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## ORIGINAL ARTICLE

# From Pioneers to Professionals - A qualitative study of sexologists in Sweden<sup>☆</sup>



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**Summary** This article aims to describe sexologist as a profession. Data was collected through qualitative research interviews with 34 members of the Swedish Association for Sexology. By using a sociological perspective on the professionalization process, different groups have emerged in the sexological landscape: pioneers, competence sexologists, entrepreneurs, research sexologists and the non-professionals. The informants emphasize collaboration and respect between the different domains, with the exception of those who are not considered sufficiently competent. The criteria for who gets to use the title are ongoing, just as the process of sexologist as a profession.

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**Introduction**

The evolution of sexology profession has been an ongoing process since the mid-1960s in Sweden (Löfgren-Mårtenson and Fugl-Meyer, 2010), as well as in many other European countries (e.g. Giami and de Colomby, 2006). Characteristics of the development of a profession are often linked to criteria related to systematic theory, professional authority, ethics, professional culture and society's approval (Abbott, 1988). However, the interdisciplinary character of sexology make this definition difficult. For example, universities

in Sweden are offering sexology courses in separate faculties such as medicine, psychology, social work, and health and society (Löfgren-Mårtenson and Fugl-Meyer, 2010). The Euro-Sexo survey, including seven countries, shows that most sexologists are well-educated health practitioners (but not physicians) and mainly women (Giami and de Colomby, 2006). These professional and gender-related changes and shifts became obvious in the survey on Swedish sexologists (Fugle-Meyer and Giami, 2006), and in current studies on Swedish sexology students (Löfgren-Mårtenson and Fugl-Meyer, 2010). Since 2002, it has been possible for a Nordic sexologist to seek authorization from Nordic Association for Clinical Sexology (NACS) in order to obtain a certification to practice various clinical sexological activities. Furthermore, NACS has developed and adopted ethical guidelines for those who work professionally within sexology. Thus, there is a need for in-depth knowledge in order to understand the complexity of sexology and sexologists as a profession.

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## Objectives and research questions

The overall objective in this article is to provide in-depth knowledge of Swedish sexologists' self-descriptions and their reflections on trends in the ongoing professionalization process. How do professional sexologists describe themselves (e.g., age, gender, professional background)? And, how do sexologists describe their profession (e.g., professional activity, working models, competence and culture)?

## Method

Qualitative research interviews were chosen in order to explain and illuminate the character of the complex research phenomenon and its meaning (Widerberg, 2002). The informants were solicited in 2011 through a banner on the home page of the Swedish Association for Sexology, SFS. At that time, the association consisted of 102 paid members, of which 34 members (25 women and 8 men, age 34–88 years), reported their interest and consent to the study according to research ethics guidelines ([www.codex.uu.se](http://www.codex.uu.se)). An interview guide was conducted with topics to be covered: professional background, specialization, target groups and network. The informants were interviewed individually during 60–90 minutes. Each interview was recorded and subsequently printed verbatim. A sociological perspective on the professionalization process guided the analysis (e.g. Abbott, 1988), in that by using a landscape metaphor, professional territorial borders are defended in a competitive and bargaining position in relation to other professions (Fournier, 2000; Light, 1988). It is in the creation and maintenance of these boundaries that a specific occupational group is formed.

## Results

### Professional ambivalence and competence

According to their different background and working models, it is possible to divide the informants into "medical" (e.g., nurses, midwives, medical doctors) and "therapeutic" (e.g., counselors, psychologists, social workers with further education in psychotherapy) sexologists. The informants are well educated and accentuate the importance of sexological competence. Three of the informants have earned a doctoral degree, one has an honorary doctorate, and a few are doing sexological research. The older informants have been trained in or outside their country by other prominent sexologists before there were Swedish courses in sexology. A male sexologist and physician, 79 years old, told about his search for literature on the subject at his old university library in the early 1960s:

If you went to a library to borrow some books, they looked sternly at you and said: "No, you do not get to borrow these books, they belong to the head librarian's poison cabinet"!

The informants work in healthcare (youth clinics, oncology clinics, women's and urology clinics, sexual medicine clinics), in county facilities (schools, refugee centers, family

therapy offices), churches (pastoral counseling), rehabilitation and board-and-care facilities, as well as within associations and various organizations (counseling and sex educational facilities). Several sexologists work in private practice; however, none were contracted with the county public healthcare, which lowers the cost for the client. A female sexologist speaks indignantly:

'I do not carry a contract and can't obtain any healthcare contracts; the reason is, they say, is that "there is no need for treatment"!'

Regardless of their education in sexology, the interviewees appear in doubt before calling themselves sexologists. Sex counselor, sex and relationship consultant, or sex and relationship therapist are examples of job titles that some interviewees use instead. A male social worker and sexologist, 38, said:

'My business card says social worker, B.A., certified sex counselor from NACS. But, ordinary people... maybe it's a little difficult for them to understand all the titles; I usually say that I am a social worker and sexologist [...] to make people understand the kind of education I have.'

Only a small number of the informants have applied for sexological authorization. The application process is perceived as too cumbersome, the required criteria are too difficult to meet and the filing fee is too high. Nevertheless, the majority emphasize the importance of an authorization because it serves as a stamp of approval. Several of the informants believe that there is too much "amateurishness" in the field, and the authorization is an important distinction between those who are regarded as competent and those who are not. A female sexologist and psychiatrist says:

'I think there is greater [professional] authority behind it. So, I use it when I make statements or write anything related to sexology.'

Most of the older informants have been grandfathered into the association as authorized clinical sexologists. This means a dispensation from the current guidelines because of many years of working experience. Sometimes, this is a way of showing gratitude toward those who have worked with sexology during their entire professional career.

### Multidisciplinary harmony and tensions

The interviewees stress the importance of viewing sexuality from a holistic perspective and from different scientific fields. However, several also describe tensions and competition within the interdisciplinary field. It is complicated to agree on particular systematic theories and models, as a male social worker and sexologist reflects:

'I think it is difficult to agree. I think it is simply the problem of working in the interdisciplinary mode. [...] I think it's a pity that there are "forces" [...], that there are trends keeping it in medicine or psychology.'

Another cause of tension is that sexologists sometimes perform the same duties, despite differences in basic education and salaries. Others believe that this mode of working

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