

**Between Professional Ambivalence and Multidisciplinary
Harmony: A Qualitative Study on Sexologist as a Profession**

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Abstract

This study is part of a larger research project that explore the evolution of sexology profession in Sweden, and additionally compare some of these trends with other European sexologists. More specific, this study aims to get in-depth knowledge of Swedish sexologist's own descriptions of themselves and their profession. Data was collected through qualitative research interviews with 34 professionally active sexologists and members of The Swedish Association for Sexology, [SFS], 26 women and 8 men, aged 34–88 years. Results show that the informants can be divided into medical and therapeutical sexologists, all of whom identify strongly with their primary profession prior to becoming sexologists. Physician as sexologist has given way to healthcare professionals such as social workers and nurses, whereby sexology has been transformed into a female-dominated field in Sweden as well as in other European countries. This paradigm shift has created tensions between different approaches. Based on varying skills and educational backgrounds, different groups of sexologists have emerged: pioneers, competence sexologists, entrepreneurs, research sexologists and the non-professionals. Competition is not experienced toward others within the interdisciplinary realm of sexology, but rather between those who have professional authority and those non-professionals who strive for legitimacy in the field.

Introduction

The evolution of sexology profession has then been an ongoing process since the mid-1960s in Sweden (Dahlöf, 2008; Löfgren-Mårtenson & Fugl-Meyer, 2010). Professionals have since then chosen to join different sexological networks and associations, to undertake training in sexology, and/or do research within a broader sphere of sexology. The first Swedish courses in sexology were offered sporadically in the late 1960s and more regularly from 1974 (Dahlöf, 2008). Today, courses in sexology at basic and advanced (master) levels are available at several Swedish universities within different subjects as for example medicine, psychology, social work and sociology.

The Swedish Association for Sexology,[SFS], was founded in 1980 with the aim to promote networking, to exchange experiences, and promote scientific and clinical collaboration. Membership is offered to professionals or those in non-profit positions working with sexological issues. Requirements for an authorization for Nordic sexologists were accepted in 2000 through the Nordic Association for Clinical sexology, [NACS], and the first authorizations were carried out in 2002. The impetus was to endow various clinical sexological activities with a hallmark of quality, and to clarify the sexologist's skills for those seeking help.

NACS has also developed and adopted ethical guidelines for professional sexologists (retrieved December 8, 2011, from NACS: <http://www.nacs.eu/index.php?1,44>). The intention is to clarify and establish guidelines for those who work professionally with sex therapy, sex counseling, sex education and sexual research, and to inform and protect those who seek help. The sexological guidelines state that these should be a supplement to the guidelines that apply for the basic professional sexologist. These

specific sexological guidelines relate, inter alia, to the sexologist-client relationship and focus the sexologist's responsibility for maintaining high professional standards and for the dependent relationship that can arise in a therapeutic situation.

So far, we know some about professionals active in clinical sexology. In 2001, Fugl-Meyer and Giami (2006) performed a survey geared towards 143 sexologists with an median age of 50 years (24–81 years). The majority were women working as nurses, midwives, psychotherapists or doctors. Among psychotherapists, the group consisted of marriage and family therapists, psychologists and social workers. Most were employed in the public sector and nearly all had at least a post-graduate education in sexology, while almost two-thirds also had training in psychotherapeutic modalities. More than a quarter had participated in sexological research, published scientific reports and participated in sexological conferences and seminars. However, in-depth knowledge about Swedish sexologists' own descriptions of their profession is still missing, and also about their reflections on trends in the on-going professionalization process in Sweden.

Objectives and Research Questions

The overall objective is to explore the evolution of sexology profession in Sweden, and additionally to compare some of these trends with other European sexologists. More specific, this study aims to get in-depth knowledge of Swedish sexologist's own descriptions of themselves and their profession. What characterizes the sexological professionalization process in Sweden and how can it be pronounced (e.g. education, authorization, ethical rules and organizations)? How do professional sexologists describe themselves (e.g. age, gender, sexual orientation, professional background)? And, how do

the sexologists describe their profession (e.g. professional activity, target groups, working models and professional authority)?

Theoretical framework

Guiding the analysis was a sociological perspective on the professionalization process. The concept of professionalization is then multifactorial and refers usually to a type of professional organization in which people with some education are given the right and jurisdiction to more or less independently perform certain tasks (Abbott, 1988; Molander & Terum, 2008). Traditionally, it is by combining professional activity with a long university education and research that a subject or field becomes developed and professionalized (Johnson & Lindgren, 2001; Smeby, 2008). Characteristic of the development of a profession and its skills are also criteria related to systematic theory, professional authority, ethics, professional culture and society's approval. Molander and Terum (2008) emphasize that a professional thus becomes linked to specific normative expectations, both within and outside the profession.

As society evolves, there is also a change in the perception of professions and the criteria for these. The introduction of the concept of semi-professionals can both be seen as a way to deal with confusion about differences of degree between different professional groups, and as a way to make it clear that any of the characteristics required for inclusion in a full-fledged profession are missing (Hermansson, 2003). In Sweden, nursing, social work and teaching below university level are considered to be within the semi-professional domain, although this may change based on new conditions applicable to further education and research.

The professionalization of an occupation can also mean different things; in the study at hand, it refers to a quest and work for jurisdiction between different professional groups (Abbott, 1988). This quest takes place in different arenas: the state, the legal system, the public, the media debate and within activities and organizations, i.e. in a variety of workplace settings. To claim a professional field means that a group of professionals would have the right to perform several tasks that they believe belongs to them. Claims can also be about an exclusive occupation being sought or that a professional field is shared by several professional groups who jointly have access to performing certain professional duties. With regard to the interdisciplinary field of sexology, this becomes particularly interesting, since the field consists of different professional groups that are intended to relate well to each other and to the sexological issues they face in their profession.

Jurisdiction work can also be described in terms of boundaries, turf battles and boundary work (Fournier, 2000; Light, 1988). Using a landscape metaphor, professional territories are studied where borders are defended in a competitive and bargaining position in relation to other professions. It is in the creation and maintenance of these boundaries that a specific occupational group is formed. Initially, local boundaries are created, which are then bound together into larger regional and national structures, which in turn form the professions (Abbott, 1995). Boundary work is conducted at various levels, from individual professionals in the workplace to representatives whose task it is to take advantage of professional interest groups. Professionals must accept the consequences of the boundary work of others in the form of others' claims about who does what. By challenging and renegotiating the boundaries, professions are changed.

However, Fransson (2006) argues that there is a tendency to increasingly speak of professionalism rather than a profession; there is a diminishing focus on formal qualifications and more on the actual professional practice and its situational and individual practitioners. Trust and confidence are then key concepts of the practitioner's legitimacy.

Method, participants and procedures

Qualitative interviews have been selected as the research method in order to elucidate the research questions that deal with the sexologists' own descriptions of their profession. The ambition of qualitative studies is to explain and illuminate the character of a phenomenon and its meaning (Kvale, 2009; Starrin & Renck, 1996), in this case the professionalization process concerning the sexologists in Sweden. The intention was to gain a deeper understanding of the area of research and to highlight the complexity of the inquiry (Widerberg, 2002).

Through a brief solicitation notice on the homepage of SFS, informants were able to report their interest and consent to the study according to the provided research ethics guidelines. The association consists to date of 102 paid members (retrieved December 8, 2011, from SFS: <http://www.svensksexologi.se/>), of which 34 members announced their participation in the study. The sample consists of 26 women and 8 men aged 34–88 years, working in different parts of Sweden.

An interview guide was conducted with topics to be covered: professional background, professional content and specialization, and finally professional network. These themes were used as gate ways for the interviews, where the informants were

encouraged to describe factors of importance and their approaches to the sexological profession. The informants were interviewed individually during 60–90 minutes. Each interview was recorded on tape and subsequently printed verbatim.

An empirical analysis model was employed by adherents of the Chicago School (e.g. Abbott, 1997; Gerhardt, 2000) in the attempt to broach the descriptions provided by the sexology professionals concerning their work. More specifically, an initial structuring of the chosen themes were conducted and thereafter analyzed with the support of the selected theoretical frame work (e.g. boundaries, professional authority, and professionalism). The aim was to seek for trends, patterns and common themes in the data, but also to seek for variation and diversity in order to get a complex and sterling picture of the research area. The descriptive results are presented according to the following themes that have arisen during the analyses process: a) medical and therapeutical sexologists, b) professional ambivalence and competence, and c) multidisciplinary harmony and tensions.

Results

Medical and therapeutical sexologists

The majority of the informants were middle-aged, heterosexual and partnered women, as confirmed in previous research on sexologists and sexology students (Dahlöf, 2008; Fugl-Meyer & Giami, 2006; Löfgren-Mårtenson, 2008; Löfgren-Mårtenson & Fugl-Meyer, 2010). Overall, the informants consisted of an interdisciplinary group of professionals. Almost all had a basic profession within the health and human services sector; about one-third had social work degrees, a third nursing or midwifery diploma, and less than a third a medical degree specializing in gynecology, psychiatry, neurology,

or a degree in psychology. According to this 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). Thus, other studies show that the educational background of the sexology students in the new millennium is different from previous decades, in that physicians have more or less disappeared from the field (Löfgren-Mårtenson, 2008; Löfgren-Mårtenson & Fugl-Meyer, 2010).

The informants stated that they lacked sexology in their basic education and therefore felt a strong need for further training when they began their careers. Many had several courses in basic and clinical sexology, and accentuated the importance of sexological competence. Furthermore, three of the informants had earned a doctoral degree, one an honorary doctorate, and a few others were currently doing sexological research. Overall, the interviewees emphasized the importance of sexological research and pointed out the value in taking part of current studies, engaging oneself in research and/or work in environments steeped in critical thinking.

The older informants had been trained in or outside their country by other prominent sexologists before there Swedish courses in sexology existed. Thereafter, several had been involved in starting sexology programs and courses. 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 in the head librarian's toxic cabinet!"

In addition to performing clinical work, some of those interviewed also worked as teachers, like some of the professionals in the Fugl-Meyer and Giami study (2006). They lectured in their "special areas of interest," e.g. sexual paraphilias, gender reassignment, sex therapy, sexuality and disability, etc., during conferences and training days and/or as course instructors at the university level. The importance of participation in this wider dissemination of knowledge were emphasized by these informants. A female social worker and sexologist, 51 years, enthusiastically stated that she was training staff in the treatment of sexuality for people with disabilities, which was much appreciated.

Professional ambivalence and competence

Regardless their background in sexology the interviewees appeared in doubt regarding calling themselves sexologists - what are actually the criteria? And is there even such a title (c.f. Fugl-Meyer & Giami, 2006)? Sex counselor, sex and relationship consultant, or sex and relationship therapist were examples of job titles that some interviewees used instead, sometimes voluntarily and sometimes at their employer's request. This ambiguity makes it difficult for the public to know who to turn to when seeking help, according to several informants. 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. And then it's more like an explanation ... to make people understand the kind of education I have.

Only a small number of the informants had sought for an authorization as sex counselors or clinical sexologists, and none as a sex researcher. The reasons were several; the

application process was perceived as too cumbersome, there were difficulties in meeting the required criteria for experience in sexological counseling and therapy training, and many experienced the filing fee as too high. In addition, several of the informants already had licenses covering the practice of their primary professions and did not give priority to an additional authorization as a sexologist. Nevertheless, the majority emphasized the importance of an authorization because it serves as a stamp of approval, to the benefit of sexologists themselves and for the clients and the communities they encounter in their work. A female sexologist and psychiatrist talked about why and when she uses the title authorized clinical sexologist:

I think that it puts greater [professional] authority behind it. So, I use it when I make statements or write anything related to sexology, but not when my work concerns psychiatry. I imagine that it is relevant in terms of showing that I am ... stating something I am competent to speak about!

Several pointed out that it is too much "amateurishness" in the field, and too easy for people to call themselves sexologists. Then, authorization was seen as an important way of being able to distinguish between those who are regarded as competent, and those who are not, as well as specific ethical guide lines for sexologists. A female sexologist and social worker said with emphasis and revolt:

Of course, I know that the authorization is a very important part. Anyone can call himself or herself a sexologist! [...]. So the authorization still shows that you have a certain amount of training, you have supervision, you have had personal therapy and whatever else you want. It offers some guarantee that we are working ethically, compared to many others!

Most of the older informants had been grandfathered into the association as authorized clinical sexologists. This means a dispensation from the current guidelines and rules; many years of working experience with sexological issues, and/or having created sexological courses and training before there were any available. Sometimes this was a way of showing gratitude to those who have worked with sexology their whole professional lives.

Multidisciplinary harmony and tensions

The interviewees stressed the importance of viewing sexuality from a holistic perspective and from different scientific fields. Most of those interviewed worked alone and a few in pairs or in teams where both medical and therapeutic sexologists were included. The medical sexologist group reported that they collaborated across clinical boundaries when possible. The opportunities for interdisciplinary work were appreciated by informants who believed that it is often necessary, in order to help the individual or the couple. In general the interviews showed that the medical sexologist treats sexual problems based on physiological perspectives, which means that the sexual physiology was in focus but in a social and psychological context. A sexologist and physician described this as follows:

I work from a sexuo-physiological model, one can say. I also see emotional life as some kind of physiological input. It gets transformed into physiology when the soul takes it in, and stress gets created, for example. It's a very important factor, stress reactions of various kinds. They bring on disturbances in sexual functions.

Others stated that they worked mainly from an informative and educational standpoint, and rarely met clients more than for a few sessions. If a client has a cancer diagnosis, sexological issues were overshadowed by disease progression or recurrence. A female sexologist and nurse said that her patients usually need concrete advice and only come once or at maximum 6–7 times. Several of the therapeutic sexologists instead described an eclectic approach to working models and theories, which were linked to the primary profession or to additional training in psychotherapy. A female sexologist and social worker explained how she and her colleague work together:

We have worked very systemically. Sometimes, it is one of us that drives the conversation and the other reflects. And then we all reflect openly in the room.[...] We both have Gestalt training and we use some constructs from it. And our psychotherapy education is psychodynamic. It's so much Freud.

Those who worked with couples said that they proceeded from communications theories, since a previously significant sexual problem may disappear once a couple begins to talk about sexuality. Others described their work at different levels based on the so-called PLISSIT model (Annon, 1976), where the first level indicates permission to talk about sexuality (Permission); the second about sex and relationships (Limited Information); the third offers specific instructions (Specific Suggestions); and the fourth provides sex therapy (Intensive Therapy). Others used sensuality exercises (Wagner & Kaplan, 1993), as a model for treating low or absent sexual desire. The aim is then to reduce the client's or couple's worry or performance anxiety often associated with sexuality when there has been some type of resistance or dysfunction for some time.

Even though the informants stated that the ideal way of working is interdisciplinary, several in the same time described difficulties; it can create tensions and competition between different perspectives. It is also complicated to agree on particular systematic theories and models that all sexologists should proceed from. A male social worker and sexologist reflected:

I think it is difficult to agree. I think it is simply the problem with working in the interdisciplinary mode. That we should see it as an asset and not a hindrance. I think it's a pity that there are "forces" [...], that there are trends that you should keep it in medicine or psychology. I believe that sexology belongs in the hands of many sciences. And social work and sociology are but two sciences among many! There could be many more, there could be economics, law, etc. The most important thing is to broaden your vision and to see that sexology is everywhere!

Another cause of tension was that sexologists sometimes must perform the same duties, despite a difference in basic education, and in addition with different salaries. Some considered this to be difficult or questionable. Others believed that this way of working is positive because it strengthens the role of the sexologist and thus the entire subject area.

Many enthusiastically described the significance of sexological associations (e.g. SFS, NACS). Easier access to current research from different scientific perspectives and opportunities to make connections and find collaborators, both national and international, were then mentioned. Some informants told that they had been instrumental in starting up networks and associations in sexology in the 1960s and were known as charter

members. But some criticisms appeared as well; there have been times where the same people had been sitting too long on the boards, and there had historically been a medical dominance. The consequences were that it had been difficult for young or new members to reach senior positions, and there had been too many men in leadership positions, given that the majority of the members were women.¹ A female social worker and sexologist became dejected when she looked back over the 20 years she has been a member:

The association was with these guys at the top. [...]. Supposedly sexology is an interdisciplinary profession, and then it becomes important that it's not, just medical experts who are sitting in power!

Several of the informants pointed out that it is necessary to have supervision when working with sexology; this is confirmed by the sexologists in Fugl-Meyer and Giami's (2006) study, where 90% have supervision. But only a few of the interviewed sexologists had in fact supervisors with sexological competence, since there are only a few such supervisors available in Sweden. A female sexologist and social worker described instead informal supervision in groups with other colleagues in medicine and psychiatry. Others talked about older or more experienced colleagues who acted as mentors. A male sexologist spoke about his colleague who read every single journal that he wrote over 25 years and was willing to give feedback based on his medical perspective. A female sexologist enthusiastically described her contact with "Y", her mentor, and said:

And Y's importance cannot be emphasized enough! We've been calling him all these years if it is something we wondered about or if we needed special supervision.

¹ The current SFS board consists of five women and two men (Retrieved December 8, 2011, from: <http://www.svensksexologi.se/>).

Overall, it became clear in the interviews that the sexologists were part of a relatively limited group, both nationally and internationally, where many had known each other for years. Through their sexological networks, informants met regularly and maintained and deepened their contacts over time. These personal and professional ties helped to strengthen the interdisciplinary cooperation, but also contributed to tensions created and maintained by some fundamental differences in the primary professions, and sometimes between individuals. However, the main tension described was not between different groups of well-educated sexologists, but against those who were claiming the sexological competence without being regarded as qualified by the informants.

Sexology as an interdisciplinary landscape - a discussion

The image that has emerged of the sexological landscape in this study can be described as many large and small islands with bridges between them (cf. Fournier, 2000; Light, 1988). Inside this metaphor, the bridges are interconnected between various disciplines and professions within the multidisciplinary field of sexology. The study also showed the shifts from a medical dominance to a more psychosocial therapeutic emphasis. Other research suggests that physicians and medical sexologists have almost totally disappeared among younger sexology students (Dahlöf, 2008; Löfgren-Mårtenson, 2008; Löfgren-Mårtenson & Fugl-Meyer, 2010), but the medical group was still relatively large among the older professionals in this study. In hierarchical terms, this can be expressed as the classical medical profession has given way to semi-professionals such as for example social workers and nurses.

The results also showed that gender-related changes and shifts had taken place and that sexology increasingly had transformed into female-dominated field, as confirmed by the Fugl-Meyer & Giami study (2006). In the large groups of social workers and nurses, i.e. the therapeutic sexologist group, the majority were women. Internationally, this trend is also present in other European countries as for example the United Kingdom (Wylie, de Colomby & Giami, 2004), Finland (Kontula & Valkama, 2006) and Denmark, Norway and Italy (Giami & de Colomby, 2006). Nowadays it is also true in France as well (Giami, Chevret-Méasson & Bonierbale, 2009), even though it used to be male dominated (Giami & de Colomby, 2006).

Among those interviewed occurred smaller groups of sexologists; *The Pioneers* began their sexological career in the 1960s-1970s, with a dominance of physicians and doctors, often without a formal education in sexology. These informants described their work as a "life calling" and stated a strong personal commitment, which can also be expressed as Pioneers holding a strong professional identity and also significant authority as sexologists (cf. Johnson & Lindgren, 1999). *The Competence sexologists* stressed the importance of solid competence with a basis in clinical practice and extensive training, both in their primary profession and in terms of further education. Much like the Pioneers, this was a group with a sense of a strong professional authority, often rooted in their primary profession. Another group, *the Entrepreneurs*, was engaged in private practice full or part time. In some cases it was because they had felt opposed by their employer in the workplace and therefore had "giving up" and opened their own office. In other cases, there had been an incentive to build a private practice with a sexological focus, which otherwise might not be possible within a public organization. Whatever the

reason, we can conclude that a new so called commercialized professionalism is emerging, which is not only focused on professional competence but also on entrepreneurial skills. Dellgran and Höjer (2005) have labeled these measures as a strategy of professionalization (other strategies are as previously mentioned the authorization, sexological training, membership in sexological associations, mentoring, networking and research). There are varying levels of professional authority among the Entrepreneurs, mainly depending on the primary profession of the sexologist. Even though only a few of the informants had earned doctoral degrees the group of *Sexology researchers* had a high reputation and status among the remainder of the various sexological groupings. Research related to clinical practice and treatment was valued highest by those who were affiliated with the practice of clinical sexology. Finally, the interviewees described a group that was not listed among the informants. This group, the *Non-professionals*, was lacking in human services training and extensive courses in sexology. Sometimes, this group had a prominent role in the media and represent sexologists as online advisors, in magazines or on television, but their formal competence was perceived as ambiguous by the informants.

Within all these groups were sexologists with different primary professions, particularly in the medical, social and psychological domains. Competition did not seem to be experienced in relation to other sexologists within the interdisciplinary field, or toward those who are perceived as having a "solid" education. Instead, borderlines were drawn mainly between those who considered themselves to belong to the sexological landscape and have professional authority in the field, and those who did strive to obtain this, i.e. the *Non-professionals*.

There was also further boundary work (Fournier, 2000; Light, 1988), that may be even more complex, i.e. the Pioneers' desire to continue belonging to the sexological landscape without being questioned or deprived of their professional authority based on long-term work. Another strain against boundaries occurred in the striving of women and younger people seeking more senior positions in the sexological associations. Additional cross-border activity took place between the different scientific domains, where medical and psychosocial, psychodynamic or cognitive therapy models were pitted occasionally against each other. However, it was noteworthy that sexologists were more inclined to emphasize collaboration, transparency and respect between the different domains and rather close the borders against those who were not considered sufficiently competent, regardless of domain.

Hence, is it possible to classify sexologists as practitioners of a specific profession? Were we to base our evaluation on criteria such as systematic theory, professional authority, ethics, professional culture and societal sanctions (e.g. Johnson & Lindgren, 2001), it would be doubtful. Those working as sexologists belonged to groups that were much too interdisciplinary, in order for common systematic theories to apply. In addition, some sexologists already belonged to classic professions such as physicians; their main occupation and professional identity were already cemented, while others may be seen as semi-professionals such as social workers and nurses. As for specific ethical guidelines, they did not claim a major importance for sexology as a profession when there were already ethical standards in place for the various primary professions. Thus, they became important markers only in the boundary between qualified sexologists and those who lack specialized training. The authorization can be viewed in a similar

manner; its most important function was to keep the Non-professionals away, since the majority of sexologists already had official licenses, post-graduate degrees or doctorates.

The concept of a profession is certainly relative (Wingfors, 2004:16), but perhaps professional competence is a summation that can describe a phase of the professionalization process that has appeared in this study. Indeed, the interviewees were very well educated and the majority had long research-based university education behind them, even if sexology was not part of their basic curriculum. The interviews revealed a clear desire to achieve competence, professional standing and professionalism rather than an expressed desire to become a specific profession. In addition, the informants had expressed that trust and confidence are key concepts of the practitioner's legitimacy. This tendency to speak of professionalism rather than of professions is also true among several professions. There seem to be a diminishing focus on formal qualifications and more on the actual professional practice and its situational and individual practitioners (Fransson, 2006).

At the same time there was an emerging ambivalence toward both the concept of profession and professionalisation, since there was uncertainty over the correct definition of a sexologist. The criteria for who gets to use the title are ongoing, both among sexologists themselves and among the public and those seeking help. Sexologists also maintain that sexological competence should meet the societal shifts that constantly occur where sexual norms and behavior patterns are concerned. Just as these concepts change and evolve, the process of sexologist as a profession is ongoing, and the criteria should continue to be discussed and analyzed.

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