Dear colleagues,

Welcome to the 32nd Annual Meeting and Conference of the Nordic Association for Clinical Sexology (NACS).

We are glad for the great interest you have shown in participating and, for the contributions to the scientific program – more than one hundred participants and more than fifty presentations altogether!

This year’s NACS conference is exceptional, because many participants kindly agreed to contribute to the concurrent social/educational project for the wider public in the format of the Von Krahl Academy.

We hope that you will enjoy the alternative and inspirational environment provided by the Von Krahl Theatre.

We hope that the 32nd NACS conference will prove a good forum to exchange new ideas, knowledge and experience.

Welcome to Old Tallinn in the Estonian autumn!

On behalf of the organizers from the Estonian Academic Society for Sexology

Olev Poolamets
Kai Haldre
Toivo Aavik
PROGRAMME

Thursday, October 14\textsuperscript{th} 2010

\textit{Pre-conference workshop: Oncosexology}

\textbf{Von Krahl Theatre, Rataskaevu Str 10, Tallinn, Estonia www.vonkrahl.ee}

\begin{tabular}{ll}
October 14\textsuperscript{th}, 15\textsuperscript{th}, 16\textsuperscript{th} 2010 & \begin{tabular}{l}
11.00–18.00 \hfill \\
Estonian Health Care Museum \hfill \\
Lai Str 30, Tallinn \hfill \\
www.tervishoiuimuuseum.ee
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\hline
10.30–11.15 & Registration \\
11.15–12.45 & Woet Gianotten, Holland \hfill \\
& \textit{Oncosexology for sexology professionals} \\
12.45–13.15 & Lunch \\
13.15–14.45 & Woet Gianotten, Holland \hfill \\
& \textit{Oncosexology for sexology professionals (cont)} \\
14.45–15.15 & Coffee \\
15.15–15.45 & Woet Gianotten, Holland \hfill \\
& \textit{Oncosexology for sexology professionals (cont)} \\
& Plenary group discussion \\
15.45–16.45 & Andres Salumets, Estonia \hfill \\
& \textit{Modern fertility preservation methods 20 min} \\
& Olev Poolamets, Estonia \hfill \\
& \textit{Oncosexological cases 20 min} \\
& Katrin Raamat, Estonia \hfill \\
& \textit{They say it is the matter of life or death... 20 min} \\
\hline
20.00–21.00 & Welcome Reception: \hfill \\
& \textit{Niguliste (St Nicholas’) Church/Museum} \\
21.00–22.00 & Welcome reception continues with light buffet in \hfill \\
& \textit{Von Krahl Theatre}
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32\textsuperscript{nd} Conference and annual meeting of the Nordic Association for Clinical Sexology  
Von Krahl Theatre, Rataskaevu Str 10, Tallinn, Estonia  www.vonkrahl.ee

PROGRAMME  
Friday, October 15\textsuperscript{th}, 2010

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<th>Morning experience session:</th>
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<td>9.00–11.45</td>
<td>NACSAC, NACSES meetings, NACS</td>
<td>Connections with mind, body and sexuality</td>
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<td>Restaurant AED</td>
<td>Board meeting</td>
<td>Jannus Jaska, Aivar Oja, Olev Poolamets, Estonia</td>
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<td>Rataskaevu Str 8</td>
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<tr>
<td>10.00–12.00</td>
<td>Registration (please order Sunday’s lunch)</td>
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<td>12.00–12.15</td>
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<td>12.15–13.00</td>
<td>Invited Speaker: Woet Gianotten, Holland</td>
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<td></td>
<td>The Power of Sexuality in the late and early phases of life</td>
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<td>13.00–13.50</td>
<td>Session: Education and health promotion</td>
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<td>Moderator: Lars Gösta Dahlöf, Sweden</td>
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<td>Osmo Kontula, Finland</td>
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<td></td>
<td>Training programs for sexologists in Europe 30 min</td>
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<td>Minna Nikula and Maija Ritamo, Finland</td>
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<td>Finland - Action programme for the promotion of sexual and reproductive health 20 min</td>
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<td>13.50–14.45</td>
<td>Lunch</td>
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<td></td>
<td>Visual presentation in the lunch room by Vladimir Vihljajev and Daniel Hopp, Estonia</td>
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14.45–16.15 Symposium: Sexual Ethics in Sexological Practice  
Moderator: Tommi Paalanen, Finland  

Solveig Anna Boasdottir, Iceland  
Responsibilities and roles within a helping relationship 20 min  

Elsa Almås, Norway  
A psychological contribution to the discussion of ethics in sexology: the discourse of subjectivity 20 min  

Ingibjörg María Gisladóttir, Iceland  
Engaging the capability approach 20 min  

Tommi Paalanen, Finland  
Ethical evaluation in sexological practice: an analytic overview 20 min
16.30–18.30  National Meetings (Sweden)  
   at Swedish St Michael's Church  
   Rüütli Str 9, Tallinn  

17.00–18.00  Nordic Sexual Ethics  
   Networking  

19.00–21.15  Social event at Von Krahl Theatre  
   Buffet supper  

   PostUganda - Von Krahl Theatre Performance (in English)
**Saturday, October 16th, 2010**

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<th><strong>Main meeting room</strong></th>
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<tr>
<td>9.00–10.45 <strong>Session: Sexual medicine and sexual counseling</strong>&lt;br&gt;Moderator: Áslaug Kristjánssdóttir</td>
<td><strong>Morning experience session:</strong>&lt;br&gt;Connections with mind, body and sexuality&lt;br&gt;Jannus Jaska, Áivar Oja, Olev Poolamets, Estonia</td>
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<tr>
<td>Katriina Bildjuschkin, Finland&lt;br&gt;<em>Bringing up sexual matters/sexuality in health care</em> 20 min</td>
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<td>Margus Punab, Estonia&lt;br&gt;<em>Late onset hypogonadism and male sexual dysfunction</em> 20 min</td>
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<td>Marjo Kokko, Finland&lt;br&gt;<em>Working with Finnish university student couples: To come close and keep distance</em> 20 min</td>
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<td>Inara Roja, Latvia&lt;br&gt;<em>Combined treatment in aging homosexual males after prostatectomy</em> 20 min</td>
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<td>Elina Tanskanen, Finland&lt;br&gt;<em>Love, Sexuality and Logotherapy</em> 20 min</td>
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<td>10.45–11.00 Coffee</td>
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<td>11.00–13.00 <strong>Session: Sexual medicine and sexual counseling</strong> (cont)</td>
<td><strong>11.00–13.30 Stine Kühle-Hansen, Norway</strong>&lt;br&gt;<em>TOUCH</em>&lt;br&gt;Video presentation (recorded 15th of October 2010 for NACS and Von Krahl Academy)</td>
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<td>Margareta Nordeman, Sweden&lt;br&gt;<em>How to meet and handle couples in crises in a maternity center</em> 30 min</td>
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<td>Elise Wahlström, Sweden&lt;br&gt;<em>Aspects of life, intimacy and sexuality in patients treated for haematological malignity</em> 20 min</td>
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<td><strong>Invited Speaker:</strong>&lt;br&gt;<strong>Johannes Bitzer,</strong> Switzerland&lt;br&gt;<em>Female sexual desire disorder - is it the brain, the hormones or the partner?</em> 60 min</td>
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<td>13.00–14.00 Lunch</td>
<td><strong>14.00–16.30 Workshop:</strong>&lt;br&gt;Karolina Kiil, Finland/Estonia, Meelis Sütt, Estonia&lt;br&gt;<em>Visualising forbidden aspects of sexuality related themes</em></td>
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<td>Visual presentation in the lunch room by&lt;br&gt;Ingvar Luhaäär, Mati Puss, Emer Värk, Estonia</td>
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<tr>
<td>14.00–15.45 <strong>Session: Sexual victimization</strong>&lt;br&gt;Moderator: Lemme Haldre, Estonia</td>
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<td>Elsa Lena Ryding, Sweden;&lt;br&gt;Mirjam Lukasse, Norway&lt;br&gt;<em>Childhood abuse and fear of childbirth</em> 20 min</td>
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<td>Anita Carlstedt, Thomas Nilsson, Björn Hofvander, Agneta Brimse, Sune Innala, Henrik Anckarsäter, Sweden&lt;br&gt;<em>Does victim age differentiate between perpetrators of sexual child abuse?</em> 20 min</td>
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Main meeting room

**Inga Tidefors**, Sweden
*In what ways do sexual murderers talk about their perpetrations* 20 min

**Sune Innala**, Sweden
*Autoerotic Fatalities and Sexual Asphyxia* 20 min

**Tommi Paalanen**, Finland
*Extreme sex and sexual rights: exploring the boundaries of sexual liberalism* 20 min

15.45–16.00 Coffee

16.00–17.00 **Session: New media and sexuality**
Moderator: **Maaret Kallio**, Finland

**Andra Siibak**, Estonia
*Be trendy and make the duckface: visual gender identity constructions of the tweens on social networking site www.rate.ee* 20 min

**Tuija Rinkinen**, **Anneli Miettinen**, **Miila Halonen**, **Dan Apter**, Finland
*Confusion, pleasure or guilt? Emotional reactions to porn viewing among adolescent girls* 20 min

**Karoliina Kiil**, Finland/Estonia
*Are the self-made sex images an imitation of visual culture or something else?* 20 min

17.10–18.30 **NACS General Meeting**

19.30 **Gala Dinner**
Live music

*at House of the Brotherhood of Blackheads*
**Pikk Str 26, Tallinn**
www.mustpeademaja.ee
Sunday, October 17th, 2010

Main meeting room

9.00–11.00 Invited speaker: Alain Giami, France
Sexual Health and the fear of Eros 40 min

Session: Sexual health of young people
Moderator:

Liisa Annu, Estonia
HIV in Estonia – recent trends. HIV positive women giving birth in Pelgulinna Maternity Hospital in 2000–2009 20 min

Dan Apter, Finland
How can we explain differences in adolescent sexual health indicators between the Nordic countries? 20 min

Kai Haldre, Estonia
Adolescent sexual health indicators in Estonia 20 min

Inga Tidefors, Anneli Goulding, Hans Arvidsson, Sweden
Narratives about consensual and non-consensual sexuality told by male adolescents who have sexually offended 20 min

11.00–11.15 Coffee

11.15–12.15 Session: Psychology, religion, sexuality
Moderator:

Meelis Sütt, Estonia
The Psychological Birth, Destructive Narcissism and Sexuality 20 min

Lisa Rudolfsson, Inga Tidefors, Sweden
Surveying sexual matters in closed organisation - The study that went wrong 20 min

Roland Karo, Estonia
Eros and Mysticism: Organic Constraints in Religious Experience 20 min

Closing of NACS Conference 5 min

NACS and Von Krahl Academy

12.30–13.30 Lars Gösta Dahlöf, Sweden
Asexuality – an ambiguous concept – current research and clinical aspects 45 min

13.30 Lunch (should be ordered on Friday)

Von Krahl Academy

13.45–14.45 Märt Läänemets, Estonia
Three Levels of Understanding Person and Reality in Buddhism 60 min
Poster presentations (Small meeting room):
Open: Oct 15\textsuperscript{th} from 12.00 until Oct 17\textsuperscript{th}, 11.00

1. Agnes Alvela, Estonia
   \textit{The experiences in masturbation and orgasm by young women in Estonia according to the amor.ee website}

2. Riina Häidkind, Toivo Aavik, Estonia
   \textit{Satisfaction with current relationship determines making the appointment to andrology clinic}

3. Salla Järvinen, Anu Mällinen, Finland
   \textit{Education Of Sexology And Sexual Health In Finland 2003 - 2009}

4. Aita Keerberg, Estonia
   \textit{Bereavement as a potential agent of sexual relationships’ disorders}

5. Birgitte Schantz Laursen, Helle Damgaard Nielsen, Anette Møller Gregersen, Charlotte Brun Thorup, Denmark
   \textit{Perception of body image and sexuality for women with mastectomy,}
   \hspace{1em} - in the acute phase of surgery
   \hspace{1em} - as determinants of women's choice of reconstruction

6. Birgitte Schantz Laursen, Anette Hojer Mikkelsen, Denmark
   \textit{Sexological counselling in patients with prostate cancer}

7. Hanna Petäjä, Finland
   \textit{The Operational Model of Promoting Sexual Health for the Department of Gynaecology in Turku University Hospital}

8. Tommi Paalanen, Finland
   \textit{The Centre Of Excellence For Sexual Health In JAMK University Of Applied Sciences}

9. Ester Väljaots, Estonia
   \textit{Training of a staff of institutions for mentally disabled people. HIV/AIDS/STI prevention and safer sex education in welfare institutions.}

10. Mette Wallace, Norway
    \textit{Norwegian Habilitation services' Network on Disability and Sexuality}
Information

Meeting Language
Working language of the meeting is English. No translation will be provided.

Registration and information desk
Registration and information desk is located at the Von Krahl Theatre on the 1st floor and will be open as follows:

Oct 14th 10.30–17.00
Oct 15th 10.00–18.00
Oct 16th 08.00–18.30
Oct 17th 08.00–12.30

All materials, name badge and other information will be handed to registered participants upon registration. If you have any questions or concerns, please turn to the registration and information desk.

Posters
Posters will be displayed in the theatre’s small meeting room.

Internet access
The Von Krahl Theatre is covered with WiFi connection. The password has to be used on the second floor. Please ask the information from the registration and information desk.

Lunches, coffee breaks
Lunches and coffee breaks during the meeting are included in the registration fee and will take place in the meeting venue.

WELCOME RECEPTION
Oct 14th, 2010
20.00–21.00

Welcome reception will be held in the Niguliste Church/Museum (Niguliste Str 3; about 200 meters from the meeting venue) and continues with light buffet in the Von Krahl Theatre. During the Reception drinks will be served and the guests will have a wonderful possibility to enjoy live piano performance by an Estonian composer Urmas Sisask.

SOCIAL EVENT
Oct 15th, 2010
19.00–21.15

Social event will be held in the Von Krahl Theatre. Buffet supper will be served at the theatre’s bar at 19.00. After that at 20.30 performance PostUganda by the Von Krahl Theatre will be presented on the second floor.

GALA DINNER
Oct 16th, 2010
19.30–23.30

The Gala Dinner will take place at the House of the Brotherhood of Blackheads (Pikk Str 26). During the dinner the guests can enjoy 3-course menu, drinks and live mood and dance music by Silvi Vrait and Olav Ehala.
Dress Code – Dark Suit.

POST-CONFERENCE TOUR
WALKING TOUR IN TALLINN’S OLD TOWN
Walking tour in Tallinn’s Old Town will take place on October 17th, 2010 from 15.00–16.30
Tour starts from the Von Krahl Theatre.

Pre-registration for the tours is required.
Stine Cathrine Kühle-Hansen, Norway
Oral
**Touch**

Do you have a favourite TOUCH?
How does our language influence the way we touch each other?

Stine Kühle-Hansen will speak about this in her exhibition “Touch” when she gives a lecture about how sexologists and museums can collaborate. Apart from being a teacher, Kühle-Hansen is also a museums consultant and a sexological adviser in Norway and operates Amoroteket.no. She has collaborated with the Estonian Health Care Museum in Tallinn, the Von Krahl Theatre and NACS; Nordic Association for Clinical Sexology both as a speaker and as an exhibitor. Her exhibition “Touch” is a so called hot spot and includes among other things beautiful black/white photos, texts, questions for reflection, music and lectures.

“One of the most important tasks of a sexological adviser today is to talk about the many nuances of touching”, she says.

Woet Gianotten, International Society for Sexuality and Cancer, Holland
Oral
**Oncosexology for sexology professionals**

Cancer and its treatment have much influence on sexual functioning, sexual identity and sexual relationship. It is estimated that in the adult population of the Western World ± 0.1% is in the process of treatment and recovery, ± 0.2% is in the palliative or terminal phase (because cure is no more possible), and ± 4% is a survivor. The majority of those people do have a partner who is also suffering of the collateral damage of the cancer treatment.

Both the cancer and the side-effects of medical interventions cause worries and disturbances in the areas of intimacy and sexual functioning. Research tells us that at least half of the patients has longstanding or permanent damage to sexuality.

There are additional handicaps. Patients and their partners don’t bring up the topic of sexuality and intimacy because of shame. The oncology professionals don’t bring up the topic because of shame and insufficient ‘sexual communication’ skills.

Part of the sexual health profession’ task is informing the patients and the medical professionals to address sexuality and ‘teaching’ those groups how to talk sex.

Sexual health professionals for themselves need not to learn how to talk sex. They have to learn how to ‘talk cancer’ and deal with the peculiar nature of cancer related disturbances.

This workshop intends to improve the next areas of oncosexology: Awareness; Attitude; Knowledge & facts; Treatment skills; and Competences for the individual professional & for the team.
Andres Salumets, University of Tartu and Competence Centre on Reproductive Medicine, Estonia

Oral

Modern fertility preservation methods for cancer patients

Fertility preservation and subsequent parenthood become increasingly important issues in light of the medical achievements that have improved the survival rates of young cancer patients. The deleterious consequences of harsh cancer treatments on both female and male fertility causing subfertility or even sterility are well recognised. Thus, for young cancer patients prior or during their reproductive years fertility preservation options should be introduced and included already since the early stages of cancer treatments in order not to deprive them of the chance for future parenthood.

Sperm cells collected either from ejaculate or testicular tissue by surgery can be frozen and stored for many years. The frozen-thawed sperm cells can be subsequently used in various assisted reproduction techniques from intrauterine insemination to sperm intracytoplasmic injection. The most commonly chosen option for young female cancer patients with partner includes the ovarian hormone stimulation and the use of in vitro fertilization (IVF) with subsequent slow freezing or vitrification of early embryos. These embryos can be later used with great success for embryo transfer with hundreds of thousands babies born worldwide showing no accompanying health risks. However, the delays caused by hormonal stimulation and IVF in initiation of cancer treatment should usually be avoided because of the risks to the patients. For young female cancer patients without male partner or those of refusing to use donor semen, oocyte freezing can be considered as an alternative. However, this approach still relies on hormonal stimulation delaying the start of cancer treatment. This method can still be considered somewhat experimental as only hundreds of children have born using frozen-thawed oocytes and IVF. Although the pregnancy outcome of IVF with cryopreserved oocytes is lower than IVF performed with fresh oocytes, the birth of children without any apparent increase in birth defects encourages further developments in oocyte freezing. Freezing of ovarian cortex has been used in fertility preservation of young cancer patients with subsequent transplantation of thawed tissue. This novel approach has leaded to birth of only a few children so that the safety aspects of the method remain currently unknown. Furthermore, the concern about the possible recurrence of the malignant disease after ovarian cortex transplantation has been raised. In Estonia, sperm freezing and embryo or ovarian cortex freezing are routinely offered to male and female cancer patients, respectively.

Olev Poolamets, Tartu University Clinic, Center for Andrology, Tallinn branch, Estonia

Oral

Oncosexological cases to be presented on the pre-conference of the 32nd NACS conference

The health professionals dealing with cancer patients should be sensitive about issues concerning the patients’ sexuality and whenever possible discuss with the patients the possible consequences of the disease and the planned treatment. It is advisable to inform the patients about the possibilities of further help in the case the sexual problems. Professionals are better aware how cancer may affect one’s sexuality and reproductive system and what are the possible measures to prevent or treat these problems.

The aim of the presentation is to address some issues concerning genitourinary cancer and sexuality through presenting different cases. As an andrologist I will present the cases from the perspective of cancer diagnosis among men. I will describe sexuality issues in the case of epididymal cancer, in the case of prostate cancer, and in the case of hematological cancer. I will discuss cancerophobia which can come along with the diagnosis of human papillomavirus infection.
Katrin Raamat, MA, Tallinn, Estonia

Oral

They say it is the matter of life or death...

Cancer diagnoses means facing the disease that carries the stigma of death, pain and suffering, it means entering the world of cancer (Feigenberg, 1987). Cancer touches not only the person’s life who has been diagnosed with cancer, the whole circle of intimate others is going to be forced to feel this touch. For the oncology professionals cancer is a part of daily life, often the main focus of interest in cure, a professional challenge.

The fight against such powerful enemy as cancer presumes powerful weapons. In cancer care, the combination of disease and different treatments may influence many areas of people’s lives, different human functions. Outside the world of cancer these areas have meaning, but in the world of cancer saving life and beating cancer may be seen as the main goal. When saving lives and beating cancer becomes the main focus of treatment, the holistic view of a human being, subjected to those treatments, can very easily be put aside.

Cancer is just as intimate and individual as unique is each person. So is sexuality an intimate and individual matter. People have silent fears concerning sexual abilities and attractiveness at the time when doctors are focused on saving their patients’ lives. There is the possibility that the patient’s questions about the possible influence of the treatments on their sexuality and prevention of the future problems in this sphere may be seen as second rate problem for the medical professionals. One of the patients once said “They say it is the matter of life and death now, they say I should not worry about my sexual self when they fight for my life. But this is my life I’m speaking about…”.

Ten years of work with the cancer patients have given some ideas of what people worry about, while going through the cancer treatments and after. Sexuality and the sense of self in sexual context is one of the biggest, but hidden worries. The questions to ease these worries are often unanswered, too often even unasked. In the presentation the above mentioned matters will be discussed, along with the results of inquiry of cancer 77 cancer patients of the Oncology Center of the North Estonian Regional Hospital.


Jannus Jaska, Aivar Oja, Olev Poolamets, Estonia

Workshop

Connections with mind, body, sexuality

Over recent years there has been a plethora of literature published exploring the benefits of mindfulness meditation across interdisciplinary fields, in particular within the psycho-medical traditions. Mindfulness has been found to have very clear benefits and practical applications to the area of human sexuality/sexual health. The purpose of this particular workshop is to give participants more in depth theoretical and practical understanding of the role of mindfulness meditation in sexual health. We appreciate that the terrain of sexual health is inherently complex. Therefore in order to gain a more integrated and realistic understanding of sexual health and sexuality, we have chosen to examine mindfulness meditation and breathing techniques (pranayama) as powerful mechanisms through which to understand and ultimately embody a healthy and integrated sexual persona.
**Woet Gianotten**, International Society for Sexuality and Cancer, Holland

*Oral*

**The power of sexuality in early and late phases of life**

The majority of society, included many health professionals, are inclined to consider sexuality relevant in healthy, non-pregnant people from approximately age 15 to somewhere in their early seventies. When asked about the why of sex, the same majority most probably will answer that people have sex for love, for lust, or because of making a baby. This presentation will approach other phases of life and also other motives. We first will look at aspects of sexuality in the phases of becoming pregnant, pregnancy and delivery. We will try to have sufficient attention for diversity and for the influence of gender differences. Although our approach will be biopsychosocial, we will try to give detailed explanation on the biological connections. We then will jump to the other end of life’s spectrum and look at the people who are nearing death. What role do sexuality and intimacy have in the life of the person who is going to die and in the ‘healthy’ partner? For the sexologist interested in the ‘why’ of sex this phase is a gold mine.

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**Osmo Kontula**, Population Research Institute, Helsinki, Finland

*Oral*

**Training Programs For Sexologists In Europe**

Training programs for sexologists are core activities to promote higher professional standards in sexology and to educate a new generation of sexologists in Europe. European Federation of Sexology (EFS) has been active in this field already several years. There has been an ongoing collection of information of training in sexology in Europe since 2007. This information covers now 24 European countries. This includes information of admission requirements, of a special approach in the training (training for sexual counsellors, sex educators, sex therapists, clinical sexologists etc.), number of hours in the complete training program, professional degrees and titles taken after the graduation, and possibilities for a national authorization. The existing different national training models in sexology in Europe:

- A medical model
- A clinical model, integrating medical and psychological approaches
- Separated education in clinical sexology and human sexology
- Sex therapy model
- Human sexuality model
- The Nordic human sexology model

A brief summary of European countries based on this modeling will be presented. The most common model in European training for sexologists is that run by a national association or by an institute; which extends up to two years, where contact education takes place during the week-ends, and where there is a final exam. Those who complete this all will receive a certificate from the organisers of the education. This model has become popular without systematic collaboration between educational organisations. EFS has an aim is to promote more collaboration between training institutes in sexology and to consider possibilities to create some common criteria and requirements for these programs, and finally, to result a possible European Certificate in Sexology.
Minna Nikula and Maija Ritamo, National Institute for Health and Welfare, Helsinki, Finland

Oral

Finland – Action Programme For the Promotion Of Sexual And Reproductive Health

Sexual and reproductive health (SRH) services are increasingly seen as an integrated part of the public health care system. Ideally, they should comprehensively address the full range of SRH needs. Successful outcomes of SRH are based on sound national policies. Finland is one of just a few European countries to launch an Action Programme for Sexual and Reproductive Health (2007–2011), by the Ministry of Social Affairs and Health. As a continuation of the action programme and to strengthen its implementation, a Sexual and Reproductive Health Unit (SELI) was established at the National Institute for Health and Welfare in 2010. One of the first activities of the SELI unit was to carry out a mid-term review of the implementation of the action programme in 2009 on the regional and municipal level of service provision.

Finland is divided into 20 regional hospital districts (secondary and tertiary care), each of which comprises several municipal health centres (primary care). Some 85% (185/231) of all the municipal health centres in 2008, and 17 out of 21 regional hospital districts in 2009, answered a postal and/or web-based survey related to the implementation of the action programme for the promotion of sexual and reproductive health. Additional information was collected via a structured questionnaire distributed to key informants in the SRH field. The mid-term review revealed that the recommendations of the action programme on the promotion activities of sexual and reproductive health have been partially considered in the regional and municipal level of the health care system. However, better use could be made of the action programme as a planning tool for SRH services in both primary and secondary/tertiary care.

More detailed results of the mid-term review will be provided in the oral presentation.

Vladimir Vihljajev and Daniel Hopp, Estonia

Visual

Birth, sex and death in the erotic art

Sexuality is one of the basic instincts of a human body. For the majority of the people it is realized during lifetime. Through it is a biological continuation of mankind and love, also the higher emotion is carried out. It is an inspiration basis, a muse and stimulus for creation of the greatest works of art. For the majority of people sexuality begins with a birth and lasts to their last breath but something will last forever. Therefore our work is entitled as a birth, sex and death in art. Non-realized sexuality it becomes frequently the reason of a dissatisfaction, pressure, health frustration, the reason of an aggravation of mental diseases. We offer to spectators a view our erotic art - the sexual midley (potpourri) which covers some millennium of human history and culture. On the most modest calculation more than 75% of all works of art consist in themselves erotic underlying reason. Therefore at each slide our slide show certainly has a sight of the artist at sexuality, emotions and its admiration of a female or man body. Some slides seem naive, rough or even obscene. They have chosen to show extreme measures of human sexuality. Art always has been and is a reflection of private world of the person and his/her sexuality. Through pictures we can adjoin to ideals of their beauty and feel deeply their emotions which seized them at the moment of creating these masterpieces. Constantly accelerated technical progress emotionally impoverishes us or reduces a sharpness of perception of the world. That way our life is emotionally much poorer than 200 and even 50 years ago. Therefore the perception of sensuality and pornography in the modern world differs more from early times.
Solveig Anna Boasdottir, University of Iceland, Reykjavik, Iceland

Oral

Responsibilities And Roles Within A Helping Relationship

Ethical problems are often raised when counselors blend their professional relationship with a client with another kind of relationship. Ethical codes of most professional organizations have increasingly paid attention to the potential for crossing boundaries and not acting in the best interests of clients when dual or multiple relationships occur.

My point of departure is such problems which are inherent in dual and multiple relationships but my main focus is on the ethical concepts of role and responsibility relating those to the concept of power. The primary responsibility of counselors in every helping relationship is to promote the welfare and well-being of clients but how is this claim justified ethically?

The paper’s purpose is to clarify the concepts of role, responsibility and power in a helping relationship. All three concepts are of vital significance for the defining of and maintaining a healthy helping relationship.

Elsa Almås, University of Agder, Grimstad, Norway

Oral

A Psychological Contribution To the Discussion Of Ethics In Sexology: The Discourse Of Subjectivity

Philosophy of science has been influenced by dichotomization in its view of human life, a view that has its cradle in Plato’s philosophy of the world of ideas as superior to the world we live in as uninformed existence. Philosophy, and as part of this, theories around ethics, have been characterized by the ambition to develop universal principles that could guide the individual human being in its strive for ethical behaviour. The dominant ideas around ethics were formulated long time ago, and concerns considerations like duty, utility, consequences of human behaviour.

As many basic ideas concerning human life have changed, it seems apt that ideas around ethics also should change. Ideas like mind and body are no longer regarded as separate entities, but as rather as aspects of human existence.

While normality and normalization was a dominant idea during the 20th century, diversity and variety are ideas of human life that are about to enter our society. This entails a different approach to many areas of human life, like the responsibility of the individual subject, which also necessitate a stronger focus on respect for the human being.

As society now is characterized by control, through reports, journals, computer programs, registers and so forth, the individual is diminished to a number to be counted for, rather than a person to be counted on. This presentation will discuss the challenges the subjectivity encounters in the society we live in, and the need to value and nourish the human qualities like empathy and responsibility through experiences of meaningfulness and feelings of importance of each individual human being.
Engaging the Capability Approach

Amartya Sen’s work and ideas have been influential over the last decades. His capability approach has widened the scope of what counts in the determination of individual well-being as well as in societal development. In economic analysis the main criteria for human success is often taken to be the detached objects of convenience, such as incomes or commodities. Instead Sen argues that social arrangement should aim to expand people’s capability, that is, their freedom to lead the kind life they value – or have reason to value. The evaluative focus of the capability approach can be either on what a person is actually able to do (function), or her real opportunities (the capability set of alternatives) or the combination of both.

In my presentation, which is part of my doctoral work, I consider possible ways to employ Sen’s capability approach in sexual ethics, particularly in relation to sexual rights. WAS declaration of sexual rights states that sexuality is an integral part of the personality of every human being and constructed through the interaction between the individual and social structures. Therefore the full development of sexuality is essential for individual, interpersonal, and societal well being. In this light, I suggest that the main contribution of the capability approach to sexual ethics is the view of human beings that a person’s capability – their freedom lead the kind life they value or have reason to value, provides a general approach to the evaluation of social arrangements.

Ethical Evaluation In Sexological Practice: An Analytic Overview

A sexologist is often involved in situations that call for high sensitivity and complex ethical thinking. In these situations, it is important to be able to distinguish relevant ethical questions and responsibilities from non-ethical issues. The objective of this study is to clarify the methods and scope of ethical evaluation in sexological practice and thereby to help sexologists in making sound decisions.

This study is based on philosophical analysis of the key concepts of ethical evaluation. First, the scope of ethical evaluation is defined. The area of ethics is distinguished from law, authority, opinion and personal preferences. Also distinctions are made between ethical rules, ideals and systems of non-ethical rules. Second, the evaluation of an act is divided into its basic components: intentions and consequences. Their relevancy and status are discussed. Third, the autonomy of the individual is regarded analysing the importance of the concepts of consent and sexual rights.

There is one crucial question behind the analysis: What kinds of acts are wrong and how they can be recognised? In answering the question, I align with the liberal moral philosophy of Joel Feinberg (1984-90): only acts that cause harm can be justifiably condemned and restricted. Feinberg defines harm as a wrongly caused setback of interests of other person. In this context, wrongness can be translated into violation of consent or sexual rights.

These analyses are part of an attempt to determine the most basic rules of ethics. From the point of view of liberal ethics, the basic rules should be as thin as possible and thus able to respect freedom of the individual. The basic rules cannot tell, what is good in life or sexuality, they only tell, what is definitely wrong. Other branches of ethics, like virtue and value theories, are needed to answer the more holistic questions about goodness in sexuality.
Sexual well-being has a significant role in people’s lives, which health care professionals should not fail to remember and support. The obtaining of information on sexuality belongs to humans’ sexual rights and is therefore a human right. According to research, people who live in relationships live longer and are healthier than those who live alone. Taking care of sexual health motivates also other health-enhancing behaviour, for example decreasing smoking and alcohol drinking. Sex education and counselling mean interaction with people in different phases of their life cycles.

According to research, nursing staff and students consider sex counselling important. Generally nurses regard sex counselling as part of their work. Therefore it is surprising that some nurses avoid discussing sexual health matters with patients.

The main points in bringing up sexual matters are summarised below in accordance with the model of the Hospital District of Southwest Finland:

- First reflect and discuss together how diseases and special situations affect the total well-being and health of the clients and patients in this unit/ward (based on diagnoses, treatments or symptoms).
- Ask clients direct questions about sexuality, sex, and relationships. Make sure that there is enough time also for discussion.
- Tell about the effects of the disease and treatments on sexual health.
- Provide guidance in an appropriate way.
- Respect the client’s privacy, self-determination, and bodily integrity.
- Use the kind of language that suits you and that the client can understand. Check that you understand the words and discussion topics in the same way.
- Remember your professional role and relationship with the client or patient.
- Reflect on your own values regularly and discuss sexual questions with your colleagues, share information and knowledge, and reflect together!
- Make sure that there is job counselling available for you.

Margus Punab, Tartu University Clinic, Center for Andrology, Estonia

Oral

Late onset hypogonadism and male sexual dysfunction
Marjo Kokko, Finnish Student Health Service, Tampere, Finland

Oral

**Working with Finnish university student couples:**  
**To come close and keep distance**

The theoretical background of presentation. The average age of students in Finnish universities is 24 years, most of them are in the age range from 19 to 30 years. Many students have their first long term couple relations during their studies. For some students it is also the beginning of expressing their sexual identity in practice. They have needs to be loved and be close to someone and get involved to stable intimate relationship, and yet at the same time also fears of getting hurt or feeling inadequacy especially in the field of sexuality. Students are often very demanding towards themselves in studies and also prone to demand the perfect achievement from themselves or their partners in how they express their sexual needs, make love or try to understand what their partner wants or don't want in their love life. Therefore some acute crisis or major long term difficulties in couple relationships can have a significant impact on students’ wellbeing and their conception of themselves as a woman or man.

The aim of presentation. The Finnish Student Health Service is a large organization offering health services for university students. My work as a counseling psychologist, couple therapist and sexual therapist gives me a very multifaceted opportunity to observe, if there is some special characteristics of difficulties or strengths to be found in the sexual life of university student couples. In my presentation I introduce two couple sexual therapy cases: The primary reason for the appointments, the schemas affecting to their problem, tasks given to couple and other means of trying to find some solutions and finally the outcome of the short-therapy intervention. I will also make some remarks of how working as a sexual therapist with young couples differs from my earlier work with elder couples.

Inara Roja, Riga Stradins University, Centre for Studies in Family Medicine, Research and Organization, Riga, Latvia

Oral

**Combined treatment in aging homosexual males after prostatectomy**

Background: In Latvia nowadays in aging heterosexual and homosexual males we have early prostate cancer detection with radical prostatectomy (RP), but it often causes erectile dysfunction (ED) and depressive mood (DM) with reduced couple’s sexual life. Bio-psycho-social treatment approach in such patients is done by using combined treatment: necessary medicine, cognitive hypnotherapy and couple therapy.

Objectives: To investigate the impact of penile rehabilitation in aging homosexual males, suffering from ED and reduced couple’s sexual life.

Methods: During 2009-2010 years period 10 homosexual males, aged 57-65, suffering 4-6 months from ED after RP, were treated and observed. Erectile function was evaluated using International Index of Erectile Function (IIEF) questionnaire. Hypnotic susceptibility and quality of couple’s well-being was determined by Stanford scale and Visual Analogue Scale (VAS). A group’s patients (n=6) received five weeks combined treatment course: oral PDE-5 inhibitor Levitra, 10 mg once a day, cognitive hypnotherapy session twice a week and couple therapy once a week. B group’s patients (n=4) received five weeks only Levitra. Follow-up data were obtained after fifth months.

Results: Analysis of IIEF-EF and VAS data showed significant improvement in 5 A group’s males and 1 B group’s male. In all cases of cognitive hypnotherapy sessions we observed remission, increased stress tolerance. Sexual dysfunction and depressive mood were replaced by growth of self-esteem, communicative...
competence and improvement of sex life. A group’s males reported about restoration of erectile function and successful intercourse in follow-up.

**Conclusion:** Use of oral PDE-5 inhibitor Levitra, cognitive hypnotherapy and couple therapy in combined five weeks treatment for aging homosexual men suffering from ED after RP is an effective treatment with improving quality of sexual life.

**Elina Tanskanen,** Helsinki, Finland

**Oral**

**Love, Sexuality and Logotherapy**

Logotherapy was founded by Vienna-born psychiatrist Viktor Frankl (1905-1997). It is called “The Third Viennese School of Psychotherapy” others being Freud’s psychoanalysis and Adler’s individual psychology, but it is a philosophy and a personality theory as well.

Basic idea of logotherapy is that search for a meaning in life that is the primary and most powerful motivating and driving force.

Frankl’s most popular book about logotherapy is the bestseller “Man’s Search for Meaning”, which touchingly describes his thinking and experiences on a concentration camp.

Logotherapeutic principles are the following:

1. A human being is an entity consisting the body, mind, and spirit.
2. Life has a meaning under all circumstances, even under the most miserable ones.
3. People have a will to meaning.
4. People have freedom in all circumstances to activate their will to find the meaning.
5. Life has a demand quality to which people must respond if decisions are to be meaningful.
6. The individual is unique.

Logotherapeutic principles are quite often discussed in relation to suffering, guilt and death but how do they apply love, relationships and sexuality?

Quite little is written about love, sexuality and logotherapy. Frankl does write about his own marriage and e.g. his pre-orgasmic and impotent patients who he has treated with different logotherapeutic tools - paradoxical intention, self-distancing, dereflection, and self-transcendence. How could these tools be applicable in sexual therapy and sexual education in general?

**Margareta Nordeman,** Stockholm, Sweden

**Oral**

**How to meet and handle couples in crises in a maternity center**

I am going to talk about the needs of support to parents who are going to have a child or recently had one. If there is a lack of support it can creates problem in the relationship and often also in the sexuality for the couple.

Another difficult situation is if the fetus/child is deformed or still born. That can be very difficult for the couple to handle and the consequences can be the end of love and the sexual life. My experiences comes from my supervisions of midwifes in a private maternity center and as their consult as a advisor and therapist to their patients. I am going to talk about some main problems and also about some cases. And of course talk about how I have been working in this area so far.
Oral

Aspects Of Life, Intimacy And Sexuality In Patients Treated For Hemotological Malignity

Treatment of hematological malignancies such as acute leukemia is like other cancers, chemotherapy and radiation. Physical side effects include effects on body image, sexual hormones, the risk of temporary or permanent reproduction impairment, as well as effects on sexual desire and or ability to sexual activity. Aspects of reproduction must be addressed prior to treatment. In this respect it is of particular concern for women where the preservation of eggs or ovarian tissue is time consuming and difficult. Impending treatment may render collection of ovarian tissue impossible. Even for men the situation can be precarious resulting in failure of sperm collection. Specific for hematological malignancies is treatment with allogen bone marrow transplant entailing concerns for Graft versus host disease (GvHD) which in itself can be a life threatening complication. GvHD may also present with a more chronic nature and involve several organs including the genitals. Vaginal irritation, pain and stenosis are common and prevention of vaginal closure can be tedious. In men skin adhesions may develop between penis glans and foreskin.

Working as a nurse with these patients it has become apparent the need for information and ability to talk about sexual issues not only in order to detect symptoms at an early stage, but also with regard to a patients concerns for intimacy, partner relationship, reproduction, family situation and existential questions. Many caregivers find it difficult to talk about sexual issues and as a result the topic is often avoided. In an aim to acquire more knowledge about why caregivers find it difficult to discuss sexual issues, I conducted a qualitative study where two focus group interviews were preformed with nurses at the Department of Hematology. Lack of knowledge with regard to the effects of treatment on sexual health and functioning was repeatedly mentioned as a considerable handicap. The topic, sexual health, was also felt to be of a particularly sensitive nature and often considered inappropriate to discuss with regard to the stage of treatment a patient was in.

All nurses agreed that patients should be informed about the effects of treatment on sexual functioning. It was also suggested that sexual health should be an area of responsibility just like nutrition and mouth care. However, the question as to when, what, how and by whom patients should be informed was unresolved. Documentation of sexual issues in patient journals was brought to attention and considerable uncertainty was expressed. In both groups nurses came to the conclusion that a plan for how to deal with sexual issues should be devised and practiced so that it becomes routine.
Professor Johannes Bitzer,
Chief Physician/Chairman, Universitätsspital Basel Frauenklinik, Switzerland

Oral

Female sexual desire disorder - is it the brain, the hormones or the partner?

Introduction: The prevalence of Hypactive Desire Disorder (HSDD) lies between 10 to 20%, with an age dependent increase. The distress caused by this disorder is manifold including diminution of self esteem, negative body image, distress with the relationship. HSDD is a typical biopsychosocial clinical entity with conditioning factors that comprise biomedical, individual psychological, relationship and sociocultural factors.

Method: Literature research about factors contributing to HSDD. Analysis of 50 cases of the sexology clinic of the University of Basel Department of Obstetrics and Gynecology.

Results: The etiopathology of HSDD is multidimensional and the result of an interaction of biological and psychosocial factors. The evidence regarding the relative importance of the different contributing factors is rather scarce. For the clinician and the counsellor it seems important to take a comprehensive view regarding HSDD in the individual patient and to integrate the knowledge from studies and clinical experience along a biopsychosocial model.

The main contributing factors seem to be:

Comorbidities:
Depression and antidepressant treatment are strongly associated with the disorder. Chronic physical illnesses and drugs interfering with mucosal integrity, have antihormone action or act on neurotransmitter circuits in the brain may have complicated direct and indirect effects lowering sexual desire.

Hormonal factors:
Decline in estrogen and testosterone in combination contribute to HSDD. The role of progesterone is controversial.

Individual psychological level:
The subjective importance of sexual life, previous sexual activity and satisfaction are positively correlated with desire. Previous negative experience especially humiliation in sexual relationship and sexual abuse have a predisposing and long lasting effect on the development of a desire disorder. Precipitating and maintaining factors are in women negative body image, performance anxiety, self observation and distraction.

Relationship factors:
There is a very strong correlation with satisfaction with the partner as a lover and general satisfaction with the relationship and the subjective feeling of having a satisfying degree of desire. Partner’s sexual dysfunction, lack of attractiveness, lack of stimulant behaviour are practical important contributing factors.

Conclusion: HSDD is a symptom of multifactorial origin. In each individual case the contributing factors should be evaluated. Treatment options must be individually tailored and include hormonal therapies, other pharmacotherapies, individual and couple counselling and sex therapy.
Karolina Kiil, Aalto University, Helsinki, Finland
Meelis Sütt, Tallinn, Estonia

Workshop
Forbidden themes of sexuality

The question in their workshop will be “what images are forbidden in visual culture when talking about sexuality” It includes two lines: forbidden in public and forbidden in personal-self. In expressive art, therapy method free association technique used to produce private images that visualize unconscious and conscious themes. The point of ethical perspective is that the meanings of visualized ideas and experiments belong to author. An expert of translation is the maker. The role of outside-looker (therapist or other, for example) is just commentator who is able to find the cultural (public) or scientistic references in the image. Together, public (cultural and scientistic) and individual meanings present larger picture of human culture. Images made in the group situation are always public, but the author will still visualize something personal in the picture. Group discussion and looking pictures together can clarify personal ways of understanding the big picture. Discussion and dialog with Kiil and Sytt opens up the perspective of specialists to the group.

Elsa Lena Ryding, Karolinska Institutet, Stockholm, Sweden
Mirjam Lukasse, Rigshospitalet, Oslo, Norway

Oral
Childhood Abuse And fear Of Childbirth

Background: Fear of childbirth during pregnancy has repeatedly been associated with operative deliveries. In a Norwegian study women who requested a caesarean section often reported a history of abuse.

Aim: To study the association between a self-reported history of childhood abuse and severe fear of childbirth.

Method: This cross-sectional study is based on the Norwegian data of a European cohort study conducted in 6 countries (Belgium, Iceland, Denmark, Estonia, Norway and Sweden). Two thousand three hundred sixty five (2365) pregnant women in Norway filled out a questionnaire including validated instruments to measure abuse, Norvold Abuse questionnaire (NorAQ) and fear of childbirth, Wijma Delivery Expectancy Questionnaire (W-DEQ).

Results: Of all women 281 (11.9%) reported childhood sexual abuse. Both mild and severe sexual abuse was associated with intense fear of childbirth in nulliparous women, and mild abuse only in parous women. Many women had experienced also other types of abuse (physical and/or emotional) before the age of 18 years; 23.8% had experienced any childhood abuse.

A self-reported history of any childhood abuse was a significant predictor of severe fear of childbirth for nulliparous women also after adjusting for confounding factors, OR 2.08 (95% CI 1.35–3.21). For multiparous women there was no significant association between a history of any childhood abuse and severe fear of childbirth after adjusting for confounding factors, OR 1.21 (95% CI 0.79–1.85). The most important predictor of severe fear of childbirth in parous women was a negative birth experience previously.

Conclusion: A history of childhood abuse is a strong predictor for severe fear of childbirth for nulliparous women.
Anita Carlsted, Thomas Nilsson, Björn Hofvander, Agneta Brimse, Sune Innala, Henrik Anckarsäter, Sweden

Oral

**Does Victim Age Differentiate Between Perpetrators of Sexual Child Abuse?**

To test previously reported findings of increased psychiatric morbidity and psychosocial problems in sexual offenders who seek out very young children and to answer the question if there was a victim-age-specific offender group within the realm of possible findings. We studied 162 abusers with victims of different ages 0-5 years, 6-11 years, and 12-15 years of age. The sexual offenders had all been examined and passed through a forensic psychiatric investigation. Contrary to other studies the offenders with the youngest victims did not have more, or more severe, mental disorders even if there were some differences. We also focused on the pedophilia diagnoses and tried to describe how sexual orientation characterized the abusers. The presentation will be a short summary of this published study.

Inga Tidefors, Dept. of Psychology, University of Gothenburg, Gothenburg, Sweden

Oral

**In what ways do sexual murderers talk about their perpetrations**

The analysis was built upon transcripts from group psychotherapy including three men sentenced to forensic psychiatric care for rape and murder of unknown women. Besides sexual crime and murder, no other criminality was documented. Two were born in Sweden, both parents being Swedish, and one man was born in a North-European country.

The DSM-IV diagnoses fitting some rapists is sexual sadism, defined as recurrent intense sexual arousal, fantasies, sexual urges, or acts where the psychological or physical suffering of the victim is sexually exciting. Further, that the fantasies, urges, and behaviours cause clinically significant distress or impairment in social, occupational, or other important areas during at least six months. Lust murderers are characterized by the sexual gratification aroused by killing, whereas the sexual-sadistic killer gets pleasure from experiencing the victim’s physical suffering.

Feelings of aggression were present before and during the perpetrations. Sometimes, aggression turned to sexual excitement. The opposite was also present; the rape was motivated by sexual urges, which turned to aggression during the perpetration. Another recurrent pattern was the participants’ difficulties in understanding their own motives and feelings related to the perpetrations.

Sune Innala, Sweden

Oral

**Autoerotic Fatalities and Sexual Asphyxia**

Autoerotic asphyxiation is a rare and life-threatening practice where the supply of oxygen to the brain is reduced in order to elicit sexual excitement and orgasm. The practice often results in death and is usually considered accidental due to unanticipated failure during the procedure. Anthropological and historical data show that asphyxiation in order to enhance sexual stimulation and
orgasm has occurred in many cultures and over time. Studies of frequencies of deaths from sexual asphyxia-
tion show similar patterns in many places. Deaths are often misclassified as suicides and homicides but can
be more accurately classified with better knowledge of typical signs of sexual asphyxia. More knowledge can
help health care professionals to prevent accidents.
The presentation will focus on studies and on case reports from anthropologists and from other time periods.

Tommi Paalanen, University of Helsinki, Helsinki, Finland

Oral

Extreme Sex And Sexual Rights: Exploring the Boundaries Of Sexual Liberalism

The objective of my research is to clarify the boundaries of sexual liberalism by examining moral qualities of
extreme sexual practices such as sadomasochism. I apply the theory of liberal sexual ethics to evaluate Finnish and British legislation and legal praxis concerning extreme sex and my aim is to present ethically justifi-
able guidelines for dealing with such cases.
The key principle of liberalism is Mill's claim that the autonomy of the individual may be limited only when it is necessary for preventing harm to others. I am examining the scope of this principle by using philosophical sexual ethics to answer following questions: 1) What kind of sexual practices are “extreme”? 2) What are the limits of sexual rights in such practices? 3) When can such practices be justifiably prohibited by law?
My research has produced two distinct results: 1) The impression of extremity and moral abhorrence towards such acts are usually based on misconception that confuses personal revulsion and moral acceptability. 2) Laws that criminalize extreme sex practices or their depictions are not justified, if they do not have a direct connection to prevention of harm.
Desires don't suppress themselves even if the practices are banned. The purpose of law is not to shape peo-
ple's sexual preferences, but to protect their rights and liberty. Thus laws that are directed at keeping up beliefs of proper sexual behavior, like the prohibition of extreme pornography, cannot be ethically justifiable. Instead, they violate sexual rights of people with atypical sexual desires.

Andra Siibak, University of Tartu, Estonia

Oral

Be trendy and make the duckface: visual gender identity constructions of the tweens on social networking site rate.ee

The present study concentrates on the visual gender identity constructions of tweens, i.e. “the kids on the brink of their teenage years”(Fairchild Teens and Tweens Conference White Paper, 2002 quoted from Cook & Kaiser 2004: 224), on the profile images of Rate.ee, which is one of the most popular social networking websites (SNS) in Estonia.
I suggest that the social ambiguities regarding maturity; sexuality and gender the young experience (cf. Cook & Kaiser 2004) are embodied and visualized on their profile images which serve as one of the main opportuni-
ties the digital youth use for discovering their aspirational social identity. Thus, the aim of my study was to analyze how the tweens are discovering and constructing their gendered selves on their profile images. Furthermore, I aimed to study the role norms and rules of the online peer group play on the gender identity
constructions of the young. Content analysis methodology which was combined with the method of “reading images” (Kress & van Leeuwen 1996; Bell 2001) and the theories of Goffman (1959, 1979), Kang (1997) and Umiker-Sebeok (1996) were applied to build up the categories for the visual content analysis of the profile images 10-14 year old rate.ee users in order to construct their gendered selves on their SNS profiles. Illustrative examples from user interviews (N=24) with the tweens will be used in the analysis of findings. The results of my studies indicate that the tweens are well aware of the rules and schemas prevalent in the online environments and form their self-presentation according to the norms of the peer culture. For example, pre-teens consciously monitor the behavior of older users of rate.ee in order to the incorporate similar tendencies from the adult culture into their own visual presentation of the self (cf. Siibak & Ugur 2010). Furthermore, the representation of males and females in the contemporary media and prevalent images in the advertising industry serve as role-models when constructing one’s virtual gender identity. Hence, while imitating the roles of “real” men and women displayed in the everyday media world pre-teens are reproducing their own understanding of the society’s norms and expectations.

Tuija Rinkinen, Anneli Miettinen, Miila Halonen, Dan Apter,
The Family Federation of Finland, Helsinki, Finland

Oral

Confusion, Pleasure Or Guilt?
Emotional Reactions To Porn Viewing Among Adolescent Girls

Objectives: There is an ongoing debate on the impact of pornography on attitudes and behavior of the young. In a Nordic study 99% of boys and 86% of girls aged 12–20 years had seen pornography. Most research on consumption of pornography has focused on adults or young adults. Little is known of the exposure patterns and the impact of pornography on adolescents.

Methods: A limited survey was conducted among young clients who visited the Sexual Health Clinic at The Family Federation of Finland in 2008–2009. A total of 95 girls (mean age 16,5) filled in a questionnaire including social context of the exposure and feelings provoked by seeing porn. Main methods used are cross tabulations and other descriptive methods.

Results: 93 percent of the respondents had seen pornographic material, in most cases on the television and on the Internet. At least half of the respondents had felt sexual arousal, interest, curiosity or desire to experiment. Half of the respondents had felt confused about porn. Rough 40 % had felt disgust, and almost a third anxiety or shame. Feelings of envy, guilt or fear were less frequent.

Most of the participants had watched pornography with friends (74 %), with a dating partner (35 %) or alone (34 %). When watched alone or with a dating partner porn raised more often pleasure, interest and sexual arousal. However, watching porn alone was also more often related to guilt, anxiety or confusion. Emotional reactions were less prominent when porn was watched with friends.

Conclusions: Complexity of emotional responses is reflected in that many expressed both positive and negative feelings simultaneously. More research is clearly needed to understand consumption patterns and socialization to porn among the young. Sexual Health Clinic has developed a method of asking about porn viewing among adolescent clients. Adolescents seem to be able to discuss the issue freely.
Karolina Kiil, Aalto University, Helsinki, Finland

Oral

**Are the self-made sex images an imitation of visual culture or something else?**

What kind of differences and similarities can be found out when researching 13-17 aged drawings and other kind of visualisations of sexuality?

**Background:** In my dissertation (Kiil 2009) I was working with the theme of forbidden images in the visual culture. I found out that sexuality was one major theme of drawings. In my presentation I will represent examples, which are directly imitating pornographic products. In the research project “Northern youth and pornography” (ANP 2006) many researchers were convinced that young people knew pornography and used it in different ways. Also I will show drawings, which contain biological contexts of sexuality, examples can be found from the book “Avameelselt abielust” (“Overtly about marriage” Paloheimo, Rouhunkoski, Rutanen 1974). Some drawings have not any similarities to either biological or pornographic concept. I present a conclusion referring to antisexistic ideas of Gale Rubin (1992). I argue that among the imitation of adults, youth have their own impressions about sexuality that differs from both pornographic and biological norms. There is a dichotomy between common understanding and individual experience as Juha Varto (2008) agued in his book “Dance with the world. Ontology of singularity”.

Alain Giami, Institut National de la Santé et de la recherche médicale, Paris, France.

President of WAS Scientific committee (2009-2013)

Oral

**Sexual Health and the fear of Eros**

Since the last 15 years Sexual health has appeared as a new field and a new tool in health and sexuality practice and as a central part of a political agenda including sexual rights. Sexual health is grounded in the long 20th century history of sexual optimism and sexual modernization. Sexual health is something that appears important to promote and defend with extreme energies and passion.

The objective of this lecture is to analyze and discuss in a critical way some limitations and contradictions in the current sexual health discussion. In this lecture the field of sexual health will be considered as a sexual script including cultural scenarios and interpersonal scripts.

1 - **Limitations and differences in sexual health concepts:** Sexual Health discourse does not address age range across the life-course in the same way: children, youth, adults and older individuals do not have the same status regarding sexuality, responsibility, risk and rights. Children and youth are treated within the general category of risk and immaturity whereas adults and older individuals are treated within the categories of well-being and difficulties. These conceptual differences reveal the sexual status of these groups and individuals and societal attitudes towards their sexual life.

2 - **Limitations due to Health professionals:** Ironically, some of those who are in charge of the sexual health of the population appear reluctant to develop sexual health in their own practice. This reluctance can be explained at first sight by the lack of training and information and political motivation. On a more subjective dimension, most health professionals are afraid of the eroticisation of client/patient/caregiver relationship. They are also afraid of the fact that communicating about sexual health may increase the erotic dimension of the interaction, which is not considered as appropriate in this context especially by female professionals. Reluctance to care of sexual issues can be explained by the fear eroticisation. These two topics will be develop to illustrate the moral dimension of sexual health.
Liisa Annus, West Tallinn Central Hospital Women's Clinic (Pelgulinna Maternity Hospital), Estonia

Oral


According to the WHO Estonia has the highest number of registered HIV cases per million inhabitants per year in Europe. The first aim of this presentation is to give an overview of recent trends in HIV infection in Estonia and the second aim is to characterize young HIV-positive women who gave birth in Pelgulinna Maternity Hospital from 2000–2009.

HIV in Estonia – recent trends: Data about the number of HIV cases are from the Estonian Health Board. All health institutions are obliged to report to the Health Board when HIV is diagnosed. Additionally, data from publications by the Estonian National Institute for Health Development, WHO, UNAIDS and by researchers Anneli Uusküla, Taavi Lai and Kristi Rüütel will be used.

The first case of HIV infection was diagnosed in 1988. As of September 10, 2010, 7,574 HIV cases have been registered, including 299 AIDS cases. It is believed, that the actual number is around 11,000.

The epidemic started at the end of 2000 among injecting drug users (IDUs), resulting in 1,475 newly registered cases in 2001. More than 90% of the cases come from the North-Eastern part of Estonia (Ida-Viru County, incl Narva, Kohtla-Järve) and Tallinn. Since 2000, the infection has been mainly transmitted through the sharing of contaminated syringes. In past years, there is some evidence of increasing sexual transmission (mostly from IDUs to their sexual partners). Thus, according to the anonymous AIDS counseling centers IDUs accounted for 90% of new HIV cases in 2001, 66% in 2003 and 54% in 2007. Since 2002 the number of new cases has declined among both sexes and in all age groups. In 2008 there were 406 new cases per million residents (in comparison, there were 25 new cases per million residents in Finland).

Since 1988 4,997 HIV cases have been registered among men and 2,320 among women. The highest risk group used to be 15–24-year-olds, who comprised 59% of all the diagnosed cases of HIV in Estonia by the end of 2009. However, over the last years the most prominent decline in the registered cases has been in this age group – only 25 new cases in 2009 compared with 560 in 2001. Highest HIV prevalence is still among IDUs. Various studies have shown that approximately 50% of Harju County (Tallinn and its surroundings) and 70% of Ida-Viru County IDUs are infected with HIV. The majority of HIV infections occur among young men in the Russian-speaking minority where gender stereotypes with strong macho ideals prevail and language barriers and discrimination have caused high unemployment.

778 HIV-positive pregnant women were registered by the end of 2007. Approximately 40% of them received information of their HIV status during pregnancy. 467 HIV-positive women gave birth in 2000–2007 and newborns were infected in 25 cases (5.4%). No data are available for the years 2008–2009. In 2008 there were eight, and in 2009 three, HIV-positive newborns.

All pregnant women in Estonia are covered by health insurance and thus are guaranteed all health services free of charge (including prophylactic ARV treatment). All women who register their pregnancies (including those with the wish to terminate their pregnancy) are recommended during their first visit to take the HIV-infection test in addition to other tests.

Pelgulinna Maternity Hospital is the second biggest maternity hospital in Estonia. According to the Estonian Medical Birth Registry in 2009 there were 3,171 deliveries, which is about 20% of all deliveries in Estonia. Data about the number of HIV-positive women giving birth in Pelgulinna Maternity Hospital in 2000–2009, their social background and the HIV status of children after 6 months of age will be presented.
Dan Apter, Väestöliitto, Helsinki, Finland

Oral

**How can we explain differences in adolescent sexual health indicators between the Nordic countries?**

There are many similarities in the society of the various Nordic counties, with rather common values. However, there are surprisingly big differences in some sexual health indicators such as abortions and STI rates, particularly for adolescents. These are interesting to compare and important to learn from.

<table>
<thead>
<tr>
<th>Age specific abortion and delivery rates per 1000 15-19 year olds:</th>
<th>Abortions</th>
<th>Deliveries</th>
<th>Chlamydia per 100 000, all age groups 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark (2007)</td>
<td>16.3</td>
<td>6.9</td>
<td>532</td>
</tr>
<tr>
<td>Finland (2008)</td>
<td>12.7</td>
<td>8.8</td>
<td>260</td>
</tr>
<tr>
<td>Iceland (2007)</td>
<td>17.7</td>
<td>14.2</td>
<td>574</td>
</tr>
<tr>
<td>Norway (2008)</td>
<td>18.0</td>
<td>9.1</td>
<td>496</td>
</tr>
<tr>
<td>Sweden (2008)</td>
<td>24.4</td>
<td>5.8</td>
<td>454</td>
</tr>
</tbody>
</table>

Differences in rates can be related to cultural traditions, extent of sexuality education, and provision of contraception. According to recent surveys by RFSU, condoms are used more in Finland, and people have less frequently sex than in other Scandinavian countries. Sexuality education is better organized in Finland since 2004. Other indicators of sexual health need to be considered as well.

Kai Haldre, Pelgulinna Maternity Hospital, Tallinn, Estonia

Sexual Health Clinic of the Estonian Sexual Health Association, Tallinn, Estonia

University of Tartu, Tartu, Estonia

Oral

**Adolescent sexual health indicators in Estonia**

Major socio-economic changes took place in Estonia immediately after the country regained its independence from Soviet occupation in 1991, including the creation of democratic political institutions, changes from a planned to a market economy, health care reforms and changes in the school curricula. In 2004 Estonia joined the European Union and NATO.

Termination of pregnancy at the woman’s request had been legal in Estonia since 1955 according to the legislation of the Soviet Union. Thus, an “abortion culture” was introduced much earlier than abortion was legalised in the Nordic countries. But modern contraceptives became available much later; women did not have much choice to regulate their fertility except by termination of unwanted pregnancy. The choice and availability of modern contraceptives increased dramatically since the beginning of the 1990s, when most leading pharmaceutical companies arrived in Estonia. Hormonal contraception is currently subsidized similarly to other prescription drugs.

Traditionally, family planning services in Estonia were provided by state-owned women’s outpatient clinics. The first youth counselling services addressing reproductive and sexual health matters were set up in 1991–1992 and have resulted in 20 counselling centres by 2010. Both individual counselling and health education lectures and discussion groups, mainly for schoolchildren, are provided by the centres.

Until the 1990s, sexuality education reached the same proportion of young people as it had done in Finland before the 1960s. In 1996 new school curricula were introduced including sexuality education lessons, which...
were integrated in a compulsory subject called Human and Civil Studies (1996)/Human Studies (2002). Teenage fertility rates and abortion rates started to decrease immediately after contraceptives, sexuality education/information and youth-friendly services became available. Estonian data come from the Estonian Medical Birth Registry and the Estonian Pregnancy Termination Database. Finnish data come from the National Institute for Health and Welfare.

Inga Tidefors, Anneli Goulding, Hans Arvidsson,
Dept. of Psychology, University of Gothenburg, Gothenburg, Sweden

Oral

Narratives about consensual and non-consensual sexuality told by male adolescents who have sexually offended

Few studies focus on what adolescents who have sexually offended, themselves say about sexuality. Interview-transcripts from forty-five adolescent males who had sexually offended were analyzed by a thematic analysis. The narratives were interpreted from a perspective of attachment and coping. Sexual memories from childhood concerned unclear limits and experiences of sexual abuse. During adolescence, there was a lack of pleasant sexual memories, knowledge, and discussion-partners. Sexuality was mainly described as unimportant. There is a need for more knowledge about the role of sexuality in sexual offences and how to make ways for allowed sexuality to be strengthened.

Meelis Sütt, Tallinn, Estonia

Oral

The Psychological Birth, Destructive Narcissism and Sexuality

Human development entails specific psychological patterns that influence development of sexuality and its manifestation. Different personality traits may give rise to similar manifestations of sexual behavior including dysfunctions in this domain. The presentation will discuss psychological birth and its dynamics in the individuation-separation process. Narcissism and its destructive psycho-emotional manifestations will be outlined. In this connection life instinct and death instinct and their respective expressions will be stressed. Generally omnipotent forms on narcissistic organisation exert in a sometimes open but more often hidden way a powerful destructive influence; they are directed against life and destroy the links between objects and the self by attackong or killing parts of the self, but they are also destructive to any good objects by trying to devalue and eliminate them as important. A forementioned processes and their influence on sexuality will be discussed.
Lisa Rudolfsson and Inga Tidefors, Dept. of Psychology, University of Gothenburg, Gothenburg, Sweden

**Surveying sexual matters in closed organisation - The study that went wrong**

As part of a four-year research project, questionnaires on thoughts of caring for victims of sexual abuse were administered to clerics in the Church of Sweden, the Swedish Catholic Church and the Pentecostal Church. Responses from the Church of Sweden and the Pentecostal Church were mainly positive, and the response rates were satisfying (73.8; 53.5%). The Catholic respond was far more negative. Questionnaires were administrated on Monday and by Friday, massive critique had been aimed at the study, and the Chancellor had sent out an e-mail to priests within the Swedish Catholic Church stating that the questionnaire was not “sanctioned” by the bishop. Total response rates from the Catholic Church were 18%. Among other things, it was criticized that this was studied within Christian organizations to begin with, fear was expressed that results would be interpreted as if the priest himself was a victim of sexual abuse, and concerns were raised that the project had a hidden agenda.

In hindsight we are aware of mistakes we made and the effects it had. The questionnaire was administrated at a bad timing, after media covered allegations of Catholic priests committing sexual assaults. Since the Catholic Church is such a hierarchal organization we should have consulted with the bishopry before administering the questionnaires. These mistakes and events following might have hindered priests that wanted to respond from doing so.

However, the closure around this kind of questions can also be seen to say a lot about how the Catholic Church handles questions on sexuality and of sexual abuse. The “fear” of getting involved in these questions is believed to have effect on how victims of sexual abuse are cared for and countered both within pastoral care and within the Catholic congregations on a more general level.

Roland Karo, University of Tartu, Estonia

**Eros and Mysticism: Organic Constraints in Religious Experience**

In my presentation, I shall approach the issue of intense religious experiences via the concept of (erotic) embodiment. I shall argue that religious states are not only (or even primarily) a matter of metaphysics. They are constrained and conditioned by bodily functioning. To use James Austin’s words, “the deep issue here is metaphysiological, and lies beyond metaphysical word-play.”

In explaining what I mean, I take up the discrepancies between erotophobic, disembodied theological ideals and erotic, embodied piety that many an investigator has noticed in the case of Christianity. These discrepancies are especially evident on the example of Christian mystics whose descriptions of their encounters with the Divine are highly erotic and often cast in “orgasmic” language. That there are erotic connotations in mystical writings is no coincidence. Neurocognitive analysis reveals that they result from an organic, neurobiological link between sexual response and the human capacity for spiritual and mystical states of consciousness. This link means that religious imagination is always eroticized. Christian theology, thus, must sooner or later grow out of its cultural puberty in relation to sexuality and quit promoting naïve ideals that go against our biological “ticking.”
Lars-Gösta Dahlöf, Dept. of Psychology, University of Gothenburg, Gothenburg, Sweden

Oral

**Asexuality – An Ambiguous Concept – Current Research And Clinical Aspects**

In the middle of the nineteen-nineties the concepts of asexual and asexuality appeared in media and on the Internet. Individual men and women as well as groups and networks claimed their right to be asexual without being questioned, discriminated, harassed or branded as sick. The multiplicity of definitions that were attributed to asexuality included aspects of the identity, personality, sexual orientation, sexual motivation and life style preferences of the individual, man or woman. In the continuous debate concerning how to define asexuality, it is obvious that the public as well as health professionals have difficulties to grasp, understand, explain and accept asexuality as a non-pathological variant within the normal curve of human sexuality. Since asexuality is often hastily regarded as synonymous with Hypoactive Sexual Desire Disorders it is high time to illustrate not only the controversies in the efforts to find an undisputed definition of asexuality but also current research findings that may offer important answers. For health professionals it is also high time to update our awareness and knowledge of asexuality, not only as a concept but also as a phenomenon that has a crucial meaning in the daily life of many people.

Märt Läänemets, University of Tartu, Estonia

Oral

**Three Levels of Understanding Person and Reality in Buddhism**

Buddhism is well known in contemporary world as a two-and-half millennia old spiritual doctrine and system of practice to reach release and emancipation. Stating suffering (duhkha) as a dominating feature of the life experience of an undeveloped person, Gautama Buddha discovered a method to overcome it. The cornerstone of this method is to increase knowledge through deep-going analysis of compounding parts and life experience of one’s personality. Causality and interdependence of all perceived phenomena and understanding the self as inconstant and empty of innate unchanged nature are the key concepts of the Buddhist way of spiritual emancipation.

For practicing this way and method several supporting „theories” are elaborated. One and most effective is the theory of five compounding aggregates of personality (personal self) and their innate emptiness. According to this doctrine, a person is not a monolithic and unchanged entity but rather perceived as compounded of five aggregates, viz appearance, sense, concept, motives, and consciousness. If one is unable to see personality this way but grasps for reality and unchangeable nature of the self as such, one still stays on the level of ignorance producing suffering. If one has accepted the view that self or persona is impermanent and compounded of aggregates, one has reached the level of analytical understanding leading away from the mental states causing suffering. But complete emancipation and freeing from suffering needs a step further: to understand that those five aggregates themselves are nothing but mere concepts and thus empty of reality and innate nature as well. Reaching this level of understanding means that one is totally emancipated and cut off the causes for arising suffering.

This way of developing understanding can be surveyed as moving personal experience from rough levels to more subtle ones. That more subtle levels are reached, then more conscious one becomes on his or her own situation and living experience. That more conscious one becomes, then less possibilities for arising suffering remain. Combining this ancient Buddhist method with modern methods of medical and psychotherapeutic treatment can open us new perspectives of healing personal illnesses and physical and spiritual shortcomings.
**Agnes Alvela**, University of Tartu, Estonia

*Poster*

**The experiences in masturbation and orgasm by young women in Estonia according to the amor.ee website**

This poster presentation examines letters from Estonian girls and young women (ages 12 to 24) received by the Estonian Sexual Health Association’s Internet counseling website (www.amor.ee) during the period 2008-2010. This paper examines the issues related to masturbation and orgasm. However, despite the fast development of informational society in Estonia, Amor.ee counsellors receive quite often questions from girls about masturbation and how to get a good vaginal orgasm from their sexual partners. I try to get inside the construction of the socio-political discourse that lies behind those girl’s questions and perception of sexuality. It’s important here to consider the wider role of occidental women in contemporary society, and the girls own perceptions and expectations about the modern woman’s role. According to the information from the Amor.ee web-site in this period of time girls concerned mainly about the following issues: how to masturbate, whether it is “permitted activity”, whether girls who masturbate are “normal”, how to get an orgasm and how to “recognize a real orgasm”. Seems that girls get quite clear message from society that they cannot do anything, not even to touch their own bodies. Speaking figuratively: young women are locked in a box and its key has been lost and they must wait until someone finds the key. It may be concluded that “Sleeping beauty” fairytale has quite successful and strong influence for girl’s sexuality in today’s society in Estonia.

**Riina Häidkind, Toivo Aavik**, University of Tartu, Estonia

*Poster*

**Satisfaction with current relationship determines making the appointment to andrology clinic**

Men’s health is not only about their own disease but about the consequences of male personality and personal values in general, which not only has impact on men, but to women and society at large too. Men are not a homogeneous group, and it is important to consider the influence that these several factors, especially trait level factors (including personality, personal values) and state level circumstances, like relationship status and satisfaction with current relationship have to health service use and reporting or not reporting health complaints.

In the larger study about psychosocial factors that determine help seeking in older men with prostate diseases we compared the cohort of older males (valid N=73, mean 54.6, SD=8.55) who had made an appointment to andrology clinic (19) to the ones who had not and did not have any other serious health complaints (control group, 56).

We found that the score of Giessen Prostatitis Symptom Score (GPSS) that indicates more serious prostate problems was higher in the help-seeking group. Two groups of men were comparable in their relationship status, most of them were living together with a partner at the moment. Satisfaction with current partnership (Relationship Assessment Scale; Hendrick et al, 1988) was significantly related (r=0.63) to reporting more serious prostate problems (GPSS) and making the appointment to andrology clinic. We also found that satisfaction with current relationship was negatively correlated (-0.21) to the adult romantic attachment quality of intimacy avoidance (Revised Experiences in Close Relationships, Fraley et al., 2000).

We conclude that help seeking depends significantly on that how satisfied a male patient is with the quality of his current partnership. These men trust to share their intimate issues and health complaints with their
Salla Järvinen, Pirkanmaa Hospital District, Tampere University Hospital, Tampere, Finland
Anu Mällinen, Finnish Aids-council, Oulu, Finland
*Poster*
**Education Of Sexology And Sexual Health In Finland 2003 - 2009**

National Institute for Health and Welfare (THL) in Finland studied the national situation of sexual health and sexology education in 2003 – 2009 in collaboration with Jyväskylä University of applied science (JAMK). The purpose of this disquisition was to get a general view of sexology and sexual health care education in educational institutes in Finland. Objects of interest were, among other things, the extent of the studies, the subjects taught, and the amount of graduated students. In addition, for the first time in Finland, the education of the teachers responsible for teaching sexual health issues was surveyed.

The results of this account offer important information for planning education of sexual and reproductive health in the future.

The data was collected with a nation-wide electric inquiry at the beginning of the year 2009. The inquiry was sent to lecturers in charge of education of sexual and reproductive health in the universities of applied sciences (n=27) and the instructors of the most active educational organizations offering education of sexual health in Finland (n=12).

One of the main results of the inquiry was the need for further education for teachers of sexual health. Most of the respondents had had different kinds of supplementary education in sexology, and some of the respondents did not have any studies in sexology. The extent of the studies of sexual and reproductive health, and the subjects taught varied considerably nationwide.

Authorising the occupation titles, multiculturalism and securing the sexual and reproductive health of immigrants are important challenges for the future. In addition, nationally coherent education for specialists is needed to ensure sexual health promotion.

Sexual health teachers should have coherent criteria for their own education. Moreover, issues concerning sexual health should be included in all health education studies.

Aita Keerberg, Tartu, Estonia
*Poster*
**Bereavement as a potential agent of sexual relationships’ disorders**

Couple relationship including sexual might get affected by one partner’s bereavement and accompanying circumstances such as grief.

It is important to see the couple relationship as a system, where remarkable changes in the life and essential relationships of one of the partners will cause changes in other partner and in the relationship as a whole.

While treating person’s problem solely related to his or her sexuality we might miss critical indications referring to a reproduction of the developed disorder through the partners’ reciprocal influencing.
Perception of body image and sexuality for women with mastectomy, -in the acute phase of surgery, -as determinants of women’s choice of reconstruction

Background: Having cancer and having one breast removed can affect all aspects of a woman’s life. The literature shows that many women experience an altered body image and sexuality, loss of femininity, a feeling of less sexual attractiveness and decline in self-esteem. Furthermore mastectomy can affect women’s perception of quality of life and psychosocial state.

In Denmark, no previous studies have focused on perception of body image and sexuality in the acute phase after mastectomy. Furthermore, no study addresses the influence of perceived body image and sexuality on the decision to have breast reconstruction or not.

Methods: The study will be conducted within a phenomenological and hermeneutical frame of reference. Data will be gathered through qualitative interviews with 12 women with mastectomies.

Analyses and interpretation will follow Steinar Kvalseth levels of interpretation.

Objectives: The aim is to explore perceived body image and sexuality after having had mastectomy in the acute phase. Further, the aim is to focus on body image and sexuality as determinants for whether women choose reconstruction or not.

Insight into women’s perceived body image and sexuality is valuable to provide better quality nursing care to women treated with mastectomy and reconstruction.

Results: It is expected that interviews, analysis and interpretation will be conducted in 2010. The results are expected to be edited and published in the beginning of 2011.

Sexological counselling in patients with prostate cancer

Prostate cancer is common disease in men. The treatment options for prostate cancer depend in part on the patients’ age, his overall health and whether the tumor has spread. For tumors that are still inside the prostate, radical prostatectomy is the common treatment. In patients where the cancer has spread, endocrine proliferation often combined with radiation therapy is the treatment.

Common to all treatments is that they often result in varying degrees of erectile dysfunction and this is one of the major concerns of patients undergoing treatment for prostate cancer. But often the problem is neglected and there has not been focus on erectile dysfunction and the impact it can have on the patient and his partner and the patient’s own self-image in the rehabilitation phase.

In this regard, the urological department Aalborg Hospital, Aarhus University Hospital in Denmark, in the autumn 2009, did establish a pilot project where this patient group is offered sexological counseling.
The pilot project will run until June 2011. Evaluation of the pilot determines whether the function should be continued.

The purpose of sexological counseling is that patients whom, because of illness or treatment has got sexual problems, regain a satisfying sex life. For some patients, it is about to regain the sexual performance. In other patients where the ability to complete a sexual intercourse can not be reestablished, this is to support them to live with the situation, and advise in relation to other ways of expressing their sexuality.

The sexological counseling offered to the patient and his partner consists of:

- conversation, both individual and couple
- guidance and training on the use of pharmacological treatment of erectile dysfunction
- guidance on the use of sexual aids

The sexological counseling is carried out by students in sexological counseling (DACS) and specialists in urology.

Hanna Petäjä, Turku University Hospital & Turku University of Applied Sciences, Turku, Finland

Poster

The Operational Model of Promoting Sexual Health for the Department of Gynaecology in Turku University Hospital

The aim of this developmental project was to create a operational model of promoting sexual health for the Department of Gynaecology in Turku University Hospital. The purpose of this operational model is to promote gynaecological patients’ sexual health as a part of holistic patient education and strengthen the nurses’ competency in addressing patients’ sexuality concerns. The project included a study, which aim was to examine the nurses’ competency in addressing patient sexuality as a part of patient education. In this study, a survey (N = 49) using the Sexuality Attitudes and Beliefs Survey (Magnan 2005), open questions and demographic questionnaire was conducted. The study explored nurses’ attitudes, beliefs, experiences and needs for further education related to promoting sexual health in nursing.

The number one barrier to addressing patient sexuality concerns was the failure to make time. Other high-ranking barriers included the nurses’ perceptions that patients do not expect nurses to address their sexuality concerns and the lack of comfort in addressing sexuality. However, nurses thought that giving a patient permission to talk about sexual concerns is a nursing responsibility. Nurses felt that the patients’ initiative makes addressing sexuality easier. Nurses expressed the need for further education about addressing sexuality as a part of patient education and knowledge about the affects of illnesses and their treatment to patients’ sexual health. The results of the study were used to define the nurses’ needs for further education in the area of promoting sexual health.

As a result of this project, the operational model of promoting sexual health was created for the Department of Gynaecology in Turku University Hospital. The operational model includes a guideline how to address sexuality as a part of holistic nursing practice, evidence based patient guide about hysterectomy and sexuality, the nurses’ competency profile of promoting sexual health and the plan of developing the competency of nursing staff.
Tommi Paalanen, University of Helsinki, Helsinki, Finland
Katri Ryttyläinen and Sirpa Valkama, JAMK University of Applied Sciences, Jyväskylä, Finland

Poster
The Centre Of Excellence For Sexual Health In JAMK University Of Applied Sciences

At the end of the year 2009, the Finnish Ministry of Education carried out an evaluation that aimed at enhancing the quality and impact of the education provided by the Finnish universities of applied sciences, and to encourage them to engage in long-term development work. JAMK University of Applied Sciences submitted its Centre of Sexual Health Competence as a candidate for a Centre of Excellence in Education 2010-2012. The title of the proposal was “From Taboo to Expertise in Sexuality”. It is exceptional that sexology and sexual health education was proposed as a candidate. However, the Finnish Ministry of Education selected JAMK University of Applied Sciences for a Centre of Excellence in Education for 2010-2012. The Finnish Higher Education Evaluation Council evaluated that sexology and sexual health education at JAMK is proactive, it corresponds to the needs of working life and the productization of educations is excellent. With the excellent productization, sexology and sexual health education has been able to integrate in public and internationally comparative system of degrees and curricula.

This presentation discusses the results of the evaluation process and presents the ensemble of the centre of excellence.

Ester Väljaots, Tallinn, Estonia

Poster
Training of a staff of institutions for mentally disabled people. HIV/AIDS/STI prevention and safer sex education in welfare institutions.

10-hour training sessions were held between February and August, 2010 in nine institutions in different parts of Estonia. Mostly client workers were involved, who on everyday basis deal with different mentally disabled people. All training groups consisted of 20 people, 12 men and 168 women in total. The average age of participants was 44 years. The aim of trainings was participants’ increased knowledge on HIV / AIDS / STD prevention, sexual behavior and increased tolerance. 5 more trainings are planned for September and October, 2010 for 100 employees. Welfare institutions for mentally disabled people in Estonia employ about 800 workers in total. Interactive methods were used during the trainings: group works, discussions, role plays, lectures, case studies, practical exercises, training films etc.

Before the trainings, participants filled in a form with questions on both the knowledge and attitudes. After the training participants filled in a similar questionnaire as well as a feedback form, which evaluated two aspects of the training: getting new information and being interesting, both on five points scale. Knowledge was assessed using five questions, on which a WHO indicator is based. According to this indicator, 178 respondents out of 180 had correct knowledge after the trainings. Before the training, less than half of participants had correct knowledge. On average, participants evaluated the training to be interesting with the 4.9 points and being informative with 4.5 points out of 5. In addition, post-training evaluation showed increased tolerance and supportiveness.

As a next step we wish to train at least one person from every institution to have a basic competence in sexual counseling. This means we should provide one group of 18 participants with a longer training with lectures by different specialists and practical work. There are 18 welfare institutions for mentally disabled people in Estonia.
**ABSTRACTS FOR POSTER PRESENTATIONS** in alphabetical order

**Mette Wallace, Norway**

*Poster*

**Norwegian Habilitation services’ Network on Disability and Sexuality**

The network “Habilitation Services in Norway: Disability and Sexuality” was started in 1998. The target group is professionals working in habilitation and rehabilitation services in Norway, and with an interest in issues concerning disability and sexuality. The objective of the network is to communicate knowledge relating to disability and sexuality. The network aims to contribute to increase competence in this field.

Our governing board applies for government funds to sustain its own work as well as supporting its annual conference. The annual network meeting is held in connection with our annual network conference once a year. The network board consist of five members, each representing one of the five health regions in Norway. Habilitation centers work with children, youths and adults with congenital or early-acquired disabilities. Some of the questions we address are the need for knowledge about sexuality, including masturbation, use of sex aids, sexual victimization, contraception, clients’ thoughts about parenthood, and advice for parents on their children’s puberty and sexuality.

Our network still enjoys solid economic support from government agencies and will carry on with our important work!
VON KRAHL ACADEMY

For the wider public there will take place a concurrent social and educational event during the NACS Conference in the format of Von Krahl Academy

Please register beforehand in the registration and information desk!
The space is limited!
Free entrance for the NACS participants.

PROGRAMME

Thursday, October 14th 2010

18:00 Moderated discussion:
“A dignified End of Life – Intimacy, Sexuality”
Participants: Dr Woet Gianotten (Netherlands), Katrin Raamat (Estonia), Olev Poolamets (Estonia)
Moderator: Peeter Jalakas (Estonia) Discussion is in Estonian
Venue: Von Krahl Theatre (Rataskaevu Str 10 Tallinn)

Friday, October 15th 2010

17:30 Exhibition and lecture: Stine Cathrine Kühle-Hansen (Norway)
“TOUCH”
Lecture is in English

19:15 Lecture: Margareta Nordeman (Sweden)
“Can you be present in the moment and let yourself to be touched?”
Lecture is in English Venue: Estonian Health Care Museum (Lai Str 30 Tallinn)

Saturday, October 16th 2010

15:00 Performance-lecture: Elsa Almås and Esben Esther Pirelli Benestad (Norway)
„Gender Euphoria“
Performance-lecture is in English

17:00 Lecture: Alain Giami (France)
„Pornography, the Sex Entertainment Industry and Public Health“
Lecture is in English Venue: Von Krahl Bar (Rataskaevu Str 10 Tallinn)

Sunday, October 17th 2010

12:30 Lecture: Lars Gösta Dahlöf (Sweden)
„Asexuality - an ambiguous concept – current research and clinical aspects“ Lecture is in English

13:45 Lecture: Märt Läänemets (Estonia)
“Three Levels of Understanding Person and Reality in Buddhism” Lecture is in English or in Estonian

15:30 Lecture: Olev Poolamets (Estonia)
“Thoughts about Subtle and Rough Senses in Birth, Death and Sexuality” Lecture is in Estonian

17:00 Lecture: Peeter Hõrak (Estonia)
“Human Sexual Selection“ Lecture is in Estonian
Venue: Von Krahl Theatre (Rataskaevu Str 10 Tallinn)

Thursday–Saturday, October 14th–16th 2010 it is possible to visit an exhibition TOUCH by
Stine Cathrine Kühle-Hansen (Norway) in Estonian Health Care Museum (Lai Str 30, Tallinn)
Opening hours: 11:00–18:00
Nordic Association for Clinical Sexology
Oslo welcomes you!

October 13th – 16th 2011
Place: Quality Hotel 33, Østre Aker vei 33,
Oslo, Norway, www.q33.no

Main topic: DESIRE
Information and registration: www.nacs.eu and www.nfks.no

Contact: thojoh@nfks.no
Contact: stinecat@nfks.no