ORIGINAL ARTICLE

Recent evolution to the profession of sexologist in France. First results of a 2009 survey in France

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Summary
Objectives. — This article describes some changes undergone in the profession of sexology in France since 1999, and discusses the distribution of sexologists according to gender and original profession (physicians and non-physicians).
Methodology. — A self-administered questionnaire including socio-demographic characteristics, training in sexology, membership of associations, type of professional practice and examples of intervention techniques used, was addressed to the participants at the largest French conference on sexology and sexual health held in 2009, with more than 600 participants. Four hundred and fifty-eight questionnaires were collected (response rate: 71%).
Results. — Nearly two thirds (63%) of the respondents reported to be physicians, and women accounted for 63% of the total. These results were compared with a survey carried in 1999 using a similar questionnaire. Very little change in the predominance of physicians over non-physicians were observed. However, there was a strong increase in the proportion of women who only represented approximately one third of the total in 1999.
Discussion. — The increasing number of women entering the profession is probably due to the increased feminization of all types of health care-related professions and the fact that sexology has become a more mainstream health practice in recent years.

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Introduction

In recent years, there has been an increasing amount of interest devoted to studying the profile of health professionals who work in the area of human sexuality and especially those who work in the field of sexology or sexual health (Zamboni, 2009). An initial survey conducted in France in 1999 provided a first insight into the structure and organization of sexologists as a professional group. The results of this survey identified the profiles and diversity of this group for the first time; their gender, age, initial training, meth-
ods of professional practice, techniques used for diagnosis and treatment of patients, and a few other variables. They showed that in France, sexologists were in a large majority physicians (approximately two thirds) and mainly men (also two thirds), and that these professionals could be divided into three groups of approximately the same size: one third GPs, one third specialist practitioners (mainly psychiatrists and gynecologists) and one third of non-physician health professionals (including but not limited to psychologists, who were not even in a majority).

This survey showed that, even allowing for their relative predominance in medical professions in general, men were over-represented amongst sexologists in France (Giami et de Colomby, 2001; Giami et de Colomby, 2003).

Similarly, a similar survey, using the same protocol and the same questionnaire was carried in six European countries (Denmark, Finland, Italy, Norway, Sweden and United Kingdom). Out of the 3803 sexologists identified in these European countries (including France), more than 2200 responded to the survey, hence a global response rate of nearly 60%, ensuring a high level of validity. This international survey provided information about the situation in Europe, and revealed how unusual the professional organization for sexology was in France. It confirmed that France was the only European country where sexologists are predominantly physicians and mainly men. In all the other European countries participating in the survey, most of the sexologists were women, albeit in varying proportions, and a majority of them were non-physician health professionals (psychologists, nurses, midwives, social workers, couple therapists, etc) (Giami et de Colomby, 2006). This comparative survey confirmed that the over-representation of men in the profession of sexologists was not a general feature of the profession at a European level, but was something specific to France.

Ten years after this initial survey, conducted just after the onset on the market of the first drugs to treat erectile disorders, it was considered necessary to carry a new study to see how the professional group working in the field of sexology and human sexuality had changed over that period.

**Structural changes in the field of Sexology**

Even before starting to work on the new survey and make the necessary adjustments to the questionnaire, we had to take account of the changes observed within this professional group. Three major changes had visibly transformed the landscape of sexology. Firstly, the emergence of "sexual medicine", with a firm foothold in the international associations, reflected in France by the development of on-going training courses for physicians and an interest for fundamental research in biomedicine and clinical research into pharmacological treatments. Secondly, the transformation of sexology into "sexual health" observed particularly after the statements made by the World Association for Sexual Health (WAS) and the World Health Organisation (WHO) about sexual health and sexual rights (Giami, 2002) and the name change for the WAS (World Association of Sexology) into the World Association for Sexual Health. Finally, and more specifically in France and French-speaking countries, the emergence of an organization of "clinical sexologists" (the Association des sexologues cliniciens francophones [ASCLIF]) working to produce integrated and multidisciplinary models for sex treatment. In other words, the scope of sexology was no longer limited to the sole name of "Sexology" and its "sexologists", but was now starting to be broken down into its various components that in the past were simply brought together using the term "multidisciplinary sexology". These components are now regrouping into more specific groups with their own professional and scientific organizations. These changes confirm certain elements observed in the survey conducted in France in 1999. Only 70% of the professionals questioned had stated that they "considered themselves first and foremost" as a sexologist or sex-therapist. As the designations and fields of activity have changed and developed in the meantime, this needed to be taken into account in preparing the questionnaire for the new survey carried in 2009.

**The context of the 2009 survey**

The survey was conducted during the second "Assises francaises de sexologie et sante sexuelle" (French conference on sexology and sexual health) held in Lille in March 2009. This was a unique opportunity to contact and identify most of those working in the extended field of sexology and participate in the most visible common event of the main associations. In addition, this event had the major advantage of being organized jointly by the two main French sexology associations. The boards of both the Association of Sexology University Hospitals (AIHUS) and the French Society of Clinical Sexology (SFSC) had accepted the principle of a survey on the same basis as the one conducted in 1999, which had already benefited from their collaboration at the time.

The 1999 survey had been conducted independently by a team from the Inserm (French institute for health and medical research). The organization in 2009 was fundamentally different in that the scientific leader for the project had become meanwhile himself a member of the AIHUS, and was elected onto the executive board of this association in 2008. The new 2009 survey of sexology as profession was therefore carried from a more internal position of the scientist. The boards of the two associations in question should be congratulated for their decision to leave total scientific autonomy for the survey to the project manager in preparing the questionnaire and developing the methodology in association with the steering committee in charge of organizing the conference.

**Method**

The data were collected using a questionnaire completed by the respondents, sent to all potential participants in the conference by post. Registration for the French conference on sexology and sexual health takes place mainly by post, with registration forms sent to a distribution list based on those used in previous years. Some participants register on-line through the conference’s website and other registrations are made directly by the various sponsors from the pharmaceutical industry.

The questionnaire with 41 questions was designed in partnership between the team from the Inserm and the con-
Table 1 shows that 637 people in all were registered for the conference, 61% of which were physicians and 39% non-physicians. This data was provided by the Convention Centre Management Organization, which had included a question regarding the participant’s profession in the registration form. Out of this total number of registered participants, 458 submitted a completed questionnaire (two-thirds of which responded by post and one third on the conference site), i.e. a response rate of 71%. The sample proved to be highly representative of the respondents in that the distribution between physicians and non-physicians was approximately the same as for the total number of participants in the conference, the reference population. As the questionnaire was anonymous, it was not possible to check the representativity of the sample with regard to gender (a question that was not asked in the registration form). The conducted survey is therefore reliable, with a high response rate, good representativity of the sample collected and a large number of questionnaires distributed, enabling the statistical analyses to be validated.

Initial results

Physicians and non-physicians

The analysis of the questionnaires gave evidence and confirmed that the distribution of professions represented amongst sexologists in France remained very stable. Nearly
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Table 4  Comparison of the distribution of sexologists according to gender and original profession in the 1999 and 2009 surveys.

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th></th>
<th></th>
<th></th>
<th>2009</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Unknown</td>
<td>Total</td>
<td>Men</td>
<td>Women</td>
<td>Unknown</td>
<td>Total</td>
</tr>
<tr>
<td>Total physicians</td>
<td>68.0</td>
<td>30.9</td>
<td>1.2</td>
<td>67.8 (337)</td>
<td>49.1</td>
<td>49.8</td>
<td>1.1</td>
<td>62.9 (285)</td>
</tr>
<tr>
<td>Total non-physicians</td>
<td>44.4</td>
<td>52.5</td>
<td>3.1</td>
<td>32.2 (160)</td>
<td>16.1</td>
<td>82.1</td>
<td>1.8</td>
<td>37.1 (168)</td>
</tr>
<tr>
<td>Overall</td>
<td>60.4 (300)</td>
<td>37.8 (188)</td>
<td>1.8 (9)</td>
<td>100 (498)</td>
<td>36.9 (167)</td>
<td>61.8 (280)</td>
<td>1.3 (6)</td>
<td>100 (453)</td>
</tr>
</tbody>
</table>

Two-thirds of French sexologists are physicians and one third come from non-physician health professions. These results confirm the trends observed in the 1999 survey Table 2.

Although the distribution according to the original profession of the sexologists remained remarkably stable between physicians and non-physicians, confirming the high level of medicalisation of the profession, i.e. over-representation of doctors (GPs and specialists) — in the fields of sexology and sexual health in France, the most interesting result of the survey conducted in 2009 was the highly significant change in distribution by gender.

Men and women

The number of female sexology practitioners in France has significantly increased, rising from 39% in 1999 to 63% in 2009. This distribution of gender among sexologists is now comparable to that observed in the other European countries where women make up the majority of sexologists, although the proportions vary from country to country. In Finland and Sweden, women represent nearly 80% of the overall population of sexologists; the figure is nearly two-thirds in Italy and the United Kingdom. But this new distribution according to gender is very close to the proportions of male and female in healthcare professions in general Table 3.

The extent of feminization

One might have thought that because there were more female sexologists, there would also be an increase in the proportion of non-physicians (psychologists and paramedical professions) amongst sexologists. This scenario occurred when the Paris Psychoanalytical Society opened up the psychoanalyst profession to non-physicians; there was an influx of women into the profession (mainly psychologists) (Perron, 1990). The situation was however quite different within the group of sexologists. The feminization of sexology in France is the result of a process of global feminization of healthcare professions. And yet this process of feminization varies according to the original profession: physicians or non-physicians.

Table 4 shows the different processes of feminization that have modified the distribution between physicians and the other healthcare professions. From the physicians’ side, men represented more than two-thirds of sexologists in 1999 with 68% of the total. The number of women physicians increased until they were almost equal to the men. However, from the non-physicians’ side (psychologists, nurses, midwives, etc) where numbers of men and women were already almost equal in 1999, with 52% women, there has been an increase in the number of women, who now represent more than 80% of their numbers. The feminization of the group of professional sexologists therefore differs according to the original profession of the practitioner and is anchored in different dynamic processes.

Conclusions and future prospects

This study shows how interesting it can be to conduct a longitudinal follow-up using validated research instruments enabling changes that are not immediately perceptible to be identified, measured, and interpreted. First, these results can be interpreted in the light of demographic changes that have taken place inside the healthcare professions in general. The increase in the proportion of women in the profession of sexology as physicians is part of a broader process of feminization of medical professions in general. The statistics of medical demography published by the Conseil National de l’Ordre (French National Council of Physicians) in 2006 showed that in France “women represented 39.2% of physicians in activity (……). This proportion is lower than the percentage of women in the global active population (45.8%) and approximately equal to the percentage of women in the liberal professions (38.2%). The percentage of specialists amongst the women physicians is 48.6%, versus 50% for the men physicians (……). The younger the population, the higher the proportion of women, with a majority of women in medical professions aged less than 40 years” (Conseil National de l’Ordre des Médecins, 2006).

Amongst the non-physician sexologists, the trend is similar. In 1999, only half of the non-medical sexologists (psychologists, nurses, midwives, etc) were women, whereas in 2009 they represented more than 80% of the total number of non-medical sexologists. This new figure seems to be more in-keeping with the distribution of men and women in these professions, which is around 70% women (Bessière, 2005).

This survey shows that in fact, until a recent date, men were over-represented in sexology, as much amongst medical and non-medical sexologists, whereas traditionally the non-medical healthcare professions mainly comprised women in the large majority. The case of sexology was therefore unusual when compared to the rest of the healthcare professions, both medical and non-medical. The survey also shows that the feminization of the professional group of sexologists, emerging over the past ten years, is
certainly extensive in that it has brought about a radical modification to the proportions of men and women, but it is nevertheless limited with regard to the gender distribution of health professionals. Women are now slightly over-represented in sexology by comparison with the demographic proportions that they represent in the population of healthcare professions in activity in France (Bessière, 2005). The results of the survey will need to be analyzed in more detail and taking account the differences related to the various first professions represented amongst the sexologists.

How should this process be understood to fit in with the evolutions in sexology itself? This progressive feminization of the professional group of sexologists is part of the progressive recognition of sexology and the general acceptance that calling upon a sexologist to treat one’s sexual problems is becoming something banal. By making these approaches and interventions more mainstream in society, sexology is now taking its legitimate place in the process of development for healthcare professions. Sexology is no longer a profession that treats only pathologies, as was the case in the 19th century (Bland et Doan, 1999) it is now part of the process of social acceptance of sexuality which began in the middle of the 20th century, recognizing a totally legitimate position for sexuality, and the right for women to have a fulfilled sex-life aside from considerations of reproduction alone (Gagnon, 1975; Irvine, 2005).

References


