

TRAINING IN SEXOLOGY: A CONTINUING EDUCATION

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In Holland there is no officially recognized training to become a sexologist. In Leuven (Belgium) there has been for 30 years now, an academic course which leads to a Masters and a PhD degree in sexology.

Nowadays (some) sexology training exists in all Dutch medical schools. The specialization for general practitioners includes adequate modules for discussion techniques and on how to deal with psychosocial problems. In these training modules a sexological problem is often used as a model. The specialization for gynaecologists obligatory includes sexological knowledge and attitude training in dealing with sexual problems.

All medical schools regularly offer refresher training courses about sexual problems. The seven Regional Institutes of (postgraduate) Education (RINO) of the mental health care have taken the responsibility to organize postgraduate sexological training for psychotherapists. The Board of the Dutch Society for Sexology is currently formulating basic requirements for training courses.

Since 1961, the Interfaculty "Institute of Familial and Sexological Sciences" of the Catholic University of Leuven (KUL), Belgium, has been offering a postgraduate specialization in sexology.

In The Netherlands there is (not) yet an official training for sexologist. In Leuven (Belgium) there exists an academic course leading to university degrees in sexology. Significant differences exist between the two countries in sexology training for professionals in the fields of health care and psychotherapy. Therefore the development in both countries will be discussed separately. For Belgium only major aspects will be reported.

Some history

In 1926 the well-known Dutch sexologist Van de Velde published "The ideal Marriage". In spite of his fame he did not start a sexological school in Holland. After World War II Van Emde Boas (1978), Dupuis, Musaph and Levie, each in his own way, tried to improve the image of sexology in the context of their private practice or within their institutes. They organized training in sexology.

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Nabrink (1978) has described the sexological education and training arranged especially for the staff members of the Medical Board of the NVSH (Dutch Society for Sexological Reform) and of the PSVG (Protestant Foundation for the Healthy Family). In 1970 MR-70 was founded, a clinic for family planning, abortion and (medical) sexological counselling. Much attention was given to training and refresher courses of staff members and interested sexologists outside MR-70.

It took till the early seventies before any form of lecturing in sexology became institutionalized at most of the Dutch medical schools. Van Dijk (1984) surveyed all sexology lecturing at Dutch Universities as well as in vocational training. It is unknown to what extent these programs still exist, because of curriculum changes which sometimes entails cuts in sexology lecturing.

In Utrecht, W. Everaerd and H. Schacht, of the department Clinical Psychology, developed a Dutch version of Masters and Johnson sex-therapy (Everaerd, 1981). In the late sixties and early seventies, they gathered followers with their methodology and they trained many psychotherapists to become sexologists (Gijs et al., 1990). Postgraduate training in sexology in Holland is based to a certain extent on the work of Annon (1974) and Lopiccolo (1978).

The first two chairs in sexology were founded by the NVSH at the Municipal University of Amsterdam (1969) and the State University of Leiden (1971). Van Emde Boas held both chairs. He lectured and started a limited sexological out-patient clinic within the gynaecological clinics. In 1977 Musaph was appointed professor of medical sexology at the University of Utrecht. He also functioned within the gynaecological clinic. At present there are three sexology chairs: J. Frenken (Leiden), J.G. van Dijk (Amsterdam) and M.W. Hengeveld (Utrecht). L.J.G. Gooren holds a chair in transsexualism (Amsterdam). The sexology chair in the department of Clinical Psychology and Health at the University of Utrecht is vacant. Recently a chair in (patho)physiology of sexuality was founded at Erasmus University Rotterdam.

Sexology in the medical curriculum

Nowadays sexology courses exist in the curricula of *all* Dutch University Medical Schools. In some schools the main emphasis is on reproductive physiology, in others a much wider range of sexological subjects is taught (Van Dijk, 1984; Everaerd & Slob, 1986).

After their basic curriculum physicians must follow vocational training to become a general practitioner. The program for specialization in general practice includes adequate modules for discussion techniques and on the handling of psychosocial problems. In these training modules a sexological problem is often used as a model. These programs aim at gathering knowledge, and at developing skills and attitudes (Lopiccolo, 1978). In all university departments of general practice there are adequate facilities for sexological training. Groups of practicing general practitioners partly draw up their own program. Nowadays, subjects chosen are frequently sexual violence within the family, coming-out for homosexuality, transsexualism and sexual

dysfunctions. Further, facilities to gain insight in one's own views, attitudes and inhibitions/resistances (Moors, 1978, 1980a,b)

Specialization in gynaecology includes the attainment of knowledge and training in the actual handling of sexual problems. There is no consensus about the specific contents of the sexological training. Postgraduate sexological training for gynaecologists is occasionally available.

Training facilities

Between 1975 and 1985 a few sexologists initiated one-day sexological training courses for general practitioners, psychologists, psychiatrists, district nurse supervisors and social workers. In all 15 days were organized with 50 to 60 participants each. The main purpose of the training was to teach how to deal with sexual problems in practice and, secondly, to discover one's own attitudes and inhibitions towards sexuality (Moors, 1987).

In the mid-seventies general practitioners and other primary health care workers had many opportunities for sexological refreshing training courses. The Board of the Dutch College of General Practitioners started a nationwide project: "Helping with sexual problems". The participants could choose from a number of subjects. The subjects were related to sexological knowledge, training of skills and of attitudes (Moors, 1977).

The personal sexual experiences of a doctor and the manner in which he or she handles his or her own sexuality is very important for their dealing with sexual problems and dysfunctions of patients (Brown, 1980). With a step by step method participants have been offered opportunities to discover their own strength and limitations (Annon, 1974).

The course contained the following items: how to listen to a patient; how to listen to a patient with sexual problems; male and female sexual performance; physical examination; reassuring "you are not the only one having this sexual problem"; how to give information; how to dispell myths and fallacies; exchange of literature the participants had read; how to deal with specific sexual dysfunctions such as impotence, vaginism and dyspareunia; how to plan the course of action, and strategies to induce cooperation of the patient; how to refer patients with (very) serious sexual dysfunctions or problems; emergency or crisis-intervention in case of severe sexual dysfunctions (Moors, 1980).

More than 2000, about one-third of all Dutch general practitioners, followed one of these courses. Frenken et al. (1988) have evaluated the results of these courses. In their report they formulate the basic tasks of general practitioners with regard to sexological assistance: early recognition of sexual problems; clarifying problems; an examination with a short sexual history and a first physical examination; and suggestions about treatment.

In 1977 the Board of the Dutch College of General Practitioners published the book: "Helping with sexual problems". This book was used as a course book in the so-called

KODEBEL-training-courses (Coordination postgraduate training for primary health care workers). All over The Netherlands some thousand primary health care workers attended these courses (Moors, 1977).

By the end of the seventies P. Bierkens, W. Everaerd and J. Frenken, in close collaboration with the Dutch Institute of Psychologists (NIP), organized three courses of postacademic interdisciplinary sexological training. The main topics were: the social basis of sex; sex roles and emancipation; sexual behaviour; sexual problems and sex therapy; biological conditions and variations in sexual behaviour and sexual therapy in medical practice (Frenken, 1980).

Musaph and Haspels (1977, 1978, 1979, 1980) organized a number of one-day conferences for general practitioners and sex-therapists. The medical sexological issues were: sexual problems of adolescents; modern views on homosexuality; orgasm problems in women; sexual potency problems in men; and aspects of painful coitus.

All medical schools offer occasional postgraduate courses on sexual problems. A precise inventory of the number of general practitioners who attended these courses has never been made. One such postgraduate course is worth mentioning (Schraag, 1989; Schraag and Dolle-Willemsen, 1989). The Boerhaave Committee for Postgraduate Teaching of the Medical School of Leiden University organized a three-day in-service teacher training course on sexual education in which high school students and teachers worked together. The subject was sex education in high school. There were more than 500 participants. The strength of the training was the specific way in which teachers and pupils worked together to develop a program for sexual education. Pupils were encouraged, in conjunction with teachers, to arrive at a formulation of their underlying convictions and their wishes about sex education in school. The course program and the contribution of the trainers have been evaluated on many occasions. This has led to changes in the contents of the course and in the thinking of the organizers about sexuality. Thus, postgraduate training courses can be valuable not only for those who follow the course, but also for the trainers.

Training facilities now and in future

There are at present no institutionalized postgraduate sexological training facilities in Holland for general practitioners, gynaecologists, urologists and midwives. There is an irregular offer of courses, symposia and trainings.

The seven Regional Institutes of (postgraduate) Education (RINO) of the Mental Health Care have taken the responsibility to organize postgraduate sexological trainings of psychotherapists in The Netherlands. During his or her training period a psychotherapist has to prove he or she has taken (some) sexological course(s). Otherwise the candidate has to take an examination. Two RINO's offer psychotherapists facilities for sexological training. Few psychotherapists seem to be interested in these courses.

The Board of the Dutch Society for Sexology is currently formulating requirements for training courses. Plans have been made for one general basic course and

for subsequent courses on sex education, on sex research and on sex therapy. The intention is to initiate and start a professionalization of sexology. Also, to define what sort of knowledge, skills and attitudes a sexologist should have.

An initial registration as sexologist, however, should not be valid for life. Professionalization means formulating and planning a path for training and continuing education, in order to ensure the quality of the registered sexologist.

In Belgium a postgraduate specialization in sexology has been available since 1961, at the interfaculty "Institute of Familial and Sexological Sciences" of the Catholic University of Leuven (Nijs, 1983; Vansteenwegen, 1987). It is an academic course leading to a university degree as a sexologist. There is a two-year basic course in sexological science, followed by a one-year full-time training program. Students entering the program are expected to have already taken courses on the following subjects: philosophical anthropology, general biology, physiology, neurophysiology, developmental psychology, psychology, general psychiatry and to have done some clinical work. When someone has had one or more of these subjects previously, exemptions can be granted.

The basic course includes:

- courses in law, cultural anthropology, familial sociology, psychology, sexual pedagogics, physiology of fertility and bio-ethics (270 hours).
- courses in problems with regard to biology, physiopathology, psychopathology and psychotherapeutical methods (135 hours).
- courses in relational problems in the family, in marriage and sexuality (45 hours).

After this basic course a one year full-time training program in marriage counselling therapy and communication therapy may be undertaken. Training is under the auspices of the Department of Marriage and Family and the Communication Center and Clinic for Sexual Dysfunctions.

Experience with this three-year curriculum supports the following conclusions:

- * Every sexologist needs basic studies on family-sciences, since the family system remains a key system of sexuality.
- * Every specialist in family sciences needs basic studies on sexological sciences, since the family system is also founded upon sexuality.
- * Sex therapy and family therapy are both specialization *after* basic psychotherapeutical training on an individual and group-therapeutical level.
- * Efficient modern family therapy and efficient new sex-therapy both need a foundation in traditional psychotherapy.
- * Modern infatuation with the new sex therapies and the abundance of family therapies need interacting teaching and interdisciplinary research on a university level.

Since 1990 a MSc degree as well as a PhD degree are offered as university degrees. Since 1982 there is a one-year Master-program: "Human fertility and sexology" especially aimed at medical doctors. This training leads to MSc in medical science or in family and sexological science. With these programs the University of Leuven offers a unique possibility for the Dutch-speaking regions (Nijs, 1983).

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