



ASEHERT-CİSEATED DECLARATION OF SEXUAL FREEDOM

ÇİSEATED-ASEHERT CİNSEL ÖZGÜRLÜK DEKLARASYONU



INTERNATIONAL ANATOLIAN CONGRESS
ON NEUROSCIENCE AND SEXUAL HEALTH
WAS HELD ON 1-3 MAY, 2015 WITH GREAT SUCCESS

DECLARATION: FREEDOM!
**ASEHERT- ÇİSEATED ACCEPTS AND SUPPORTS
WAS DECLARATION OF SEXUAL RIGHTS!**

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ASEHERT DECLARATION OF SEXUAL FREEDOM

**INTERNATIONAL ANATOLIAN CONGRESS ON
NEUROSCIENCE AND SEXUAL HEALTH-2015**

ASEHERT-ÇİSEATED www.ciseated.org www.twincongress2015.com

**ASEHERT ACCEPTS AND SUPPORTS UNIVERSAL DECLARATION OF HUMAN
RIGHTS AND WAS-DECLARATION OF SEXUAL RIGHTS-2014**

ASEHERT ASSURES that sexual rights are grounded in universal human rights that are already recognized in international and regional human rights documents, in national constitutions and laws, human rights standards and principles, and in scientific knowledge related to human sexuality and sexual health.

ASEHERT CONFIRMS that sexuality is a central aspect of being human throughout life, encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships.

ASEHERT CONFIRMS that sexuality is a source of pleasure and wellbeing and contributes to overall fulfillment and satisfaction.

ASEHERT AFFIRMS that sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

ASEHERT AFFIRMS that for sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

ASEHERT RECOGNIZES that sexual rights are based on the inherent freedom, dignity, and equality of all human beings and include a commitment to protection from harm.

ASEHERT STATES that equality and non-discrimination are foundational to all human rights protection and promotion and include the prohibition of any distinction, exclusion or restriction on the basis of race, ethnicity, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, including disability, age, nationality, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation.

ASEHERT AFFIRMS that sexual rights protect all people's rights to fulfill and express their sexuality and enjoy sexual health, with due regard for the rights of others.

ASEHERT CONFIRMS that the association will be **OPEN and OPEN MINDED** to all kind of new and novel findings and data discovered on human sexuality. **ASEHERT's** attitude will **NOT** be **CONSERVATIVE**. **ASEHERT's** philosophy is evaluating the parameters of human sexuality after applying pure logical, rational and scientific methods, instead of belief systems, myths, rumors and false beliefs.

OUTCOME OF THE CONFERENCE:

- 1- The sexual behavior of men and women has not YET been understood properly; appropriate scientific research is needed for unravelling the human sexuality, which, for men and women, has NOT been solved yet; CURRENT scientific information on human sexuality should be FORMULATED and RENDERED MORE ACCURATE, MORE DETAILED, EXPANDED and EVOLVED. So that NO RECOGNITIONS or PRESUMPTIONS, CONCEPTUALIZATIONS and FINAL EVALUATIONS should be made on normal human sexual**

behavior and sexual dysfunctions (such as Hypersexuality or Hypo-sexuality etc.) before GENUINE AND UNIFIED SCIENTIFIC INFORMATION is properly ACCUMULATED.

- 2- Without proper knowledge, scientific data, social and cultural statistics and INTERNATIONAL FIGURES, NO classifications or NO inventories/scales should be designed to determine the "NORMALS" of human sexual behavior and to concur PSYCHIATRIC DISORDERS, as we have observed in the case of HDSI criteria in DSM-5 for HYPERSEXUAL DISORDER (such as, counting and/or limiting the number of orgasms per week, fantasy duration and frequency, masturbation frequency etc.)
- 3- SEXUAL FANTASIES and SEXUAL VARIATIONS are very healthy and normal.
- 4- Definitions of paraphilia in the DSM system should also be debated.
- 5- MASTURBATION is a healthy sexual behavior, contrary to what some governments, associations, foundations, authorities and judicial systems accept. Scientific sex therapy begins with teaching people healthy masturbation.
- 6- "WHAT NORMAL IS" (on sexual behavior) cannot be LIMITED AND CONFINED INTO the belief systems; cannot be LEFT to the decisions of CERTAIN FOUNDATIONS AND ASSOCIATIONS, CERTAIN GROUP OF HEALTH PROFESSIONALS, OR MONOPOLIES; however "the NORMALS of human sexuality" is very debatable and should be discussed on SCIENTIFIC BASIS and using OBJECTIVE SCIENTIFIC CRITERIA AND SCIENTIFIC METHODS. "NORMALS" may change depending upon the CULTURES, NATIONS and the PERIOD OF TIME in history.
- 7- The scientific data and the results or RULES on human sexuality should NOT be INFLUENCED, MANIPULATED OR DECIDED by the POLITICAL SYSTEMS, GOVERNMENTS, JUDICIAL SYSTEMS, RELIGIONS, BELIEF SYSTEMS and biases or prejudices of different cultures. The accepted results and evaluations on human sexuality SHOULD BE purely OBJECTIVE AND SCIENTIFIC.
- 8- LGBT is NOT a psychiatric disorder as some other associations and health professionals in Turkey claim, but a SEXUAL PREFERENCE; every human being has the freedom to experience their own sexual preferences as HE/SHE wishes, AS LONG AS THEY DO NOT GIVE PHYSICAL AND PSYCHOLOGICAL HARM TO THEMSELVES and OTHERS, although it may seem to be different or even weird to the majority or to some stratum of that society.
- 9- In female sexuality many different types of orgasms exist. Near to CLITORAL ORGASMS; VAGINAL ORGASMS (induced by the stimulation of DVZ-Deep Vaginal Erogenous Zones), G-SPOT ORGASMS, BLENDED ORGASMS, NIPPLE ORGASMS, ANAL ORGASMS, BRAIN ORGASMS may exist in a minority of females and NONE OF THEM are UNETHICAL and PATHOLOGICAL. ASEHERT is open to novel definitions and experiences and does NOT reject the experiences and orgasms experienced by a minority of women. GRAFENBERG'S AREA (G-SPOT) and FEMALE EJACULATION ALSO DO EXIST, contrary to many conservative claims.
- 10- A SEXUAL BEHAVIOR OR EXPERIENCE (such as vaginal orgasm, G-Spot orgasm etc.) DOES NOT need be OBSERVED and RECORDED in 100 % of women for being accepted as a REALITY. If a few or a minority of women experience an unusual sexual behavior or orgasm and if this is recorded by the scientists and stated by these women, then their UNCOMMON EXPERIENCES and UNUSUAL ORGASMS are a REALITY, without the confirmation of the rest of the women on the globe (e.g. even if 35 % of women experience vaginal or G-Spot orgasms, then vaginal orgasm is a FACT and REALITY, or if less than 1 % of women experience *status orgasmus*, then *status orgasmus* is a FACT and REALITY, so on...)

- 11- Multiple orgasms, prolonged orgasms, Expanded Sexual Response (ESR) and ESR orgasms and even YET UNDEFINED ORGASMS may exist in some women.
- 12- BRAIN ORGASMS (MENTAL ORGASMS), without any genital stimuli and sensory CNS input, MAY exist in some women according to the current f(MRI) findings (Komisaruk et al.).
- 13- According to current recent data and also the f(MRI) studies, FEMALE ORGASM IS CONTROLLED AND REGULATED BY AT LEAST FOUR NERVES (pudental nerve, pelvic nerve, hypogastric nerve, and VAGUS nerve) via sacral and pelvic plexuses to the brain. All the former theories and views on female orgasm should be re-evaluated and reformed taking the "FOUR NERVE CONCEPTUALIZATION" into account (Komisaruk et al.).
- 14- VIBRATORS AND SEX TOYS are healthy and scientific devices, contrary to the general biased understanding and beliefs in Turkey, as stated by some OPPOSING associations, psychologists, psychiatrists, health professionals, sex therapists and medical doctors in Turkey. VIBRATORS AND SEX TOYS SHOULD BE USED BY NORMAL WOMEN AND ALSO BY FEMALES WITH SEXUAL FUNCTION DISORDERS IN SEX THERAPY.
- 15- In the treatment of VAGINISMUS and ANORGASMIA, a PLEASURE and ORGASM oriented, behaviorist approach should be exercised with psychotherapy, using DILATORS (and/or vibrating dilators), SEX TOYS and VIBRATORS. In treating sexual function disorders of females promoting the SEXUAL MIND and training the mental sexual functions are one of the most important concerns.
- 16- Every woman and man has the right to be educated in sexuality starting from the age of 18. ASEHRT confirms to establish scientific, multi-disciplinary, international education systems for the public and the health professionals, sex therapist and related people. This education system should be conducted by multi-national academicians with objective, scientific background and reasoning without any BIAS. Sexual Education should BE multi-disciplinary and inter-disciplinary; Sexual Education should NOT be MONOPOLIZED AND GOVERNED by any MONOPOLY Groups (such as only by M.D.-psychiatrists as we have seen in TURKEY).



**STOP! MANIPULATING
FREEDOM !
FOR FEMALE ORGASM AND
STOP!
CREATING NONSENSE
DISORDERS!
OUTCOME OF THE ANATOLIAN CONFERENCE:
ANTI-HYPERSEXUAL DISORDER
PLATFORM FOR DSM**

THE ACADEMICIANS AND PEOPLE WHO ATTENDED THE CONFERENCE AND WHO APPROVED THE DECLARATION		
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