

AN ESSENTIAL COMPONENT IN PROMOTING SEXUAL HEALTH IN EUROPE IS TRAINING IN SEXOLOGY

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ABSTRACT. Training programs for sexologists are core activities to promote higher professional standards in sexology and to educate a new generation of sexologists. The summary information from 25 European countries provides evidence that training in sexology consists today of different models. The existing different national training models in sexology in Europe are: (1) a medical model, (2) a clinical model integrating medical and psychological approaches, (3) separated education in clinical sexology and human sexology, (4) sex therapy model, (5) human sexuality model, and (6) the Nordic human sexology model. This information provides basis for future collaboration between training institutes in Europe.

KEYWORDS. Sexuality education, sexual health promotion, cross-cultural studies

The main concept of this article is sexology. It includes the interdisciplinary science of sex but also the cumulated knowledge of sex that can be applied in professional practice—for example, in education, counseling, therapy, and treatment. The persons who are active in these domains of sexual issues are called sexologists. Human sexuality and sexual health include how people experience themselves as sexual beings, the awareness of themselves as male or female, and the capacity for sexual and erotic experiences and responses. Sexual health is a state of physical, mental, and social well-being in relation to sexuality. Sex therapy is the treatment of sexual dysfunctions arising from mental causes.

An essential component in promoting sexual health in Europe is training in sexology. The comprehensive history of training in sexology in Europe remains to be written. Based on the available documentation, some important improvements in sexological education in many European countries took place especially in the 1970s. The pioneers of that era were usually members of the medical profession. Training in

sexology began, for example, in Belgium in the 1960s, in 1970 in Switzerland, 1971 in Finland, 1972 in Denmark, 1974 in Sweden, and 1975 in France. The medical doctors who claimed professional authority in sexology issues represented the majority of the activists in these educational trainings.

Quite often, these medical doctors or physicians had not been formally educated about sexual issues but had studied it informally on their own. Their motivation to study sexology and education in sexology came via their professional experiences with patients. This led them to acquire knowledge of sexual issues that they conveyed and shared with colleagues. Often, these medical professionals were active in the media when sexual issues were discussed in public, as well as other situations where expertise in sexology was required or requested.

In most cases, the organizers of the initial efforts at formal education in sexual issues were national or local associations founded in connection with the so-called Western sexual revolution. These organizations tried to fill the gaps

Received 30 July 2010; revised 18 April 2011; accepted 27 May 2011.

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in sexual knowledge and related skills for social and health professionals, who were understood to represent a very important recourse in promoting sexual well-being. Many of the initial activists in the field also provided this type of education about sexual issues internationally. Examples of these activists include Willie Pasini, Preben Hertoft, and Maj-Briht Bergström-Walan.

An important step in the European collaboration on sexology was the founding of the European Federation of Sexology (EFS) in 1988. It organized its first conference in Taormina, Italy, in 1992. One of the major interests of EFS since its foundation, included in its Statutes, was the promotion of education and training for sexologists and other professionals with an interest in sexual issues. Training programs for sexologists continue to be core professional development activities that promote higher professional standards in sexology and educate a new generation of sexologists in Europe.

In 2002, the general assembly of EFS adopted a resolution to develop a European training program and certificate in sexology. The aim was to harmonize and standardize the teaching programs in the different European Union (EU) countries. Three years later in 2005, EFS organized a workshop entitled, "The Teaching of Sexology in Europe" at the World Association for Sexual Health congress in Montreal, and another workshop entitled, "Teaching Sexology in Europe" at the EFS congress in Rome in 2008.

Another important step of the educational initiative was to conduct an inventory of the training programs in sexology among EFS members. Robert Porto and Salvatore Caruso requested this information from the European centers in 2003. The first overview of this inventory that covered nine countries (the Nordic countries as one block) was released in 2006 (Porto, 2006b).

In 2004, in a further important step, EFS began collaboration with the European Society of Sexual Medicine (ESSM). The European Academy for Sexual Medicine (EASM) was established, and the opportunity for EFS to participate in defining the EASM's educational

program was recognized (Pryor, 2006). The joint collaboration was sealed during the EFS congress in Brighton, UK. The plan was to offer the course during each EFS and ESSM congress. Two years later, the first course was held in Vienna, Austria, in December 2006.

Also in 2006, training in sexology was one aim to emerge from the "Euro-Sexo" study conducted in seven European countries (Denmark, Finland, France, Italy, Norway, United Kingdom, and Sweden). Euro-Sexo was a study of the sexology profession and its evolution in Europe, coordinated by Alain Giami and published in *Sexologies* in 2006 (Giami, De Colomby, & Groupe Euro-Sexo, 2006).

The results from the data collected in the seven countries indicated that most sexologists were nonphysician health practitioners and mainly women, except in France, which had been previously reported in their 1999 survey (Giami & De Colomby, 2003). In Finland, the United Kingdom, and Sweden, less than one third of sexologists were physicians, and in Italy, Denmark, and Norway, less than half were. Mental health and public health nurses, midwives, marital counselors, and to a lesser extent, psychologists were the most commonly represented professionals.

More than two thirds of European sexologists (particularly the nonphysicians) had been trained in sexology and/or human sexuality, most for at least 1 year. For a majority of the sexologists, sexology represented less than a quarter of their professional activity, and most did not call themselves sexologists or sex therapists (Giami et al., 2006). Unfortunately, only a few reported that they had been able to fully implement their knowledge and skills in sexology and sexual issues.

In comparison to Europe, Zamboni (2009) noted that among the members of sexological organizations, such as the Harry Benjamin International Gender Dysphoria Association, the Society for the Advancement of Sexual Health, the Society for Sex Therapy and Research, the Society for the Scientific Study of Sexuality, and the International Society for the Study of Women's Sexual in the United States, a lower proportion, only one third, reported that they had

received some training in sexual health. Only one fifth reported completing a postdoctoral program that involved sex research, therapy, or education. Most training in sexual health had lasted 12 months, with slightly less than half of weekly work hours focused on sex-related issues. Postdoctoral training generally appeared to have lasted 24 months, with nearly all the professional activity devoted to sexual health. About half of the training involved a mentor.

In terms of advanced training, one third of trainees had completed an internship that included sexual health. One fifth reported completing a postdoctoral program that involved therapy, sex research, or education. Most professionals also identified with labels that did not specifically highlight their sexuality expertise (e.g., "psychologist" or "therapist"), which reflects that sexual health professionals come from a variety of disciplines. In the United States, sexuality is treated as a multidisciplinary subject.

The desire to help people to achieve greater sexual well-being and the desire to have interesting employment have been shown in Canada to be motivating factors for working with sexual issues. Women were also motivated to choose sexology through a desire to invest in a future profession that is dedicated to sexual emancipation. Most Canadian sexology students aspired to become specialists in the area of sexual therapy (Dupras, Lafond, & Dionne, 2001).

Zamboni's (2009) data suggest that there are two kinds of sexual health professionals in the United States: (1) people who have a passion for the topic and seek specialized training, and (2) people who stumble into the field as a result of their work experiences. The latter group of individuals has less training in sexual issues.

THE COLLECTION OF INFORMATION ON TRAINING IN SEXOLOGY IN EUROPE

Previously, Porto (2006b) published some preliminary information of education in sexual issues among professionals in Europe. This summary covered nine countries (with the Nordic countries collapsed into one entity). There was

a need to complete this data collection with other European countries and also to update some of the existing information.

In 2007, the EFS Executive Committee decided to update the existing information of training programs and authorization in sexology in Europe and to complete this information from other European countries with EFS member associations.

A member of the executive committee, Osmo Kontula, was asked to collect this information. Requests for information about education in sexual issues were sent via EFS member associations. The request letter for the information was drafted as follows:

The EFS Executive Committee has determined that they want to survey what options are available in postgraduate sexological training. The EFS would like to know:

- the name of the institution or department that provides training;
- admission requirements (who will be accepted for training);
- any special approaches used in the training (for sexual counselors, sex educators, sex therapists, clinical sexologists, etc.);
- whether it is full-time or part-time training, the number of hours of contact teaching, and number of hours or Bologna points (ECTS) of the complete training program;
- the possible professional title or diploma that students will receive at the end of training; and
- the possibility of being awarded official national authorization (from what organization and what title?) after the sexological training.

Bologna points refer to the European Credit Transfer and Accumulation System (ECTS). One academic year corresponds to 60 ECTS credits that are equivalent to 1,500 to 1,800 hours of study.

By 2010, information had been collected from 25 European countries (in addition, the Slovak Republic responded via e-mail that they did not have any training in sexology). The main results of the survey are summarized in this article. The quality of information that was received varied from country to country.

Training in sexology is usually composed of different national programs, each of which can include a number of courses. They can result in a degree, certificate, or diploma in different sexological qualifications. Sometimes, it was not possible to distinguish among programs and courses due to different (English) terminology adopted in the different countries.

Differences in national traditions for training sexologists or other professionals with an interest in sexual issues were brought to light by sorting countries into different training models according to their current practices in sexological education. The modeling was based on the variation of different ways of organizing the training and its availability for the medical profession, psychologists, and other professionals in the social and health sector, and also for educators. The models were mainly based on admission criteria.

The first aim of the survey was to collect and map out data about training that could help to promote and facilitate better networking and collaboration among sexology-training institutes in Europe.

It was considered important to recognize and identify the differences and similarities that exist in Europe in the area of training and authorization. Mapping out existing training and admission criteria was believed to provide useful views on how European sexology could be composed in a more multidisciplinary manner, in comparison to the practice that prevailed in 2010.

The second aim was to consider the possibility of creating common criteria and requirements in Europe for these local and national training programs and training modules.

Thirdly, the aim was to test and create willingness among institutions for the possible creation of a future European Certificate in Sexology.

TRAINING MODELS IN SEXOLOGY IN EUROPE

Six models emerged within the study of sexological education in the 25 European coun-

tries. Three of the models were: (1) a medical model, (2) a clinical model that integrated medical and psychological approaches, and (3) a distinct clinical and human sexuality model.

A special model was (4) the sex therapy model that sometimes opens admission to professionals other than only psychiatrists and psychologists. The final model of training was (5) a human sexuality model, of which (6) the Nordic human sexuality model will be presented separately. In the human sexuality model, admission was open to all professionals.

Training models in sexology in Europe (25 countries) included:

- medical model (6 countries);
- clinical model, integrating medical and psychological approaches (3 countries);
- distinct training in clinical sexology and human sexuality (2 countries);
- sex therapy model (6 countries);
- human sexuality model (2 countries); and
- Nordic human sexuality model (6 countries)

A MEDICAL TRAINING MODEL FOR SEXOLOGISTS

In 2010, sexological programs for the medical profession were offered through academic institutions, associations, and private agencies. Medical-based teaching resulted mainly from biomedical research in the fields of urology, endocrinology, pharmacology, and to some extent, in psychiatry. Since the arrival of the PDE-5 (A phosphodiesterase type 5) inhibitors, there has been an increase in interest for developing more training that is medicine oriented.

Recent examples of the medical model are evident in the training events that ESSM has organized jointly with EFS during conferences in Europe (Pryor, 2006). During the last 10 years, medical-based training has decreased the allotted proportion for sexual education in Europe because other professions have been more active in organizing and delivering training in sexology.

In France, a traditional medical model prevails. In this respect, France stands apart, and

this was also confirmed in the Euro-Sexo study (Giami et al., 2006), where it was shown that France has a much higher rate of medical sexologists (around two thirds of all sexologists) than other countries.

Since 1983, the French Medical Association (FMA) and the Association Inter-Hospitalo-Universitaire have collaboratively organized training in sexology. Since 2009, it has been available in nine cities throughout France. Two hundred hours of contact education across 3 years has been offered for medical doctors. During the first 2 years, nonmedical professionals have been allowed to enroll in this postgraduate training, but the last year has been limited to clinical and medical training. After completing 3 years and a national examination, the participants have been awarded a national diploma of sexology from the FMA. This diploma has allowed recipients to utilize prescription sheets and announcements, but the diploma has not become recognized as a medical specialty in sexology.

There has been another recent attempt to provide sexology education in France for non-medical professionals. The Paris Descartes University had a 2-year program entitled, "Psychosocial Approaches in Sexual Health." This program was not popular and was closed. The new program, "Counselor in Sexual Health," will start in 2011 at the psychology department of the Université Paris Diderot—Paris 7. This program will receive students also from overseas, including Africa.

The medical model is also in use in the Czech Republic, where the Institute for Postgraduate Medical Education for health care professionals has a department of sexology. After 3 years of full-time praxis in this department, 6 weeks of training, and successfully completing an examination, the institute provides a certificate for clinical work in medical sexology.

Furthermore, Russia too has a strong tradition in medical sexology. In 2010, education in sexual issues was concentrated in Moscow and St. Petersburg. In Moscow, the Federal Research Center for Medical Sexology and Medi-

cal Academy of Postgraduate Studies provided training for a sexological specialty with the title of "doctor–sexologist." This education continues to be intended especially for psychiatrists and has three levels. One month of training goes by the name "Improved in Sexology," 5 months of training is "Specialization in Sexology," and 2 years of training counts as "Internship in Sexology." The Medical Academy of Postgraduate Studies grants a "certificate in sexology."

In St. Petersburg, the Humanitarian Institute organized 2 years of education for postgraduate professionals who desire expertise in sexual counseling. The program is entitled, "Theory and Practice of Psychological and Sexological Counseling."

In Poland, the Medical Center for Postgraduate Education has a department of clinical and forensic sexology. This department continues to provide 2 years of training for physicians who want to become specialists in sexology. After training and completing a national exam, they can obtain a specialty in sexology. The Polish Sexological Society (PSS) also organizes 2 to 3 years of education in sexual issues for postgraduate professionals, including physicians and psychologists. After the final examination, PSS can grant participants who complete this training a Certificate in Clinical Sexology.

In Romania, since September 2006, the University of Medicine and Pharmacy, or Luliu Hatieganu, Department of Psychiatry, or Cluj-Napoca, has had a part-time or 4-year weekend, postgraduate master's-level training program (120 ECTS), mainly in various medical specialties. Graduates of this training received a master's degree in sexology issued by the Ministry of Education.

In Latvia, the medical department of the University of Latvia provides postgraduate training in sexology as an additional specialty for physicians and that consists of 2 years of full-time study. Graduates of the program are awarded a Certificate of Sexologist or Sexopathologist, which allows them to practice in the field of human sexuality.

A CLINICAL MODEL INTEGRATING MEDICAL AND PSYCHOLOGICAL APPROACHES

There were other countries where education in sexual issues was focused on clinical issues. The clinical approach included physicians and psychologists. Specialization in sexology implied particular treatment of patients with sexual dysfunctions and disorders. Mental or psychiatric issues were considered clinically important.

Italy was one example of a country that implemented the clinical model for training sexologists. The Euro-Sexo survey (Simonelli, Fabrizi, Rossi, Corica, & Giami, 2006) provided evidence that showed almost all sexologists in Italy to be either physicians or psychologists.

In 1988, the Clinical Sexology Institute of Rome set up a training school in clinical sexology, offering a 4-year program of 400 hours (Simonelli, Rossi, & Fabrizi, 2001). This has continued as the main model of private training adopted in Italy. Since 2002, these programs have been carried out under the umbrella of the Italian Federation of Scientific Sexology in Turin, Milan, Bologna, Florence, Rome, and Naples. Other Italian societies and associations of sexology have collaborated to deliver training in the following categories (with contact hours): (1) expert in sexual education (100 hours), (2) sex counselor (200 hours), and (3) clinical sexologist (400 hours). Admission criteria for clinical sexologists in Italy include prior degrees in medicine or psychology.

In addition, the Institute of Clinical Sexology of Rome provides training courses for sexological counseling for both physicians and psychologists. This education takes 2 years and takes place over 12 weekends. There is also clinical sexological training for physicians and psychologists consisting of 24 weekends across 4 years. At the end of training, an examination must be successfully completed.

Moreover, at L'Aquila University, after years of teaching medical sexology within the University Medical School (Pinchera, Jannini, & Lenzi, 2003), the school of sexology was established within the faculty of psychology. The training is a 2-year full-time degree training program of

psychology with special studies in sexology, for a total of 120 ECTS points. This is the first and so far unique attempt to study sexology in Italy within the university. A short postdoctoral training program or a master's in clinical sexology continues to be available at the University of Pisa. This training has been carried out during the weekends and has a total of 60 ECTS points.

In the Netherlands, education in sexual issues has been focused for physicians and psychologists. RINOs (continuing education in mental health) have organized a 3-year training in sexology in Amsterdam, Utrecht, and Eindhoven. These are postgraduate courses developed for professionals who have a university degree. The number of contact hours varies from 135 to 264. The participants' professional background varies, for example, from forensic sexology to relationship therapy.

The Dutch Society for Sexology (NVVS) may grant the participants a diploma entitled "Sexology NVVS." The minimum 2 years of training for this diploma include 1,300 hours of practical training and 30 hours of supervision. Most of the people registered in the NVVS register were therapists, but some who were accepted have completed a prevention and education program.

In Turkey, the integrated clinical model, incorporating both medical and psychological approaches, has been implemented by the Society of Sexual Education, Treatment, and Research. Since 1998, this society has provided postgraduate courses in sexuality and sexual treatment. Since 2001, the training has been provided on weekends during 18 months (150 hours + 100 hours). The training includes the following three modules: (1) Concept of Sexuality, (2) Sexual Dysfunction, and (3) Sexual Therapies. Module 2 is available only for physicians and psychologists, and Module 3 only for psychiatrists and clinical psychologists.

DISTINCT TRAINING IN CLINICAL SEXOLOGY AND HUMAN SEXUALITY

Germany continues to be an example of a European country where training for

sexologists is limited to clinicians and other professionals with an interest in sexology. Training in sexology was and continues to be offered by three different organizations including the German Society for Sex Research (DGfS), founded in 1950 and the oldest society in Germany, the Academy for Sexual Medicine (ASM), and the German Society for Sexual Medicine and Sex Therapy (DGSMT).

The training was separated into the following three levels:

- Curriculum I (sexual counselor; 70 hours): for medical professionals and psychologists or other health care professionals with an interest in sexology.
- Curriculum II (sex therapist; about 200 hours): for psychological and medical psychotherapists only.
- Curriculum III (sexual medicine; 140 hours): for medical specialists of all fields (mainly excluding psychotherapists).

Also offered was basic training in sexual medicine for 40 hours, developed specially for medical doctors. This recent training was organized through collaboration among the three societies.

Another institution in Germany that has provided sexology training is the Polytechnic of Merseburg, which offers a master's degree in sexual science. This postgraduate training focuses on sexual pedagogy and family planning. The educational approach, which is similar to the human sexuality model, is described in the later section of this article.

Spain is another example of a country that has used the distinct clinical sexology and human sexuality model. The Catalan Society of Sexology, the Antonio Bolinches Institute, and the Sexological Institute of Barcelona organized a master's program of 750 hours in clinical sexology and sexual health at the University of Barcelona. In Madrid, the Spanish Association of Clinical Sexology has master's-level training for 600 hours in sexual and couples therapy. In addition, the University of Almería has a master's program in sexology for 120 ECTS.

Also in Spain, the Institute of Education in Sexuality and Couple Relationships has master's

programs for 60 ECTS each in clinical sexology at the University of Lleida and in psychotherapy at the University of Girona. The Hispanic American Society of Applied Psychology has 1-year training or 140 ECTS offered also online for a master's degree in sexology and human sexuality.

In addition, there are several postgraduate courses in Spain in various therapy techniques that contain 100 to 200 hours, as well as basic courses in sexology, for example, in human sexuality at the University of Seville and in clinical sexology at the University of Miguel Hernández.

THE SEX THERAPY MODEL

There are six European countries including Portugal, Austria, Greece, Israel, Croatia, and the United Kingdom where the training institutions focus on the sexual therapy model. The roots of this training are in the models of Masters and Johnson (1966) and Helen Kaplan (1975). Many other, more sophisticated techniques, such as existential therapy and systemic therapy, have been added recently to these training programs.

In Portugal, the Portuguese Society for Clinical Sexology (SPSC) was active in postgraduate education for sex therapists under the umbrella model of clinical sexology. After 2 years of education or approximately 350 hours and completion of a final examination, psychologists and physicians are awarded a diploma in clinical sexology and are designated as sex therapists (SPSC).

Three other active organizations in sexology education include the Maia Institute of Higher Education and the faculty of medicine at the Lusófona University, both in Lisbon, and the department of psychology and education at the University of Aveiro. They organize a postgraduate 120-ECTS master's degree in sexology that covers sexual medicine, human sexuality, psychology of sexuality, sexuality and school health, and psychopathology of sexuality. Titles of the certificates vary somewhat and include the following: master in sexology, master in

human sexuality, and master in psychology with specialization in sexology.

In Austria, active training institutes in sexology include the Austrian Society for Sex Research, Austrian Institute for Relationship and Sex Research, and the Sexuality Information Center, Salzburg. Also the DGSMT has been active in Austria. The contents of training in Austria include sexual counseling and therapy as well as seminars in sexual issues with special emphasis on systemic sexual counseling and therapy. The DGfS offers a Curriculum II program (sex therapist) in Austria.

In Greece, admission to training in sexology is limited to psychiatrists and psychologists. The Experimental University of Psychic Health, Psychiatric Clinic of the University of Athens, and the Society for the Study of Sexual Behavior and Relationships have offered a program that is focused on therapy for psychosexual disturbances. It runs for 2 years and includes 144 contact hours. A final examination and thesis are required.

In addition, the Hellenic Sexological Institute has organized courses on "human sexuality and sexual medicine" and "sexual health." The Institute of Psychological and Sexual Health has also been active in education related to sexology.

In Israel, the Bar-Ilan University has a school of social work that provides a 2-year postgraduate program in "sex therapy training." The program is recognized by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT). Admission is open to professionals in psychology, medicine, and social work. A diploma in sex therapy is awarded upon successful completion.

In Croatia, the Croatian Association for Sex Therapy organizes a postgraduate program for training in psychosexual therapy. This program consists of 660 hours (including readings) and 50 hours of supervision. Psychologists who have completed at least 2 years of training in a psychotherapy program are eligible for admission. The association provides a diploma at the completion of the program.

In the United Kingdom, the British Association for Sexual and Relationship Therapy collaborated with Sheffield Hallam University. The

programs in sexual and relationship psychotherapy and the theory of psychotherapy for sexual dysfunction were offered as a 2-year (post graduate) or 4-year master's of science program. This latter master's program includes 180 ECTS. After completing training, the Sheffield Hallam University provides a diploma or master's degree for participants.

In addition to these universities, the Institute of Psychosexual Medicine provides psychosomatic training for doctors in the United Kingdom. The outcome of these training programs in sexual therapy has been that only a third of British sexologists were physicians, according to the Euro-Sexo study (Wylie, De Colomby, & Giami, 2004).

THE HUMAN SEXUALITY MODEL

In a few countries, both the admission criteria and the structure of education in sexual issues can be identified within the human sexuality model. In this model especially, the training for sexual counseling is open to all professionals. The outcome of this admission policy has been that nursing professionals (specialized nurses, midwives) have participated very actively in all possible training in sexology. After receiving the available education for sexual counseling, many have been willing to proceed to a specialized training in sexual therapy. In many countries, specialized nurses already highly outnumber physicians and psychologists in terms of training in sexuality.

Belgium has been a forerunner in training sexologists since the 1960s. The Catholic University of Leuven was the main educator, and currently, it is handled by the faculty of medicine. A special approach was a doctoral training program in sexology that the other European educational institutes did not seem to have. This "doctor in sexology" program proceeded for 4 years. Around 10 doctors had finalized their studies in sexology. In the United States, a doctoral degree in human sexuality was available from Widener University in Philadelphia, PA.

The main title for trained sexologists at the University of Leuven was "master's of human

sexuality studies." The admission criterion is a previous master's degree. The main components of the program are education and prevention, research, and therapy counseling. The master's program includes 120 ECTS. Previously, there was also a 1-year program in English for participants from developing countries.

At the Catholic University of Leuven, after the human sexuality master's program, students had a possibility to proceed to half-time studies in the clinical sexology program for 2 to 4 years. After completing this program, participants could obtain a certificate in clinical sexology.

Another country following the human sexuality model is Switzerland, one of the pioneers in educating physicians. Since the 1970s, the department of psychosomatic gynecology and sexology at the University Hospital of Geneva has trained physicians in full-time practice. In Zurich, Switzerland, sexological seminars (20 hours per year) were provided to physicians and psychologists by the university departments of psychiatry, psychosocial medicine, and the division of social psychology. Since 2001, a certificate in basic sexology (17 ECTS) has been provided by the faculties of medicine, psychology, arts, law, and sociology to physicians, psychologists, midwives, nurses, and others of the medical, psychological, and social university background.

In addition, mainly two private institutes, Sexoanalysis and the International Sexocorporal Institute, taught specific sexual therapy techniques and provided supervision more than 4 to 6 years in Geneva and Zurich in Switzerland. Since 2009, the department of gynecology of the University Hospital of Basel, in collaboration with the Institute for Sexual Therapy of Aachen/Heidelberg, Germany, has been providing 2-year part-time training (30 ECTS) for physicians, psychologists, or those with an equivalent scientific social training under the title "university professional in sexual medicine/sexual therapy."

THE NORDIC HUMAN SEXUALITY MODEL FOR SEXOLOGISTS

The Nordic countries (Sweden, Denmark, Finland, Norway, Iceland, and here also Es-

tonia) are a special case in European sexology because they have a common program for sexology training and authorization criteria. This foundation is based on collaboration within the Nordic Association for Clinical Sexology (NACS), founded in 1978. NACS has organized an annual conference since 1978, and it accepted the common criteria for Nordic training in sexology at its annual meeting in 1999 (Fugl-Meyer et al., 2001).

An evaluation of European and American educational programs was carried out as a source of inspiration, and from this basis, a mutual Nordic approach took shape. The curriculum was intended as a common framework, leaving each country the possibility to alter their own program according to a national profile (Rischel & Kristensen, 2005).

The program consists of three modules and levels:

- Sexology I: Basic sexology 30 ECTS
- Sexology II: Sexological counseling 30 ECTS
- Sexology III: Clinical sexology 60 ECTS

Completed education at Levels II and III was accepted for specialized education and authorization in Nordic countries. Ethical standards in sexology have also been accepted jointly in the Nordic countries.

Among the Nordic countries, Sweden has been the most active in training sexologists. The University of Gothenburg and its department of psychology have already educated several generations of sexologists in Sweden. The postgraduate program is divided into Basic Sexology (30 ECTS), Clinical Sexology II (60 ECTS), and Clinical Sexology III (120 ECTS). The University of Gothenburg provides variations with other courses, from short 1-week courses to 3-year programs. The target groups mostly include health professionals but also, for example, sex educators. In 2010, University of Gothenburg had 90 ECTS training in clinical sexology.

In the autumn of 2007, the University of Applied Sciences in Malmö commenced a master's program in sexology. This postgraduate program lasts 3 years and is composed of 120 ECTS. The program adopts a general approach

to human sexuality and also provides knowledge and skills needed in sex research.

In Denmark, the Danish Association for Clinical Sexology (DACS) has offered a 2- or 3-year educational program in sexology since 1982. Since 1990, a 1-year program has also been available. Toward the end of the 1990s, these programs were harmonized with a common Nordic training program in sexology. In 2010, DACS began to offer a 60 ECTS postgraduate training for sexual counseling. Another active training organization is the Danish University Hospital and its Sexological Clinic, which has adopted the NACS training model in clinical sexology.

In Finland, training in sexual issues has been available in the form of short 1-week courses since the 1970s. More comprehensive training in sexology only started in the 1990s. An important impulse behind this was the common Nordic training program in sexology. Since that time, especially the University of Applied Sciences in Jyväskylä, Finland, but also four other universities of applied sciences, the SEXPO Foundation, and a private Metodi Team have provided either 30 ECTS or 60 ECTS of postgraduate training for sexual counselors and sexual therapists. In Jyväskylä, a 120-ECTS training for clinical sexologists has been completed. In 2009, Jyväskylä commenced a 90-ECTS master's program in sexual health education and promotion.

In Norway, the medical profession, including psychiatrists, has been active in training a new generation of sexologists. The University of Agder in Kristiansand organizes a 60-ECTS postgraduate training for sexologists who intend to become sexual counselors. The training complies with the common Nordic training program in sexology.

Before 2010, Iceland and Estonia were not able to commence training based on the Nordic model, but Iceland has determined that the Icelandic Sexological Association, in collaboration with the University of Iceland in Reykjavik, could organize a master's program of 60 ECTS in sexual counseling in the latter part of 2010. The Estonian Family Planning Association has

organized some 10 ECTS courses in basic training for sexual counselors.

Following the common Nordic training program, common authorization requirements and procedures were approved during the NACS annual meeting in 2000. In 2008, two non-clinical titles were approved for the Nordic authorization.

In 2010, NACS authorization titles were:

- Specialist in Sexological Counseling (NACS), 2002–;
- Specialist in Clinical Sexology (NACS), 2002–;
- Authorized Sexuality Educator and Sexual Health Promoter (NACS), 2008–; and
- Authorized in Sexual Science (NACS), 2008–.

These titles and their requirements resemble the AASECT diplomas that American sexologists can seek from their professional organization. The Nordic criterion for authorization is somewhat more demanding than the criteria in the United States.

DISCUSSION

In Europe, most of the training in sexology and sexual issues target professionals already qualified in a primary profession. A complementary or a postgraduate course in sexology is characteristic of the European situation. Sexual issues are not very well integrated to basic training. In some instances, sexuality education programs are offered as electives in the health professional curriculum.

In most European universities, sexology is not an integral part of teaching, not even for physicians. At best, related specialties such as urology, psychiatry, or gynecology include only a few hours of introduction to sexology in their curricula (Wylie & Weerakoon, 2010). In some countries, polytechnic universities (or universities of applied sciences) provide "skill-focused" training in sexology.

In the United States, about half of the doctoral programs cover at least some sexuality topics in their course offerings (Wiederman & Sansone, 1999). Many studies suggest that

exposure to sexual health training is highly related to the presence of an existing faculty member with expertise in sexuality (Zamboni, 2009).

Professional work in sexual health has remained a marginalized specialty within other disciplines, which can make it challenging to formulate a professional identity and receive proper training. Reiss (2006) stressed the importance of professional organizations in sexuality because they facilitate the production of theory, research, and interventions. In Europe, they also have a very important role in education of sexologists.

During the last 10 years in Europe, training for sexologists and other professionals without this professional identity has progressed and developed. This progression has been the most remarkable in sex therapy and human sexuality models. The outcome is that there are nowadays many more specialized nurses and other nonacademic and nonmedical professionals who have participated in training around sexual issues. European sexology is now more multidisciplinary than ever before, which is an ongoing trend in European countries.

An example of this general trend is Finland where, in the 1970s and 1980s, a great majority of trainees had basic academic training; in the 1990s and 2000s, almost two thirds received their basic training in the vocational institutes and schools (Kontula & Valkama, 2006). An important boost for this development has been the common Nordic training and authorization program for sexologists (human sexuality model) of the late 1990s, which opened the doors for specialized nurses to receive this training.

The majority of European sexologists are increasingly women. Their proportion has grown the whole time that sexology training has been available. The participants are selected from social and health care professions where a great majority is women. This trend was found recently also in France—the only country in the Euro-Sexo study where the majority of sexologists at the end of the 1990s were men. In 2009, in a follow-up to this study, a majority of sexologists in France were now women: The proportion of sexologists who were women was 50%

among physicians and 82% among nonphysicians (Giami, Chevret-Méasson, & Bonierbale, 2009).

In the early 2000s, a major European trend has been that more and more countries are able to deliver a master's program (usually at least 120 ECTS) in sexology. Master's programs were reported in 9 countries, and 2 more (Norway and Iceland) may commence soon. The most frequent model was national associations and private institutes providing training in sexology. This was the case in 17 countries. There was clear evidence that universities were not very active in their postgraduate training for sexologists. This is a big challenge for European sexology.

The most common model in European training for sexologists was the following: It is run by a national association or institute and extends up to 2 years; contact education takes place during weekends, and there is a final exam. Those who complete all of the requirements receive a certificate from the organizers of the education. This model has become popular without systematic collaboration among educational organizations.

Diplomas or certificates received by participants at the end of their training vary according to the educational organization. In many countries, these are diplomas or master's certificates from universities. Other diplomas or certificates from institutes and associations (number in parentheses) have titles of clinical sexology (4), sexology (4), sex therapy (4), and sexual medicine (2). Nordic countries are a special case, where four different titles share a common criterion for authorization, including sexual counseling, sexual education, and sexual health promotion.

Based on results of the Euro-Sexo survey (Giami et al., 2006), there is an important gap in training between the large amount of information available on the treatment of sexual dysfunctions and clinical sexology, and the serious lack of information on counseling and sex education. There is a need to improve training programs, which seem to be generally deficient in the areas of prevention and research methodology (Porto, 2006b).

The above summaries of national training programs for sexologists confirm the earlier-mentioned argument by Porto (2006a). Training in sex education is almost nonexistent within these national and local training programs. Some of these findings may be true to the educational systems where training in sexual education has not been integrated into other types of existing professional training programs in sexology. This type of integration in training should be highly recommended for the promotion of higher-quality sexual education in Europe.

Respect for the patient's needs implies that anyone with a diploma in sexology should have received an equivalent training and that training should be extensive and up to date, based on the most recent scientific literature and evidence. The development of sex information and counseling can help to prevent many problems and disorders and thus reduce the use of more invasive types of treatments (Porto, 2006b).

At a professional level, the goal of sexuality education programs is to improve the sexual health care provided to patients. These programs provide students with competencies they will not otherwise attain in their training. One important aim is to enable the students to become aware of their biases and how these may influence patient care (Weerakoon & Stiernborg, 1996). Students' attitudes and motivations should be uncovered by letting them face and process their personal biases and values. One standard method in training includes the technique called sexual self-acknowledgement.

The majority of programs that Weerakoon and Stiernborg (1996) reviewed were multimodal in their selection of teaching methods and consisted of some combination of lectures, group discussion, audiovisual presentations, role playing and panel discussions, and the involvement of experts and guest speakers. The most popular teaching method reported was small-group discussion.

EFS is considering promoting a comprehensive and multidisciplinary teaching model for training in sexology for Europe. This model includes the need to develop appropriate atti-

tudes, knowledge, and skills. The attitudes of professionals can present an important obstacle to their effective functioning as educators and counselors in the field of sexuality. They also need accurate scientific knowledge regarding the facts relating to human sexuality.

Because the NACS curriculum in the Nordic countries is based on both US and European educational programs, a common educational minimum standard for training for sexologists worldwide may not be an unrealistic future aim. The key for development is to first specify these standards clearly and with the endorsement of the majority of European sexologists, and secondly, for the EFS to facilitate the promotion of this core set.

EFS is working toward better collaboration with the interested parties. A challenge is to enable the development of local initiatives within this framework. The European dimension demands that we remain open to national or institutional options or specificities. The European program should facilitate the creation of national teaching programs by establishing a minimum core skill or education set.

There is a need for training programs to build high-qualification standards that are fully recognized in all European countries. A well-defined and identifiable certification of sexologists in Europe is necessary to provide informed choice for patients as well as to enhance the quality of care and facilitate collaborative and complementary work among specialists.

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