



AOFS NEWSLETTER

July 2012

Issue 4

12th AOFS Conference, Matsue, Japan 2-5 August 2012



Details on the official website <http://www.12aocs.jp/>

Things to do in Matsue

There is a delightful system of discounts for foreign tourists. Nine institutions are discounted in Matsue-city and Izumo-city. Present passport or Certificate of Alien Registration upon entry to receive a discount.

- 1: Matsue Castle 50%off
- 2: Buke Yashiki (Samurai Residence) 50%off
- 3: Lafcadio Hearn Memorial Museum 50%off
- 4: Horikawa Sightseeing Boat 33%off
- 5: Shimane Art Museum 50%off
- 6: Adachi Museum of Art 50%off
- 7: Yuushien Japanese Garden 50%off
- 8: Matsue Vogel Park 30%off
- 9: Shimane Museum of Ancient Izumo 50%off

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THINGS TO KNOW AND EXPERIENCE IN JAPAN

1 Japan Rail Pass

The Japan Rail Pass offers great value! It's an economical way to travel throughout Japan's extensive rail network, considered to be one of the most efficient in the world. This includes travel aboard the world famous Shinkansen 'bullet trains', limited expresses and local services. Passes can be bought for 7, 14 and 21 days.

A Japan Rail Pass can be purchased and used by: tourists visiting Japan from abroad, under the entry status of "temporary visitor" and Japanese nationals who can show they have residency abroad.

However, JRPs must be purchased outside of Japan.



2 Ryokans

A ryokan is a type of traditional Japanese inn that originated in the Edo period (1603–1868), when such inns served travelers along Japan's highways. They typically feature tatami-matted rooms, communal baths, and other public areas where visitors may wear yukata and talk with the owner.

Bedding is a futon spread out on the tatami floor. When guests first enter their room, they usually find a table and some supplies for making tea. The table is also used for meals when guests take them in their room. While guests are out, staff will move the table aside and set out the futon.



Most ryokan offer dinner and breakfast and promote themselves on the quality of their food. Meals consist of traditional Japanese cuisine known as kaiseki, which features seasonal and regional specialties. (Kaiseki originally referred to light meals served during a tea ceremony, and today refers to a meal consisting of a number of small, varied dishes.) In order for each dish to be enjoyed at the proper temperature, ryokan stress that guests should be punctual for their meals.

Here are some Ryokan customs:

- When you arrive at the ryokan, take off your shoes at the entrance and put on the slippers provided. For walking around the outside of the ryokan wear the ryokan's sandals or Geta (wooden clogs) provided.
- When you get to your room, take off your slippers before you walk on the Tatami (straw mats). Walk on the tatami with your socks or your bare feet, not your slippers.
- Your room will have a Tokoma (an alcove built into the wall used for placing flower vases and hanging scrolls), a glass enclosed sitting area separated by a Shoji (sliding paper door), and several Zabuton (cushions) for sitting. There will be a place for luggage. Usually a maid will bring tea for you.
- A Yukata (robe) is provided for wearing in the room, around the ryokan, and short walks near the ryokan. If it is cold, a Tanzen (outer robe) will be provided. Wear the tanzen over the yukata.
- Before dinner is a good time to take a bath. There are either private or public baths in the ryokan. When you arrive at the public bath, put all of your clothes into the baskets in the changing room. Take the small towel provided for you, and go into the bathing room. The large public bath is only for soaking your body. Cleaning your body is done in the bathing area outside the public bath. There will be small plastic stools, soap, shampoo, and a mirror provided for the guests. When you have finished cleaning yourself and there is no soap left on your body, step into the public bath. If the public bath is unbearably hot, you can adjust the temperature a little by running cold water into it.
- In the evening, the maid will either serve your dinner in your room or you will eat in the dining room. When you have finished eating, the maid will clean your room and prepare the Futon (quilt bedding) for you to sleep on.

3 Shukubo

The wooden building of a shukubo is an accommodation facility that is part of a Japanese temple or shrine. A shukubo is accommodation that lets you feel the culture and history of Japan, including zazen, which calms your mind, Japanese gardens, which show seasonal beauty and healthy shojin vegetarian dishes. The gardens, which can be viewed from the windows and corridors, are an authentic art of Japanese culture and represent the spirit of harmony with nature.

Japanese temples serve a kind of vegetarian cuisine called shojin. This is a cuisine completely free of fish and meat. The basics of shojin are to make the most of the taste of the ingredients while reducing the seasonings and using the ingredients without wasting food. Shojin food has been prepared from ancient times as the food for training priests. It is referred to as the origin of Japanese food, and its value is being increasingly re-evaluated these days.

Shukubo are religious places that are part of a temple or a shrine. Guests also are required to follow the rules and display a sincere attitude.



4 Tipping

There is no tipping in any situation in Japan – cabs, restaurants, personal care. To tip someone is actually a little insulting; the services you've asked for are covered by the price given, so why pay more?

If you are in a large area like Tokyo and can't speak any Japanese, a waiter or waitress might take the extra money you happen to leave rather than force themselves to deal with the awkward situation of explaining the concept of no tipping in broken English. Just remind yourself: a price is a price.

5 Addressing Someone, Respect

Bowing is nothing less than an art form in Japan showing respect. For tourists, a simple inclination of the head or an attempt at a bow at the waist will usually suffice.

6 Table manners

You will receive a small wet cloth at most Japanese restaurants. Use this to wash your hands before eating, then carefully fold it and set it aside on the table. Do not use it as a napkin, or to touch any part of your face.

7 Thresholds

Take off your shoes at the entrance to all homes, and most businesses and hotels.

8 Bathing in Japan has unique cultural aspects

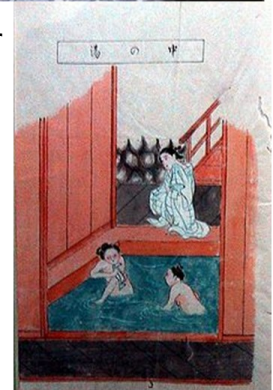
In Japan the main purpose of taking a bath, besides cleaning your body, is relaxation at the end of the day.

The typical Japanese bathroom consists of two rooms, an entrance room where you undress and which is equipped with a sink, and the actual bathroom which is equipped with a shower and a deep bath tub. The toilet is almost always located in an entirely separate room. When bathing Japanese style, you are supposed to first rinse your body outside the bath tub with a washbowl. Afterwards, you enter the tub, which is used for soaking only. The bath water tends to be relatively hot..

An ashiyu is a Japanese public bath where people can bathe their feet. The majority of ashiyu are free.

An onsen is a term for hot springs in the Japanese language, though the term is often used to describe the bathing facilities and inns around the hot springs. Onsen were traditionally used as public bathing places. Onsen by definition use naturally hot water from geothermally heated springs. Onsen should be differentiated from sentō, indoor public bath houses where the baths are filled with heated tap water. The legal definition of an onsen includes that its water must contain at least one of 19 designated chemical elements, including radon and metabolic acid and be 25 °C or warmer before being reheated. Onsen water is believed to have healing powers derived from its mineral content. A particular onsen may feature several different baths, each with water with a different mineral composition. Traditionally, men and women bathed together at the onsen and sentō but single-sex bathing has become legalized as the norm since the opening of Japan to the West.

At an onsen, as at a sentō, all guests are expected to wash their bodies and rinse themselves thoroughly before entering the hot water. Entering the onsen while still dirty or with traces of soap on the body is socially unacceptable.



Older Chinese men and women's experiences and understanding of sexuality

Yan et al Culture, Health & Sexuality. Vol. 13, No. 9, October 2011, 983–999

This article explores the concept of sexuality among a small sample group of 20 Hong Chinese elders. It is well established that sexual interest does not diminish with ageing; however the cultural values among this traditional Chinese group influenced attitudes towards sexuality. The article provides an interesting summary of relevant Chinese cultural values and particularly the roles of men and women respectively. One of the findings of this study was that the participants gave a rigid definition of sexuality limiting it to sexual intercourse. Other intimate behaviour such as kissing and hugging were considered romantic and not sexual. The study investigated participants' views as to whether sexual activity was for pleasure or obligation. The majority of female participants viewed sexual intercourse as an obligation only to satisfy their partner's needs. The article suggests that this is because female respondents had received limited education about sex and had obtained their sexual knowledge from their husbands. In relation to the functions of sexual intercourse some informants believed that sexual expression was a method of relieving negative emotions and maintaining harmony in the household. Of the participants, 14 out of 20 believed the major function of sexual behaviour is procreation. All female respondents emphasised that sexual behaviour should be limited to the context of marriage. This view was not shared by all male respondents. The article also explores reasons for abstinence and privacy matters. Ultimately, the authors suggest that gender and cultural values are intrinsically linked to the participants' views on sexuality. While the sample group was minimal, this article begins to fill a gap in research on sexuality and ageing among the Chinese population.

Jocelyn Klug (ASSERT Queensland, Australia)

HIGHLIGHTING SINGAPORE & SOME OF HER SEXOLOGISTS

Dr B Srilatha MD, PhD, Diplomate (ABS, USA)

Clinical Sexologist, National University Hospital, Singapore

Department of Obstetrics & Gynecology, Yong Loo Lin School of Medicine, National University of Singapore

Dr B Srilatha received a PhD in Sexual Medicine from the National University of Singapore (NUS) and her post-graduate medical degree from Madras University (India). She is a certified Clinical Sexologist by the American Board of Sexology, USA.

Based in Singapore, she works on the clinical aspects of male and female sexual disorders at the Department of Obstetrics and Gynaecology, Yong Loo Lin School of Medicine, National University of Singapore. She also runs the Female Sexual Dysfunction Service in the Menopause Clinic of the National University Hospital, Singapore.



Dr B Srilatha

She is an active member of the International Society for Sexual Medicine (ISSM) representing the Communications and Public Policies Committees, and is on the Executive and Scientific and Research Committees of the Asia Pacific Society for Sexual Medicine (APSSM). She is the Co-Editor of the ISSM News Bulletin and on the Publications Committee for the APSSM News Bulletin. She actively participates in the biennial meetings of both ISSM and APSSM and has a number of publications including impactful articles in leading international referenced journals. She is the Membership Secretary of Asia-Oceania Federation for Sexology (AOFS) and the Vice-President of Singapore's Society for the Study of Andrology and Sexology (SSASS). Recently, she has been invited to serve as a member of the Board of Directors of the Journal of Sexual Medicine, the Official Journal of ISSM and AOFS.

Her breakthrough discovery of the role of hydrogen sulphide in the area of sexual medicine was awarded the prestigious Emil Tanagho Prize for Best Innovative Research at the 12th World Congress of Sexual Medicine in Cairo, Egypt (2006) and the Best of the Top 10 Basic Science Papers Prize at the Annual Fall Meeting of the Sexual Medicine Society for North America, Las

(Dr) Martha Lee

Promotes herself as Singapore's only clinical sexologist with a doctorate in human sexuality, She works with individuals or couples with sexual concerns, and promotes positive messages about sex and sexuality in talks, workshops and articles. Dr. Lee is the appointed sex expert for Men's Health Singapore, Men's Health Malaysia, Durex Singapore Facebook page as well as Durex Malaysia Facebook page. She has a weekly column with PublicHouse.sg and blogs for Good Vibrations Magazine.

Her qualifications include Doctorate in Human Sexuality, Institute for Advanced Study of Human Sexuality, United States(2009) Masters in Public Policy and Management, York University, United Kingdom (2007) and Bachelor of Arts (Communications), Monash University, Australia (1999).

Affiliations

Certified sexuality educator, AASECT (American Association of Sexuality Educators, Counselors, and Therapists)

Certified sexologist, ACS (American College of Sexologists)

Member, ACSB (Association of Certified Sexological Bodyworkers)



Martha Lee



ARTICLE: ADDRESSING SEXUAL DISORDERS IN MENOPAUSE

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INTRODUCTION

Sexual concerns are common among perimenopausal women and the incidence of some form of female sexual dysfunction (FSD) is around 50% in the postmenopausal age group.¹ While FSD stems from both physical and emotional components, menopausal changes in vaginal tissue integrity (Figure 1) together with any co-morbid medical problem(s), medication side effects, anxiety, stress and relationship/family issues may all play a major role.² Furthermore, declining sexual interest with age can result in concurrent diminutions of subjective and relationship satisfaction and overall quality of life.³ Often, these concerns are not clinically addressed in a routine hospital visit since both patients and health-care providers may be reluctant or too busy to discuss it. The aim of this pilot study was to identify and evaluate the nature of sexual difficulties in a small cohort of patients attending the menopause clinic in the OBGYN Department, National University Hospital, Singapore.

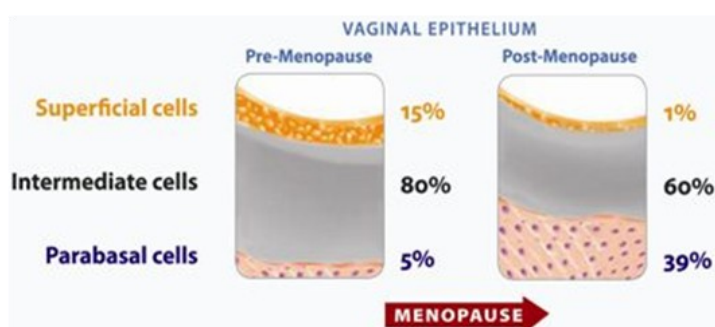
PATIENTS AND METHODS

A descriptive analytical study was conducted in a random sample of women (n=50, mean age: 56.4 ± 5.7 years; range: 48–63 years) reviewed at the G-clinic, NUH, Singapore. Data collected from face-to-face interviews included demographic characteristics (age, race, marital status and educational level), menopausal status (e.g., vaginal dryness, vasomotor symptoms and mood changes), medical co-morbidities, medication history and any hormone therapy. Specific history particularly addressed perceived changes in the determinants of normal sexual function (Table 1), coital frequency, emotional intimacy and any incidence of fear, anxiety, stress etc. The study parameters were limited to women who reported engaging in sexual activity with a stable partner in the last 6-months. Patient characteristics were tabulated using frequencies and means. Pooled data was analyzed to estimate the extent and severity of the self-reported sexual problems.

RESULTS

The average age at menopause was 51.6 ± 2.4 years. Women in this cohort were essentially in long-standing relationships and 64% reported a gradual decline in subjective and partner-related sexual activities. The relative incidence of specific type(s) of sexual disorders included pain (52%), low desire (42%), arousal dysfunction (36%), orgasmic delay or disability (22%) and multiple / mixed disorders (40%). 42% of women presented with history of clinically-managed medical co-morbidities viz., diabetes mellitus, dyslipidaemia and hypertension (Table 2). While a majority was willing to discuss their sexual concerns within the confines of the FSD clinic, less than 30% of these women, identified as having some form of FSD, sought medical intervention. Interestingly, 10-15 women who were interviewed also reported having normal functioning and lacked personal distress. While pain (dyspareunia) and loss of libido (hypoactive sexual desire disorder - HSDD) were the most common forms of FSD, they were also the determinants for the subjective changes of lowered arousal and pleasure and satisfaction responses in this study group.

Figure 1: Menopausal Changes in Vaginal Tissue Integrity (adapted from obgyn.net)



**Table 1:
Determinants of Sexual Function**

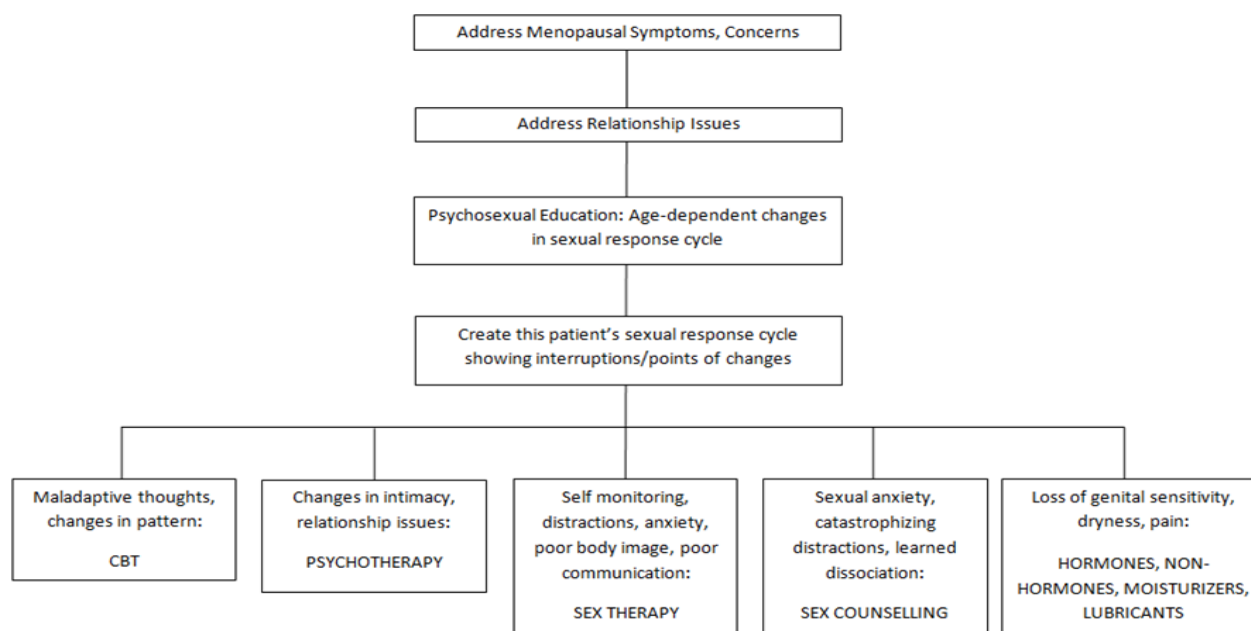
Physical health
Mental health
Hormones
Medications
Partner relationship
Subjective sexual experiences
Early sexual experiences, abuses
Societal/cultural/religious influences
Cognitions/beliefs
Self/body image concerns

**Table 2:
Incidence of FSD in Menopause**

Type of Disorder	Incidence	Percentage
Decline in frequency	32	64.0
Low desire	26	52.0
Pain/dyspareunia	21	42.0
Lack of arousal	18	36.0
Lack of pleasure	11	22.0
Co-morbid condition(s)	21	42.0
More than one disorder	20	40.0

DISCUSSION AND CONCLUSION

Our findings provide a quick insight into the incidence and prevalence of FSD in menopause. Notwithstanding the age and socio-cultural constraints in our Asian context and acceptance of partner or family-related circumstances, a modest number of women in this cohort acknowledged the importance of existing issues and need for professional help. This preliminary study indicates the potential role of health-care providers in initiating open communication with their patients. It may be helpful, if the topic of sexual health is included in the routine gynecological history, thereby providing an environment conducive for the patients to report their sexual concerns. Where possible, the patient's partner should be involved in the program and eventually, treatment would be tailor-made to suit each individual patient's requirement and level of expectation (Table 3). Estrogens, systemic or local, can improve dyspareunia caused by vaginal dryness or lack of lubrication.⁴ Non-hormonal and off-label strategies such as vasodilators, centrally-acting drugs or phosphodiesterase inhibitors may also provide relief to specific distressing symptoms and improve overall satisfaction. Androgen therapy in combination with estrogen appears promising in augmenting desire or libido, but the long-term safety of this treatment option in women is yet to be established.

Table 3: Individualized Treatment Plan for FSD in Menopause (adapted from Basson et al., 2004)⁵

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- Basson R, Leiblum S, Brotto L, Derogatis L, Fourcroy J, Fugl-Meyer K, Graziottin A, Heiman JR, Laan E, Meston C, Schover L, van Lankveld J, Schultz WW. Revised definitions of women's sexual dysfunction. *J Sex Med* 2004;1:40-8

Dr. P Ganesan Adaikan

PhD, DSc, ABS (USA)

Professor and Head, Section of Sexual Medicine, Clinical Sexologist in the Department of Obstetrics & Gynaecology, National University Hospital, Yong Loo Lin School of Medicine, National University of Singapore.

He is recognized for his pioneering contributions to the physiopharmacology of penile erection and pharmacological treatment for erectile dysfunction. He has won several international awards. He was the first in the world to identify the neurogenic non-adrenergic, non-cholinergic pathway and the modulator/transmitter nitric oxide and several other receptors/mediators in the human penis. He also pioneered the identification of the mechanism of erection and Intracavernous use of PGE1 for the treatment of ED. His current focus of research is on stem cell, hydrogen sulphide therapy, pathophysiology of chloride channels and aspects of female sexual dysfunctions. He holds a recently approved Singapore and US patent (09/714,614) for the discovery of pro-endogenous pharmacotherapy for the treatment of Priapism through National University of Singapore.



Dr P Ganesan Adaikan

Prof Adaikan was the first Asian President of the International Society for Sexual Medicine. He is also on the Nomination Committee of ISSM, the International Advisory Board of the Journal of Sexual Medicine and 5 other international journals. Prof Adaikan is also Past President of Asia-Oceania Federation for Sexology (AOFS) and the Society for the Study of Andrology and Sexology, Singapore (SSASS) which he founded in 1997. He is also the Founder-Executive Committee member of the Asia Pacific Society for Sexual Medicine (1987). He is also on the Advisory Committee of World Association for Sexual Health (WAS).

Since 1993, he has organised (2-days) annual CME training courses for doctors in Singapore and the Asian region on male and female sexual dysfunction. He was the organizing President of the 6th World Meeting on Impotence (1994), 7th Asian Congress of Sexology (2002) and the 12th Biennial Meeting of APSSM (2009) held in Singapore. As the President of ISSM (2004-2006), he was the co-chair of the 12th World Congress of Sexual Medicine held in Cairo, Egypt in 2006. He was the ISSM's Scientific Chair and Co-Chair respectively for the 13th Joint World Meeting of ISSM and ESSM in Brussels (2008) and 3rd International Consultation in Sexual Medicine in Paris (2009).

INTERNATIONAL / CONTINENTAL AWARDS

- Moynihan Prize and Medal, British Surgical Society (1973), for use of prostaglandins for gastric and duodenal ulcer
- French Government Exchange Fellowship invitation (1985) for collaborative research and training at the Centre for Study and Research on Impotence, Paris, France
- Prestigious Ginestie Prize and Diploma (1986) for the best research contribution in the world by the International Society for Impotence Research
- Benjamin Henry Sheares Memorial Lecture Award and Gold Medal (1987) by the Singapore Society of Obstetrics and Gynaecology, Singapore
- First 'Recognition Award' (1994) by the Asian Oceania Federation of Sexology for "unparalleled contribution in the field of basic and clinical research in erectile dysfunction", New Delhi, India
- American Medical Systems (AMS) – Excellence in Impotence Research Best Paper Award (1997) at the VI Asia Pacific Meeting on Impotence at Kuala Lumpur, Malaysia
- Outstanding 'Indian-Outside India Award' (2004) bestowed by the Executive Committee of the First Asia Pacific Conference of Sexology, in Mumbai, India
- Emil Tanagho Prize for Best Innovative Research in Sexual Medicine (2006) awarded by the International Society for Sexual Medicine at the 12th World Meeting on Sexual Medicine in Cairo, Egypt
- Life Time Excellence Award (2010) Presented during the 5th International Conference on Sexology (13-14 Jan 2010, Chennai, India) in appreciation of the "dedicated contributions and efforts in the field of sexual medicine and the example set for the medical community".

AUSTRALIAN CONFERENCE INVITATION



ASSERT National and ASSERT Victoria cordially invite you to our Bi-annual conference: Beyond Difficulties, Definitions and Diversity.

The 2012 conference will challenge, interest and inspire you.

For more information contact: info@assertnatconf.org.au



Dr Marty Klein

The Key Note Speaker is **Dr. Marty Klein**.

Dr. Marty Klein has been a Marriage & Family Therapist and Certified Sex Therapist in Palo Alto, California for 31 years. Marty has written 7 books and published 8 sets of CDs for professionals on sexuality and other clinical issues. His last book, America's War On Sex, was honored by AASECT as Book Of The Year. His new book, Sexual Intelligence, came out this spring, and has already gotten rave reviews from Psychology Today, the Library Journal, and Salon.com.

Marty is frequently quoted by the American media. He is outspoken about many popular and clinical ideas about sexuality, decrying our field's gender stereotypes, sex-negativity, and what he calls "the Oprah-ization of therapy." He has written over 100 articles for publications such as The American Journal of Sexuality Education, San Francisco Medicine, and The Journal of Homosexuality. For 12 years he has written and published Sexual Intelligence, the award-winning blog and electronic newsletter. His popular website is www.SexEd.org.

WORLD SEXUAL HEALTH DAY (WSHD) is coming.

The aim of WSHD is to encourage discussion and recognition of sexual health as an integral part of overall health. To demonstrate that people have the right to discuss sexual matters and to access information and resources. The aim is to involve as many countries and cities within countries, as possible, to be internationally visible. It is well and truly time to stop sexuality and sexual health being a secret.

WAS has celebrated two WSHDs starting 4th September 2010, and then 4th September 2011. The purpose of each WSHD is to bring attention to and celebrate some aspect of sexual health. The theme of the 2010 WSHD was Sexual Health, with the purpose of encouraging discussion and recognition of sexual health as an integral part of overall health. To demonstrate that people have the right to discuss sexual matters and to access information and resources. The theme of the 2011 was Youth Sexual Health where the purpose was to highlight the participation of young people in shaping their own sexual health and to encourage open and respectful discussion of their rights and responsibilities.

The 2012 WSHD is coming up. If you are arranging activities please let us know by sending the activity and any picture you would like published, so that colleagues in the region can know what you have achieved.

Report from the **5th Multidisciplinary Sexual Dysfunction Conference** held in Queenstown, New Zealand 29.4.2012

Presentations available at:

<http://www.sexualdysfunctionconference2012.com/>

Whilst attending the 5th Sexual Dysfunction Conference in Queenstown, New Zealand, I had my first introduction to a Powhiri Welcoming Ceremony and the protocol surrounding the event. All the delegates were welcomed into the Conference room by members of the local Iwi (tribe) and a Maori colleague, Jenny Manuera-Jones explained the protocol of the welcoming ceremony. This set the tone for the next three days for a plethora of outstanding presentations.



Dr Stan Althof

The highlight for me was meeting Keynote speaker Dr. Stanley Althof, whose publications I have read and studied over the years. Dr Althof gave two presentations one on "Combining Medical and Psychological Interventions" where he spoke about the Biopsychosocial Model when treating sexual dysfunctions; whereby the impact of the dysfunction affects the individual, not only on biological aspects, but on psychological and social issues. The efficiency of medical interventions can be improved by incorporating Cognitive Behavioural Therapy to address all aspects when treating the sexual dysfunction.

Dr Althof's second presentation was on "Interventions for Delayed Orgasm/Ejaculation" focusing on the impact on the patient and their partner. In this presentation he provided four case studies depicting Delayed Ejaculation with treatment based on aetiology. Again Dr Althof spoke about Combined Therapy to address all relevant Biopsychosocial aspects that contribute to the onset and continuation of the dysfunction. The treatment employs use of pharmacology to facilitate ejaculation; whereby the psychological intervention addresses the interpersonal and intra-psychic factors that cause and maintain the dysfunction.

I came away from the Conference with a renewed vigour to implement some of the information gleaned from the different presentations into my practice to benefit my clients.

Jenny Collier B.Soc.Sc. M.HSc (SexHlth)
ASSERT Queensland, Australia

Jenny Collier (Queensland),
Sue Gilchrist (Tasmania),
Tanya Koens (NSW),
Margaret Redelman (NSW),
Raeesuddin Syed (Mumbai)



REGIONAL CONFERENCES 2012

If your country or organisation is planning conferences for 2012-2013 or educational meetings please forward details to the editor.

2613-14 October

ASSERT National Conference— AUSTRALIA

Sexuality - Beyond Difficulties Diversity & Definitions
Melbourne, Australia

www.assertnational.org.au

IF YOU HAVE READ AN INTERESTING ARTICLE , PUBLISHED IN OUR REGION OR HAVE HELD OR PLAN TO HOLD A MEETING PLEASE SEND INFORMATION TO THE EDITOR SO WE CAN GROW THIS NEWSLETTER AND MAKE IT RELEVANT FOR THE REGION.