sexology and the medicine of sexuality are born in psychiatric land. In fact, the first great scholars to deal with the function—and dysfunction—of human sexuality were psychiatrists. Among these, Richard Freiherr von Krafft-Ebing must be remembered, who wrote the *Psychopathia Sexualis* (psychopathy of sex), or Magnus Hirschfeld, who published the first scientific

journal in 1908, *Zeitschrift für Sexualwissenschaft* (*Journal for Sexual Research*) [4]. This early period was also the *belle époque* of the great psychodynamic theories and research of Sigmund Freud and of his psychoanalysis and of the *Berliner Institut für Sexualwissenschaft* (Institute for Sexual Research), destroyed in 1933 by Nazi sexophobia [5].

Unfortunately, and not only for this last reason, the psychiatric paternity did not last long. These, in fact, have become increasingly disinterested in male and female sexual dysfunctions, such as, for example, erectile dysfunction, ejaculatory dysfunction, vaginismus, hypoactive sexual desire disorder, anorgasmia, etc. Likely, this decline in interest resulted in the highly controversial classification of sexual dysfunctions published in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, published by the American Psychiatric Association (APA) [6].

Sexology in its infancy was thus abandoned in the orphanage of science, transforming itself into psychosexology and letting the psychologist become the only adoptive parent. Thus, there have been many psychologists who have ignored medical-scientific methods for promoting an opinion-based psychosexology based on improvisation and presumption. For example, Virginia Johnson herself, wife of gynecologist Bill Masters, despite the undeniable merit of being the true thinking mind of the famous couple, was not a graduate [7]. This self-referential arrogance of some (certainly not all) psychosexologists has led to the non-recognition of sexology as a science not only by the biomedical and psychiatric milieu, but also by academic psychology itself.

It could be said that the date of birth of sexual medicine goes back to the commercialization of the first oral treatment of erectile dysfunction, the type 5 phosphodiesterase inhibitor [8]. In the following two to three decades, studies on animal sexual behavior, psycho-neuro-endocrinological research, imaging of the human brain during the appetitive phase, arousal, coitus, ejaculation, and orgasm flourished, which have shown that sexual function is linked to the same neurobiological substrate involving the Psychiatric Sciences. Despite this, the birth of Medical Sexology—or

Sexual Medicine—also took place, thanks to experts with training in genitourinary surgery and not psychosexology. It was, in fact, especially urologists who were among the first to understand the possibility of grafting the branch of sexology on the medical trunk. Both the urology with the prostheses and the pharmaceutical industry with successful drugs such as hormones, type 5 phosphodiesterase inhibitors, dapoxetine, and other remedies, have made a formidable contribution to this progress [9].

But another important step was needed for the full growth of the Sexual Medicine. The biopsychosocial model (BPSm) is an integrative perspective which has been found tremendously important for overcoming the traditional risk of the psychological reductionism (“it is all in your mind”) as well the more recent medical reductionism (“just take a pill to fix it”). The BPSm aims of being a multifaceted and comprehensive model able to interpretate human sexual behavior and its risk factors, symptoms, and diseases from the social (history, society, and education), psychological (intrapyschic and relational), and biological (medical) perspective. Certainly, the BPSm is written in the first chapters of the “statute” of Sexual Medicine. However, this model, fundamental for the research, the clinical efforts, the education, the *Weltanschauung* itself of the field of sexual medicine, is far of misinterpretations, limits, and biases [10].

Some claim to apply BPSm concepts to their work in Sexual Medicine, but they lack robust historical, cultural, and sociological foundations. Others are experts in surgical practices and do not know the rudiments of psychology and psychosexology. Finally, others are competent in the cultural interpretation of sexual behavior, but are unable to diagnose and set up treatments for male, female, and third sex sexual dysfunctions. The BPSm was mistakenly conceived as an umbrella under which to shelter from the rain of one’s “holistic” ignorance.

In reality, the historical evolution of Sexual Medicine has increasingly highlighted the need not only for integration and dialogue between the different scientific cultures that compose it, but also—and above all—for each one of those parts of the background to be enriched that are missing

[11]. There is also another important criticism to be made against the BPSm: words, terms, definitions, when used too frequently and inappropriately, wear out and lose their meaning. For this reason, the BPSm needs to be recovered, re-founded, and filled with new scientific contents.

The enrichment of the historical model of biopsychosociology comes to us from systems medicine, one of the most powerful and effective contemporary approaches to interpret the genesis of diseases and also of general health itself. Systems medicine is an interdisciplinary field of study that looks at the systems of the human body as part of an integrated whole, incorporating biochemical, physiological, and environment interactions. Systems medicine draws on systems science and systems biology, and considers com-

plex interactions within the human body in light of a subject's genomics, behavior, and environment. It encompasses systems which are traditionally outside the radar of BPSm such as politics, economy, crisis, pollution, energy and demographic choices, pandemics, and so on, describing the various systems that make up the complex reality that characterizes our world [12].

The historical evolution of Sexual Medicine passes precisely through Systems Medicine (SM = SM) to create a new model of integration of reality that proceeds through the understanding of the various systems that generate sexual health and the risks of losing it [13]. The most obvious term for it is Systems Sexology (Fig. 1.1), which is candidate for being the final, evolved paradigm of Sexual Medicine.

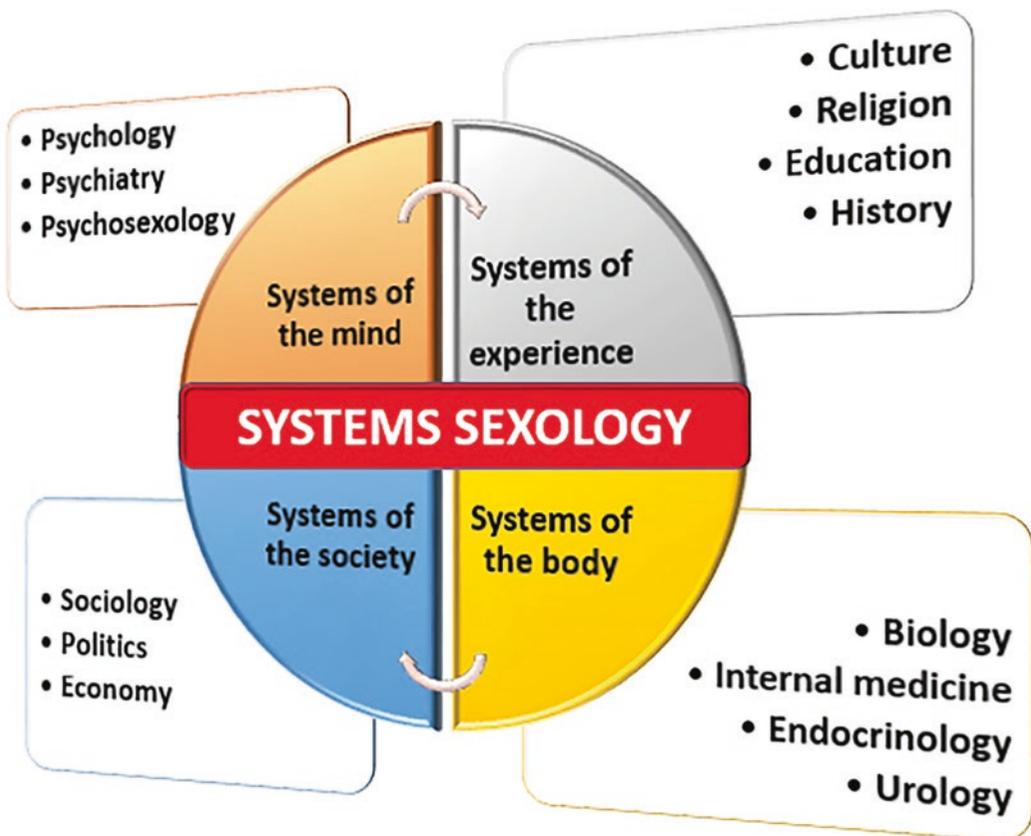


Fig. 1.1 Evolution of sexual medicine. After the era of psychological and medical reductionisms, Sexual Medicine evolved in the more mature Bio-Psycho-Social model, having a further evolution in the more complex,

integrated, and efficient model of Systems Sexology to interpretate human sexual behavior and related dysfunctions

1.4 The Role of the Scientific Societies and Journals: The International Society of Sexual Medicine

The history of sexual medicine is not only matter of the evolution of the model; the field, in fact, grows and strengthens, thanks to two powerful fertilizers: scientific societies and scientific journals.

The International Society of Sexual Medicine (ISSM) is the universal scientific home and temple for all researchers, practitioners, and caregivers dealing with Sexual Medicine. This Society has as mission “To be the most respected and trusted source of information, education and professional development on human sexual health through the delivery of world-class publications, research findings, online and in person opportunities for knowledge exchange, world-wide.” The ISSM has set itself the goal of disseminating knowledge and raising global awareness on sexual health issues, ensuring that the latest and most modern evidence-based scientific studies in the field of sexual medicine reach both male and female sexual health professionals, and also patients, in a global, inclusive and universal vision. The composition of the actual governance is very interesting and well representing the cul-

tural and geographical universality of the ISSM. The president is a Danish psychiatrist, Annamaria Giraldi, and the president-elect is a Canadian urologist, Gerald Brock (Table 1.1). The other members are from Brazil, USA, Korea, Lebanon, Switzerland, China, and Japan [14].

A core of the ISSM is its Publication Committee, the Pubcom, which has as mission to oversee the development and production of ISSM’s publications, including the journals and any other newsletters, guidelines, or documents, to provide direction to editors and the staff concerning format, schedule, market, and distribution, increasing the scientific strength and reputation of all the ISSM publications. Within the activities of the Society, the journals (*Sexual Medicine Reviews*, *Journal of Sexual Medicine*, *Sexual Medicine Open Access*, and the *Video Journal of Prosthetic Surgery*) are in fact probably within the most important.

Sexual Medicine Reviews (SMR) has an Impact Factor of 4.836 (2020) and published evidence-based, primarily systematic, in-depth reviews of the highest caliber on multi-disciplinary clinical, or translational topics in Sexual Medicine with the aim to represent the diversity of subjects in basic science and clinical practice that define sexual health, sexual function, sexual dysfunction, and sexual medicine,

Table 1.1 The President of the International Society of Sexual Medicine. Note the gender prevalence (the first woman elected president is the last one in this list)

Name	Years	Country
Vaclav Michal (Honorary)	1978–1986	Czechoslovakia
Adrian Zorgniotti	1986–1988	U.S.A.
Gorm Wagner	1988–1994	Denmark
Robert J. Krane	1994–1998	U.S.A.
Ronald W. Lewis	1998–2000	U.S.A.
Sidney Glina	2000–2002	Brazil
Jacques Buvat	2002–2004	France
P. Ganesan Adaikan	2004–2006	Singapore
Ira D. Sharlip	2006–2008	U.S.A.
John Dean	2008–2010	United Kingdom
Edgardo F. Becher	2010–2012	Argentina
Chris G. McMahon	2012–2014	Australia
Wayne J.G. Hellstrom	2014–2016	U.S.A.
Luca Incrocci	2016–2018	Netherlands
Luiz Otavio Torres	2018–2020	Brazil
Annamaria Giraldi	2020–2022	Danmark

targeting the sexual investigator, practitioner, and trainee. The current Editor-in-Chief is the Irwin Goldstein.

The Journal of Sexual Medicine (JSM), being the oldest Journal of the ISSM and of the International Society for the Study of Women's Sexual Health, has an impact factor 3.802 (2020) obtained by publishing multidisciplinary basic science and clinical research to define and understand the scientific basis of male, female, and couples' sexual function and dysfunction. The JSM provides healthcare professionals in sexual medicine with essential educational content and promotes the exchange of scientific information generated from experimental and clinical research. The JSM includes basic science and clinical research studies in the psychologic and biologic aspects of male, female, and couples' sexual function and dysfunction, and highlights new observations and research, results with innovative treatments and all other topics relevant to clinical sexual medicine. The objective of the JSM is to serve as an interdisciplinary forum to integrate the exchange among disciplines concerned with the whole field of human sexuality. The journal accomplishes this objective by publishing original articles, as well as other scientific and educational documents that support the mission of the International Society for Sexual Medicine. The current Editor-in-Chief is John P. Mulhall.

Sexual Medicine—a Gold Open Access publication—(SMOA) displays an impact factor of 2.491 (2020) and publishes multidisciplinary clinical, basic, and epidemiological research to define and understand the basis of sexual function and dysfunction in diverse populations. SMOA welcomes manuscripts on basic anatomy and physiology pertaining to human sexuality, pharmacology, clinical management of sexual dysfunction, epidemiological studies in sexuality, psychosexual and interpersonal dimensions of human sexuality, clinical trials, and other articles of interest to clinicians and researchers interested in human sexuality. The open access format of the journal ensures that accepted man-

uscripts will be rapidly published and fully accessible by interested healthcare professionals worldwide. SMOA emphasis on papers relevant to specific populations distinguishes it from the JSM, which will continue to publish manuscripts on issues of general interest to sexual medicine practitioners worldwide, and SMR, which publishes systematic reviews of controversial topics in sexual medicine. The journal considers all types of original clinical and basic research papers, including studies conducted with human subjects and experimental models, as well as high-quality clinical, epidemiological, and healthcare policy papers related to sexual function and dysfunction. SMOA particularly focuses on papers of regional or specialty interest, although any manuscript dealing with sexuality research is also considered. Specific interest is in the following areas of content: Education, Epidemiology, Basic Science, Psychology, Outcomes Assessment, Anatomy/Physiology, Intersex and Gender Identity Disorders, Sexual Orientation, Ejaculatory Disorders, Women's Sexual Health, Men's Sexual Health, Couples Sexual Dysfunctions, Pharmacotherapy, Peyronie's Disease, Pain, Erectile Dysfunction, Premature Ejaculation, Hypoactive Sexual Desire Disorder, Dyspareunia, Pharmacotherapy for Sexual Dysfunction, Surgical Management of Sexual Dysfunction, Endocrinology, and Oncology. The current Editor-in-Chief is Alan Shindel.

Finally, the *Video Journal of Prosthetic Urology (VJPU)* was created by the ISSM to serve as a forum for sexual medicine to allow its members to exchange notable ideas via the visual medium. The members are scattered across the globe being prosthetic urology, a tiny subspecialty of sexual medicine. A specific goal of the VJPU is to facilitate the transmission of surgical technique knowledge regarding the implantation of surgical devices related to sexual medicine. Its editorial team welcomes video submission of anything felt needs illustrating in the field of sexual medicine. Diverse videos, as how to make a surgical video, robot-assisted vasovasostomy,

repair of penile injuries, and communication skills development in sexual medicine are currently published. The Editor-in-Chief is currently Rafael Carrion.

A number of other scientific journals contributed directly or indirectly to the development of the history of Sexual Medicine. *The International Journal of Impotence Research* (IJIR) addresses sexual medicine for all sexes and genders as an interdisciplinary field. This publishes work from basic science researchers, urologists, obstetricians and gynecologists, endocrinologists, cardiologists, family practitioners, internists, neurologists, psychiatrists, psychologists, radiologists, and other physical and mental health care professionals. It also includes work from gender and sexuality researchers, sex therapists, and others with scholarly expertise in human sexuality and sexual well-being. The editor-in-chief is Ege can Serefoglu (TR), and the journal displays a 2020 impact factor of 2.896.

A number of other important journals should be mentioned for their contribution to the history of Sexual Medicine, although they mainly center their scientific interest in psychosexology, not always with a strong impact factor. Table 1.2 is a list of these journals.

Last but not least, the historically neglected, although fundamental part of Sexual Medicine, i.e., the medicine of female sexual behavior, received finally deep scientific attention and full research and clinical development in the International Society for the Study of the Women Sexual Health (ISSWSH), which is a multidisciplinary, academic, and scientific organization whose purposes are to provide opportunities for communication among scholars, researchers, and practitioners about women's sexual function and sexual experience, to support the highest standards of ethics and professionalism in research, education, and clinical practice of women's sexuality, and to provide the public with accurate information about women's sexuality and sexual health. Noel N. Kim (USA) is the current president.

Table 1.2 List of scientific journals dealing directly or indirectly with sexual medicine. Note that a number of these journals display a low, if any, impact factor. It should be noted that several of peer-reviewed, well-established generalist journals, as well of endocrinology, gynecology, urology, psychology, and psychiatry, published articles of Sexual Medicine

<i>Advances in Sexual Medicine</i>
<i>AIDS and Behavior</i>
<i>AIDS Education and Prevention</i>
<i>American Journal of Sexuality Education</i>
<i>Andrologia</i>
<i>Andrology</i>
<i>Archives of Sexual Behavior</i>
<i>Asian Journal of Andrology</i>
<i>Biology of Sex Differences</i>
<i>British Journal of Sexual Medicine</i>
<i>Canadian Journal of Human Sexuality</i>
<i>Culture, Health & Sexuality</i>
<i>GLQ: A Journal of Lesbian and Gay Studies</i>
<i>Indian Journal of Health, Sexuality & Culture</i>
<i>Indian Journal of Sexually Transmitted Diseases and AIDS</i>
<i>International Journal of Impotence Research</i>
<i>International Journal of Sexual Health</i>
<i>International Journal of Advanced Studies in Sexology</i>
<i>Integrative Medicine In Nephrology And Andrology</i>
<i>International Journal of STD and AIDS</i>
<i>International Journal of Transgender Health</i>
<i>Journal of Bisexuality</i>
<i>Journal of Child Sexual Abuse</i>
<i>Journal of Counseling Sexology & Sexual Wellness</i>
<i>Journal of Gay & Lesbian Mental Health</i>
<i>Journal of Gay and Lesbian Social Services</i>
<i>Journal of GLBT Family Studies</i>
<i>Journal of Homosexuality</i>
<i>Journal of Lesbian Studies</i>
<i>Journal of LGBT Youth</i>
<i>Journal of Sex & Marital Therapy</i>
<i>Journal of Sex Education and Therapy</i>
<i>Journal of Sex Research</i>
<i>Journal of Sexual Aggression</i>
<i>Journal of Sexual Medicine</i>
<i>Journal of Social Work and Human Sexuality</i>
<i>Journal of the History of Sexuality</i>
<i>Law & Sexuality</i>
<i>Porn Studies</i>
<i>Psychology & Sexuality</i>
<i>Research Journal of Sexology Sciences</i>
<i>Scandinavian Journal Sexology</i>
<i>Sexes</i>
<i>Sex Roles</i>

(continued)

Table 1.2 (continued)

<i>Sexología y Sociedad</i>
<i>Sexologies: European Journal of Sexual Health (Revue Européenne de Santé Sexuelle)</i>
<i>Sexual Abuse</i>
<i>Sexual Addiction and Compulsivity</i>
<i>Sexual and Relationship Therapy</i>
<i>Sexual Development</i>
<i>Sexual Medicine Open Access</i>
<i>Sexual Medicine Reviews</i>
<i>Sexualities</i>
<i>Sexuality & Culture</i>
<i>Sexuality and Disability</i>
<i>Sexuality Research and Social Policy</i>
<i>Sexually Transmitted Diseases</i>
<i>Sexually Transmitted Infections</i>
<i>Sexuologie</i>
<i>Studies in Gender and Sexuality</i>
<i>Trends in Urology Gynaecology and Sexual Health</i>
<i>Video Journal of Prosthetic Urology</i>
<i>World Journal of Men's Health</i>
<i>Zeitschrift für Sexualforschung</i>

1.5 The European Contribution to the History of Sexual Medicine: The European Society of Sexual Medicine and the European Academy of Andrology

The ISSM has a number of affiliated societies, such as the International Society for the Study of the Women's Sexual Health, and the Asia-Pacific (APSM), the Middle-East (MESSM), the South-Asian (SASSM), the Latin-American (SLAM), and the North America (SMSNA) Societies of Sexual Medicine. Within those, it is peculiarly brilliant – for number of affiliated members and scientific production - the European Society for Sexual Medicine (ESSM), currently ruled by Carlo Bettocchi (Table 1.3).

The ESSM supports scientists in the field of Sexual Medicine to translate fundamental research findings to clinical use, to develop and adopt new medicines, technologies, and methods for the treatment of sexual dysfunctions and for the improvement of human sexual health. ESSM supports the scientists in the field of Sexual Medicine through research grants, travel fellow-

ships, personal awards, and studentships. Moreover, by providing access to the best scientific papers, the newsletter *ESSMTODAY*, the literature review section, cases that matter, and many other opportunities, ESSM is providing continuously the essential scientific update that is needed in order to pursue its main purpose, to promote research and exchange of knowledge about the clinical entity of sexual dysfunction throughout Europe.

The ESSM means Education and Science in Sexual Medicine. In the last years, ESSM has established several educational programs and developed criteria for certification in Sexual Medicine and in Sexology. In fact, one of the main merits of the ESSM is the education in Sexual Medicine, which is ruled by the Multidisciplinary Committee of Sexual Medicine (MJCSM). The MJCSM was set up by the European Union of Medical Specialists (UEMS), the oldest medical organization in Europe which celebrated its 60th anniversary in 2018 through 43 Specialist Sections and their European Boards, addressing training in their respective Specialty and incorporating representatives from academia (Societies, Colleges, and Universities). The MJCSM is built on the representatives of the UEMS boards of Endocrinology, Dermatology, Urology, Obstetrics and Gynecology, and Psychiatry having as main objective to guarantee the highest standards of care in the field of Sexual Medicine in the countries of the European Union and associated European countries, by ensuring that the training in sexual medicine is raised to the optimal level. This is achieved by making recommendations on the standards required for the training of physicians who practice Sexual Medicine and on the maintenance of such standards, establishing criteria to which the training centers of Sexual Medicine should conform, setting up a system for assessment of training in Sexual Medicine, promoting Continuous Professional Development in Sexual Medicine, and facilitating the exchange of trainees between training centers of the various countries of the Union and associated countries to ensure a better harmonization and quality of training. The MJCSM and the ESSM strongly collaborate in

Table 1.3 Milestones of the European Society of Sexual Medicine

Year	Milestone
1995	The European Society of Impotence Research (ESIR) was born and the first Congress was held in Porto Carras, Greece. Our journey began into medical knowledge, research, and innovation across Europe
1997	The second Congress was held in Madrid. The third Congress was held in Barcelona in 2000, after the tremendous earthquake that hit Turkey in 1999, where the Congress should have been held
2001	The name of the Society changed into European Society for Sexual and Impotence Research (ESSIR) in order to embrace more deeply the broad field of sexual medicine, both male and female
2003	Changing again its name into the actual European Society for Sexual Medicine (ESSM). Characterizing once again its need to improve and spread the research into sexual medicine, a field which is continuously developing across the world, bringing sexual awareness to light more and more not only in the medical field but also among people
2005	The tenth anniversary of ESSM, a society which is always stronger and more deeply rooted across Europe, with 13 National Societies affiliated to ESSM and about 1400 members
2009	ESSM became stronger and now it harbors 25 National Affiliated Societies
2012	First examination to become a Fellow of the European Committee of Sexual Medicine (FECSM)
2013	First examination to become a European Federation of Sexology (EFS) & ESSM Certified Psycho-Sexologist (ECPS)
2015	Celebrating the 20th anniversary of ESSM
2020	Celebrating the 25th anniversary of ESSM

order to provide adequate qualification to medical doctors in Sexual Medicine since 2012. Thanks to this collaboration, the MJCSM issues the only available certification for sexual medicine: The Fellow of the European Committee of Sexual Medicine (FECSM), a mark of excellence obtained by a large number of doctors, not only from Europe, after a serious exam [15]. In order to help candidates prepare for the MJCSM exam, the ESSM arranges preparation courses. The courses offer a focused overview of Sexual Medicine aimed directly at increasing the chance of success in passing the exam. Lectures are delivered by renowned experts, and the course is highly recommended for anyone who aims for FECSM certification.

Another important historical step was reached by the ESSM with the ESSM School of Sexual Medicine and Advanced Course which is run with the support of the European Society with the ISSM and the European Federation of Sexology (see later). Participants did have the opportunity to learn the essentials of sexuality that are necessary for effective clinical practice, even for those

whose usual practice is exclusively with one gender. Similarly, the Society runs the ESSM Surgical Academy to offer various training units for surgeons to improve their knowledge, technical and communicative skills, and master novel operation techniques in genital surgery, according to high European standards of education, prior to performing them on patients.

As I mentioned earlier, the historical link between Andrology and Sexual Medicine is very strong. In fact, the European Academy of Andrology (EAA) also gave an important contribution to the earlier development of Sexual Medicine. The EAA was founded in 1992 in Castle Elmau (Germany) by a group of 15 distinguished andrologists from 10 European countries, who met on the occasion of the seventh European Workshop on Molecular and Cellular Endocrinology of the Testis. The EAA is a non-profit organization promoting research and education in andrology and public awareness in the area of male health, currently ruled by Csilla Krausz (IT). The EAA has a worldwide scope in terms of membership, research, and influence but

retains a clear focus upon Europe. A main feature of the Academy is the accreditation of high-quality andrology training centers, which are located mainly in Europe and also in America and the Middle East. The EAA is devoted to the development of andrological sciences and to disseminate knowledge in this field. To accomplish these tasks, the Academy organizes biennially the European Congress of Andrology (ECA). Furthermore, the Academy organizes Schools and Educational Courses to cover the entire range of the educational Curriculum built also in collaboration with the European Urological Association (EAU) Section of Andrological Urology (ESAU). One of the primary missions of the EAA Certified centers is to organize educational courses. Each Center is supposed to organize at least one Educational Course every 5 years. Training of the attendees of the Centers will be concluded by an examination administered by the EAA. The examination will test the candidate's proficiency in clinical andrology and its related fields (seminology, endocrinology, microbiology, imaging, morphology, urology, gynecology, immunology, and psychology) judged by international referees. Upon successful completion of the examination, the candidate will be awarded a certificate, or mark of excellence, of *Clinical Andrologist* from the EAA. Finally, *Andrology* is the official journal of the Academy since January 2013. This is a joint publication of the EAA and the American Society of Andrology (ASA) and replaces the old International Journal of Andrology and the Journal of Andrology, which were closed after merging in 2012. The growing impact factor is 3.842, and it is currently ruled by Marie Claude Hofmann (ASA) and Aleksander Giwercman (Deputy Editor, EAA).

The mentioned ESAU is a section of the EAU and seeks to reach a clearer perspective of what andrology has to offer and increase knowledge through investigation. ESAU promotes every aspect of clinical andrology, such as basic and clinical research, education, and training. The section facilitates interaction and close collaboration with the EAA. It takes a new direction towards active participation in ongoing European Educational Programs, and a major goal is to

realize a common European Educational Program in Andrology. The current chairman is Nikolaos Sofikitis (GR).

1.6 The Psychosexual Societies in the Field of Sexual Medicine and Other Journals Which Contributed to Its Development

Two sexological societies, born in the psychological and psychosexual environment, contributed to the history of the Sexual Medicine from their perspective.

The World Association for Sexual Health (WAS) is an international organization representing sexological societies and psychosexualists worldwide. Founded in 1978 in Rome, Italy, the main goal of WAS is to promote sexual health for all through psychosexual science. The WAS previously named World Association for Sexology but changed its name in order to stress that sexology is a tool for achieving sexual health. In 2010, the WAS instituted September 4 as the *World Sexual Health Day* in an effort to increase social awareness about the role that sexuality plays in human health, and to promote the fact that sexual health is only attainable through sexual rights. Elna Rudolph (ZA) is the current president of the WAS Executive Committee. The official journal of the WAS is the *International Journal of Sexual Health*, previously established in 1988 under the title *Journal of Psychology & Human Sexuality*. It has an Impact Factor of 1.944 (2020) and is ruled by Eli Coleman.

The European Federation of Sexology (EFS) has over 30 active societies or professional associations of psychosexualology and individual members, mainly from Europe. In 1988, under the impulse of an Italian psychiatrist, Willy Pasini, the EFS was founded as a regional society of WAS, with the aims to be the link between the different associations working in the field of sexology in Europe, to encourage the development of teaching in sexology, arouse sexological research plans, incite the organization of scien-

tific congress in sexology, and contribute with societies which have the same objectives. The EFS is currently under the presidency of Mehmet Sungur (TR).

1.7 Forecast and Conclusion

Sexual Medicine will be all the stronger in the future; the more it will be able to rely on evidence and not on opinion, the more it will be based on research, even basic and translational, and not only on clinical experience, although very important, the more it will consider as qualifying objective criteria such as scientific production and the Hirsh index and not the power games of small factions, the more it will give strength to inclusive logics and not to cultural separations and barriers, thus overcoming the diabolical temptation to remain within the enclosure of a single gender, of a single nation, of a single educational background. Very positive signs in this sense are clearly observed, even if there is still some way to go in the direction of the full maturity of the field.

In fact, here I demonstrated that the history of Sexual Medicine coincides strictly with its scientific production, well represented by the Societies and Journals. Examining this amazing vitality seems evident that the field appears as one of the most vital areas of medicine, young and rich in scientific, academic, and clinical satisfactions for its students, fellows, and practitioners who are becoming more and more numerous in every part of the world. And this will significantly increase the sexual health of our patients, of all genders and sexual orientations, also thanks to the book you are about to read!

References

1. Jannini EA, Reisman Y. Medicine without sexual medicine is not medicine: an MJCSM and ESSM petition on sexual health to the political and university authorities. *J Sex Med.* 2019;16(6):943–5. <https://doi.org/10.1016/j.jsxm.2019.04.001>.

2. Education and treatment in human sexuality: the training of health professionals. Report of a WHO meeting. *World Health Organ Tech Rep Ser.* 1975;(572):5–33. PMID: 809930.
3. Pinchera A, Jannini EA, Lenzi A. Research and academic education in medical sexology. *J Endocrinol Investig.* 2003;26(3 Suppl):13–4.
4. Hirschfeld M, editor. *Journal for sexual research.* Leipzig: George H. Wigand's Verlag; 1908.
5. Three FS. *Essays on the theory of sexuality (Drei Abhandlungen zur Sexualtheorie).* 1905. Trans. Strachey J. New York: Basic Books; 1962.
6. American Psychiatric Association (ed) *Diagnostic and statistical manual of mental disorders.* 5th ed. Washington, DC.
7. Masters WH, Johnson V. *Human sexual response.* Toronto/New York: Bantam Books; 1966.
8. Goldstein I, Lue TF, Padma-Nathan H, Rosen RC, Steers WD, Wicker PA. Oral sildenafil in the treatment of erectile dysfunction. Sildenafil Study Group. *N Engl J Med.* 1998;338(20):1397–404. <https://doi.org/10.1056/NEJM199805143382001>.
9. Jannini EA, Eardley I, Sand M, Hackett G. Clinical and basic science research in sexual medicine must rely, in part, on pharmaceutical funding? *J Sex Med.* 2010;7(7):2331–7. <https://doi.org/10.1111/j.1743-6109.2010.01898.x>.
10. Nimbi FM, Galizia R, Rossi R, Limoncin E, Ciocca G, Fontanesi L, Jannini EA, Simonelli C, Tambelli R. The biopsychosocial model and the sex-positive approach: an integrative perspective for sexology and general health care. *Sex Res Soc Policy.* 2021; <https://doi.org/10.1007/s13178-021-00647-x>.
11. Jannini EA, Lenzi A. Introduction to the integrated model: medical, surgical and psychological therapies for the couple. *J Endocrinol Investig.* 2003;26(3 Suppl):128–31. PMID: 12834039.
12. Federoff HJ, Gostin LO. Evolving from reductionism to holism: is there a future for systems medicine? *JAMA.* 2009;302(9):994–6. <https://doi.org/10.1001/jama.2009.1264>. PMID 19724047.
13. Jannini EA. SM = SM: the interface of systems medicine and sexual medicine for facing non-communicable diseases in a gender-dependent manner. *Sex Med Rev.* 2017;5(3):349–64. <https://doi.org/10.1016/j.sxmr.2017.04.002>.
14. Lewis RW. Comprehensive history of the International Society for Sexual Medicine. *Sex Med Rev.* 2021;9(4):517–41. <https://doi.org/10.1016/j.sxmr.2021.03.004>.
15. Serefoglu EC, Reisman Y, Bitzer J, Vignozzi L, Jannini EA. The only available certification for sexual medicine: the Fellow of the European Committee Sexual Medicine (FECSM). *Int J Impot Res.* 2021; <https://doi.org/10.1038/s41443-021-00506-8>.

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