**Good sexuality and so-called sexual dysfunctions in a transgenerational perspective. "Sexual health" and "maternal care".**

**by Antonio Imbasciati***

*Love and/or sexuality*

Love has been written about since *homo sapiens* learnt to write. Before that it was talked about and sung about. As it is, almost all animals "sing" about it. Humans have often wondered whether to call it love or sexuality. Or whether a non sexual love exists and how to see it, distinguish it and name it in the various languages; and on the other hand how to view and what to call the dimension entailed in the fact that there are two separate sexes that attract each other and on whose coupling depends the continuation of the species. And what is this "dimension"? Attraction and what follows from it seems to imply an inner movement that is often difficult to distinguish from what we call love. Is it a single dimension then? The fact is that in *homo sapiens,* as well as involving a great variety of behaviours, this "thing" implies a huge psychic involvement that is so complex that centuries of generations have struggled to decipher it, to investigate it, to discover the facets that always elude the consciousness. Every work, every poem, every "song" is an attempt at this. Every rite, fairytale, fantasy, hallucination is a celebration of it. Every culture has worked out a way of regulating it.
Therefore, as humanity gradually evolved in the development of the different sciences, everyone, in different roles and from different viewpoints, dealt with the "problem". Some French writers called it *le grand affaire de la vie*. Actually this "affaire", an affair in every sense, seems to be the rudder that determines the route of every human being's voyage. Love and sexuality: or, according to some people, love or sexuality? The dilemma can be compared to others: the flesh or the spirit? The body or the soul? And what soul? One gets the impression from those who study the origins and the development of the mind, that both in his phylogenesis and in his ontogenesis, man has slowly and progressively taken out of mere sexual behaviour the subjective dimension that he has called love, which can be totally separated from the behaviour that leads to the coupling of a man and woman. On the other hand, psychological studies, of which that of the Harlows, the husband and wife team, is well known (Harlow, 1958; Schrier, Harlow & Stollnitz, 1965), seem to lead (Imbasciati & Margiotta, 2005, cap. 17) in the opposite direction: not from sexuality to love, but from love, this time that of the mother for her infant, to the sexuality of the adult. This conclusion comes from the experimental observation that caring, with the interactive contact it involves, is indispensable for the development of adult sexuality years later On the one hand, then, we have the impression or the insight coming from a reflection on the phylogenesis of human introspection, and on the other, experimental data showing the opposite. The contradiction can be partly resolved by considering that the second path, though proven, is totally unconscious and inaccessible to introspection and memory, while the first comes from what every man is able to glean, in intentions and in his capacity for consciousness, from what "happens to him".
"Happens": we are admittedly in the area of psychic happenings that "occur", of the affects by which we are "affected" (*ad-ficio*, *ad-fectum*); of the passions that we suffer [in Italian, 'patire' (*patior*, *passus*)] in the psychic world that today we say is regulated by the right brain (Schore, 2003a, b). While this is the process demonstrated by today's science, the opposite process is part of the universal attempt by the capacity for consciousness to delve into subjectivity in order to get back to its roots, in unconscious primary processes: this always remains uncompleted, if not misleading, since the quality of consciousness is determined by processes that are themselves unconscious (Imbasciati, 2005b; 2006; 2007). Hence the attempt, constantly repeated: hence the massive literature on love and sexuality, and whether one or the other comes first, or whether one comes from the other.

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In psychology the concept of instinct has long been evoked to explain what was called sexuality, in contrast to the affects, separate however from cognition, according to a traditional dichotomy as if each were different "things" and only the second was "mental" [while the first was linked (hypostatically – Imbasciati, 1994; 2007b) to the biological sphere]. The concept of instinct was used in the attempt to interface the two aspects that researchers at times wanted to separate and at times unite, depending on their *a priori* beliefs. But the concept of instinct for humans has proven to be inapplicable (Imbasciati & Ghilardi, 1990; Ghilardi & Imbasciati, 1989). And on the other hand, for the mind, the old cognition/affect dichotomy has been swept away: both orders of events nominally different are equally mental, as today's neuroscience shows, differing only in their conscious epiphenomenon. These two facts should clear up the eternal diatribe: sexuality is part of the manifestations of mental activity up until now called affective, carried out significantly by some parts of the C.N.S. (the right brain: Schore, 2003a, b), with all their heritage of mnestic elaboration capacities.
However, even when considered at a scientific level, these two new findings, with the conceptual change they brought in the names previously used, have not yet been assimilated by the culture in general, in which the ancient questions are still debated: love and/or sexuality. Moreover, there has not yet been assimilation of the principle that in the psychic, a clear distinction must be made between what *appears* to the consciousness – perception and sensorial reference, cognitive thought, introspection in feelings and in experiences – and what is *inferred* as happening in the mind, based on what is documented by the study of unconscious events and today by that in the C.N.S. There has been a change in the very concept of the mind.
As a result, some parascientific literature is still discussing the wisdom of distinguishing a psychic component, typical of the sphere called the affective sphere, from more precisely biological components which would instead be attributed to events that are more clearly corporeal: the names tied to the traditional meanings of differentiated terms play a dominant role. The debate therefore continues as to whether and how affectivity conditions sexuality or vice versa, and the perceptive set of sexual situations continue to be connected to the corporeal sphere and therefore to automatic mechanisms of physiology. In this connection, it is forgotten that the so-called physiology of sexuality is essentially produced by a neuropsychic regulation, and not by automatic biological mechanisms. Sexuality is an essentially psychosomatic event: the human being's sexual "dimension" both in the manifestations that seem to be clearly psychic, and in those that seem somatic, is an event which, to be understood and even more explained, refer to the mind, in the sense of operation of the C.N.S., and not to automatic peripherical mechanisms attributed exclusively to bodily physiology. Sexual pleasure itself is a mental construct, not a perception in the true sense, in other words it does not originate in the sensorial system and/or specific peripherical nervous system. (Imbasciati, 1983; 1985; 1987; 2000. Imbasciati & Margiotta, 2005, cap. 17).
Therefore, when one talks about sexual functions, one may be referring to the working of the genitals but one must not forget that this is "commanded" by the C.N.S., that is, determined by the mind. This overshadowing, if not omission, is however common in the sexological literature, when it deals with sexual dysfunctions in biological terms, with the accent exclusively on the peripherical organs and on their "pathology" (Imbasciati, 2003).
Neglect of the mental nature of sexuality easily slips into underestimation of how a person's sex life and above all a couple's sexual understanding, are the creative, rather than destructive, source for the psychic development not only of the couple, but also for the future individuals (the children), for their future mental and also psychosomatic structure, and therefore for the future development, whether it be positive or negative, of humanity. We will see this in what follows.

*So-called sexual pathology*

In the culture of the health field, as well as (predominantly) among the population, who are the former's clients, there is not a little ignorance about sexuality considered in its global, psychosomatic, sense. There is also reductionism and superficiality in taking it for granted that certain standard manifestations are normal and in classing other manifestations under the label of pathology. Three factors are at work here, strengthening each other in turn. The first concerns the fact that health culture is based on the medical tradition and medical attention is first of all directed

at the body, far less at the psyche and at the psyche-soma. The second concerns the arbitrary meaning given to pathology, not to the norm, in the belief that the norm/pathology distinction, which is clear for the body and its illnesses, can be transposed to sexuality without creating misunderstandings, as if it were the same as the body. But this distinction is misleading if it refers to psychic and psychosomatic functions. The same concept of normality, and even more, that of illness, cannot be applied to the psychic sphere (Imbasciati, 2008). The third factor refers to the fact that for sexuality, the so-called pathology is what is complained of by the person who contacts the doctor or other person held to be competent.

For the same level of psychic or psychosomatic functioning, there can in fact be one subject that complains of it and therefore, regarding it as pathological, brings it to the attention of a doctor, and another who is satisfied with it, or at any rate thinks that low satisfaction is normal (Imbasciati, 2003). It is only the "pathology" that the patient complains of that is brought to the attention of the sexologist: the verdict of pathology gets to be conditioned by the patient's opinion. Never or almost never is the problem brought before a doctor if a certain sexual psychosomatic functionality is excellent or less, that is, if a subject's "sexual dimension" (Imbasciati, 2000) is optimal or if it has some *minus*, not noticed or complained of by the subject and which could be improved. The dichotomic judgement of normality/pathology, moreover conditioned by the subject, leads to the evaluation of the level of functioning being forgotten. Among the great anomalies[1] of sexuality and the optimum there is a continuum: think for instance of the continuum existing between "sexual tastes", that is what some individuals prefer in the erotic encounter, and actual perversions, whether they are innocuous or harmful. Along this continuum, apart from a great anomaly, it is a matter of personal opinion whether or not to consider oneself pathological. As a result, medical attention, which either focuses purely on the body and on the evidence of neurovascular muscular and secretionary functions of the sex organs, or on the hormonal situation, which however is not usually the primary cause but a psychoneuroendocrinal mediation.

On the other hand, as both the norm and the pathology depend on global neuromental regulation, the overshadowing of the intermediate continuum distracts the researcher's attention from the study of how non-optimal psychic situations can be traced and discovered by starting from a great many of the unspoken defects, both large and small.

These factors explain the poor knowledge of the sexual dimension in medical culture and its acquiescence to the reductive popular view that only considers the most obvious functioning of the genitals, and brands as pathological whatever the person consciously perceives of his experience when he is dissatisfied with something.

It is considered pathology since it has been brought to the attention of the person presumed to be competent, but not much is known about the sexuality of those who have no complaints, and even less about what optimal sexuality is, and how the two are connected to the psyche. Any "pathology" is regarded in medical terms (most unpsychologically), as a dysfunction of the body's system to be treated with medicine's usual somatic methods. In this there is the collusion of the client's expectations, accustomed by an idealized image of modern medicine to "everything, at once, rapidly" (Imbasciati, 2008), and foreign to the idea – at times even to the hint – of a psychic impact, and hence the indispensable work to solve the complaint. The inherited soul/body split, and today a mind/body split, closes the circle of collusion, between those who want a sexuality without problems and a so-called sexological science. Here too one finds the use of terms that inappropriately extend medical concepts to the psychic domain (Turchi & Perno, 2002; Imbasciati, 2007c, d; 2008): among these there is in particular the concept of pathology with its reference to a noxious factor that has spoilt something, in this case sexuality, whose disorder is thus felt to be alien to the subject (Imbasciati & Margotta, 2008 cap. 13).

Thus on both sides (clients and sexology) sexual activity is conceived as if it were a physiological reflex: certain stimuli must cause a certain response concerning the genitals. This is actually not so: although it may seem almost automatic, arousal with its genital response is in fact a final somatic manifestation of a complex, but very rapid, operation of the CNS, of which the individual only notices some bodily sensations. The working of the genitals is not naturally automatic even though it seems so; nor can one talk about instinct in the real sense of the word. The genitals, male

[1] Since the term "pathology" is uncertain and therefore inappropriate for every variation differing from the average, it is better to use the word 'anomaly' (Imbasciati & Margiotta, 2008; Imbasciati, 2008).

and female, are regulated by the brain: saying “the brain”, one thinks however of voluntary conscious mental activity. This too is a common false belief: most of the work of our brain concerns psychic activity that is absolutely inaccessible for our consciousness. The genitals are not regulated by the parts or networks of the encephalon that can produce consciousness, intentionality, so-called will-power and conscious thoughts, but by the parts of the brain that control the unconscious emotive functions, and that involve memories that cannot be remembered: the “implicit” memory. This is mainly the work of the right brain and of the limbic circumvolutions, and is then transmitted along the so-called Hypothalamus-Hypophysis axis and the vegetative system. The elaboration that takes place at the level of the C.N.S., that is, what happens psychically and unconsciously, means that one can feel the vascular, secretionary and muscular changes (smooth involuntary muscles) that prepare for coitus and that are necessary to carry it out, hopefully in the best possible conditions. The hormonal situation is the intermediate filter, itself determined in turn by the system of neural functions. The so-called changes lead to the male erection, to its duration, its repeatability, and to the moment of ejaculation, as well as to female changes of dilation, vaginal lubrification, and the times and modes of repeatability of the female orgasm. Moreover it is precisely what happens in these parts of the Central Nervous System that constitutes the unconscious psychic elaboration that transmits to the subject’s consciousness greater or lesser pleasure; and that transmits the experience of arousal to the body rather than intrinsically to the subjectivity.

Sexual pleasure, which human beings connect almost exclusively with the genital areas, does not come from these: in the genitals there are no “pleasure receptors”. Pleasure is generated at the level of the Central Nervous System, in the mode in which the work of the unconscious brain is transmitted to the cerebral structures of conscious perception. The eye has *specific* receptors for light waves, the ear has specific receptors to pick up variations in sound waves, just as there are specific receptors for mechanical variations (tactile, pressure and neuromuscular receptors) or thermal variations, or specific receptors for pain. The specificity of the receptor is elaborated in equally specific nerve paths, peripheric and central. It is this specificity that provides sensorial quality: visual, auditive, tactile, pressure, kinetic, proprioceptive, pain; and we could add vestibular, olfactive, gustative. Sexual feelings have their own specific quality in the subjectivity, which distinguishes them from the other forms of sensoriality: this specificity, different for the tactile sensations that can come from the genitals, assumes its own particular character when it takes the form of sexual pleasure, and this sensorial quality becomes totally different from every other perception of pleasure in coitus and orgasm. Here the subject has the perception as if of a “sixth sense”, absolutely special, coming from the genital areas. And yet in the genitals there are no specific receptors, but only tactile and thermal receptors and a great many pain receptors. Nor are there particular peripherical nerve paths : the receptors in the genitals send their signals along the peripherical system concerning the specificities of other sensory receptions. This means that the specificity of sexual sensations and pleasure is constructed exclusively at the central level. Moreover here there is far less specificity of cerebral areas or of neural systems than there is for the other types of sensoriality: it is the brain as a whole that elaborates “sexual perception”. The sexual process is therefore “constructed” at the central level. The subject connects it to the periphery, but it is not generated here, at a physiological level: sexual pleasure in fact originates psychophysiologically in the brain, although most people (males far more than females) perceive it as if it starts in the genitals. The genitals transmit tactile and thermal signals, which are elaborated as a particular pleasure only at the central level. Proof of this is the ordinary observation that the same genital stimulus can be perceived as erotic and pleasant, rather than indifferent or unpleasant, or even erotic and unpleasant, and at times painful, depending on the global interpersonal circumstances of the context in which the touching takes place.

*Sexuality as a denied emotion*

In common thinking, sexuality is seen as causing emotions: in fact the sexual dimension does not bring emotions but is itself a particular emotion. If anything, other emotions depend on the perception of *that* emotion. Both in its sensorial aspect – pleasure of a greater or lesser intensity rather than lack of sensation, or even pain, – and in the functioning of the genitals, sexuality

depends on non conscious psychic processes that occur in the emotive brain (Imbasciati, 1987). The sexual encounter is an emotion, otherwise it is not "sexual": it is perhaps the most salient emotion that a human being can experience. Like all emotions, the sexual emotion has a somatic side. Fear, for instance, causes a rapid heartbeat, moves the intestines, relaxes the sphincters, may even cause heart attack or heart failure. Similarly, anger makes the blood pressure rise. In all emotions what happens at the central level, in the brain, produces changes in the body: in the same way, the erotic encounter produces a huge emotion, made up of neuropsychic processes, largely unconscious as in all emotive states, but with an enormous mnestic cerebral involvement which causes the somatic changes: these can be experimentally recorded even when the subject does not notice them; they become visible more than in any other emotion when they openly characterise sexual arousal and enable coitus to be performed.

Usually one realises when one is affected by the emotions and soon afterwards or simultaneously one notices somatic changes: some individuals notice these first, before realising they are affected by an emotion. For sexual emotion this is what most often happens. We notice, firstly and above all, that there are changes taking place in our body. But it is not these somatic changes that cause emotion, just as it is not the blush that causes embarrassment: it is merely that we notice the somatic aspects rather than what is happening to us psychically.

Like all emotions, the sexual emotion - though specific - can have, depending on the single subject, multiple psychic and somatic variations: the latter are perhaps more evident than in other emotions, while the former may branch out into an infinite number of affective experiences and mnestic responses. It seems however that both experiences and memories are not easily "felt" by most people. In our culture, and in men more than women, it is the bodily aspects that are given more importance, and one notices these before, and at times without, becoming aware of the psychic events that caused them: it is therefore felt that what happens in the soma is detached from the psyche, as if it were an automatic biological reflex, as in animals. For instance, in dogs, the smell of the female triggers an uncontrollable series of genital and behavioural modifications in the male and the female, that concludes with coitus. But man has a far more complex brain than a dog; it works not on reflexes, but by interpreting interpersonal situations in terms of the subject's own remote memories (Imbasciati, 1990; 2000; 2003; Imbasciati & Margotta, 2005; 2008). It is this "reading" that determines the erotic situation, i.e. that triggers a certain cerebral activity that causes arousal and the feeling of pleasure (or at times other experiences similar to perception). This depends on the kind of reading[2] that the person's neuromental structure makes of the situation itself. Such a situation is always interpersonal: even when the arousal comes about in the subject not in the presence of other people, but via thoughts, fantasies etc, these intrapsychic situations involve relational memories, independently of the fact that they may be accessible to memory or be part of the implicit memory.

Given these presuppositions, why then is it believed even by people who should be competent, that this is a physical matter? This idea seems to acquire cogency when it is noticed that there is something "the matter". The inconvenience then becomes an illness, which has to be treated just as illnesses are treated.

The answer lies, in my opinion, in the fact that in every human being there is an unconscious defence against thinking that a disorder, especially one that takes a physical form, is actually a psychic disorder. Health culture corroborates this idea. The defence is strengthened at the thought that in order to cure the disorder, effort is needed on the subject's part, real "work". It is much easier to think that this disorder has nothing to do with one's Ego, that it is foreign to it, i.e. that it depends on some recent physical cause. It is therefore much more convenient to think that this disorder is to be considered an illness, which can therefore be cured *by* the doctor.

I have underlined *by* to indicate the passive form of the verb cure and the transitive action of the doctor who cures: elsewhere (Imbasciati, 1993; 2008; Imbasciati & Margiotta, 2005; 2008) I have explained the ambiguities that this "transitivist" idea generates, both in the people who suffer and in the doctors who try to cure them. The expectation is therefore generated that in order to be cured the subject must submit to something done essentially by the health worker, without doing anything personally apart from agreeing to the treatment. In contrast, an essentially psychic "problem", like that of somatic functions-dysfunctions of the sexual emotion, cannot be cured unless the subject

[2] The concept of "reading" is used here with reference to the *theory of the protomental* (Imbasciati, 2006).

*actively* commits him/herself to inner psychological work. This however means acknowledging that this "problem" is not an illness that has befallen the poor subject due to some external cause, but derives from his own psychic structure, which can neither be transitively changed by somebody, nor voluntarily by the subject, but being unconscious (right brain: affective-emotional regulation) can be restructured only if the subject is *actively* committed to psychotherapy.
Sexuality is therefore an emotion. Emotions are not cured through action on their somatic manifestations, in fact such a cure would only be a symptomatic palliation: what is needed is psychotherapy. Any malaise due to the somatic effects of an emotion are to be cured by restructuring the mental structures that cause it. Any "disorder" recognised in the sexual dimension is to be treated at the source, in the mental structure regulating it. But sexuality is a denied emotion, denied more than the others: towards their own sexuality most people can be considered alexithymic[3], at least partly. It could be said that the human being defends himself almost psysiologically from recognising this emotion. This opens phylogenic anthropological scenarios: has *homo sapiens* perhaps learnt not to want to have anything to do with what regulates reproduction, leaving this task to the collectivity with all its moral rules on the issue? (Imbasciati, 1978).
The fact is that this emotion tends to be denied as such. What remains is somatic behaviour. It is therefore not easy for a person to judge its normality rather than anomaly and even more for a person to assess its level of optimality; neither is it easy to overcome denial, accepting the prospect of psychotherapy for this emotion; and not only when it has given the subject signals that are unbearable, but also in a preventive sense to promote optimality.

*So-called sexual dysfunctions*

It is actually not easy for a person to reach the above position, even more so if he finds some *doctor* who talks about a different, rapid remedy: pharmacological or surgical. Thus most male impotence is treated with sildenafil: admittedly, this drug, acting on the vessels, manages to create an erection and the man can be proud of it and satisfied with having satisfied his partner, but how happy will he be within? To what extent will he be able to have the fullness of a pleasure that strengthens the bond? We could say that he will be a great stallion, or a man that loves his "object", which is perhaps not another human being, and which precisely because of this "love" on the part of the subject, becomes an irreplaceable support. Here we are entering a complex psychosociological issue, as considered below (section 5). Again, for these "dysfunctions", or rather for these failures in neuropsychophysiological functioning, enterprising surgeons today offer operations of various kinds: some performance will be achieved, but at what price? Analogously, *eiaculatio praecox* is treated with an anaesthetising cream or with techniques of amatory gymnastics. Will they serve "to love" apart from the tricks? Or will they serve to negate the value of love and of the bond between human beings?
Women's lot is even more negative: to cure vaginismus (involuntary contraction of the vaginal and/or perineal muscles) what is offered are miorelaxants or even surgical enlargement, but if there is dyspareunia without vaginismus? This concerns causing pain instead of pleasure: the brain, in relation to its own elaboration (and here the implicit mnestic heritage comes into play), transforms into pain instead of into pleasure the sets of signals that reach it from contact and from the encounter. When the dyspareunia (or worse cases, vulvodynia) is clear, self-proclaimed sexologists (sexology is not regulated by any legally recognised qualification in Italy) will propose the most varied "exercises". They will insist on technicising the somatic effects of that great emotion, which in this way is further denied.
But the worst thing for a woman is when there is not pain, but insensibility, or low sensibility, when the vagina does not respond with adequate modifications to what the mind interprets about the prospect of sexual intercourse, and does not prepare for it, and even more when the mind reads the situation with an elaboration which produces a conscious result that is not pleasant; and therefore when the signals that arrive from the body or from the interpersonal situation are not

[3] Alexithymia is a defect in the mental capacity to realise one's own and others' emotions (cfr. Imbasciati & Margiotta, 2008).

elaborated in pleasure. It is here that couples often “crumble”. The woman may accept the man’s desire, but the sexual encounter may not be satisfying. And also for the man: the enjoyment he gets from it may not satisfy him greatly, being deprived of the pleasure of giving pleasure, of feeling together in a dialogue that constitutes a mutual bond, of feelings and memories. Such a “love” cannot consolidate the couple’s union: the disparity and the insufficiency of the satisfaction sooner or later will make the union collapse.
When a couple functions in this way, the tragic thing in our culture is that it is very rare for either of them to think that the situation could be changed through psychotherapy, individual or, better, as a couple: in most cases, they either resign themselves, dragging on a relationship that is more or less squallid, or they seek another partner, with the related consequences. In both cases “*le grand affaire de la vie*” ends up a failure. The worst thing is that this always has repercussions for the children, as we will see below.
It would therefore be necessary to unmask the concepts implied in the term “sexual dysfunctions”: the “working” of the genitals cannot be equated with that of the liver or the intestines. Underlying the word and the concept of dysfunction there is the idea, totally inaccurate, that the genitals work with an automatic biological mechanism, just as the liver reacts to the biochemical components conveyed to it by the blood, or just as the digestive tract functions when food is swallowed. In this idea there is the institutionalization, with tacit medical support, of the negation of sexuality as an emotion. And perhaps also a more general negation of the value of the emotions as the driving force of human behaviour. In vain we know that the emotions are cerebral activity equal to and perhaps more important than what is rather presumptuously considered conscious cognition.

*Sexual health in the couple as the prognosis of the ability to bring up children*

What has been outlined above when mentioning some of the most common “dysfunctions”, should be extended to an infinite variety of other erotic situations which, though essentially defective since they are non optimal or slightly anomalous, are neglected, attributing them to vague natural causes, to idiopathic characteristics, or to habits: this concerns the fact we have already mentioned that in health culture the only situations that are brought to the attention and considered pathological are those about which the people involved complain; all the others, about which nobody complains due to cultural traditions, are not taken into consideration or studied. And yet any situation is linked to the mind’s global structure and therefore unnoticed conditions can be indicators of non optimal inner states. The classification of “disorder” or dysfunction or pathology is given only to what disturbs the person involved or his partner, but there is no sense that there may be something latent. With reference to the four-way distribution of the “disorder” (Imbasciati & Margiotta, 2005; 2008, Imbasciati, 2008: known to oneself and not to others, known to others and not to oneself, known to oneself and to others, not known to oneself or to others), only the egodystonic disorder is considered, sometimes the egosyntonic one, but never the latent disorder. In more general terms, not enough consideration is given to the fact that any emotive functionality can reveal defects compared to its optimal level and therefore compared to the optimal level of the mind’s structure.
Sexuality therefore deserves to be considered and studied at all times as an element of diagnostic evaluation, beyond the incorrect medical classification of normality/pathology: the concept of “health” should be considered in contrast to that of ”health service”. The matching and agreement of the couple are based on an emotive concordance, of which a good sexuality or sexual health is an important indicator. A less than optimal level (therefore with some, even partial, defect) in the sexual rapport can compromise the unity of the couple not only due to the direct effects, but also because it reveals the discordance of a less than optimal inner level of the mind. Hence, and not directly due to a sexual defect, there can be repercussions for the family.
An idea that has not yet been assimilated by our culture is that sexualtiy has a precise purpose: it is the factory of a love that can be transmitted to the children. This idea is not simply based on the fact that a good harmony and stability in the couple favours a positive affective climate for the children and the transmission to them of the value of the affects and of bonds, but has a more solid, detailed and scientific reason in the already mentioned experimental studies on how the attentions of maternal care are the indispensable support for the development of adult sexuality.

Good sexuality has its roots in the good quality of maternal care received by an individual in his earliest phases of life. The erotic dialogue is based essentially on a reciprocal non-verbal communication which may imply harmony, and we then have understanding and - it is reasonable to assume - good sexuality, or it may imply discordances, which may be the source of a sexuality that is impaired in some way. Psychoanalysis has focused on the whole process of mother-infant interaction concerning the caregiver's capacities for *rêvérie* and how these "teach" the infant and the future individual himself to acquire these capacities, which are the basis of thought and emotive intelligence, as is also recognised by non-psychoanalytic studies, and of a low level of alexithymia.
Are these not perhaps the capacities that condition the more general capacity to love? The capacity to tune into the non-verbal communication that regulates emotive interaction? I think this link deserves the utmost attention in detailed studies on the sexual dimension, looking at its developmental roots in global psychic growth, starting from the earliest stage of infancy. Such a study, both carried out from the psychoanalytical standpoint, and from that of other sciences of the mind, could help to get rid of the misunderstanding that reigns in current sexology.
Here we arrive at the final consequences, at a psychosocial level, of the neglect of the fact that sexuality is an event of a human psychic dimension that is involved as a basic relational element in the good matching of a couple, in its endurance over time, and above all for the maintaining of a psychic climate indispensable for the transgenerational transmission of the emotive mental functions necessary for an adequate care of the children. A great deal is said about "maternal care" and it is celebrated as being essential for the good psychic and psychosomatic development of children and therefore of future individuals, blaming the most serious psychopathologies on the "deficiencies" of such care." In its effects on development, this "care" does not merely consist of ensuring that the infant is fed, washed and that any illnesses are treated, but of the presence of the adult who is in dialogue with the baby's mind. *Infant Research*, and *Infant Observation* using the techniques of Bick (1964; 1968; 1975) and Harris (Meltzer & Harris, 1983; A.A., 1993), psychoanalytic psychotherapy of mother and child, and infantile psychoanalysis agree in telling us that so-called maternal care does not have as the fulcrum of its effects the merely physical aspect, and that it is not the quantity and intensity that counts but its quality. It is as the channel mediating between the adult's functional structure and the infant's learning, taken in the broad sense to mean learning the structures of affective functions (Imbasciati, 2005b; 2006a, b).
This concerns "*affect regulation*", the object of so much experimental research (Schore, 2003a, b) in psychology and neuropsychology, which is established between mother and infant, and which acts above all in the pre-verbal stage, structuring the child's psychic functionality and neural networks, related in particular to the emotive-affective functions (what will later be called character, personality or living style, attachment style, relational predisposition, or temperament) and to the structural quality of psychosomatic regulation. This regulation depends on the mother's psychic structure and comes about through spontaneous non-verbal communication (including interactions) between the *caregiver* and the baby: the latter learns the mother's structured and structuring modalities to the extent that there is a syntonization (Stern, 1977; 1987) of the messages passing via non-verbal means. Such learning is needed for the child's optimal growth insofar as there is empathy to messages and insofar as the mother has a good mental structure to transmit and will transmit it syntonically; obviously as well as the desire and the time to be near the child so that there is enough space for the transmission. This learning can however be dysfunctional (iatrogenic, pathologizing) when the syntony is missing (*affect disregulation*), either due to the mother's psychic structure or to the lack of sufficient continuous time and space for the communication to occur.
This regulation takes place from before birth, in the foetal stage: specific studies have been made of the mother's prenatal attachment style and the attachment style of the infant (Imbasciati, Cabrassi & Cena, 2007; Della Vedova, Cabrassi & Imbasciati, 2007; Della Vedova, Tomasoni & Imbasciati, 2006) and earlier studies were made of the mother's psychosomatic regulation of the child's bodily physiological parameters (Hofer, 1978; 1981; Taylor, 1987). The psychoanalytical literature has subtly conceptualized the process of syntonizing in relation to the description of the maternal capacities for *rêvérie.* This consists of the capacity (automatic and in turn acquired by the *caregiver* when she was a child relating to her own caregivers) for an empathic emotive understanding towards what the infant is experiencing, carried out through psychic modalities similar to those of dreaming (hence the name: *rêvé*, *rêvérie*, also used in the Anglo-Saxon

literature) and immediately afterwards of the mother's ability to give the infant back a message at the level he can receive and "understand"; i.e. so that he can learn (Fonagy, 2001; Fonagy & Target, 1997). Based on Bion's theorization (Bion, 1962; 1963; 1965; 1967; 1970; Imbasciati, in press), the capacity for *rêvérie* is described as the maternal mind's possibility of picking up the projective identifications expelled by the baby (bad objects) and of metabolizing them, giving them back to him as thinkable messages. The mother teaches her child to think. This is how the infant learns in the pre-verbal stage, the foundation on which will depend the quality of all his later learning and therefore the construction of his mind (Imbasciati, 2006a, b).

With such premises we must consider what is hastily labelled (and misunderstood by those who are not informed) "maternal care". The dialogue that makes up the "maternal care" can be fruitful; for the child to learn from it, it must be a real dialogue between two subjects that understand each other, i.e. between two mental systems endowed with the ability to encode and decode messages, in other words that can really communicate. A mother's interactive non-verbal communication may not be "understood", that is, decoded, if it is not aimed at the developmental level on which the baby's system can operate at that moment: the mother therefore needs to be able to recognise the functional level of the child's mind; this is the capacity of *rêvérie*. As a result she will also be able (environmental circumstances permitting) to send messages at a corresponding level or one slightly higher but which can be "understood" or taken in by the baby. In this way there is the structuring, or the "construction" of the mental base on which the quality of all the child's future learning will depend, and therefore the development of the mind of the future individual. For the *caregiver* to be a successful vehicle for this development it is necessary for her to be adequately present in caring for the baby, but this alone is not enough. There may be a mother who is always with her child, with all her attention trained on him but who is not tuned in (lacking the capacity for *rêvérie*) which is what performs an *affect regulation* that serves for good growth. Caregivers often want to communicate intentionally, since they know it is something one should do, but they are precisely the ones who are not able to syntonize, but able only to intrude and disorganise the baby. Syntonic dialogic communication is spontaneous: it "comes", because the caregiver's emotive intelligence (to use the concept of Greenspan, 1997) automatically produces it.

The importance of the *quality* of maternal care (and also of paternal care) therefore has enormous importance for the future individual: for his psychosomatic structuring, or rather for the *quality* of this structure which will regulate the development of the body and the construction of the mind, at optimal levels rather than in the various dysfunctional aspects, through to what we call pathologies. In particular a good mental construction will produce an individual with a good structure that will in turn ensure good growth for his/her children. The same applies in a negative sense. There can therefore be transgenerational circuits that are vicious or virtuous: the children generated might get better and better, or worse and worse. This therefore concerns futurological visions of the utmost importance. At the centre of the vicious or virtuous progressive transgenerational circuit of the construction of the mind, there is therefore the possibility that this construction entails an increase or a reduction in the capcity to experience one's own emotions and therefore to understand those of others. This is the opposite of alexithymia.

It has been necessary to give this illustration of "maternal care" and its transgenerational effect in order to form a clear picture of the essence of interhuman communication, which is first of all verbal. But it is precisely in this way that a couple in love communicate. This dialogue is learnt during the "maternal care". Experimental studies, like those of the Harlows cited above, show that it is essential for the development of adult sexuality. Psychoanalytical studies agree in considering the affective capacities, indispensable for the couple, in their origins in infancy. The psychosomatics of emotions tells us that the sexual emotion has its roots here. In common parlance we can say that love is the foundation for good sexuality.

In my view, these connections deserve further investigation. The events of sexuality need to be connected to those of non-verbal communication, and from the capacity for such communication one must go back to the modalities of the transgenerational transmission that regulates individuals' development in either a positive or negative direction. We could obtain significant indicators about humanity's future: such a study therefore becomes of even greater interest. Naturally the departure point of the possible connections, that is, the study of the "sexual dimension", firstly behavioural and then above all psychic, would need to be absolutely thorough and precise, and covering every sexual situation, especially those that are vaguely called "normal".

*Loving rapport and transgenerationalism*

With words one can lie, while with the other means of communication it is far more difficult: even if we are good performers someone will realise that we are acting. It is not words that create the understanding in love: it seems that the rapport is based precisely on the greater difficulty of lying. We might say that love loves the truth. What the erotic situation stimulates, which therefore also triggers the psychophysical processes of sexual arousal, is precisely the interpretation of non-verbal messages. It is this that makes one fall in love. The mystery of falling in love, the subject of so many eager reflections, is such because the decoding of non-verbal communications is unconscious: the subject does not know what she/he has "read" in the other person; s/he does not know why s/he "likes" the other; s/he does not know what the other person has put inside him/her, in firing his/her passion.

Fornari talked about "erotemes", dealing with the most general affective semiosis that he claims is the basis of interhuman communication and of the social order (Fornari, 1979): these are elementary communication units that can evoke similar responses and give rise to a dialogue. A loving dialogue, in fact: the erotic situation is a dialogue that proceeds if the two protagonists understand each other; otherwise it stops, unless it goes ahead with "lies", which almost always make use of words. In this case, sooner or later one of the two, or both of them, will end up saying "I was wrong/ he or she took me in".

In this non-verbal dialogue the great protagonist is the body: with the body one transmits signals and with the body's senses one picks them up; and the mind "reads" what the senses send. This reading is not inherent to the quality of the signals, but to the mental structure that elaborates them (as we have already said on the construction of pleasure). This reading may give rise, in a positive or negative direction, to the mind's command to the body to prepare to approach another body and to join with it, in whatever way the respective anatomies may allow. Two people are attracted, they approach each other, the bodily communication is intensified[4] and if the dialogue is or seems to be going well, with growing intensity the body and the genitals in particular change and prepare to take the coitus to its culmination, with its extremely intense epiphenomenon of a particular pleasure.

The erotic dialogue, with its peak experienced in the body, has its roots in implicit memories that in the infantile structuring of emotive functioning make up the basis of the earliest communications: non-verbal and bodily. Here we find "maternal care", in its aspect of protection and teaching, and therefore of knowledge: this then is love. And here is sexuality as it is eloquently shown in experimental research into animals (Imbasciati & Margiotta, 2005 cap. 17) and as catamnestic findings, provided they are accurate, reveal in humans who complain of sexual "dysfunctions". The conclusion is that love cannot be split from sexuality, in view of its origins as well as of the effects it can produce; but the logical conclusion, working backwards, is that sexuality "resuscitates" love. "Making love is good for love" is not a senseless slogan.

If a good "sexual dimension" (Imbasciati, 2000) dips into implicit memories concerning the quality of the care received and the transmission of good protomental structures (with a low alexithymic side: Imbasciati & Margiotta, 2005; 2008), it is reasonable to suppose that these findings are also expressed in the care for one's children, even more so if the couple, well-matched, selects and accumulates these capacities and transmits them. We therefore have the closure of the circuit between sexuality and love; between these and the development of the person; and I dare say, of humanity, considering the transgenerational aspect.

On the scientific plane, considerable interest is offered by all the clinical and experimental research that can correlate protomental dimensions and non-verbal communication capacities not only with the quality of care received as infants, but also with the care given to one's own children, and with the success of the couple. This would be a way of assessing "good" sexuality. At a merely speculative level, we can put forward the hypothesis that a couple's success in raising children has a high correlation with the positive dimension of their sexual rapport, and not only as a simple direct effect, but also because the sexual rapport presupposes the same qualities involved in

[4] On this, it is paradigmatic that the apocrine glands change due to the smells given off. This communication, though unnoticed by many subjects, also operates in them.

raising children. Obviously the sexual rapport needs to be considered in its inner dimensions and not in the athletic nature of its performances in coitus. Hence the problems of method. So-called sexual dysfunctions would therefore be an indicator of a non-optimal mental functioning that can be important for our children and for future generations. In this situation however the sexual dimension needs to be studied always and anyway, even when no complaints are made about it: in my view, this could be the best departure point for a possible prognosis on the raising of children.

The more love and sexuality go well together and feed each other, the more this means that the sensorial roots of interpersonal emotive elaboration (positive maternal care) have been well structured and maintained, as well as the capacity to use them as adults. It is precisely these memories that, if well structured, make up the spontaneous automatic capacity to use them with our children, taking care of them adequately and thus fostering good psychic and psychosomatic growth. This means, first of all, teaching to think, and hence the basis for an intelligence which, as emotive intelligence, can expand in the most interrelated ways that for the future individual will make up both his capacity for abstract intelligence and the maintenance of the capacities for interpersonal knowledge underlying society: therefore of a better future society? Does Eros evoke Logos? (Imbasciati, 1978). This opens interesting hypotheses about the future of humanity. Their relevance can be considered even more if we examine what could happen in a negative dimension.

A couple's *love* rapport therefore involves the same dialogue that goes on in the *loving* rapport needed to raise a child. This should be enough to sweep away the age-old diatribe on the fact that sexuality can be differentiated from love.

But why is it that love is so often experienced as being split from sexuality? And what does this mean? With what consequences? We could then ask ourselves about the reasons for such a frequent split, be it greater or lesser, between love and sexuality. A sociological viewpoint might attribute the phenomenon to the current organisation of society, with its hurried, technological, dehumanized lifestyle. But it might be argued that precisely this lifestyle is produced and elaborated at a collective level by those individual minds in which the split is already firmly rooted. What happened in these minds in the first structuring of bodily experience as an interpersonal means of organising their emotive intelligence? And what else happened in the progressive construction of their whole Mind?

Passing these questions on to specific research, we can conclude by underlining that we should place more emphasis on so-called sexual dysfunctions, as the indicator not only of less than optimal mental structures in those who suffer from them, but also and above all as a signal of a possible negative transgenerational future, and hence design programmes for health promotion, looking sociologically to the future. It would be even more useful to observe all those situations showing a less than optimal level of sexual possibilities: the reduction of pleasure, or of understanding, that are neither reported, nor revealed as such by those involved, especially by the woman, as we have mentioned above , but also by the male, who even more often than the female separates his performance from experiences of affection, attachment and participation with his partner and even, not uncommonly, from his own pleasure. An observation (or *screening* if possible) of this kind could be departure point for a more general study of the subject's personality, to improve it not only in this sector but in a global sense, above all as a preventative action for transgenerational effects.

Present day psychoanalysts seem to neglect the enquiry into sexuality: Freud started his study of the unconscious from here, and his clinical production from *Traumdeutung* on, is full of examples of how the examination of sexual situations can enable the global personality structure to be traced. However, the Freudian theorization, often in contrast with Freud's own clinical work, allocated and confined sexuality to the not clearly defined biological field of instinct. This in my opinion has led to psychoanalysts' current neglect of sexuality: as social customs no longer make sexual "achievement" difficult, and thinking that this is a biological issue, they ignore the more hidden inner difficulties, concealed behind a presumed normality. The biological approach of Freud's theory of drives was mere theory, not a discovery: sexuality can be analysed from different departure points, as I have described elsewhere (Imbasciati, 2005a); it is necessary to investigate what is behind and within the dimension of sexuality, in the relational world of remote and implicit memories. The psychoanalytical situation can constitute the best setting for the study of so-called normal sexuality, as long as the analyst keeps in mind that beneath this "normality" a huge number

of psychic events can be revealed. Such an investigation may be essential for the inner process that the analyst wants to promote, in this case by promoting a greater integration of the capacities of consciousness compared to the possibility of developing the C.N.S. which regulates the affects. Hence the greater possibility of using it also in caring for children, as well as in developing the desire to reproduce which today many people no longer seem to feel. To generate and transgenerate, I would say, with psychic modalities.
If a "good sexuality" fosters love and emotive intelligence and better generations, what can we do? So-called sex education is, in my view, a gross over-simplification. On the social plane far more is needed: it would take far more!

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