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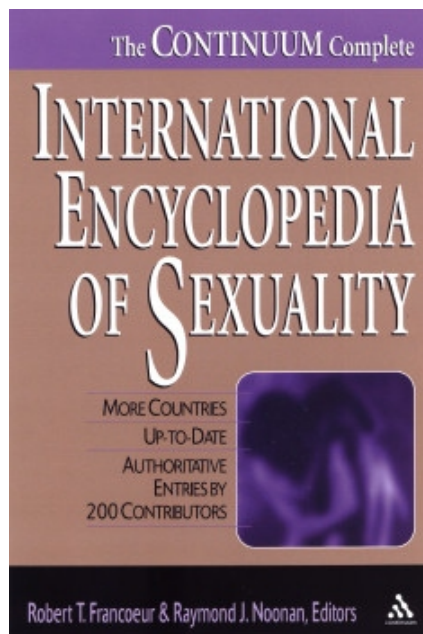
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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

Norway occupies the western half of the Scandinavian peninsula, stretching about 1,100 miles (1,770 km) from the North Sea in the south along the Norwegian Sea to 300 miles (480 km) above the Arctic Circle, the farthest north of any European country. Slightly larger than the state of New Mexico, Norway's eastern neighbor is Sweden, with borders on Finland and Russia in the northeast. Nearly 70% of Norway's 125,180 square miles (324,220 km²) is uninhabitable, covered by mountains, glaciers, moors, rivers, and deep fiords cut into the coastline of 12,000 miles (19,300 km). Along the western coast, nearly 50,000 islands form a breakwater and safe coastal shipping channel. Norway also administers four largely uninhabited island clusters, Svalbard in the Arctic Ocean with a declining population of about 3,000, Bouvet Island south of the Cape of Good Hope, Jan Mayen Island between Norway and Greenland, and in Antarctica, the region of Queen Maud Land and Peter I Island.

In July 2002, Norway had an estimated population slightly over 4.5 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: 0-14 years: 20% with 1.06 male(s) per female (sex ratio); 15-64 years: 65% with 1.03 male(s) per female; 65 years and over: 15% with 0.71 male(s) per female; *Total population sex ratio:* 0.98 male(s) to 1 female

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Editors' Note: Because of space constraints in volume 4 of the *International Encyclopedia of Sexuality* published in 2001, the original chapter on Norway, like Hong Kong, was not included. Instead, the Editors published them as "Supplemental Countries on the World Wide Web" at <http://www.SexQuest.com/IES4/>.



(CIA 2002)

Life Expectancy at Birth: Total Population: 78.94 years; male: 76.01 years; female: 82.07 years

Urban/Rural Distribution: 73% to 27%

Ethnic Distribution: Norwegian (Nordic, Alpine, and Baltic); Sami (Lapps): 20,000

Religious Distribution: Evangelical Lutheran: 86% (State Church); other Protestant and Roman Catholic: 3%; other: 1%; unaffiliated or unknown: 10% (1997 est.)

Birth Rate: 12.39 births per 1,000 population

Death Rate: 9.78 per 1,000 population

Infant Mortality Rate: 3.9 deaths per 1,000 live births

Net Migration Rate: 2.1 migrant(s) per 1,000 population

Total Fertility Rate: 1.8 children born per woman

Population Growth Rate: 0.49%

HIV/AIDS (1999 est.): *Adult prevalence:* 0.01%; *Persons living with HIV/AIDS:* 1,600; *Deaths:* 8. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (defined as those age 15 and over who can read and write): 100%; education is free and compulsory from age 6 to 16

Per Capita Gross Domestic Product (purchasing power parity): \$30,800 (2001 est.); *Inflation:* 3.1%; *Unemployment:* 3.6%; *Living below the poverty line:* NA

B. A Brief Historical Perspective

The ancestry of Norwegians, like the Danes and Swedes, has been traced back to early Germanic or Teutonic tribes that settled in the Jut Land, the Danish peninsula, in the 4th century B.C.E., although there have been found traces of settlements in Norway that are at least 6,000 years old. The Norsemen, or Vikings, emerged as a power in Europe when Norway's first ruler, Harald the Fairhaired, led the sacking of Lindisfarne, Ireland, in 793. Between the 8th and 11th centuries, Norse Vikings raided all the coastal lands and navigable rivers of Europe from Germany to Spain, often occupying widely scattered territories. In the beginning of the 10th century, Harold I united the petty kingdoms of western Scandinavia and extended his rule as far as the Orkney and Shetland Islands. Viking nobles fleeing his conquests strengthened and expanded the Norse duchy of Normandy in France.

Christianity arrived under Olaf II (Saint Olaf) early in the 11th century. Medieval Norway reached its zenith of power and prosperity under Magnus VI (1263-1280), but lost its independence in 1319 when Magnus VII, king of Sweden, also assumed the Norwegian throne. Under the Kalmar Union of 1397, Norway and Sweden merged with Denmark under Danish rule. In 1814, Denmark, which had sided with France in the Napoleonic wars, was forced by the victors to cede Norway to Sweden. Within a year, Norway attempted to assert its own independence from Sweden, but failed. The Norwegians had nevertheless made their own constitution, which was declared on May 17, 1814. May 17 was later to become the Norwegian day of independence. A compromise was reached in 1815 when Sweden acknowledged Norway's independence "in perpetual union with the Swedish crown." The union of Norway's merchants, fishermen, sailors, and peasants with Sweden, dominated by an aristocracy with large estates and tenant farmers, was never a happy one. In 1905, Norway's legislature deposed Swedish King Oscar II and declared its independence, with Prince Charles of Denmark ruling as Haakon VII for 52 years.

Neutral during World War I, Norway declared neutrality at the start of World War II, but was occupied by German troops from 1940 to 1945. By 1948, Norway's economy had returned to prewar levels. A founding member of the United Nations, Norway joined the NATO alliance in 1949 and the European Union in 1994. The 1980s were marked by turmoil in the oil market and a temporary downturn in the economy that brought questions and challenges to Norway's strong welfare state and large wage increases. Long a world leader in social experimentation, Norway has recovered in recent years, as the country became the second-largest net oil exporter after Saudi Arabia in 1995. Norway has chosen by binding referendum not to become a member of the European Union. By the onset of 2003, discussions on a new application for the Union are emerging.

1. Basic Sexological Premises

Tracing the origin of Norwegian sexology through the written record is like trying to understand the lives of our ancestors by studying footprints preserved in Paleolithic clay. The Norse warrior culture that gave rise to the Vikings recorded its feats in the *Sagas*. It is in *Gunlaug's Saga* that we find the first instance of individual love and passion in northern European literature. In this tale, Gunlaug and Ravn fight a duel (*Holmgang*) for the love of a woman. After Gunlaug defeats Ravn, he fetches water to his dying opponent in a heroic act of mercy. As Gunlaug approaches, the treacherous Ravn dishonors all the laws of *Holmgang* by giving him a deadly wound to the head. Gunlaug sinks to his knees and asks, "Why?" Ravn answers, "I could not bear the thought of her being in your arms." It seems that the Nordic record of love begins with tragedy.

The Feudal Age that followed the breakup of the Roman Empire persisted for approximately a thousand years in Norway. Sigrid Undset, the daughter of one of Norway's foremost philologists, was a prescient observer of medieval life. Her two masterpieces, *Kristin Lavransdatter* and *Olav Audunson I Hestviken*, depict a probable texture of life in Norway during the 13th and 14th centuries. The drama of life is played out against a backdrop of warfare and perilous voyages for men and the bearing of children and household management for women. Olav and Ingunn are betrothed as children. Later, Olav flees the land after slaying a man and joins the war band of a Viking chieftain. He returns to Norway, marries Ingunn, and takes her to his ancestral manor.

Childbearing and the hard work of running a household soon crush the fragile Ingunn, and Olav is left to raise the children alone. We are left to speculate what sexual interactions were really like in a world dominated by incessant war, the betrothal of children, marriages arranged to advance feudal interests, long separations of spouses, and the absence of birth control. While faith, love, and nature's beauty must have had an elevating effect, medieval life in Norway was lived out in a newly Christianized society, where sexuality came to be viewed as an unholy temptation. The highest value was placed on chastity and celibacy, and this earthly life was regarded as a pause between Heaven and Hell. Nonetheless, the population continued to grow, and Norwegian folk tales and songs with erotic themes were widely popular. They are preserved in a collection called *Erotic Folk Tales* (Asbjørnsen & Moe 1977).

The period between 1319 and 1814, when Norway was part of the Danish Empire, was called "The 400 Years' Night." In the literature of this period, very little can be found of an explicitly sexual nature. The first formal study of sexuality in Scandinavia was done in Norway by Eilert Sundt (1817-1875), a theologian from the staunchly religious southwest coast. Sundt (1976) embarked on a study of Norwegian morality by systematically recording the instances of extramarital births throughout the country. His primary purpose was to investigate the living conditions of the poor; the orderly methods by which he undertook these studies has caused Sundt to be honored as one of the pioneers of Norwegian sociology and sexology. The analysis of data from these studies, however, must have profoundly shocked 19th-century Norway, which was influenced by the repressive morality of Victorian England. Sundt found lively and widespread sexual activity throughout the country, especially around Tromsø, Trondhjem, and Oslo.

Although the 18th-century Swedish biologist Carl von Linnée (Linneus) (1969) described women's desire and pleasure in the sex act in a most sensuous way, Victorian morality denying the sexual nature of women was widespread. As in many other countries, however, just below the surface, a widely different and more primordial form of sexual behavior was thriving. In his book *Love and Lovesickness*, John Money writes about the Nordic legacy:

Today's adolescents who establish their sex lives by breaching the doctrine of the virgin bride and the double standard are, whether they know it or not, adopting a modern counterpart of another very ancient tradition, one which undoubtedly covered an area much wider than the term Nordic or Scandinavian would imply. This is the tradition of betrothal and sexual egalitarianism. It is called Nordic because it survived longest in Scandinavia. There it resisted the incursion of the Mediterranean system, which spread into Northern Europe as an adjunct to Christianity. . . . There, especially in rural areas, it still can be traced. As its name implies, the betrothal system is one in which not the marriage, but the betrothal of a young couple is the ceremony that marks the high point of their beginning as a breeding partnership. . . . The season for the betrothal began with the advent of spring, for in the winter a typical farm family and its hired hands survived the sub-zero nights by sleeping in the big kitchen around a fireplace or heating stove. In spring, the loft became sleeping quarters for the young, unmarried women. To admit visitors, they either unlatched the inside trap door or hung a rope from their upstairs window. When it happened that a boy and girl became romantically interested in each other, it was proper for their friends to allow them to meet alone. Thereafter they followed a pre-

scribed routine where the boy would spend the night with his girlfriend, but sleeping with his clothes on and above the covers. Step by step, visit by visit, he got under the covers, and then under the covers with his clothes off, at which point the couple announced to their families their intention to be betrothed. The betrothal would lead eventually to marriage, but only if pregnancy had ensued. Marriage itself was a confirmation of parenthood rather than coition. (Money 1981, 57-58)

In 1841, Lord Acton published *The Functions and Disorders of the Reproductive Organs in Youth* in England. This book became influential in learned circles in Norway. Lord Acton was a specialist in diseases of the urinary tract who advocated a program of sexual abstinence before marriage, suppression of onanism (masturbation), and rigid control of sexual activity in marriage as the means of preventing inevitable mental and physical deterioration caused by excessive semen loss. This pseudoscientific doctrine reinforced the prevalent belief that sexuality was harmful to manly virtues and could lead to the degeneration of society.

The Norwegian Dr. August Koren was a dedicated follower of Lord Acton's philosophy. He became an active member of Sedelighetsforeningen (Moral Guardians) and fought energetically against public prostitution in Norway. He had his work cut out for him; during the second half of the 1800s, a virtually uncontrollable epidemic of venereal disease was spread by prostitutes in Norway, particularly in Christiania (later to be named Oslo). In 1880, 1,200 cases of gonorrhea were reported, which indicates that 4% of the male population between the ages of 15 and 60 years old caught the disease in one year. At the same time, 1% of the adult male population was infected by syphilis. It was at this time (1881) that Henrik Ibsen wrote his play *Ghosts*, which deals exactly with the effects of inherited syphilis. Peculiarly enough, the play was poorly received and not really performed until long after that.

The population of Christiania had grown enormously during the 18th century, and prostitution grew right along with it. The debate over prostitution grew heated by the end of the century, and many authors and members of the arts participated in it. Christian Krogh, a well-known author and painter (1852-1925), wrote a novel that denounced the hypocrisy of society and the control of prostitution by the police. *Albertine* is the story of an innocent young girl who comes to grief when she is seduced by a police officer, then is forced to become a prostitute. The novel was confiscated by the order of the minister of justice the day after it was published, but it sparked a heated debate that resulted in the renewed prohibition of public prostitution. Although the ban on this novel has never been removed, it was included in a collection of Krogh's works and subsequently published in 1921. The works of Hans Jæger (1854-1910), another popular author during this period, were confiscated in the 1890s because of their frank descriptions of sexuality. They were not published again until 1969.

The debate about prostitution ceased abruptly around the turn of the 19th century. This about-face was most likely a result of the more liberal attitude concerning sexuality that can be traced to three basic causes: the revolutionary theories of Sigmund Freud, the entry of women into the world of work during the Industrial Revolution, and the availability of birth-control devices.

Prior to the work of Freud, the origin of mental illness—"hysterical" behavior and "phobias"—was attributed to neurological impairment of unknown origin, or simply to possessions of demons. It was not until Sigmund Freud began to publish his findings in the late 19th century

that subconscious disturbances were identified as the underlying cause of many behavioral disturbances or "psychopathologies." What was truly revolutionary about Freud's theories was his belief that libidinal energy (the Id) manifested itself from earliest infancy; that the Id's goal was to obtain satisfaction (the Pleasure Principle), which, if thwarted by external or internalized repressions from the Superego, resulted in a psychological disturbance or neurosis, which in turn destabilized the self (the Ego). These disturbances, which were often traceable to trauma experienced in some early stage of psychosexual development, tended to manifest themselves in hysteria, physical paralysis, anxiety, dream imagery, inadvertent speech, and ego defenses. By expanding the parameters of the libido to include the subconscious and unconscious, Freud put the realm of sexology on the scientific map.

The working class may not have been privy to the wonders of Freud's discoveries, but they were exposed to a number of technological and social innovations that transformed their existence. The first was the mechanization of production that accompanied the Industrial Revolution in Norway in the middle of the 18th century. Rural populations were drawn to the new industrial sites, and women and children were encouraged to join the workforce. It is worth noting that women and children were actually preferred to men wherever possible, because they were weaker, more docile, and could be paid less. For the first time, the manly virtues of strength and aggression were bested by the female virtues of timidity and subordination. In fact, it was in the impersonal new order of the industrial environment that no basic distinction was made between the sexes. In the new industrial environment, women were subjected to the authority of men other than consanguine males, found themselves in close proximity to men who were strangers, and gained a measure of financial independence. As a result, traditional family bonds changed, as did traditional standards of modesty. The demands of regulated work hours took priority over spontaneous sexual expression and procreation. Workers had to rush sex in the morning before work, or have sex at night, when they were tired. Even childbearing conflicted with the demands of productivity.

The historical record shows that methods to terminate unwanted pregnancies were frequently employed, often with tragic results. Infanticide was a second desperate measure resorted to by impoverished parents. The means to improve this situation, fortunately, were soon available. The technological process of vulcanizing rubber made the production of condoms possible. By the 1860s, "rubbers" were being sold in England and Germany. In 1890, Dr. von Gelsen published *Nødvendige Lægeråd til Nygifte*, which provided advice to those who wished to avoid pregnancy, but the book was banned by the Fredrikshald Chief of Police. Lars Oftedal, a well-known clergyman from Stavanger, appealed this decision in the Norwegian parliament (*Stortinget*), but the ban was upheld by a small majority, and it remained illegal to advertise or promote the use of contraception until the 1920s.

In reaction to the emerging trend of sexual liberation, a wave of pietism swept through many rural areas of Norway. Music and dancing were condemned as sins, and women were branded as temptresses whose carnal wiles, unless curtailed, would lead the spirit of men astray. Although the radical negativity of these views seems absurd, they have survived in many religious subcultures until today, underwriting the suppression of sexuality and propagating the myth of male superiority. There was also widespread anxiety about masturbation and the supposed ill effects that resulted from its practice. In a widely circulated paper pre-

sented in 1895 by Dr. Klaus Hansen, this “unnatural” way to satisfy sexual urges was condemned; it was claimed that “self-contamination” resulting from this practice led to a host of diseases that impaired the central nervous system.

A notable proponent of sexual freedom was Karl Evang (1902-1981), who became the most active advocate of public sexuality education in the 1930s. Evang became the Director of Public Health in Norway, and published the popular and informative *Magazine for Sexual Information*, which for many years provided the public with a source of information concerning sexuality. Evang took umbrage with the notion that the loss of human semen caused deleterious physical effects. He once stated that this belief was as ridiculous as claiming that the loss of spit led to physical and spiritual degeneration. Evang was one of the cofounders of the World Health Organization (WHO), and presided over its Second General Assembly in 1949. During his career, he made major contributions to the contemporary understanding of drug abuse, work-related illnesses, and contraception.

Psychoanalytic theories gained momentum when Wilhelm Reich fled to Norway in 1934 to escape persecution by the Nazi regime in Germany. Reich was a substantial influence in Norwegian psychology and sexology. At the Nordic Association of Clinical Sexology (NACS) meeting in Oslo in 1983, Rolf Groensteth presented a summary of the Reichian view: Sex is a natural and health-promoting human drive. In *The Function of the Orgasm* (1927), one of his major works, Reich postulated that sexual fulfillment was key to emotional stability and physical health. Reich believed that every human being had a “healthy core” that served as a natural defense against cultural repression. Although Reich’s sexual theories met with acceptance, his research on Orgone and the effect of cosmic fields was considered eccentric. He gradually lost support and had to leave Norway in 1939. Ola Raknes, one of Reich’s most prominent Norwegian proponents, did extensive research on the results of the socialization of sexuality in childhood. Raknes was able to identify many adult sexual problems that were related to the repression of the natural sexual urge in childhood.

Because of the severe disruptions caused by World War II, not much was written on the topic of sexology in the 1940s. The German invasion of Norway, and the atrocities that took place throughout Europe, dealt deathblows to the legitimacy of war as an extension of foreign policy. The anachronistic myths of the proud warrior and the nobility of combat were cast upon the trash heap of history. Women around the world, who faced up to the rigors of war and the challenge of taking over tasks previously considered “men’s work,” found true freedom in self-sufficiency. When the war ended, this habit of self-sufficiency persisted, and women demanded equality in sexual, as well as domestic matters. This new woman, a full-fledged personality with the capacity to make choices, became one of the central characters in Agnar Mykle’s controversial 1956 book, *Sangen om den Roede Rubin* [*The Song of the Red Ruby*]. In Mykle’s novel, a young man is torn between his love for his mistress and the devotion he feels for his father. It is finally the admirable personal qualities he perceives in the woman that empowers him to leave his father, become an adult, and find a fulfilling new life with her. At the time of publication, the radical theme and explicit sexual descriptions were considered obscene, and both Mykle and his editor were forced to stand trial for foisting pornography on the public. Upon appeal, the Supreme Court decided that the book was not immoral, and Mykle was exonerated.

In 1964, *Profil*, a literary magazine, began to publish the work of a number of talented young radical authors. The un-

derlying purpose of their innovative and sexually explicit material was to permeate the watertight neurotic system of bourgeois morality. A number of sexuality education books were also published by PAX, a Norwegian publisher specializing in political and controversial books, in addition to a collection of erotic short stories.

Jens Bjørneboe was a controversial author whose well-crafted, revelatory books about the school system (*Jonas*), the postwar legal settlements, and the penal system were popular in Norway. When his book, *Uten en Traad* [*Without a Fiber*] was published in 1966, it sent a reactionary convulsion through conservative circles. Authorities confiscated the book and Bjørneboe was brought to trial for attempting to circulate pornography. The trial ushered in an intense debate to determine which descriptions of sexuality were to be considered illegal. The debate continues to this day.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

For several decades, conceptual influences on Norwegian sexology have come from a growing number of sources. A primary influence was the Sexual Revolution of the 1960s and 1970s, which served as a means of correcting societal norms for human sexuality that were too narrow and exclusive. One example would be the refusal of gay men and women to allow society to condemn their behavior or to label it abnormal. Unmarried heterosexuals, freed for the first time in history from the threat of unwanted pregnancy by “the Pill,” began to view the opportunity to interact sexually as a form of liberation guided by choice and freed from the stigma of sin. This new freedom from biological and moral constraints shook the prevailing norms imposed by church and academia, which had formally labeled all sexual activity not in the service of procreation and marriage as either lewd or abnormal. Prototypes of appropriate behavior founded upon married couples tending their offspring, the economic dependency of women upon men, and the conceptualization of masculinity and femininity as monodimensional opposites, have all been challenged by the dissemination of this transformative concept of sexual freedom. The voices of previously ignored “unfit” sexual minorities, physically and mentally challenged individuals, the aged, children, and people in hospitals and institutions, were heard for the first time as they gave their own bold testimonies. However, the state-supported Lutheran Church still refuses to allow practicing lesbians and homosexuals to hold consecrated positions. At the turn of the millennium, this is one of the most heated religious debates in Norway. Likewise, religiously influenced views of erotica and pornography are being challenged by new insights into the possible harms and benefits of these phenomena. There is a growing awareness in many religious circles of sexuality as a force of good rather than one of evil.

There has been a significant shift in focus among feminists since women began to populate the universities in the 1960s. At first, there was a tendency to adopt male ideas and values in pursuit of the goal of entering previously male-dominated professions and fields of study. Subsequently, a gynocentric phase has ensued in which feminist theories have focused upon the substitution of masculine ideals with woman’s values. It seems that success in “a man’s world” has inspired women to find their own center of gravity. Women’s self-help groups, women’s issues, such as single motherhood and affirmative action in hiring practices, women’s literature, and even women’s rock bands are all examples of this trend.

3. Knowledge and Education about Sexuality

The first person to become known as a "sexologist" in Norway was the psychiatrist Berthold Grünfeld. He has long been considered a pioneer in sex information, and has held a central position on the team that enacts and performs gender-reassignment procedures. Grünfeld must also be honored for his effort on behalf of women's rights in the question of abortion. He has questioned the wisdom of those who assume that their opinions on sexual issues are infallible, and has warned against the indiscriminate use of male labels in gender-related terminology.

Although general knowledge about sexuality in Norway is high, the problem is that this knowledge is based on traditional masculine values, pornography, and the absence of women as spokespersons for sexuality. The authorities have played a rather passive and hesitating role in the spread of sex education after World War II (1945), and sex education has been a cause for politically radical people and pioneer groups. The Norwegian Society of Clinical Sexology was founded in 1982, and even if it has not been able to influence the authorities, it has been an important forum for those who have been interested in sexological education and sex information. In 1998 and 1999, the Nordic Sexological Societies received government support from the Nordic Minister Council to develop guidelines for the authorization of clinical sexologists in the Nordic countries, and to make an outline for sexological education. Norwegian politicians have begun to show an interest in sexological education, which gives rise to optimism about sexological education and the integration of sexology into clinical practices.

With the spread of HIV/AIDS, the National Organization Against AIDS was founded with government support. This organization has played an important role in spreading information about homosexuality and in the rapid change in attitudes towards homosexuals. Even as the most heated debate about homosexuality in Norway today is whether homosexuals should be allowed to perform holy services in the State Church, it is encouraging that one by one, the bishops have expressed positive attitudes towards homosexuals in church.

According to government plans for education, there is not much sex education during the first ten years in school. In the 9th grade, under the subject of science of nature, the pupil should be taught about how hormones work in the body. In the 10th grade, there is a topic called sex and cohabitation, which is taught as a subject under education in religion and philosophy of life. Tenth-grade pupils are also taught about contraceptives, sexually transmitted diseases, procreation, love, sexuality, sexual identity, and other topics concerning sexuality. This is far from the ideal that sexuality should be taught as an integrated part of many aspects of life throughout school. Young people are left to learn about sexuality from the media and their peer groups. Many parents still find it difficult to talk to their children about sexuality; they hope that the school will take care of this. Even if the school system does not take very good care of sex education, young people seem to be quite knowledgeable about the basic principles of sexuality and the use of contraceptives and sexually transmitted diseases. We believe, however, that this knowledge is poorly integrated in young people's emotional life and behavior. There are still too many negative effects of sexual activity among young people, like unwanted pregnancies, abortions, and sexually transmitted diseases. Studies show that such statistics vary with the level of sex education. Very good statistics from the Netherlands clearly support this conclusion, as well as the

benefits of extensive sex education at all levels of education. The Netherlands has become a model for many other countries that want to reduce the negative consequences of sexual activity, teenage abortions, and sexually transmitted diseases.

4. Autoerotic Behaviors and Patterns

In two surveys with identical questions, one carried out in 1987 and the other in 1997, a representative group of the Norwegian population was asked about the importance of masturbation. In 1987, an average of 24% (men 32%; women 17%) found this kind of sexual stimulation "very important" or "rather important." The corresponding number from the 1997 survey was 35% (men 44%; women 28%). In both surveys, self-pleasuring is more important for men than for women (Norwegian Society for Sexology 1987ab).

A mailbox sexual information service in a Norwegian men's magazine (*Vi Menn*) regularly receives questions from men concerning the normality of self-pleasuring activities. The notions of self-stimulation as unhealthy and even perverse still exist, but on the whole, the attitudes within Norwegian society are increasingly permissive. A recent newspaper discussion concerning the Norwegian armed forces disclosed attitudes to the effect that Norwegian soldiers should not masturbate during their 12 months of compulsory service. In the discussion, these attitudes were gently refuted by general insights and multiple personal experiences.

The psychologist Thore Langfeldt, one of Norway's sexological pioneers, has engaged himself in the teaching of masturbatory techniques through the erotic magazine *Cupido* (Personal communication 1984, 1985). Several textbooks on female masturbation are on the shelves of Norwegian bookstores. Norwegian textbooks of sexology offer instructions for female and male sexual self-pleasuring.

5. Interpersonal Heterosexual Behaviors

Heterosexual life in Norway is still influenced by heterosexual views and belief systems. At the same time, sexual life as such is constricted by notions of sin and deeds of darkness. Progress has, however, been remarkable. Magazines for women and men have open, professional, and permission-giving columns for questions on sexuality and sexual matters. There is a growing awareness of the beneficial effect of a satisfactory sexual life for most of human sexual diversity. For instance, there is a group working for the removal of the psychiatric diagnosis of paraphilias like fetishism, sadomasochism, and transvestic fetishism. While conservative views about sexuality still exist, the public debate is increasingly marked by liberal views. The general interest in sexuality as such is increasing; the debate focuses on the social construction of sexuality, pair bonding, and sexual relationships. One of the new topics is discrimination against singles in the debate around the organization of sexuality in relationships.

A. Single Persons

Age of First Intercourse

According to studies, Norwegians seem increasingly to have their first sexual intercourse at younger and younger ages. The median age of first intercourse is between 17 and 18 years for people below the age of 30. For older groups, the median age of first intercourse gradually increases up to age 21. There seems to be a tendency for those who had their first intercourse when they were very young to have more sex partners thereafter. They also report more extramarital sex

than those with a higher age for first intercourse (Seksjon for Epidemiologi 1993). Træen, Lewin, and Sundet (1992) reported that boys had more coital partners than girls, but girls had had intercourse more often than boys.

Premarital Sex

Premarital sex has gradually come to be regarded as a normal part of sexual development. Even if more-conservative Christian societies still regard sex after marriage as the preferred option, more and more Christians have come to question this as a sound moral guideline, as marriages are more and more based on love and partnership, and less on economic and social dependence. As people are free to divorce, people also seem to be more cautious getting married. It now seems to be a general attitude that people want to get to know each other before they get married. Also, the old Norwegian tradition, where people marry after they get pregnant or have had children, seems to be having a revival. The new moral seems to be that people put more effort into marrying the right partner, than they do in following any tradition that demands that at least the woman be a virgin before marriage.

What Turns Norwegians On?

In the surveys by the Norwegian Society of Clinical Sexology (NSCS) and Markeds of Media Instituttet (MMI) in 1987 and 1997, the respondents were asked who and what turned them on sexually. In 1987, 91% of the population reported that they were turned on to some degree by individuals of the other sex (men 95%; women 87%). The corresponding number from 1997 is 94% (men 95%; women 92%). The general increase in sexual interest that seems to have developed during the ten-year span is even more apparent when we look at those who turn on to the opposite sex "to a very large degree." In 1987, 34% of the women and 49% of men reported that they were turned on by the opposite sex "to a very large degree." The corresponding numbers from 1997 were 47% for women and 62% for men. There has been a tendency over the ten-year time span towards an increase in sexual and erotic interest, especially among women.

The most important sexual activity among all couples, homosexual couples included, was bodily closeness. In 1987, an average of 64% (men 59%; women 68%), and in 1997, an average of 66% (men 60%; women 70%) selected the option "very important" to describe this form of sexual activity or intimacy. Mutual genital contact was the second most-important sexual activity. In 1987, an average of 54% (men and women both 54%), and in 1997, an average of 54% (men 57%; women 53%) scored this activity as being "very important." Foreplay and petting was the third most-important sexual activity, with an average score on "very important" in 1987 of 48% (men 39%; women 57%), and in 1997, an average of 48% (men 45%; women 50%). Kissing was also rated rather high as a "very important" sexual contact or stimulation. In 1987, an average of 34% (men 29%; women 38%) chose this option. The proportion increased during the ten years that followed. In 1997, the number was 45% (men 35%; women 44%). Oral sex also had a high score of 15% in 1987 (men 17%; women 13%), and in 1997, an average of 22% (men 23%; women 21%).

Number of Sex Partners

To no one's surprise, the number of sex partners increases with chronological age, but it is also possible to see the effect of the so-called "sexual revolution" in the fact that men between 30 and 49 years have had more partners than men who are older than 50. Whereas in the group of men between 18 and 29 years old (who have had at least one sex

partner), 31% report having had more than ten partners, in the group of men between 50 and 60 years, 51% report having had more than ten partners. Among men between 20 and 39 years, 64% report having had more than ten partners, and in the group of men age 40 to 49, 62% have had more than ten partners. In all age groups, it is more common to have had between two and five sex partners in a lifetime.

Women, in general, have had fewer partners than men. Among women aged 18 to 29, 24% report having had more than ten partners in their lifetime. Among women age 30 to 39 years, 51% report having had more than ten partners, whereas in the older groups, among women age 40 to 49 and age 50 to 59, 41% and 26%, respectively, report having had more than ten partners (Seksjon for Epidemiologi 1993).

B. Couples

Marriage

Norwegians are increasingly marrying at a later age. The mean age for men and women at first marriage in 1961 was 26.4 and 23.4, respectively. In 1997, this had increased to 30.6 and 28.3. The number of Norwegians who are not married, divorced, or single is also increasing. In 1961, 7.6% of all men and 3.6% of all women at age 50 were unmarried. In 1997, the corresponding numbers were 37.2 and 32.1, respectively (*Statistisk Årbok* 1999).

Frequency of Intercourse

There seems to be a continuous interest in the question: "How often do people do it?" Table 1 shows the results of a study from 1992 (Seksjon for Epidemiologi 1993) for men and women who had sex with another person, but who did not live with a partner. This study also reported that the number of intercourses per year for people who did not live with a partner declined in 1992 compared to 1987 (see Table 2). When we look at the frequency of intercourse for all people, with and without a partner, there is no difference in 1992 compared to 1987. Table 3 shows the combined distribution for men and women. Couples who have cohabited longer seem to have a lower frequency of intercourse than couples who have lived together for a shorter length of time.

In the survey done by NSCS/MMI in 1997, 28% (homosexuals not excluded) had had sexual contact/intercourse between two and four times in the past four weeks, 22%

Table 1
Frequency of Intercourse for Men and Women
Who Lived with a Partner, 1992

Number of Intercourses Last Month	Men	Women
0	58%	57%
1-2	10	13
3-4	10	12
5-10	11	10
> 11	10	9

Table 2
Comparison of Frequency of Intercourse
for Years 1987 and 1992

Number of Intercourses Per Year	1987	1992
0	17.9%	20.2%
1-9	27.2	37.0
10-49	29.8	22.5
50+	25.1	20.3

stated five to ten times, and 13% eleven times or more. There were more women in the group of five to ten times. Otherwise, the numbers were equal for men and women.

Norwegian men and women both like variety in the locations where they have sex. Close to 50% often or sometimes had sex outside the bedroom in 1997. Correspondingly, about 40% wanted the same variety in 1987. In spite of a climate that often offers temperatures below comfortable, Norwegians are not adverse to outdoor sexual activities. As many as 24% of the men and 18% of the women are in favor of "sex outdoors in nature" either often or sometimes. The higher proportion of men may indicate outdoor activities are more popular among homosexual men than among heterosexuals and lesbians (Dalen 1987, 1997)

Divorce and Remarriage

Twice as many individuals lose their partner by death than by divorce in Norway. While the number of widowers has stayed relatively constant, the number of divorces increased steadily until 1991. In the years since 1991, the divorce rate has oscillated between 11.2 and 11.7 per 1,000 married couples. The percent of men and women who have been widowed or divorced and remarry is rather constant. In 1961, 43.7% of men and 38.3% of women remarried. In 1997, 44.9% of men and 41.1% of women remarried (*Statistisk Årbok* 1999).

Extramarital Sex

Official statistics show that there is a weak tendency towards fewer extramarital sexual affairs among Norwegian couples. This is a marked tendency in the younger groups, whereas there is a tendency towards more extramarital sexual affairs in the older groups (see Table 4). In two studies by the Nordic Association for Clinical Sexology (Dalen 1987, 1997), a representative group was asked whether they

had ever had sex with others while they lived in a steady relationship. The tendency seems to be that people have more extramarital sexual affairs (see Table 5). When we look at the different age groups, we see that people between ages 40 and 59 have the most extramarital affairs (see Table 6). While more people seem to have extramarital affairs, more people seemed to be unfaithful only once in 1997 compared to 1987.

C. Sexuality and the Elderly

While an Egyptian philosopher allegedly said, "Old age is the worst of all diseases that can happen to a person," in northern European countries old age is not regarded as an age of wisdom to be honored, as in some African countries. An older man expressing sexual desire is looked upon as a "bold pig" rather than as a remarkably strong and potent man in his old age. This situation is slowly changing, as most people learn that sexuality is not limited to procreation. As we learn that sexuality is to be enjoyed from childhood throughout old age, our attitudes and practices are challenged, and new practices in institutions for older people are changed to allow older people more privacy and opportunities to enjoy love and sexuality with their life partner or with a new partner. Elderly people who are asked what love and sexuality means to them say that coitus is no longer so important. Instead they appreciate tenderness, satisfaction, and mutual trust. Instead of orgasm, they appreciate intimacy and sensuality.

D. Challenged People

Many people with chronic diseases and people with physical and mental handicaps encounter extra difficulties in their love relationships and sexual lives. Not many studies have been done to get more knowledge about these groups, but we experience an increasing demand from people who work with these groups to have more education in sexual matters, and people with chronic diseases and handicaps themselves ask for help in their sex life. In all communities in Norway, there are supposed to be places where people who need it can go for special devices that are necessary to be able to have sexual activity alone or together with a partner. Ethical discussions arise as to what extent or in what way people who work with these groups are obliged to assist their clients in obtaining sexual satisfaction.

Table 3

Frequency of Intercourse by Age Group

Frequency	Age 18-29	Age 30-39	Age 40-49	Age 50-60
Less than once a day	1.1%	0.5%	0.6%	0.7%
Daily	2.7	1.1	1.2	0.3
5-6 times a week	6.9	3.0	2.6	2.0
3-4 times a week	27.9	18.6	15.4	5.8
1-2 times a week	38.9	47.6	48.6	38.9
2 times a month	13.6	18.2	17.9	24.5
Once a month or less	4.3	5.1	6.2	12.6
Never	4.8	5.9	7.4	15.3

Table 4

Percentage of Men and Women by Age Group Having Extramarital Sex

Age	Women 1987	Women 1992	Men 1987	Men 1992
18-22	16%	8%	8%	3%
23-27	13	6	21	14
28-32	16	10	18	15
33-37	14	11	24	19
38-42	12	15	27	26
43-47	13	12	25	25
48-52	8	18	14	24
53-60	6	10	22	27
All ages	13	11	22	21

Table 5

Percentage of Men and Women Who Ever Had Extramarital Sex in Two Studies

Number of Times	Women 1987	Women 1997	Men 1987	Men 1997
No, never	68%	59%	57%	53%
Yes, once	15	22	12	20
Yes, more than once	13	15	25	21

Table 6

Percentage of Men and Women by Age Group Who Ever Had Extramarital Sex

Number of Times	Age in 1987/1997							
	15-24		25-39		40-59		60+	
	male	female	male	female	male	female	male	female
No, never	54%	64%	63%	50%	62%	56%	75%	70%
Yes, once	17	15	16	28	13	19	6	9
Yes, more than once	16	10	21	18	25	22	12	11

6. Homoerotic, Homosexual, and Bisexual Behaviors

It is estimated that approximately 5% of the Norwegian population is exclusively homosexual. Table 7 shows the results of a study from 1992 (Seksjon for Epidemiologi 1993) concerning people who have had at least one sexual contact, and who reported to have had sex with a person of the same sex.

Of men who lived with a partner, 1.3% lived with another man, and 1% of women who lived with a partner, lived with another woman. However, only 36% of these men and 52% of these women reported that they had had sex with a person of the same sex. This should be interpreted to mean that single people live together with people of the same sex without being sexual partners. Of women who lived with a man, 2.7% reported having had sex with another woman, while 2.4% of men who lived with a woman reported having had sex with another man. Of those who lived alone, 6.4% of men and 4.6% of women reported having had a homosexual experience.

The first center for sexological counseling in Norway for people who find themselves attracted to people of the same sex was opened at the Counseling for Homosexuals at the Public Health Council in Oslo in 1983. This vital service was greatly expanded in response to the AIDS epidemic. Nils Johan Ringdal, a historian, writer, and himself a homosexual, has pointed to the tremendous impact of the AIDS campaign to augment the general public's awareness of homosexuality. Ringdal feels that it has not been unduly difficult to be homosexual in the last half of the 20th century (personal communication, December 2, 1993). In his history of the police in Norway during the German occupation in World War II, Ringdal (1994) notes that although homosexuality was officially forbidden, homosexuals were seldom punished unless they were engaged in sexual liaisons with Germans, or were found guilty of sexual offenses involving minors.

The Organization of 1948 was founded by Norwegian homosexuals inspired by a Danish organization for gay activists. Throughout the 1950s and 1960s, homosexuals courageously expanded their subculture. According to Ringdal, many homosexuals today become extremely nostalgic when they recall those exciting years. Section 213 of the Penal Code, which considered homosexual relations between men to be a criminal offense, was repealed in 1972. In 1979, Norway followed the example of the American Psychiatric Association by removing homosexuality from its list of mental diseases. In 1981, the Ministry of Justice passed a proposal that provided legal protection to homosexuals.

During the 1960s, Norwegian homosexuals were influenced by the sexual revolution that led to the "Golden Age of the Seventies." In the 1980s, HIV and AIDS caused the "Great Backlash" of increased caution and discretion. A recent publication from the Ministry of Children and Family

Affairs (1999) states that, although homosexuality is now considered a variety of normal sexual behavior, most homosexuals remain reluctant to "come out" to their families, tend to live alone, and are likely to seek places of residence in the anonymity of the big cities. When interviewed, most respondents stated that they wished to live as a partner and want to bond with another. The findings indicate that a strong degree of alienation results from a homosexual orientation. This alienation may be ameliorated by the Law of Partnership, which gives Norwegian homosexuals equal rights to form legal partnerships. This law was passed in April 1993 and was effective August 1, 1993. The law allows people of the same sex the right to form formal partnerships with the same legal rights as married heterosexuals. They were, however, not given the right to a church blessing. Some priests have on their own given Christian blessing to homosexual couples. Although these partnerships may not be blessed by the church and do not confer the right to adopt children, the legal rights conferred upon homosexual unions represent a tremendous victory in the struggle for social acceptance. Mette Sorensen, information secretary of the Organization of 1948, was asked to comment upon the likely outcomes of the new law. She said that since the law was passed (April 1993), it was too soon to tell. However, there is every indication that Norwegian partnerships will prove to be at least as stable as heterosexual marriages. Sorensen believes that homosexuals and heterosexuals have essentially the same needs, to love and to bond. She adds that the purpose of marriage is not only to make and safeguard babies, but to make a life choice and have it recognized by one's society. Official statistics show that in 1995, 98 couples entered into partnership. In 1996 and 1997, the numbers were 127 and 118. So far, twice as many male as female couples have entered partnership.

7. Gender Diversity and Transgender Issues

[Update 2003: Norway has two organizations for transpeople. The older is FPE-NE. It was founded in 1968 to meet the needs of "heterosexual transvestites." Today, members of the FPE-NE include a continuum from classical part-time cross-dressers through self-defined bi-gendered and transgendered persons to transsexuals. By 2002, FPE-NE organized 142 individuals.

[LFTS, the younger organization, was founded in January 2000 with three purposes, the most urgent being to seize offers of the government to pay for gender-confirming surgery for transsexuals seeking this. The second was the willingness of some transsexuals to display themselves as transsexual women and men, thus generating the power to influence on most levels in society, including the arenas of politics and media. The third reason was the need for transsexuals to come in contact with other transsexuals and/or with other transpeople, to generate a context where each could find friendships, insights, and addresses of approved therapists in the field. LFTS was by 2002 organizing 120 individuals. There is an option of a supportive membership with cheaper dues for parents, siblings of transpeople, and for any other that may find such a membership meaningful. LFTS is receiving economic support from the Norwegian state, but is not yet securely financed. A bill to enforce the rights for transsexuals to receive optimal medical treatment is proposed, but was not ratified by the beginning of 2003. (End of update by E. Almås and E. E. Pirelli Benestad)]

Norwegian transsexuals over age 18 are offered professional assistance by a centralized team in Oslo. The team generally follows the standards of care recommended by

Table 7

Number of Men and Women by Age Group Who Reported Having Sex with a Same-Sex Partner, 1992

Age	Men	Women
18-29	5.1%	3.9%
30-39	6.3	5.1
40-49	4.0	2.0
50-60	3.4	0.9

the Harry Benjamin International Gender Dysphoria Association. The degree of pre- and postsurgical support is lower than wanted and needed by many transsexuals. Very little is done concerning children and adolescents who display transgendered feelings and behaviors. A Norwegian child psychiatrist, Trond Diseth, recently presented a thesis on the problems of addressing children with ambiguous external genitalia (Diseth 1998). One of the authors of this chapter, who is both a professional and a transgendered person, Esben Benestad/Esther Pirelli, has been a frequent oral and written presenter on transgender issues both nationally and internationally. He/she is presently working on a clinical project on how to address children and adolescents with unusual gendered feelings and/or expressions. Benestad/Pirelli also points out that most of the transgendered adults do not suffer from gender dysphoria, but are dysphoric about a body that does not affirm their ego syntonic experience of gender identity. Working with gender issues and problems concerning gender, we have found it most useful to apply the term "gender belonging" (gender identity) to the process by which a person develops a sense of belonging that is both generally appropriate and self-confirming within the parameters of cultural roles, erotic preferences, body status, and the subjective synthesis of sexual experiences. Work with male transvestites has provided ample material to discuss alternative gender belongings, including male, female, male and female, and others still not named. Dr. Benestad/Pirelli has found the individual experience of gender belonging to be a dynamic state of interaction between internal "beliefs" and external affirmations, decisively influenced and confirmed by subjective gender reference, body consciousness, body picture, gender-role behavior, and erotic preference.

Professor Per Schioldborg at the University of Oslo has done significant research on gender roles. He has based much of his research on Sandra Bem's scales, and his proposal, presented at the NACS meeting in 1983, represents an important development in the way we perceive masculinity and femininity. Schioldborg (1983) proposed that we regard masculinity-femininity as two orthogonal dimensions, rather than one. This concept is projected as a model with four groups: androgynous (high on both variables), masculine, feminine, and undifferentiated (low on both variables). Although the term "identity" is virtually ineluctable, we believe that it is too inflexibly linked to traditional thinking that defines sexual roles as being *either* male *or* female. Quite a few cultures give other possibilities of belonging to individuals that are "somewhere in between." We could call them "both-and" solutions. Even though deviation from the two approved gender stereotypes has been categorized in the psychiatric literature as "gender identity disturbances," "gender dysphoria," "perversions," or by John Money's term "paraphilias," we are inclined to ask whether the individuals in question really are disturbed, or whether they have a gender that disturbs their surroundings.

Since Freud introduced his trauma theories, psychiatric professionals have attempted to explain gender differences as the result of traumas suffered in childhood. In the last few years, clinicians have developed reservations about this. We believe this is because of the fact that transsexuals and transvestites themselves are increasingly active in scientific sexology as professionals. It is painfully obvious that much of the pathology that transsexuals and transvestites bring to the therapist's office is caused by culture-induced pain and rejection, rather than childhood traumas. There is reason to be optimistic about the future because of a widening acceptance of gender differentiation, a trend already manifesting itself in the growing acceptance of homosexuality.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Incest and Child Sexual Abuse

In Norway, as in many other countries, only a small proportion of reported cases of incest and sexual abuse leads to conviction. It is, therefore, difficult to get exact statistics about how frequent these phenomena are. While some studies report that 20 to 25% of all children have been victims of sexual abuse of some kind, researchers in this field suggest that 5% is a more likely estimate. The public discussion now is whether the molester should have treatment or punishment or both. Today, not even the victim is granted relevant treatment, because of a shortage of therapists.

[Update 2003: In 2002, the Norwegian police, in collaboration with police forces in several other countries, unraveled a league of child pornography users and distributors. The number of individuals involved lies between 100 and 200. Still, the case is under investigation and more individuals may be involved. (End of update by E. Almås and E. E. Pirelli Benestad)]

Rape

The numbers of reported rapes were relatively stable during the early 1990s, but since 1996, there has been a steady increase. In 1994, 366 rapes were reported, according to official statistics (Ukenst Statistikk, Statistisk Sentralbyrå); 57 of these resulted in convictions. Estimates suggest that 90% of all rapes are not even reported. In 1998, 456 rapes were reported. In the period between 1989 to 1994, the severest penalties were between five and ten years in prison. The mean penalty was 2.4 years. The maximum penalty is now ten years in prison. If the victim dies as a result of the rape assault, the highest penalty is 21 years in prison.

Sexual Harassment

The Danish sociologist, Henning Bech describes the characteristics of sexual relationships in different cultures as follows:

In most English-speaking countries, it is a question about power. In the Nordic countries, except Denmark, it is a question of prohibition. In Denmark, it is a question of ability to play the game. This may be one of the reasons why the question of sexual harassment has been such a big issue in the United States, but not in the Nordic countries. (From an interview in the Danish newspaper, *Politiken*, April 11, 1999)

However, some studies have been done concerning unwanted sexual attention in Norway. In 1992, a group of female researchers conducted a study based on a questionnaire printed in *Kvinner og Klær*, a women's magazine. The results showed that 20% of the women between 18 and 50 years reported that they had experienced unwanted sexual attention that had resulted in psychological, physical, or work-related problems (Brantsæther & Widerberg 1992). Another study showed that 8% of women had experienced unwanted sexual attention during the last six months. Table 8 shows the results of the NACS/MMI studies from 1987 and 1997. It is difficult to explain why these numbers are so low, compared, for instance, with American studies. One explanation may be that general attitudes toward sexual attention are more positive and not so thin-skinned in Norway.

B. Prostitution

In 1993, a Scandinavian Conference on Prostitution was held at Lillehammer with a number of prostitutes actively participating in the dialogue. On the agenda were legal issues

involving sexual legislation, contemporary morality, the organization of brothels, and the need for a societal consensus regarding sex workers. The politicians were encouraged to adopt a “harm reduction” approach, which accepts prostitution as a time-honored societal phenomenon, rather than to persist in the more harmful and costly punitive approach, which criminalizes prostitution. Liv Jessen, leader of the PRO-Center, a prostitutes group in Oslo, emphasizes the importance of addressing the problems associated with prostitution on a structural meta-level, rather than belligerently attacking the prostitutes and condemning the existence of brothels. In response to the feminist activist Women’s Front raid upon brothels, Jessen asks whether it is more immoral to prostitute oneself under a roof rather than on the street. Jessen stresses the need for more reflection and awareness, rather than for slogans and headlines, which merely stigmatize prostitutes. From her work with men who seek prostitutes, Liv Jessen concludes that sexuality is in difficult straits in our society. The typical “john” Jessen interviewed confided that, although he desires to experience an adventurous and loving sex life with his wife or girlfriend, he feels rejected and attempts to experience fulfillment by acting out fantasies with prostitutes (1993-1994).

Jessen reports that many men lose respect for themselves when they buy sex and usually experience a bad conscience. By neglecting to frankly express their sexual needs to their partners, these men are asking too little. In Jessen’s opinion, the entire therapeutic community remains victimized by repression, and the reluctance to take sexual issues more seriously is because of the ubiquitous inhibition still hampering many clinicians.

C. Pornography and Erotica

When standards regarding the appropriate depiction of sex-related subjects are discussed, the first question that comes to mind is whether the subject is pornographic or erotic. Although these terms have been used interchangeably, there is a significant difference between them. Pornographic is defined as the depiction of obscene or unchaste subjects in literature or art, while erotic pertains to the depiction of love.

Terje Gammelsrud, editor of a popular erotic magazine, *Cupido*, for many years the only legal magazine devoted to sex in Norway, informs us that the term “erotic” is preferable to most people, because it has a less lewd connotation. Also, it is easier to discuss sexual subjects when they are presented as erotica, rather than as pornography. Gammelsrud notes that, in his view, the difference between good and bad pornography is obvious once we determine whether the subject is expressing passion in an authentic state of sexual arousal, or whether the subject is acting out some form of sexual behavior that conforms to a predetermined stereotype of what

sexual arousal would look like if it were actually taking place. Gammelsrud expresses surprise at the absence of reaction from feminist activists when new magazines depicting the overtly sexual involvement of women are published. He wonders whether this lack of protest is because of a sense of resignation or to a more open and positive acceptance of sexuality (1993-1994).

Gammelsrud raises the important question: What is the price our society pays for not having a sexual politic? It surely amounts to billions if we factor in the costs spent in healthcare, the judicial system, the social system, and reduced work productivity. There is also the commonly invisible cost in human suffering and exploitation. As of January 2001, there were two bills that might change the present Norwegian law, which prohibits any depiction of sex organs in motion. One is a bill from the Sex Crime Committee that suggests that pornography should be prohibited, but defined as an unacceptable depiction of sexuality, using children, animals, or coercive sex. The other bill is from the Freedom of Speech Committee, which will move the responsibility from the state authorities to the editors. Both of these reforms are heavily debated.

D. Paraphilias

Since 1997, a committee has been working to remove sexual turn-on patterns from the lists that classify mental diseases. The most influential such lists in Norway are the *DSM (Diagnostic and Statistical Manual)* and *ICD (International Classification of Diseases)* systems. There are several diagnostic categories related to gender identity and role that can and are being questioned. In terms of orientations, homosexuality was taken out of the classification of mental disorders in Norway in 1979, but it can still be found as sub-categories in the description of “Gender Identity Disorders in Adolescents and Adults” in *DSM-IV*.

Sexual turn-on patterns are still considered mental diseases, if we look at *DSM-IV* and *ICD-10*. It is interesting to see how ideas about sexual behavior have developed, but are still defined on the basis of fulfillment of procreation. Sexual deviation has been specified on the basis that it does not serve the act of fertilizing the egg. As a consequence, we have long lists of sexual deviations regarded as mental diseases in both *DSM-IV* and *ICD-10*, including:

DSM-IV: 302.4 Exhibitionism; 302.81 Fetishism; 302.89 Frotteurism; 302.2 Pedophilia; 302.83 Sexual masochism; 302.84 Sexual sadism; 302.3 Transvestic fetishism; 302.82 Voyeurism; 302.9 Paraphilia not otherwise specified. *ICD-10*: F65 Disorders of sexual preference, including paraphilias: F65.0 Fetishism; F65.1 Fetishistic transvestism; F65.2 Exhibitionism; F65.3 Voyeurism; F65.4 Pedophilia; F65.5 Sadomasochism; F65.6 Multiple disorders of sexual preference; F65.8 Other disorders of sexual preference; F65.9 Disorders of sexual preference, unspecified.

Instead of being classified as mentally ill persons, people who regard themselves as fetishists or having a different gender identity now claim themselves to be normal healthy people, as far as these matters are concerned. In addition to having a specific sexual turn-on pattern, some might have developed mental problems because they think of themselves as “wrong” in the eyes of society, or because it is difficult to find a partner that matches one’s sexual needs.

Exhibitionists: Male Artists vs. Female Entertainers

[Update 2002: Under Norway’s strict gender-equality laws, men and women can demand equal treatment for doing the same job, even if it involves disrobing on stage. In November 2002, Norway’s Gender Equality Ombudsman, Kristin Mile, investigated a complaint that tax authorities

Table 8

Percentage of Men and Women Who Reported Having Experienced Unwanted Sexual Attention During the Previous Six Months in Two Studies

	Percentage Experiencing Disagreeable Sexual Attention at Work			
	Women 1987	Women 1997	Men 1987	Men 1997
Often	1%	1%	0%	0%
Sometimes	1	4	2	3
Rarely	10	11	4	11
Never	59	66	74	71
Irrelevant	30	18	21	15

define female strippers as entertainers while male strippers pay a lower tax rate because they are considered artists. Mile told *The Associated Press* (2002) she had received a complaint from Norwegian booking agent, Magnus Morland, complaining that the all-male American Chippendales only had to pay a 15% artists tax for their November tour of Norwegian concert houses, while his female strippers, also foreigners, had to pay a 24% tax on their tickets. "It seems like they are doing the same job," Mile suggested to the press. "This is pure discrimination," Morland told the Oslo newspaper *Dagbladet*. (End of update by R. T. Francoeur)]

9. Contraception, Abortion, and Population Planning

Positive attitudes toward sexuality and positive information about sexuality documented throughout all levels in public schools are related to a lower frequency of undesirable consequences of sexuality, like unwanted pregnancies and abortions. In this respect, Norway still has a long way to go, in spite of the positive ways we ordinarily present ourselves internationally. The government proudly announces full support of family planning and that services are provided in maternal and child clinics and other health outlets free of charge. All contraceptives are widely available, and contraceptive use is high. Nevertheless, Norway is one of the countries in Europe with the most abortions among teenage girls. Compared to the Netherlands, one of the "winners" on these statistics, Norway has three times as many births among teenage girls and five times as many abortions.

The most heated part of the family planning debate of Norway concerns the issue of self-determined abortion. The decision is now left with the pregnant woman herself, which has been regarded as a victory in the struggle for women's independence. First-trimester abortion on request has been legal since 1975, and three years later, the woman was given the right to make the decision herself. The government holds that family policy is based on and strengthens gender equality. The importance of governmental and nongovernmental collaboration in this field is also emphasized as essential. Men's participation in childcare, both in the family and at work, is encouraged by paid maternity leave for the father. In practice, few men use this opportunity because of the decrease in income. Another factor is the amount of time needed to change attitudes. Whereas some men take this opportunity, the majority still holds traditional attitudes and prefers to leave childcare to the mother.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

A study done by the National Institute of Public Health in Norway in 1992 shows that 18% of men and 16% of women, among those who have had sexual relations, reported to having had a sexually transmitted disease at least one time in their life. The current incidence of STDs is shown in Table 9. In the group that has had homosexual experience, 36% have had an STD during their lifetime, 42% of the women and 32% of the men. The incidence pattern is shown in Table 10.

[Update 2002: The state of STDs is as follows:

- [Chlamydia: In the year 2001, more cases of chlamydia were diagnosed than in any year since 1991. The reason may be linked to more spread, better diagnostic tools, more test-focused professionals, or combinations of these factors.

- [Gonorrhea: 358 cases of gonorrhea were reported in 2001 compared to 252 in 2000; 82% of these patients were born in Norway. Of the total, 258 were men and 70 were women. (End of update by E. Almås and E. E. Pirelli Benestad)]

Chlamydia trachomatis was registered the first time in Norway in 1959, but was not recognized as a distinct disease until the 1970s. Today, this disease is the most common STD and is probably the most common cause of infertility. The infection is most common among sexually active people under the age of 25. The 1997 incidence in Norway was 9,889 (women 5931; men 3958). The incidence of gonorrhea has fallen drastically during the last few years. The highest incidence of gonorrhea in Norway was reported in 1975 and 1976, with approximately 15,000 cases yearly; the incidence in 1997 was 193. Presently, there seems to be an increase in primary and secondary stages of syphilis, mainly among homosexual men in Oslo. Medical authorities are following closely this trend. In 1998, the incidence of gonorrhea was the lowest ever registered in Norway. There is, however, reason to be worried about the increase in the number of cases of gonorrhea among men who have sex with men and in people who travel to Thailand, because this is an indication of unsafe sex, which also can give an increase in HIV infections.

B. HIV/AIDS

There has been a steady increase in voluntary HIV testing in Norway. In the 1993 study (Folkehelsa 1993), 16% of the men and 13% of the women had been tested. More people with higher education (17%) than lower education (14%) had done so, and more people in urban districts (21%) than rural districts (10%) had been tested. Thirty-eight percent of the men and 28% of the women who had had sex with a person of the same sex had been tested. During the first six months of 1999, 70 new cases of HIV were detected, compared with 49 new cases in 1998. The increase is mainly attributed to people coming as refugees from pandemic African countries. In other risk groups, there have been few changes from year to year. As of June 30, 1999, a total of 1,932 HIV-positive persons (1,427 men and 505 women) were registered in Norway.

Since 1998, there has been a major decrease in the incidence of AIDS, which is explained by new treatment methods that has been available since 1996. Even with the present reports of increasing problems concerning therapy failure and the development of resistance and serious side effects, this positive development in the AIDS situation has continued throughout 1998. During the first six months of 2000, 85 new cases of HIV were detected; in the same period in 1999, 70 new cases were detected. The increase is mainly attributed to people coming as refugees from pan-

Table 9

Incidence of Sexually Transmitted Diseases, 1992

Chlamydia:	7%	Gonorrhea:	6%	Genital warts:	4%
Herpes:	2%	Other STD:	2%	Unknown STD:	1%

Table 10

Incidence of STDs among Homosexual Men and Women, 1992

Chlamydia:	17%	Gonorrhea:	16%	Genital warts:	11%
Herpes:	7%	Other STD:	5%	Unknown STD:	3%

(Seksjon for Epidemiologi, 1993)

demic African countries. In other risk groups, there have been few changes from year to year. As of June 30, 2000, a total of 2,095 HIV-positive persons (1,528 men and 567 women) were registered in Norway. Up to June 30, 2000, Norway had a total of 672 diagnosed AIDS cases (558 men and 114 women). Of this total, 672 cases registered since 1983, and 519 have died (Meldingssystem for Smittsomme Sykdommer 1998, 2000). [Update 2002: The recent increase continues to be mainly attributed to people coming as refugees from pandemic African countries. In other risk groups, there have been few changes from year to year. (End of update by E. Almås and E. E. Pirelli Benestad)]

[Update 2002: UNAIDS Epidemiological Assessment: HIV testing and case reporting: HIV testing is systematic for blood donors, pregnant women (including women having abortions), and STD patients. Diagnosed HIV cases are reported in a national HIV database using an identifying code. By the end of 2001, 2,323 HIV cases were reported. Among the cases reported in 1997 to 2000, 61% are heterosexuals, 27% are homosexual men, and 8% are intravenous drug users. Prevalence data come mostly from ongoing testing programs.

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

Adults ages 15-49:	1,800 (rate: 0.1%)
Women ages 15-49:	400
Children ages 0-15:	< 100

[An estimated less than 100 adults and children died of AIDS during 2001.

[No estimate is available for the number of Norwegian children who had lost one or both parents to AIDS and were under age 15 at the end of 2001. (End of update by the Editors)]

11. Sexual Dysfunctions, Counseling, and Therapies

Many psychotherapists have persisted in the hopeful notion that sexual problems tend to become resolved automatically along with other personal problems as the client progresses in therapy. Clinical experience has indicated that this view is overly optimistic. We know that people without any psychopathology may develop sexual problems. Many such individuals resist seeking traditional psychotherapy where sex therapy is not available. In the late 1970s and early 1980s, a number of Norwegian therapists began to utilize the techniques developed by Masters and Johnson and Helen Singer Kaplan in treating sexual dysfunctions. In the beginning, there was a high level of enthusiasm for these innovative methods. However, many therapists found that they were handicapped by a daunting level of inhibition when it came to openly discussing sexual matters with clients. Working through these taboos together with colleagues was one step in facilitating communication.

Another step in guiding the helping professions to improve their sexological efforts has been in the application of the PLISSIT model as an effective paradigm developed by the psychologist Jack Annon in Hawaii. The aforementioned acronym is composed of the four levels of therapeutic intervention: Permission, Limited Information, Specific Suggestions, and Intensive Therapy (Annon & Robinson 1978). The model is originally illustrated as a funnel, but this has been turned upside down, and the PLISSIT model is in Norway shaped like a pyramid: The foundation is composed of the most frequently utilized intervention. *P* indicates permission to be in touch with one's sexuality and to discuss sexual matters, while *LI* focuses on providing limited information about these matters in question. It is impor-

tant for any therapist or professional to become comfortable enough to give his or her clients permission to talk freely about sexual problems. The levels of specific suggestions (*SS*) and intensive therapy (*IT*) involve the actual working through of the specific sexual problem. The counselor or therapist operating on the highest level, intensive therapy, requires highly specialized training and skills to be effective, whether this be in counseling, psychotherapy, psychiatry, or medicine and endocrinology.

12. Sex Research and Advanced Professional Education

Thore Langfeldt, a pioneer in the field of sexology in Norway, began his scientific career in research on sex and aggression in cats. He went on to investigate the neurophysiological function of the temporal lobes, then began his groundbreaking research with children. During the 1970s, he supervised several students, Jens Skaar, Bjørn Helge Gundersen, and Per Steinar Melås, in their task of collecting information from parents and nursery staff about the sexual behavior observed among children. The findings, published in *Hverdag*, caused a public protest against the invasion of the pristine world of children by lewd professionals. The debate initiated by this research showed the necessity to work with adult attitudes as well as with the lack of educational practices and guidance of childhood sexuality. Langfeldt (1993-1994) has criticized the trend of contemporary psychotherapy to focus on pathologies rather than sexual health. In a paper published in *Nordisk Sexologi* in 1983, Langfeldt drew attention to the work of Earl Barnes, an American psychologist who, as early as 1892, questioned the emphasis upon sexual abnormality. Barnes, cited by Langfeldt from Kern (1973), stated: "None make any attempt to trace the normal development of sexual feelings and ideation in children, nor to examine the condition of sexuality actually existing in children's lives." Langfeldt's contribution to the increased awareness of the nature of sexual behavior in children has been considerable. Today, he lectures in numerous seminars and courses in childhood sexuality for professionals all over the world. His studies on unresolved sexual problems arising in childhood, and their consequent manifestation in adolescence, have made his work the focus of international attention since he began to publish his theories around 1980. Subsequently, Langfeldt has devoted his energies to the rehabilitation of juvenile sexual offenders and has founded the first sexological institute in Norway concentrating on this work.

The Norwegian Society for Clinical Sexology has been working for many years to integrate sexology into professional education for health professionals, without overwhelming success. (The current president is Elsa Almås, Storgaten 42, N-4890 Grimstad, Norway.) The problem seems to be that there is no room for new fields in the already existing curricula. As a consequence, the Nordic Association for Clinical Sexology (NACS), which represents Denmark, Finland, Iceland, Norway, and Sweden, has applied for and been granted money to develop guidelines for sexological certification/licensing and education. With these guidelines, it will be possible to develop inter-Nordic courses on different levels of sexological education. The programs, presented at the NACS meeting in 1999, build on three different levels of sexological education: The first level is a one-year, half-time university course in basic sexology. The second level is a one-year, half-time course for health professionals in sexological consultation. The third level is a two-year, half-time course in sexological therapy. These guidelines must be implemented in different

ways in different countries. In Norway, politicians have recently become much more interested in sexological education, prevention, and treatment, and there are reasons for moderate optimism regarding the possibilities of developing sexology as a new field adding to the existing health professions in Norway in the future.

Today, research in sexologically related fields is scattered and dependent on money that follows time-limited projects that are politically motivated. It seems that a lot of this research has too few resources to secure the quality essential for publication internationally and even nationally. As in many other countries, the Norwegian government has granted money for some years to describe risk behavior for the spread of HIV/AIDS. When the situation seemed to be under control, much official funding disappeared. There also seems to be some money in projects that aim to prevent unwanted pregnancies and abortions, but reports on such research are difficult to find. Easily found, however, are national statistics with their options and limitations.

The e-mail address for P. O. Lundberg, editor of the *Scandinavian Journal of Sexology* is: PO.Lundberg@neurologi.uu.se. The journal's website is: <http://www.dpf.dk/defSCANSEX.htm>.

Conclusion

Sexuality is a powerful human force within the context of human culture. In compiling information for this overview of Norwegian sexology, it has become obvious that the most important body of knowledge, that which teaches us how to be comfortable with our sexuality, remains incomplete. We have observed that the male-dominance complex was an inevitable outcome of the institution of warfare. Now that Norway is committed to peaceful coexistence with its neighbors, indeed has evolved into a catalyst for international accord, the barbaric anachronism of sexual inequality has lost its *raison d'être*. The liberation of sexual minorities, homosexuals, transgendered people, and fetishists, has kept pace with the nascent equality of women; we view these developments with grateful optimism.

There are several volatile foci that require all of our professional acumen and personal courage if we are to accurately deal with them. One such area is the sexual molestation of children; a second area is a scrupulous inquiry into the differences between male and female sexuality. If our goal involves defusing repressive taboos, child molesters, who stand in the shadow of a long tradition of dark deeds, shall benefit the most. If we can combine open-mindedness and willingness to address this highly interactive malady with a more professional approach, we shall be more able to bring this fearful issue into balance. The women's liberation movement has immensely improved the status of women in our society, and has made it unacceptable to discriminate against women on basis of gender. In the justifiable efforts toward equality, the unique aspects of women's sexuality have frequently been overlooked. In our opinion, the full equality of women awaits the full awareness of women's uniqueness.

As a result of the enormous changes brought about by the sexual revolution, sex education, and the advances made in sex therapy, we may occasionally feel like acceding to the temptation to relax our efforts. An antidote to this kind of thinking is to remind ourselves that centuries of repression and limited access to educational resources have caused many people to fear and conceal their sexual feelings. Only yesterday, the notion of social equality for women, acceptance of homosexual behavior as a form of normal sexual expression, ecological activism, and systems

theory were unthinkable. They became realities as a result of the unremitting efforts of many dedicated individuals. There is still a great deal of work to do, and many people in grave need of help. In reality, the history of sexology in Norway has only just begun.

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