

CHILDREN'S SEXUAL THINKING: Report of a Cross-National Study

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Children are sexual thinkers from birth, observing the sexual world of adults around them, their own physical growth and that of their peers, acquiring information, vocabulary, and knowledge, as well as developing mythologies and theories to explain what they observe. Cognitively the young child up to adolescence explores sexuality, encountering many intellectual difficulties and taboos in a complex process of socialization. It is our view that Freud and Piaget, the giant seminal figures associated with child psychology, are both responsible, perhaps inadvertently, for limiting inquiry into children's sexual thinking. Freud's theory of a latency period, which alleges a diminution of interest in sexual matters from infancy to late childhood, created an acceptance of a wish fulfillment which saw children as innocent sexual beings. Piaget, himself a biologist by training, after a few early minimal explorations into children's biological thinking, turned his back to this and made his major focus the genesis of children's mathematical development and of concepts of the physical sciences. The Geneva school and generations of researchers have followed suit, to the neglect of sexual thinking as an important aspect of a child's development.

In 1978, prior to a year's sabbatical leave, we developed a research project to evaluate the development of children's sexual thinking in Australia, North America, and England. These three English-speaking areas have similar cultural and educational traditions in child rearing and school practices. For contrast Sweden was also included, as the only country with compulsory sex education for all children from the age of eight.

In terms of educational provision in sex and human relations, the three English-speaking areas reflect considerable indecision and conflict. Symptomatic of this was the difficulty we experienced in gaining access to American public school systems. School superintendents and their elected school boards frequently expressed fears of public criticism should they allow us to interview children in their schools. Only by the exercise of adroit diplomacy and also by using Canadian schools just across the border was a composite North American sample possible.

After trial interviews in Australia, the eventual sample for the four areas was a total of 838, with approximately 30 to 40 children for each of the cohort age groups 5, 7, 9, 11, 13, and 15. The interview took between 30 to 60 minutes for each child and 63 items were covered, the male researcher interviewing all the

boys and the female researcher the girls. The refusal rate from parents to interview their child was about 20%, while in Sweden it was only 5%. This undoubtedly reflected a more open attitude to sexual matters and probably influenced the results, since a greater proportion of parents with some resistance to having their children questioned about sex screened themselves out in Australia, North America, and England than did parents in Sweden. Children selected had to have at least one younger sibling in order to provide what were judged to be the "best conditions" for observing sexual development. Overall about two-thirds of the total sample had at least one other-sex sibling.

The Questions Asked

The areas of questioning included how these 5- to 15-year-olds perceived marriage, the sex roles of parents, self choice of sex identity, sex differences at birth and at puberty, the origin of babies, gestation and birth processes, sex determination, coitus, birth control and abortion, sex education, and clothes and nakedness. In addition, a list of 10 sexual words was used to assess an understanding of sexual vocabulary.

A typical question was: "Why do you think people get married?" The responses to this were coded into five categories and then scored on a Piagetian scale from one to six. "So they can have children" (socio-biological response) and "Because they love each other" (emotional-dependence response) were the most frequent at all ages. Sexual and economic reasons were few, and legal-conventional responses were most in evidence among the teenagers. There were some quite distinct differences between how the Swedish children regarded marriage due, we suggest, to the "abolition of illegitimacy" in Sweden; the replies "to have children" were much less frequent and emotional-dependence responses much more so among the Swedes. Real cultural differences were evident reflecting the view that marriage may not be a necessary legal framework for producing and rearing children in Sweden. The relative absence of sexual reasons as the basis for marriage confirms other research which emphasizes the reluctance of most children to recognize their parents as sexually interested and active beings.

Although all the areas covered can be described as sexual, no questions asked were directly sexual. Questions were open-ended and sexual words were used only if the particular child used them. The coitus question illustrates this, since it was

asked only of those children who had already referred to the sex act, the majority of whom were over nine years of age.

How did the North American children fare?

SIECUS Report readers will be interested to see how the North American children fared in comparison with their English- and Swedish-speaking peers. The total results were grouped into three major categories or scales making cross-country comparisons possible.

Six major questions were combined to make a *Biological Realism Scale* yielding a total score showing how realistically children perceived sex differences in newborn babies and at puberty, the origin of babies, the birth exit from mother, reasons for birth at the end of the gestation period, and what happened during the gestation period itself. Total scores revealed Swedish children to be the highest scorers (with earlier understanding), Australian and English children showing moderate scores, and the North American children the lowest (with later understanding). The results were statistically significant between countries, the North American results indicating about two years' retardation in these areas of sexual thinking.

The same trends are also evident in children's understanding of 10 sexual words: *pregnancy, conception, stripping or nudity, rape, venereal diseases, uterus, puberty, virgin, contraception, and abortion*. These were combined into a *Sexual Vocabulary Scale* revealing the same pattern of significant country differences and a similar retardation in understanding on the part of the Americans.

These results are not surprising since the North American children appeared to have the least and longest delayed provision of sex education of all the four areas in the study, and the Swedes the earliest and widest provision. Thus this relative disparity of educational provision may well be a factor behind

these results. This topic, as it pertains to the U.S., is well covered in James Collier's recent article in *Reader's Digest* (May 1981), "Whatever Happened to Sex Education?"

In one area the results showed the North American child in the lead. Sex questions analyzed on cognitive levels of thinking were grouped to form what we called a *Total Piagetian Scale*. While the differences between the scores here were not statistically significant, the North American children scored highest, the Swedish at middle levels, and the Australian and English groups at the lowest levels. There is, however, no contradiction between this and the previous results, for two reasons. The first is that what was covered here is the level of logic and reasoning judged to be used in the questions discussed: In many cases the *facts* may be wrong but the *logic* used may be of a high level. The other reason is that the content of three of the six items forming this scale was the least sexual: "What is the best time to be alive?" "Why do people get married?" "Why should people be embarrassed if they are naked?" These questions are more social in content, and the North Americans' better performance may well reflect earlier social maturing.

We would not wish to argue that the relatively delayed provision of sex education is the major cause of the apparent North American retardation in sexual thinking. Cause and effect would be too simplistic in view of the considerable number of cultural and social factors involved and the limited samples used, although these may be legitimately seen as indicators of possible trends in cultural differences. This view is supported by the very close correspondence between the Australian and English scores on all three total scales, indicating the similar traditions of those two countries.

Some Other Important Results

Sixty-three different items yielded a mass of fascinating data, and a few glimpses are possible of some of the findings. One we report is the considerable aversion to the other sex voiced by children of both sexes. Because these negative expressions were so widespread in all countries, we tabulated "aversion scores." High aversion scores were noticeable among boys in the English-speaking samples, as high as 55% at nine years of age, then slowly declining as heterosexual interests began to develop. In the sample representing England this score remained almost as high (50%) among the 15-year-old boys. In contrast, Swedish boys had low aversion scores. Greater and longer hostility toward boys was evident among all girls from seven years and was still substantial at eleven years. The English girls expressed hostility much longer, indicating to us a social-sexual retardation factor in both boys and girls, substantiated by other research. Overall, these aversion findings prompt the question: Can the malaise of sex hostility, so evident also in the sexual world of adults, be softened or moderated by educational programs more sensitive to the real developmental patterns and needs of children?

Another striking feature of the results can be seen in the sexual terminology children used, in particular in discussing and describing the sex organs. The correct physiological terms, only occasionally used by children, were often described as "dirty." As a consequence we discovered over 60 euphemisms for *penis* and over 50 for *vagina*. Tabulating these and taking them as indicators of inhibition factors in vocabulary, we found that Australia appeared to be the least inhibited and North America the most inhibited of the countries examined. (Because of translation difficulties, Sweden was not included in this analysis.)

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SPEAKING OUT

. . . Against Sexual Retardation

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For the past 12 years I have taught a sex and society course in a liberal arts college in the U.S.A. During the last few years I have introduced the course each semester by telling members of the class that, without even knowing who they are, I am prepared to assume that they are "sexually retarded"—not retarded in sexual behavior, since I do not know what their sexual experiences have been, but retarded in knowledge and most likely in attitudes and values. I go on to tell them that this retardation does not reflect on their intelligence nor are they personally responsible for the retardation. They are retarded by virtue of having grown up in a society that quite effectively communicates sexual naiveté coupled with a strong sense of sexual guilt—a combination which leads to sexual retardation.

I tell them further that this socially induced retardation may have practical consequences for them in my class. That is, the material of the course will be difficult for them—again, not because they lack the capacity to learn the material but because they will block it out rather than absorb it. I quote Dr. William A. Block, Director, Division of Early Learners, Bancroft School for the Retarded, who has pointed out that "students, when tested, have about a 25% comprehension level in the area of sexuality, as compared to a 60 to 70% comprehension level in other basic areas" (*Sexuality Today*, June 19, 1978, p. 1). Dr. Block emphasizes that it does not matter at what intellectual level the person is in other areas—all American youth are retarded in the area of sexuality. As one other sex educator in the public schools has put it, when it comes to sex, each individual student is so taken up by his own problems that he/she cannot follow the instruction. As well they might, some of my students object to being labeled "sexually retarded" and some demonstrate in the course of the semester that, in fact, they are not retarded.

Statements by two college freshmen illustrate what I label as socially-induced sexual retardation:

First student: "Somewhere throughout my sex education I have acquired the idea that sex and the desire for sex is wrong or a negative factor. Logically, I know that sex is not wrong nor is the desire wrong; but in my subconscious there is something that keeps making me feel that it is wrong."

Second student: "Many things I did as a child could be labeled as sexual, even to the point of being erotic, but I feel that they were normal because at the time I didn't know I was doing anything wrong—it was just an impulse. But now I would be very self-conscious in doing anything that could be taken to be erotic."

The first student, having been cheated out of the right to know

that sexuality is a normal and healthy aspect of human existence, is now recognizing the problem (at least at the intellectual level) and may be able to move on to a more wholesome and positive attitude toward sexuality.

The prognosis in the second case, based on the limited evidence at hand, is less positive. The student admits to having had sexual, even erotic, experiences in childhood, but didn't "know better" then. But now, knowing better, the student would be uncomfortable doing anything erotic. The student appears to be comfortable with the level of retardation. As long as this frame of mind is retained, there is little chance of improvement, and one must wonder what this student's sexual adjustment will be in marriage.

Dealing with the sexual retardation characteristics of persons who have grown up in American society is one of the main realities and problems facing the social scientist in the United States, even at the college level. It must be dealt with sympathetically but firmly and purposively. On the positive side, it can be said that the degree of sexual retardation is usually such that at least partial recovery is possible even for college-age persons.

Sexual retardation can easily be recognized in the college-age individual. But it can also be discovered in young children and should be dealt with at that age. For example, a child old enough to write describes his/her birth as follows: "When I was a baby I went to Babyland, and my mom had to be took to the hospital in Babyland. And we took them in a hospital and then I came out with my mother in a balloon." This child is showing signs of developmental lag in capacity for sexual thinking. Any child, when ready to assimilate information from the environment, will assimilate what is available. We should be embarrassed, never amused, that a child old enough to accumulate accurate information does not do so because we refuse to provide a solid basis for logical sexual thinking. One piece of affective information that a child picks up at an early age is that there are tabooed subjects and tabooed words. Hence, negative affect acquired at an early age inhibits the child's quest for accurate sexual knowledge and, in view of his/her growing knowledge and positive attitudes toward learning in many other areas, further contributes to sexual retardation.

To have the distinction, as we in this country do, of raising children who, in the English-speaking world, are the most inadequately prepared for sexual adulthood, is not a distinction to be proud of. Nor is it a distinction we need to retain. Providing information and education at early ages are major preventive measures against sexual retardation. To ensure this, parents must be enlisted as early as possible.

“Sex doesn’t bear thinking of . . . or does it?”

“Children are ⁽¹⁾. thinkers from birth, observing the ⁽¹⁾. world around them, their own ⁽²⁾. growth and that of their peers, acquiring information, vocabulary, ⁽²⁾. and knowledge, as well as developing mythologies and theories to explain what they observe.” Few in the U.S. would quarrel with this statement as it is written above. The most conservative might object to applying the word “thinkers” to newborn babies, yet in *Webster’s Unabridged Dictionary* among the many meanings of the verb “to think” are the following: to *perceive*, to *know*, to *reflect upon*, to *conceive*. Newborns begin to *perceive* at the very moment of their emergence into the air, thus automatically taking the first step in the human thinking process.

Now look again at the first sentence of the Goldmans’ lead article (page 1) as I gave it above, and in the dotted spaces restore the word “sexual” for (1), “physical” for (2), and interpolate a new word, “experience,” in the space marked (3). The sentence as amended will now strike panic, terror, or revulsion in many people, for “sexual,” “physical,” and “experience” are in themselves “scare” words, especially when they are applied to anyone not yet 18 or not yet married.

The Goldmans’ study must serve to bring thinking, rational human beings closer to terms with the undoubted fact that children not only feel, behave, and have attitudes about sexual matters but also actually *think* about them. That up to the present time most research and studies on children as sexual beings have dealt primarily with the subjective (feeling) areas rather than with the objective (ratiocinational) ones only makes this study more revelatory. After all, humans are born with three endowments that differentiate us definitively from other mammals—mind (including communication and reasoning powers), body (upright posture and appositional thumbs and fingers), and sexuality (our mating is not governed by the length of the day, or by our state of nutrition, or by seasonal changes but is at all times elective, no matter that the bases for such election vary among individuals). Whether as forethought, midthought, or hindthought, thinking must play a role in our sexual who/what/when/where/why, and is therefore a definitive factor in our sexual lives.

That children think sexually makes learning how to understand *the way they think* of supreme importance to their eventual well-being, and therefore to society’s. It would provide guidelines for the kinds of sexual information children can best use at various age-specific developmental phases. Take the simple question of when to provide information about venereal disease, whose rates are so devastatingly high even in the early teen bracket. Many parents continue to deny such information, convinced that providing it to their children will serve only to promote irresponsible sexual behavior. Here (in quotes from the October 1981 issue of the journal *Medical Aspects of*

Human Sexuality) are recent opinions to the contrary:

Who? “Ideally, VD education should accompany sex education. It should, but unfortunately often does not, come from the parents” (Finch, p. 46). “Parents must stress the need for young men and women to protect self and partner” (Kappelman, p. 51).

What? “The issue of inadequate protection against VD when only the female uses contraception must be stressed” (Kappelman, p. 51). “Children are reassured to know that the condom is rather effective in preventing both conception and VD, and to learn that real friendships are the best groundings for sexual adventures free of VD” (Adams, p. 46).

When? “The parent should also keep in mind that the child between 8 and 11 years old can handle many difficult intellectual concepts without much of the anxiety that teenagers have about their sexual roles” (Breiner, p. 47). “The child should be given such information by adolescence—or before, if questions are asked at an earlier age” (Finch, p. 46). “By the onset of puberty the information should already have been transmitted. . . . It is useful in parental transmittal of sexual information to avoid mentioning VD as a dominant theme associated with sexuality. The child should be introduced to the concepts of sexuality long before the theme of VD is raised” (Herman, p. 51).

Where? “In school it should be included with all the other discussions about illnesses. For example, if one organ-system (e.g., respiratory system) and its diseases (e.g., pneumonia, tuberculosis) are being discussed, then the sexual organ-system and some of its diseases (e.g., fibroid tumor, pelvic inflammatory disease, VD) should also be matter-of-factly discussed” (Breiner, p. 47).

Why? “There is an aspect of this problem that is often overlooked—denial. Young people generally deny that they will ever die, or get hurt, or become ill. . . . This characteristic is commonly seen in their approach to sexual intercourse—they not only deny that a pregnancy may occur, but also that they might get VD. Therefore, just as we help our children face reality so they can protect themselves (e.g., when driving a car), so we must educate them to protect themselves against VD. This includes, in addition to education at home and at school, early diagnosis and easy private access to their own physicians” (Breiner, p. 47). “At no time should parents feel that the discussion of protection against VD is an open invitation for sexual experimentation. *It is merely good parenting*” (Kappelman, p. 51 [emphasis added]).

In this country we are not used to *thinking* about sex. Rather, the message is to *feel* about it. The trouble is that we feel about it so blindly, passionately, and heedlessly, that we

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SPEAKING OUT

Textbooks As Change Agents

Gary F. Kelly, MEd, and Haskell R. Coplin, PhD

A question recently came up concerning a review in the March 1981 *SIECUS Report* of the textbook *Sexual Decisions* by Milton Diamond and Arno Karlen (Boston: Little, Brown, 1980). Diamond wrote a thoughtful response to some of the negative aspects of the review, in which he pointed out what he perceived to be inaccuracies and distortions, and he requested that his response be printed in the *SIECUS Report*. The editorial board's policy has been not to permit rebuttals of textbook reviews, since the entire *Report* could easily become a forum for the debate of issues—whether significant or petty—relating to the relative merits of texts. We all recognize that authors are always at the mercy of reviewers' values, personal causes, and moods. Judging the quality of a book is necessarily a subjective and individualized process.

However, the Diamond response raised an issue concerning textbooks in the area of human sexuality that has thus far not been adequately addressed. Both of us review and use textbooks regularly, and one (Kelly) has written a sexuality text whose treatment of some issues has been both praised and criticized. This joint statement has grown out of our being asked by the *SIECUS Report* editorial board to evaluate the situation described above. Although we feel that *Sexual Decisions* is indeed an excellent text, our focus in this commentary is to examine some confusing general issues concerning sexuality texts and their purposes.

We have to recognize that a backlog of historical myths and prejudices exists in the field of human sexuality, and that many contemporary research efforts have been of questionable quality. As with any pursuit involving the complexities of the human personality, sex research can become blurred in attempts to balance out scientific objectivity, respect for human dignity, and the pliability of statistical data. The terminology of sexology is also often vague or misused. Some texts have established strict definitions for some words that are used in totally different ways by other texts. An added complication is the fact that we do not yet have clearcut answers for some crucial sex-related questions in our society, for which most uninformed readers assume there are answers. Some examples: How are sexual preferences formed? How many people do not fit the accepted stereotype of the heterosexual standard? Are gender roles primarily determined by prenatal developmental influences, learning after birth, or by a combination of complex factors?

Sexuality is also intimately associated with social and cultural trends. In the past two decades, numerous special interest groups have emerged, rightfully condemning the prejudices shown to some human beings because of their sexual inclina-

tions, and calling for equal treatment by police, the courts, employers, and fellow humans regardless of those inclinations. However, human rights groups have never been noted for their objectivity, nor should they be. They have difficult causes for which they must fight, and long-standing barriers of ignorance and irrationality to surmount. Naturally, the groups that have organized around a particular sexual lifestyle want to be portrayed in as positive a light as possible, and want to see eliminated the subtle biases so evident in much sex research. They know how easily objective statements in texts may be misinterpreted by readers as representing one point of view or another. They do not want reminders about the "minority" status of those with some particular sexual preference to be misconstrued as a statement of "abnormality." These groups long for authors to take a stand and to be willing to state publicly that which they personally believe.

Because of such variables, the writing of a text in human sexuality is very much an exercise in values clarification for the author, perhaps more so than in any other field. It is such a comprehensive and multidisciplinary area that authors must be judicious in choosing what is to be included and what is to be omitted. Decisions must be made concerning some fundamental issues in education. Should texts present a variety of viewpoints, the many sides of controversies, and the results of conflicting studies concerning *all* sex-related matters, creating for students to as great an extent as possible a potpourri of ideas from which to formulate personal perceptions? Should texts represent predominating thoughts and values among the majority of professionals and leaders in the field? Or should texts be written as catalysts for social action and change, openly reflecting values and modes of thinking that their authors hope readers will adopt and act upon?

There will, of course, be fine sexuality texts that are written from each of these different philosophical standpoints. And there will be others that are not so fine because their authors lack the intellectual sophistication and ethical awareness to clarify for themselves what type of book they are trying to produce, resulting in a poorly planned and executed manuscript. Usually the patently poor jobs are easy to spot, while judging the good ones is a more difficult task. In the case generating this whole discussion, it is clear that Diamond and Karlen wrote their book from one such philosophical perspective, while the *SIECUS Report* reviewers analyzed it from a quite different one.

As texts in all aspects of sexology proliferate, the need to evaluate their worth becomes increasingly critical. We would therefore like to make the following recommendations:

1. Authors of texts should make clear their purposes and philosophical stances in the first few pages of their books. There is no room for "hidden agendas" in texts.
2. Those who are responsible for choosing sexuality texts for use with classes or other groups should make a special effort to assure that the goals of a chosen text are consistent with the teaching approaches to be used, and that its author's educational philosophy is made very clear to its readers.
3. Publications that review texts should consider matching reviewers with authors on the basis of philosophical orientations, or at the very least cautioning reviewers to take note of the type of text they are reviewing. These publications also have a responsibility to select reviewers who reflect an awareness of the pluralism of ideas and values in the field, rather than reviewers who are inflexible proponents of a particular viewpoint using the review format as a podium for activism.
4. In a field where some of the most fundamental "facts" are themselves controversial, reviewers have a special responsibility to be certain of their own "facts" before impugning the veracity of authors who report data or conclusions with which they disagree.

There are no guidelines that will—or should—eliminate the subjectivity that is a part of any reviewing process. Therefore, in reviews, as in other aspects of professional interaction in sex-related fields, we must struggle together for clarity, mutual respect, constructive criticism, and tolerance for differing points of view, while consistently exercising responsibility in conveying concepts to lay readers.

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[The March 1982 issue of the SIECUS Report will feature an article on human sexuality textbook selection and evaluation.—Ed.]

DO YOU KNOW THAT...

Resources to Write for . . .

Peer Education: An Adolescent Sex Education Program, developed and published by Planned Parenthood of Monterey County in California, is unique in that it describes the training of students not as resource people but as actual providers of high school classroom sex education programs of one-week presentations made to freshman or sophomore students in required classes under the supervision of a Planned Parenthood staff educator. The 141-page manual, the result of three years of peer-taught sex education in Monterey County's schools, provides an overview of the program, and descriptions of the 10-day training curriculum and the 5-day classroom presentation. Copies cost \$15.00 (includes postage) and should be ordered from Planned Parenthood of Monterey County, 5 Via Joaquin, Monterey, CA 93940.

In My Opinion, Continued from page 4

give ourselves—and our children—no chance to think about it in the way the Goldmans' study clearly indicates should be made possible. Each of the writers above, in their discussions of a basic human sexuality concern, sexually transmitted diseases, was in essence giving his expert opinion on the need for just this kind of thinking. In the full manuscript of their forthcoming book, the Goldmans comment that programs "should be based not upon adult intuition nor upon guesstimates of what children and teenagers can understand about sex at various ages, but upon what research demonstrates they are capable of understanding." This is in agreement with Breiner's first comment above. And the seventh in the Goldmans' list of 12 major findings of the study is that "in the absence of adequate and systematic sex education, children invent their own explanations for biological and sexual processes often in the form of mythologies, medical mythologies being the dominant explanation in early to middle childhood."

In their often desperate efforts to make sense of the illogical and unfounded premises put forth by adults in their attempts to explain sexual behavior and feelings, our intelligent, thinking children create sad mythologies which become traps that force them to behave in certain ways often leading to tragedies and unhappiness. Children's ignorance about sexual facts and about their own developing sexuality is being willfully maintained, and is truly a sin against them. Those who choose to follow the torturous and destructive thought processes, so-called, of the Moral Majority are the sinners.

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Training Manual for Problem Pregnancy Counseling (1981) by Anne Baker provides insightful and practical knowledge about techniques specific to pregnancy testing counseling, alternatives counseling, pre- and post-abortion counseling, and contraceptive counseling. A unique and useful resource for professionals in the family planning and abortion field, this spiral-bound, 129-page book is available for \$10.00 from the Hope Clinic for Women, Ltd., 1602 21st Street, Granite City, IL 62040.

Coping With Physical Disability by Jan Cox-Gedmark is one of a series of "Christian Care Books" edited by Wayne E. Oates and published by Westminster Press. The author, chaplain at the Institute of Physical Medicine and Rehabilitation in Louisville, Kentucky, writes in a straightforward manner and the chapter on "Affirming Your Sexuality" is sensitively presented. Other chapter titles include: "This Can't Be Happening to Me," "Yes, This Has Happened to Me," and "Getting Along With Loved Ones." The book's price is \$4.95, from Westminster Press, 925 Chestnut Street, Philadelphia, PA 19107.

Goldman Report, Continued from page 2

Using a more limited sample, Dr. Anne Bernstein had previously conducted research on children's perceptions of the origin of babies. Our research confirmed her findings for American children, and showed the same sequences of explanations (from asexual, to pre-sexual, to fully sexual) in all the countries. Our comparative study added new dimensions. Non-sexual responses toward the parental roles in procreation were strongly in evidence up to and including 11 years in American children. While many older children knew "the fact" of sexual joining as one causative factor in procreation, few could put the facts together to make a satisfactory explanation even at 15 years. In the early years, explanations take the form of medical myths, a popular one of which we call "the incubation-caesarean myth." Mother goes into the hospital, the doctors open her up and plant the seed, then sew her up; when the seed has fully grown, she returns to have the baby taken out by being unzipped, as it were, to make birth possible. This type of explanation reflects the mystique of medical practice.

The responses to origins of babies reveal misunderstanding and concretizations of analogies. Practically all of the biological analogies used in explaining conception and birth to children are taken literally. Eggs are perceived as having brittle shells such as those procured from chickens. The seed is seen as growing, like plants, in soil attached to the wall of mother's stomach, watered occasionally by the father's semen.

The questions most difficult for children in all countries were those which dealt with internal, biological processes such as gestation and with the reasons why a baby is born after a certain time. At all ages, the most difficult one of all proved to be on the genetic determination of the sex of a baby as posed in the question: "What decides whether a baby will be a boy or a girl?" A few areas, therefore, appear to be intrinsically difficult for children to understand and would seem to be inappropriate in the elementary school syllabus. But the vast majority of topics relating to sex and sexuality did appear to be best taught at elementary school age levels.

Some Major Conclusions

The results of our study appeared to be influenced by several factors, particularly family size, including the presence of at least one younger and preferably other-sex sibling in the family, and whether the mother worked or studied instead of staying at home. In a larger family children obviously have a greater chance to observe each other and to learn about sexuality from each other. And those children whose mothers went out to work or study, full-time or part-time, scored higher on all scales. We suggest that perhaps the mother who stays at home—devoting her entire life to home and children—may not be the best sex educator of her own children. Curiously, socio-economic status as measured by father's occupation appeared to have no effect on children's sexual thinking, apart from barely significant class differences in the sexual vocabulary results. Contrary to expectations, we can report no important class differences in how children think sexually.

Stages of thought in sequence according to increasing age are to be clearly seen, a spurt of knowledge and understanding occurring at 11 years. Discrediting Freud's latency period theory, overwhelming evidence was produced which reveals children from age 5 to age 15 to be increasingly interested in exploring sexual topics in linear progression with age. Our view is that the latency concept must be recognized as myth, a theory produced to justify other Freudian theories such as oedipal rivalries and castration fears.

We postulate that the retardation in sexual thinking noted here is due to various factors, these including inadequate communication and haphazard, unsystematic teaching; adult inhibitions in using correct terminology and explanations with children; the consequential misuse of sexual euphemisms; and the compensatory and pressing need for children to invent suitable explanations for themselves in the absence of adequate information on any observable natural phenomenon. False analogies about biological processes tend to compound the confusion and further retard understanding.

The vast majority of the children in the countries studied clearly indicated that sex education should be provided in elementary schools. A sizeable proportion of English-speaking teenagers claimed to have received no sex education at school—the greatest incidence of this was in the American sample—and some of them reported no help from parents. A considerable shortfall exists between what the children said they needed to know and what they claim to have received, which in their view is provided too late. The home remains the most cited major source of sex information in the person of the mother, with teachers and the media as secondary major sources. Children have considerable confidence in asking sex questions from mother, little confidence in asking them of fathers, friends, or teachers, unless the last-named are specialist teachers in sex education or related subjects. The indications are that parents, particularly fathers, need assistance in helping them to be more effective sex educators of their own children.

These conclusions should be seen in the context of the earlier maturing and sexual activity of the young in the countries examined in this study. The evidence from the children themselves indicates overwhelmingly that in the English-speaking countries they are inadequately prepared for sexual adulthood. This is especially true of the North American children, but is also a relatively accurate description of the predicament of the Australian and English children.

[A full report of this study, *Children's Sexual Thinking*, by Ronald and Juliette Goldman will be published in the U.S. in May 1982 by Routledge and Kegan Paul, Boston, Mass.—Ed.]

SIECUS Position Statement on Sexuality Education in the Public Schools

The following statement was unanimously approved by the SIECUS Board of Directors at its meeting on November 13, 1981:

SIECUS supports sexuality education in the public schools. Programs conducted by specially trained educators add an important dimension to the sexuality education given children by their families and religious and community groups. Such programs must be carefully formulated by each community in order to respect the diversity of values and beliefs represented in a public school classroom. SIECUS recommends that school personnel, in consultation with community representatives including parents, clergy, and health care professionals, plan and implement public school sexuality education programs with curricula and resources appropriate to the ages of the students.

DO YOU KNOW THAT . . .

NYU/SIECUS 1982 Colloquium

The fourth annual NYU/SIECUS Summer Colloquium will be held in Sri Lanka (formerly Ceylon) from July 26 to August 6, 1982. Participants will not only take part in sessions and activities planned specifically for this Colloquium but will also join the NYU graduate program (being held there June 28–August 20) for lectures, field trips, and excursions. The Colloquium cost is \$500, plus \$2,300 for travel, lodgings, and meals. For further details, write to Deryck Calderwood, Program Director, NYU/SIECUS Colloquium 1982, Department of Health Education, South Building, New York University, New York, NY 10003.

Sexual Issues in Medical Practice

Sexual Issues in Medical Practice, a two-day course designed to improve the physician's understanding of how medical problems and their treatments are affected by, or affect, sexual functioning, will be offered at the Boston University School of Medicine on March 12–13, 1982. For further information, contact: Department of Continuing Medical Education, 80 East Concord Street, Boston, MA 02118.

Sexuality and Disability Symposium

The Fourth Annual National Symposium on Sexuality and Disability will be held June 18–20, 1982, at New York University. For detailed information, write to the conference coordinators Deryck Calderwood, PhD (Human Sexuality Program, 51 South Building, New York University, New York, NY 10003), or Nancy Esibill, PhD (Rehabilitation Counseling Department, 25 West 4th Street, New York University, New York, NY 10012).

Research Notes Editor

SIECUS Report editor, Mary S. Calderone, is pleased to announce that, beginning with the March 1982 issue, the "Research Notes" section will be compiled and edited by Elizabeth Rice Allgeier, Assistant Professor, Department of Psychology, Bowling Green State University, Bowling Green, Ohio.

Resources to Write for . . .

The Politics of Sex Education: Bibliography of Useful Resources, a June 1981 publication by Peter Scales, lists materials helpful in identifying obstacles to sex education, understanding the nature and tactics of the opposition, assessing approaches useful for building community support, and learning about the legal aspects of sex education. Copies of this bibliography may be obtained for \$2.75 each from: Dr. Peter Scales, 1474 South Kenton Street, Aurora, CO 80014.

The Teenage Survival Book, the revised and updated edition of *YOU* by Sol Gordon, has recently been published by Times Books. This guidebook, which includes poetry and cartoons, offers advice on every topic of importance to teens: drugs, alcohol, sex, sexually transmitted diseases, school, parents, lifestyle. It is priced at \$9.95.

Sex Magazines in the Library Collection: A Scholarly Study of Sex in Serials and Periodicals, edited by Peter Gellatly, is a supplement to *The Serials Librarian*. It examines popular and academic sexuality periodicals in their historical and sociological settings, and discusses the problems librarians face in acquiring, processing, and circulating such publications. The monograph also features annotated lists of sexuality periodicals and contains suggestions for improving the cataloging and indexing procedures. This 150-page book, particularly timely in the face of current censorship pressures, can be ordered for \$15.95 (including postage) from: Haworth Press, 149 Fifth Avenue, New York, NY 10010.

Gender Dolls, designed by Nancy Wright and Jim Jackson, are newly available teaching aids for use in sex education and therapy with children, adults, and families, and especially for those with developmental disabilities. The six dolls in the series (adult, child, infant) are handmade of strong double-knit cloth, filled with polyester fiber, washable, and include body hair and genitals; the adult male penis becomes erect; the adult female gives birth. For a brochure and price list of the entire series and of the individual dolls, write to Jim Jackson and Company, 33 Richdale Avenue, Cambridge, MA 02140. Also available from the same address are copies (\$1.00 each) of a paper entitled "Using Anatomical Models and Three-Dimensional Teaching Aids," first presented at the National Symposium on Sexuality and Disability at New York University, June 1981.

Implementation of Family Life Education Curriculum: Teaching Materials and Strategies is a 1981 manual prepared by Joan Benesch, Jean Kapp, and Louise Peloquin for secondary level teachers in the District of Columbia Public Schools. A good model for urban sex education programs being developed under specific objectives and guidelines, it outlines teaching techniques and presents detailed learning activities for 10 topics, including "Communicating About Sexuality," "Self-Esteem and Decision Making," and "Sex Roles and Sexual Identity." To order, send \$17.00 (includes postage) to: Sex Education Coalition of Metropolitan Washington, 2635 16th Street, NW, Washington, DC 20009.

Essentials, a 31-page booklet published by Disability and Sensual Horizons, contains descriptions of various products which may help make sexual enjoyment easier or even possible for disabled people. The listing includes vibrators, prosthetic sheaths, and lubricants. Single copies of the booklet cost \$3.00 (includes postage). To order, write to: Disability and Sensual Horizons, P.O. Box 696, Gracie Station, New York, NY 10028.

RESEARCH NOTES

Subtle Signals: A Content Analysis of Sex Education Books for Young Children

*Kathryn Dohrmann Rindskopf, PhD, and Lisa Cudlip
Lake Forest College, Lake Forest, Ill.*

Young children must grapple with two perplexing questions in the realm of sexuality. One is the issue of existence, of “where did I come from?” The other is the problem of difference, of “what is a girl and what is a boy?” During the past two decades a number of books have explored these questions. Their publication reflects an increasing awareness of how much even young children need honest, factual information about sex, and how much parents need materials that will help them to be better sex educators.

The seeming directness of these books stands in marked contrast to the traditional ways in which we have approached sexual issues with children. In a classic study 25 years ago, Sears, Maccoby, and Levin analyzed the techniques which mothers used to socialize sexual behavior (Note 1). Although these mothers used a variety of methods, they shared the underlying path of avoidance—of information, of direct confrontation, of provocative situations, and of labeling sexual activities and feelings. Such evasion carries an unspoken message: This unnamed, though implicitly recognized, business of sex is mysterious, embarrassing, and shameful.

Overtly, the proliferation of sexual primers for the young might imply that the era of avoidance is past. These books claim to be honest and forthright, to strip away the awkwardness and shame which so often are the partners of childhood sexuality. Before one accepts this claim, however, it is useful to remember that, like the methods of parents, the words and pictures used in books often carry unspoken messages. We all know that books do more than merely transmit information—they also socialize attitudes and values. As we read these sex education books we became curious about their silent statements. Their explicitness at times appeared to be a camouflage for implicit values carried in style and emphasis. We wondered what these values were, and we wondered how they might color children’s understanding of reproduction and sex differences. Although some reviewers had commented on this issue, it appeared that no one had looked at it systematically (Notes 2 and 3).

With these questions in mind, we conducted a content analysis of 23 sex education books for young children (see reference listing for titles). We chose books from the shelves of libraries and bookstores, considering only those that had been published since 1960. Our focus was on those written for preschool and primary age children, and we conducted the ratings with the assistance of a female senior psychology major. We rated only those parts of the books intended for children; our analysis did not include “parent texts.” Reliability between the raters was uniformly high, with differences resolved by discus-

sion and disagreements settled by a flip of a coin. Statistical analysis usually consisted either of t-tests or tests of chi square.

Underlying our analysis were three major sets of questions. The first set concerned gender representation. With what relative frequency did males and females appear in text and illustrations? We were also interested in the relative frequency of male and female participation in reproductive and childcare activities such as feeding, holding, and childbirth. A second question centered on the presentation of intercourse. How was intercourse labeled and described, and how often was it illustrated? What contextual reasons were offered for its occurrence (e.g., love, marriage, reproduction)? What kinds of roles were given to males and females in the initiation and act of coitus? Finally, we were interested in how sex differences were defined. Our concern was with anatomical and reproductive differences rather than with variations in social roles and expectations.

As we considered the results of the content analyses, we were first struck by the female bias of these books. Significantly more females than males appear in both text and illustrations. For textual material, the average female to male ratio is 2.7 to 1.0; in illustrations this ratio is 1.5 to 1.0. A few books evidence near or actual equality in their representations of males and females (see reference listings 1, 8, 12, 23). Knudsen seems to make a decided effort in this regard; his mother and father figures are always pictured together (8). Looking at this bias more specifically in illustrations, we observed that significantly more females are shown holding and feeding children. Only about half the books show a male holding a child; only two picture a male feeding an infant (1, 4). By contrast, nearly all of our sources show females participating in these activities. An analogous finding is that approximately one out of five sources includes the father in illustrations of childbirth (1, 3, 8, 16, 23).

How is intercourse presented? Textually, the majority of our books are quite direct. A total of 74% describe intercourse accurately, using phrases such as “the father puts his penis in the mother’s vagina”; 17% are vague, relying on descriptions such as “your father was inside me” or “the sperm leaves the father’s body and enters the mother’s” (3, 7, 18, 22); 4% completely avoid the subject (16, 20). When it comes to illustrations, however, directness appears to be highly unfashionable. Given that these are picture books, it is noteworthy that nearly half (48%) do not amplify their verbal descriptions of intercourse with illustrations. Even among those that do attempt to portray intercourse pictorially, 42% present humans covered with blankets up to the neck or shoulders. This kind of approach is most glaring in books which have explicitly shown animal

intercourse (2, 9, 18, 22). Only two books present full-length, fully nude males and females in copulation (1, 8).

How is intercourse labeled? In 43% no label whatsoever is given; 39% use the term "intercourse"; 38% use some variation of "making love"; 8% use phrases like "sleeping together." Some books use more than one term. What are the contexts in which intercourse occurs? A few books (17%) are content merely to describe the mechanics of coitus. Most, however, accompany their descriptions with one or more explanations of when or why or to whom intercourse occurs. The most common context for intercourse is love (65%); people have intercourse to show their love or during a "loving moment." The next most frequent reason is reproductive (35%)—when they want to have a baby. Incidentally, only 17% state that people have intercourse even when they don't want to "start a baby." In 30% reasons are offered of specialness or closeness ("they are sharing a personal and special relationship"); 22% suggest pleasure as a motive ("because it feels good"); 22% state that the individuals having intercourse are married; and 17% say that they are "grown up" or "older." The great majority of these books offer just one or two explanations. One, however, offers eight different rationales, ranging from being lovers to feeling sexual (23).

What kind of relationship do males and females have during intercourse? One way of looking at this question is to examine the verbal descriptions for the kinds of words and phrases that are used to indicate who initiates intercourse. In 85% the descriptions use verb forms and sentence constructions which imply male activity and female passivity. An example of this is a phrase such as "the father puts his penis in the mother's vagina." Only two books described coital initiation in a way which we felt implied equal activity (1, 23). One of these books said the following: "Larry slides his penis inside Carolyn's vagina, which stretches open to make room for it. Carolyn likes the feeling of his penis inside her vagina. Larry enjoys the feeling of her vagina around his penis" (23).

A second way to consider male/female relationships during intercourse is through a consideration of sexual positions. Frequently, position can be inferred even when individuals are under blankets or only partially shown. We found that the male is on top 50% of the time; the female is astride 14% of the time; 36% present the couple in a side-by-side position. Finally, we can think about male and female relationships by noting whether equal consideration is given to signs of arousal before or during intercourse. For males, we looked for direct or indirect discussions of erection, either by the use of the term itself or through phrases such as "the penis becomes stiff, hard, and much larger." For females, we looked for discussions of lubrication, again either by the use of the term itself or through phrases such as "the vagina becomes warm and damp." While 30% of the books make a direct or indirect reference to erection, only 9% refer to lubrication (1, 26).

A third task for these books is to help children understand biological sex differences. Sometimes this intent is directly stated, as in "but of course there are some differences between girls and boys." At other times, a comparison is implied by a general discussion of anatomy and physiology. The most commonly used differentiation is that girls have a vagina (96%) and that boys have a penis (87%). Sperm are discussed in 78% of the books and testes in 70%. Ova are mentioned in 78%, while the uterus is described in 74%. Ovaries (57%) and breasts (52%) are also cited frequently. Two interesting generalizations can be made here. One is that there is a significant tendency for books to mention more female than male structures. The second is

that the clitoris is rather anonymous in these discussions. Only three authors chose to include it (1, 13, 23).

As we consider these results, two major themes appear. One theme is that sex education books for young children tend to portray rather traditional sex roles. They feminize the topic of reproduction by disproportionately emphasizing females (in contrast to most books for young children where males are overrepresented), and by discussing more aspects of female sexual anatomy. They also feminize caring for young children by giving females primary responsibility for feeding and holding them. This tendency is not surprising when we consider evidence from a recent study which indicates that sex education and socialization are still the primary province of the mother (Note 4).

The typical approach to sexuality in these books is also traditionally masculine. Men are more likely to initiate coitus. Their sexual arousal is more likely to be described, and they are far more likely to be given a dominant position in intercourse. The male active/female passive model of intercourse is pervasive in our culture, and it is tied securely into the grammar of our sexual language (Note 5). Little wonder that we find its reflection even in the simple speaking of children's books. An issue closely related to this is the frequency of a clitoral taboo, even in those books which cover a variety of aspects of sexuality. Given the importance of the clitoris for female eroticism (and its distinction of being the only human organ that has the sole function of pleasure), its absence is striking (Note 6).

The other major theme of our results is avoidance. Although most books give good verbal descriptions of intercourse, some are vague and a few manage not to mention it at all. Nearly half fail to illustrate coitus, and many of those who do so cover the participants with blankets. Surprisingly, in books meant to be educational, the majority either fail to label intercourse or they refer to it euphemistically. Even those books that elaborate on why people have intercourse seem to be unrealistically limited. For most adults motivations for intercourse are far more complicated than simply being in love or wanting to make babies. In fact, the latter motive is rarely the operative one except in cases of infertility.

As with language, these books mirror the contemporary culture. Twenty years after Sears, Maccoby, and Levin another major study has been conducted on sexual socialization patterns, this time including fathers as well as mothers (Note 4). These researchers find that today's parents are not more open and informative about sexual issues; they are not even "in transition." In the majority of homes, silence about sexual topics is normative; 85% to 95% of these parents have never discussed any erotic activity with their children. In addition, family interactions appear to be structured in ways that minimize sexual questions or interest; parents avoid nudity and even simple physical affection in the presence of their children.

Some qualifications are appropriate. Writing is a process of selection, of emphasis. When writing for young readers, for example, authors will undoubtedly be more selective for the sake of simplicity. Selectivity and avoidance need not be companions, however. In this sample, some of the simplest books are the most honest. Knudsen (8) and Waxman (23) are good examples of this. Emphasis is also the writer's prerogative, and authors emphasize according to their own values and motivations. Similarly, it is important that a diversity of books be available to suit the needs and desires of diverse children and their families. The difficulty here is that uniformity rather than diversity is the norm.

The availability of sex education books in homes and librar-

ies is crucial. The current selection of books presents some obstacles, however. Those parents and teachers who value direct explanations and terminology for intercourse will have to choose books carefully. So will those who wish to see men comparably involved in childbirth and child care. There will be special challenges for those who wish children to learn that men and women are equally erotic creatures. Effective use of these books must begin with an enlightened awareness of the subtle signals they send. Caveat emptor!

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[For more detailed information on this research project, write to: Kathryn Rindskopf, PhD, Assistant Professor, Department of Psychology, Lake Forest College, Lake Forest, IL 60045.]

DO YOU KNOW THAT...

New Bibliographic Index

Scheduled for Spring 1982 publication by Indiana University is the *Bibliographic Index of Health Education Periodicals* (BIHEP) which will provide "keyword" indexing of health education articles from approximately 150 major scholarly periodicals, with the emphasis on articles covering techniques rather than content materials. It will be of particular interest to academic libraries and special libraries which collect health education materials, as well as libraries in health agencies and hospitals. For more specific information, contact William J. Bailey, Editor, BIHEP, HPER Building, Room 116, Indiana University, Bloomington, IN 47405.

Sex and Parenthood Workshop

The National Alliance for Optional Parenthood (NAOP) has developed a special workshop for people who work with adolescents. Entitled "Sex and Parenthood: Helping Teens Make the Connection," and designed to encourage responsible decisions, its scheduled length is approximately two hours, for between 25–30 participants. Those interested in more information about arranging a presentation of this workshop at annual meetings or special conferences should contact Ann Ulmschneider, Program Director, NAOP, 2010 Massachusetts Avenue, NW, Washington, DC 20036.

Chemical Abuse and Sexuality

A conference on Chemical Abuse and Sexuality will be held September 23–25, 1982 in Minneapolis, sponsored by several divisions of the University of Minnesota. While the program is planned for chemical abuse, mental health, or sexology professionals, the information presented will also be relevant to program directors/administrators who wish to respond more fully to sexuality and chemical abuse problems. To receive more details, contact: Eli Coleman, Assistant Professor, Human Sexuality Program, Department of Family Practice and Community Health, University of Minnesota Medical School, 2630 University Avenue SE, Minneapolis, MN 55414.

Sex and Disability Unit Workshop

The Sex and Disability Unit of the University of California (San Francisco) Human Sexuality Program has received funding to provide training in family life education and social skills development for teachers and parents of disabled students. Two separate activities of the project will be conducted during this academic year: *Training in Sexuality and Family Life Education*, April 3–7, 1982 (partial travel stipends will be available for participants); and *Social Skills Development Training* (exclusive of Family Life Education), February 6–7, 1982. To receive an application, write to: Carla E. Thornton, RN, MS, Director, Family Life Education Training Project, Sex and Disability Unit, 814 Mission Street, San Francisco, CA 94103.

AUDIO-VISUAL REVIEWS

These reviews were written by Deryck D. Calderwood, PhD, Director, Human Sexuality Program, New York University; member, SIECUS Board of Directors.

Michael: A Gay Son. 16 mm, color, 28 min. Price, \$450; rental, \$45. Filmmakers Library, Inc., 133 East 58th Street, New York, NY 10022.

Done in documentary style, *Michael* illuminates the problems encountered by gays in "coming out" to their families. While this is an enacted case study, the actors were given their characters and situations and allowed to improvise, thus providing the interaction with a real honesty. Michael, who is in his mid-twenties, gets advice from a gay support group (individuals in this sequence do play themselves) and together they share a variety of the experiences involved in telling their parents of their homosexuality. When Michael meets with his own family—father, mother, older brother, and younger sister—his sister is the only one who is supportive. A family therapist who joins them enables the family members to bring out their real worries and concerns about Michael and what his homosexuality means to them. It is a moving session which clearly points up reasons why gay individuals find "coming out" to their own families the most difficult part of being open about their orientation. It is a worthwhile film for all ages from junior high through adult.

One, Two, Three—Zero Fertility. 16 mm, color, 28 min. Price, \$425; rental \$45. Filmmakers Library, Inc., 133 East 58th Street, New York, NY 10022.

Because of the widespread concern over the rising rates of teenage pregnancy, it is easy to overlook another serious social issue—infertility problems, experienced by an estimated one out of six couples. This presentation is a skillful blend of interviews with both medical personnel and couples working through their diffi-

culty, and of film clips showing ovaries, uterus, and live sperm. It will be reassuring to those whose marriage is marred by the inability to have children. For others, from high school up, it will be a fascinating education and a reminder that we cannot take reproductive capacity for granted. The film describes the various reasons for infertility in both the male and female and what can be done today to overcome barriers to parenthood. We follow one couple who experience the combined difficulties of low sperm count and irregular ovulation through their two years of efforts to have a baby. Surgery, hormone treatment, medication, procedures for enhancing the chances of conception are discussed, as well as the issues related to artificial insemination (with and without the husband's sperm) and to adoption. This film generates a real emotional

impact as we vicariously experience the parents' joy in an ultimately successful pregnancy.

In Between. Three-part, 16 mm, color, 6 to 7 minutes per part. Price, \$245 (includes curriculum); \$15 preview fee (can be applied to purchase price). Memphis Planned Parenthood Association, 1407 Union Avenue, Memphis, TN 38104.

Mark, DeeDee, and Susan, all in their early adolescence, are the main characters throughout the three parts of this film, which deals with the privileges and problems associated with growing up and reaching puberty. Part I focuses on the feelings of frustration generated in Mark and DeeDee by what they consider to be restrictive rules set by their parents, particularly when compared to the seemingly more lenient ones set for Susan. Part II looks at changing body image and the problems that must be dealt with when pre-adolescents look younger or older than their actual ages. The peer pressures, the social embarrassments, and the risks involved in relationships are well pointed up in this segment. Part III shows the dilemmas confronting early adolescents when conflicts arise concerning family expectations, peer pressures, and self-interest. Mark and DeeDee are faced with trying to help Susan out of an awkward and possibly traumatic dating situation without jeopardizing their own interests or risking reprisals from their parents.

The film provides dramatic situations to stimulate discussion and promotes decision-making skills. It is accompanied by a comprehensive curriculum which outlines activities for classroom or group use in the development of: relationships with families, a positive concept of one's self and one's body, and relationships with friends. There are 21 activities clearly presented, each providing motivational questions, specific objectives, a concisely described "learn-

Continued on page 14

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SEXUALITY PERIODICALS FOR PROFESSIONALS: A BIBLIOGRAPHY

This annotated listing of professional sexuality periodicals was prepared by Leigh Hallingby, MSW, MS, SIECUS librarian. All of these materials are available for use at the SIECUS Resource Center and Library at New York University, or for purchase from the sources listed. Single copies of this bibliography are available from SIECUS on receipt of 50¢ and a stamped, self-addressed, business-size envelope for each list requested. In bulk they are: 30¢ each for 5-49 copies; 20¢ each (plus \$1.00 for postage and handling) for 50 copies or more.

Alternative Lifestyles. *Human Sciences Press, 72 Fifth Avenue, New York, NY 10011. Annual subscription: price not yet available.*

This quarterly journal explores the sexual and social dynamics of intimacy both within and beyond traditional conceptions of marriage and the nuclear family. The new editor is Barry Singer of California State University at Long Beach. The first issue under this new publisher is due out in fall 1982.

Archives of Sexual Behavior. *Plenum Publishing Corp., 233 Spring Street, New York, NY 10013. Annual subscription: \$48 individual, \$110 institutional.*

Richard Green, of the State University of New York at Stony Brook, edits this bimonthly journal of research studies on sexual behavior.

Australian Journal of Sex, Marriage, and Family. *Family Life Movement of Australia, P.O. Box 143, Concord, N.S.W. 2137, Australia. Annual subscription outside Australia: \$25.*

Bruce Peterson is the editor of this quarterly journal which is designed to meet the research and information needs of professionals working in the areas of marriage, family, and sexuality.

British Journal of Sexual Medicine. *Medical News-Tribune Ltd., 359 Strand, London WC2R OHP, England. Annual subscription outside Great Britain: £36 (approximately \$68.50).*

A monthly publication for physicians, edited by Eric Trimmer, providing medical information on research and treatment in the sexual field.

Emphasis. *Clearinghouse for Sexuality and Population Education Program Materials, Department of Education, Planned Parenthood Federation of America, Inc., 810 Seventh Avenue, New*

York, NY 10019. Annual subscription: \$5.

Under the editorship of Timothy Lannan, this new publication highlights people, programs, and resources in the field of sexuality and reproductive education.

Gay Books Bulletin. *Gay Academic Union, Inc., Box 480, Lenox Hill Station, New York, NY 10021. Four issues: \$12 individual, \$20 institutional.*

Reviews a wide variety of books and provides brief reports on research, forthcoming books, and other gayscholarship activities. Edited by Wayne Dynes, it is published about twice a year.

Journal of Homosexuality. *Haworth Press, 149 Fifth Avenue, New York, NY 10010. Annual subscription: \$28 individual, \$48 institutional, \$65 library.*

John P. De Cecco, director of the Center for Homosexual Education, Evaluation, and Research (CHEER) at San Francisco State University, edits this quarterly journal. It presents empirical research and its clinical implications on homosexuality, gender identity, and alternative lifestyles.

Journal of Sex and Marital Therapy. *Brunner/Mazel Publishers, 19 Union Square West, New York, NY 10003. Annual subscription: \$24 individual, \$52 institutional.*

Emphasizes new therapeutic techniques, research on outcome, and special clinical problems, as well as the theoretical parameters of sexual functioning and marital relationships. Editors of this quarterly journal are Helen Singer Kaplan, Clifford J. Sager, and Raul C. Schiavi.

Journal of Sex Education and Therapy. *American Association of Sex Educators, Counselors, and Therapists, 600 Maryland Avenue, SW, Washington, DC*

20024. Annual subscription for nonmembers: \$8.

A biannual journal edited by Ruth Hunt, it includes research reports on sexual attitudes and behaviors, as well as on sex education and therapy.

Journal of Sex Research. *Society for the Scientific Study of Sex, Inc., c/o Weinstein, 417 Meadowbrook Drive, Huntingdon Valley, PA 19006. Annual subscription for nonmembers: \$35 individual, \$50 institutional.*

Clive M. Davis, of the Department of Psychology at Syracuse University, edits this quarterly publication. It serves as a forum for the interdisciplinary exchange of knowledge among professionals concerned with the scientific study of sexuality.

Medical Aspects of Human Sexuality. *Hospital Publications, Inc., 360 Lexington Avenue, New York, NY 10017. Annual subscription: free to physicians on controlled circulation basis, \$25 for other subscribers, \$17.50 students.*

A journal covering the physical, psychological, and cultural components of human sexuality and related aspects of family life; published monthly.

Sex Care Digest. *Youngs Drug Products Corporation, P.O. Box 385, 865 Centennial Avenue, Piscataway, NJ 08854. Annual subscription: free.*

This newsletter, edited by Milton J. Brywon, highlights recent news items, research, and publications in the sexuality and reproduction fields.

Sex Education Coalition News. *Sex Education Coalition of Metropolitan Washington, 2635 16th Street, NW, Washington, DC 20009. Annual subscription for nonmembers: \$10.*

Although it is published by a regional group, this periodical's wide-ranging

lead articles, book and audio-visual reviews, and other features make it of national interest.

Sex Problems Court Digest. *Juridical Digests Institute, 1860 Broadway, New York, NY 10023. Annual subscription: \$20.*

This is a monthly summary, edited by Tobias Bund, of state and federal civil and criminal court opinions concerning sexual issues.

Sex Roles. *Plenum Publishing Corp., 233 Spring Street, New York, NY 10013. Annual subscription: \$35 individual, \$115 institutional.*

Phyllis A. Katz, of the Institute for research on Social Problems in Boulder, Colorado, edits this monthly journal. Articles presented are concerned with the basic processes underlying gender role socialization in children and its consequences.

Sexual Medicine Today. *At 257 Park Avenue South, New York, NY 10010. Annual subscription: \$50.*

Published monthly as a magazine supplement to *Medical Tribune* by International Medical News Service, Inc., in Washington, DC. Subscription price

includes both periodicals. *Sexual Medicine Today*, edited by Abraham S. Jacobson, reports on medical developments and treatments within the sexuality field.

Sexual Law Reporter. *At 1800 North Highland Avenue, Suite 106, Los Angeles, CA 90028.*

Will resume as a quarterly periodical beginning in the first quarter of 1982. Yearly 1980 and 1981 supplements are now in preparation under the editorship of Jay M. Kohorn.

Sexuality Today. *ATCOM, Inc., 2315 Broadway, New York, NY 10024. Annual subscription: \$51 individual, \$65 institutional.*

A weekly newsletter, edited by Suzanne Prescod, reporting on important developments of all types within the sexuality field.

Sexuality and Disability. *Human Sciences Press, 72 Fifth Avenue, New York, NY 10011. Annual subscription: \$25 individual, \$58 institutional.*

Ami Sha'ked, of the Institute for Sex Therapy, Education, and Research in Tel-Ahshomer, Israel, and Susan M. Daniels, of Louisiana State University Medical Center, edit this quarterly journal. It

presents clinical and research developments in the area of sexuality as they relate to a wide range of physical and mental illnesses and disabling conditions.

SIECUS Report. *Sex Information and Education Council of the U.S., 80 Fifth Avenue, Suite 801, New York, NY 10011. Annual subscription: \$30 individual, \$75 institutional, \$30 library.*

This bimonthly publication, edited by Mary S. Calderone, features articles, multimedia reviews, book reviews, specialized bibliographies, and resource listings in the field of human sexuality.

Forthcoming

Journal of Social Work and Human Sexuality. *Haworth Press, 149 Fifth Avenue, New York, NY 10011. Annual subscription: \$28 individual, \$36 institutional, \$60 library.*

Will begin publication in spring 1982 as a biannual, with one issue a year devoted to a specialized theme and the second to material of generic interest to social workers involved with the broad range of issues pertaining to human sexuality and family planning. David A. Shore will be the editor.

A-V Reviews, Continued from page 12 ing opportunity," and a list of topics for discussion. This well thought out, creative guide is included with the film when purchased or it can be ordered separately for \$18.00. The film(s) and curriculum make an excellent multi-media resource for working with that difficult age group in the fifth through eighth grades.

Nicholas and the Baby. 16 mm or video cassette, color, 23 min. Price: film \$350, video cassette \$275 (purchase only); film rental, \$35. Centre Productions Inc., 1327 Spruce, Suite 3, Boulder, CO 80302.

This is a unique childbirth film designed for use with children from 3 through 12 years of age and their parents. The film is presented from pre-school Nicholas's point of view. Through a story book which turns into an animated sequence, we watch him learning how babies are born. The live action highlights the interaction between Nicholas and his parents throughout his mother's pregnancy and childbirth. The filmmakers have captured spontaneous, intimate,

and very special moments between Nicholas and his mother, his father, and finally his newly arrived baby sister. The narrated sequences bridging key events are done by Nicholas himself, as well as by his mother, father, and a friend. It is an honest, sensitive portrayal of a birth within a family. There is a detailed Parent/Teacher study guide which includes a vocabulary for children, activity suggestions for siblings and parents to help integrate the new arrival into the family, some hints about dealing with sibling rivalry, and an excellent bibliography for children and their parents. The film deserves the awards it has already received.

Teen Mother. 16 mm, color, 24 min. Price, \$480; rental, \$55. Mobius Productions Film Library, Box 315, 779 Susquehanna Avenue, Franklin Lakes, NJ 07417.

The film begins with the sobering statistic that one out of ten adolescent girls will have to face up to the many problems of early pregnancy. In an engaging introduction, a 19-year-old young woman shares her experiences of preg-

nancy and of the interaction which she, as a single parent, has with her infant son. Enacted sequences depict the personal problems, the difficulties with parents, and the range of "choices" adolescents are forced to face as a result of pregnancy and parenthood. The "problems" are offset to a degree by the narrator's own experiences as she looks on "the bright side," as well as by some more positive episodes enacted in an effort to balance the presentation. The issues are treated without moralizing or preaching. Teenagers as well as parents and educators will be stimulated to thoughtful discussion.

Book Review Correction

The initial sentence in the second paragraph of the review of *Childhood Sexual Learning* (*SIECUS Report*, September 1981, p. 19) should read: "The book is divided into 10 chapters, and although each chapter is written by an author with eminent credentials in that specific field, it is obvious that none of them is as well informed in the comprehensive area of human sexuality."

BOOK REVIEWS

Sex: The facts, the Acts and Your Feelings. Michael Carrera. New York: Crown Publishers, 1981 (448 pp.; \$19.95).

Reviewed by Lorna J. Sarrel, MSW, Assistant Clinical Professor of Social Work in Psychiatry and Obstetrics/Gynecology, Yale University School of Medicine; and Philip M. Sarrel, MD, Associate Professor in Obstetrics/Gynecology and Psychiatry, Yale University School of Medicine. They are also co-directors of the Human Sexuality Program, Yale University Health Service, and the co-authors of *Sexual Unfolding*.

Michael Carrera's book, *Sex: The Facts, the Acts and Your Feelings*, is very much like its author—thoughtful, informed, warm, fun, and attractive. It is also a wide-ranging book which covers almost every imaginable topic in human sexuality in enough depth to inform the average readers without overwhelming them.

The book is divided into two major sections: "Facts and Feelings" and "Acts and Feelings," with the "facts" section comprising the bulk of the book. Chapter topics within "Facts" include (in part) ages and stages, birth control, disability, drugs, gender and sexual orientation, men's and women's sexual systems, pregnancy, and sex education, while "Acts" includes chapters on kissing, masturbation, oral sex, positions, sex during pregnancy, and touching and caressing. Each chapter has the same sub-headings: facts, myths, feelings, relationships, and culture and religion, so that each topic is examined in several lights. In addition, the book is liberally illustrated with good-sized drawings of people and of anatomy. The drawings have an almost photographic reality and are consistent with the tone and philosophy set forth in the text. They are frank and explicit. Some are sensuous—even erotic—but these always show tenderness and warmth. The words and the drawings add up to a song of praise for the gift of human sexuality.

This book, obviously the product of the author's years of experience as a sex educator, shows the respect for facts and the erudition appropriate to a university teacher. It also projects a feeling for "real people" that comes from Carrera's day-in and day-out direct work with teenagers, mothers, "indigenous" workers, nurses, etc. Providing the coherence and a special quality are Carrera's very strong sense of values—his stance is highly moral but never dogmatic or preachy—and his ability to communicate with punch and directness.

The inclusion of a question-and-answer section with each topic provides an excellent vehicle to project Carrera at his best. Take, for example, his answer to this question in the section on breasts:

- Q. "I'm 14 and flat chested. One of my friends told me to wear a padded bra. I just don't know what to do."
A. "Wearing a padded bra ('falsies' as they are sometimes known) may give you some temporary comfort. Padded bras have been used by many women who weren't satisfied with their breast size. However, in your case you still have several years of development ahead of you. It may very well be that your natural breast development program hasn't been triggered yet. Remember also it is important for you to accept your own unique shape. Only you can look the way you do, and becoming content with your individuality will help your growing self-image and your ability to relate to others."

The answer conveys acceptance of the girl's anxiety and the fact that she may well choose to wear padding and yet it encourages her toward the option that would signal psychological growth for her—becoming content with herself as she is.

Staying with the subject of breasts for a moment, *Sex* uses another device we have never seen before: It quotes long

lists of people's one- or two-sentence statements entirely without comment! When was the last time you encountered a professional who could resist the temptation to agree, disagree, or say *something*? On breasts, people say: "I used my breasts in relationships, they gave me power" or "I'm a breast man, so it is important for me to be in a relationship with a woman with big breasts" or "Sometimes I get a sad feeling when I look at my sagging breasts—but life goes on." These sections provide some of the therapeutic effect of a group session in which you hear a wide range of real feelings expressed, check out your own, and end up feeling reassured about yourself and more accepting of differences in others.

At regular intervals in the book parents are reassured that they can trust their own feelings when it comes to dealing with their children's sexuality. As early as page 13 Carrera tells parents who often feel uncomfortable following the expert advice they read in books that it's all right for them to feel and act differently from experts' prescriptions. This is an important statement, one which should help to lower parental anxiety and, on that basis alone, should help parents deal more effectively with their children's sexual behavior and questions.

Sex is astonishing for the sheer amount of material it presents, including significant coverage of medical subjects such as menopause, dysmenorrhea, mastectomy, hysterectomy, herpes, prostatectomy, and more. The facts are well researched, are up to date, and are made comprehensible in brief paragraphs that are tours de force of popular-science writing.

In a book which covers so much ground one almost inevitably finds some errors and omissions. Perhaps these can be corrected in the next (revised) edition, for this book seems destined to be around for a long time. The anatomical drawings in *Sex* are particularly fine but we were disappointed to note that the

Audience Level Indicators: C—Children (elementary grades), ET—Early teens (junior high), LT—Late teens (senior high), A—College, general adult public, P—Parents, PR—Professionals.

vaginal orifice is not drawn as it actually looks. The fleshy protuberances of hymenal tissue which are always present, even after childbirth, are left out. The text is also somewhat misleading with regard to the hymen, stating repeatedly that the hymen "separates" from the vaginal walls. It would have been more accurate to speak of the hymen as stretching or widening or even tearing rather than separating.

Discussions which fall slightly below the excellent standards of accuracy of the rest are those on the topics of sexual function and dysfunction. Here there are some errors in describing normal physiology. The uterus is said to expand during sexual arousal when it merely elevates. The male is said to go through a refractory period "during which he is unlikely to be able to get an erection, let alone maintain it. The refractory period may be a matter of minutes or hours, with the general rule that the older a man is, the longer it will take." Oddly enough, Carrera gives the correct definition of the refractory period on the same page, stating that it is a phase, after orgasm, when a man cannot experience another orgasm. During this period a man certainly does have the possibility of having and of maintaining an erection. In fact, the possibility of continued male arousal and erection following ejaculation is an important point in sex therapy, since it helps couples to break out of the stereotyped idea that ejaculation is a necessary end-point. It is perhaps understandable that even someone as knowledgeable as Carrera made this error since Masters and Johnson's definition of the term "refractory period" was still somewhat confused when they wrote *Human Sexual Response* and has been a source of confusion to many professionals.

In the section on sexual dysfunctions there is a notable omission: No mention is made of sexual aversion which has been so well described by Masters, Johnson, and Kolodny. On the subject of vaginismus Carrera uses the traditional definition—vaginal muscle spasm which makes penetration impossible. Given this definition, vaginismus is correctly stated to be relatively rare. We regret that Dr. Carrera was not familiar with our writing on this topic (in *Sexual Unfolding*, 1979) in which we offered a much more clinically useful definition that includes muscle tension which makes penetration painful and difficult. This definition permits diagnosis of the cause of painful intercourse in many,

many women and Sex could have alerted many couples to its prevalence and clinical signs.

The chapter on contraception is generally excellent, particularly in its discussion of myths and of feelings. However, the statement that a cervical cap is about as effective as a diaphragm is misleading. There have not been any reports of adequate studies of the cap in the United States but preliminary data from studies now in progress show a much higher failure rate for caps than for diaphragms. Unfortunately this data would not have been available to Carrera before his book went to press.

It is certain that *Sex: The Facts, the Acts and Your Feelings* will be widely sold and widely read. We in the field of human sexuality can rejoice in this certainty for several reasons: because the book will truly enlighten many thousands of people, because it will help untold numbers of men and women to feel easier and more comfortable with their own and their children's sexuality, and—last but not least—because it will improve the public's perception of sex educators, counselors, and therapists.
ET, LT, A, P, PR

Sexual Variations: Fetishism, Sadomasochism, and Transvestism. Chris Gosselin and Glenn Wilson. New York: Simon and Schuster, 1980 (191 pp.; \$12.95).

Reviewed by Eileen Higham, PhD, Certified Psychologist; Assistant Professor of Medical Psychology, Psychohormonal Research Unit, The Johns Hopkins University and Medical Institutions, Baltimore, Md.

The sexual disorders are as much of an enigma to today's sexologist as they were to Krafft-Ebing almost a century ago. While he emphasized inborn, constitutional factors—degeneration resulting from an invalid brain—he also left the door open to the effect of life events. Freud, in contrast, emphasized experiential factors, especially in early life, but always pointed to the role of constitutional factors in the integration of experience and ego development. The interaction of nativistic and biographic variables, implicit in the works of Krafft-Ebing and Freud, is now coming into the forefront of sexologic research. The recent report from the Kinsey Institute on homosexuality is a prime example. Unfortunately, the specification of the relevant variables, constitutional or bio-

graphic, cannot yet be accomplished.

In *Sexual Variations*, Gosselin and Wilson attempt to relate three relatively harmless erotic sexual practices, fetishism, sadomasochism, and transvestism, to personality characteristics. In contrast to the psychiatric population typically studied, individuals investigated were not perturbed by their unconventional sexual fantasies and practices. The study group comprised 643 subjects: 543 men, all members of groups with like-minded erotic interests; their 50 male controls; a contrast group of 25 "dominant" women; their 25 female controls. Data were obtained mainly from two self-administered questionnaires, the Wilson Sex Fantasy Questionnaire providing measures of sexual fantasy and sexual activity, and the Eysenck Personality Questionnaire yielding measures of extraversion, neuroticism, and psychoticism.

The results showed that of the sexually variant groups, all but the leather fetishists had somewhat higher scores on introversion than the control groups. In examining a few case histories obtained from the study group, and data obtained from other studies, the authors conclude that unconventional sexual behavior is "the logical though unfortunate reaction of a generally shy, introverted and emotionally over-sensitive child to a restrictive sexual upbringing" (p. 168). Since Eysenck considers the personality traits measured by his questionnaire as reflections of genetic differences in temperamental styles, it is possible to conclude that the constitutionally vulnerable individual is most likely to be affected by adverse experiences especially in the early years when gender identity, whether male, female, or twisted and confused, is imprinted.

The overall impact of the book suggests that an attitude of nonjudgmentalism and respect for the variability inherent in all aspects of human behavior is conducive to healthy sexual development. Other than emphasizing the importance of permissive attitudes toward sexuality in children, the book fails to provide additional clues regarding the etiology or prevention of sexual disabilities. One major problem in this regard stems from the failure of the authors to properly classify the disabilities studied. Transvestism is a gender transposition, while fetishism and sadomasochism are paraphilias. In the gender transpositions, sexual behavior varies from that expected on the basis of the individual's reproductive status; a

transvestite, for example, enjoys doing some things which are conventionally feminine. In fetishism and sadomasochism, however, the stimulus for sexual behavior is excessive or bizarre and in some instances harmful. It is possible that the variable associated with the gender transpositions differ from those associated with the paraphilias.

This book is recommended as an interim step in our growing understanding of the sexual variations it discusses. **PR**

Sexual Medicine and Counseling in Office Practice: A Comprehensive Treatment Guide. Dennis J. Munjack and L. Jerome Oziel. Boston: Little, Brown, 1980 (466 pp.; \$15.95).

Reviewed by Daniel H. Labby, MD, Oregon Health Sciences University, Portland, Ore.

With a high degree of success, this fine book delivers what it promises in the preface: a treatment-oriented manual written to present sexual information for the office practitioner in digestible and usable form. The authors state that, despite the substantial amount of new information in the last decade about human sexuality and techniques for successful treatment of its dysfunctions, no manual actually exists that focuses primarily on sexual therapies. This is probably not entirely true, considering the recent books ranging from the broad textbook format, to that of in-depth coverage of therapies, to such handbooks as those by Kolodny, Masters, and Johnson; Kaplan; LoPiccolo and LoPiccolo; Leiblum and Pervin; and Kentsmith and Eaton. All of these have their areas of focus and emphasis that vary from social commentary, to clinical descriptions of the sexual dysfunction syndromes, and to the therapies which themselves range from behavioral to combined and to psychoanalytic. Some, in fact, are broad collections edited to present points of view of many authorities.

The present volume reflects the impressive experience of two collaborating colleagues, one a physician and the other a psychologist. The result is a most important contribution to the field of sexual therapies.

The first half of the book, occupying a little over 200 pages, covers the fundamental principles of sexual counseling and thus provides the necessary background for an understanding of how, why, where, and when sexual dysfunction

may arise. After a review of the elements of the sexual history and the physiology of human sexual response, the physiology of sex hormones is well presented. The next six sections discuss in very clear and readable style the problems of sexuality in the course of various systemic disorders, such as cardiovascular disease, psychiatric illness, and anatomical changes due to injury or surgery. The ensuing sections relate to the effects of drugs on sexual response, and to the questions of sexual activities during pregnancy and in aging. The last section deals with the counseling of patients with common sexual problems.

The second 200 pages of the book outline in exquisite detail the problems involved in advanced sexual counseling. They cover such fundamental issues as the use of the sensate focus experience, desire phase dysfunction, erectile dysfunction and premature ejaculation in the male, and orgasmic dysfunction in the female. Two sections cover the problems of generalized sexual inhibition in women, and vaginismus. The last chapter gives concise, practical guidance to physicians who, for one reason or another, may choose to refer a sexually dysfunctional patient rather than pro-

vide the treatment themselves. A complete and dependable index is provided as are numerous references appended to each chapter.

Much of the essential appeal of this book is in its detailed delineation of the modeling of language so essential in talking to a wide variety of patients, and in the general management of the encounter between therapist and patient. It is obvious that the authors have kept very careful notes in the course of their work and it would indeed be a rare clinical situation that has not received consideration somewhere in the second half of this book.

Sexual Medicine and Counseling in Office Practice is recommended for its extraordinary readability and the fine judgment that has gone into the case selection. The rich use of language modeling to cover both common and difficult situations enables any counselor to extract what is relevant and useful for his personal style. Overall, the authors have succeeded in blending effective sex education into their therapeutic style. It should appeal widely to all physicians with any interest whatsoever in the sexuality field; to mental health workers, sexual counselors and therapists; and certainly to medical students and residents whether or not they are or have been involved in human sexuality courses, for the certainty is that they are or will be involved with those who, in addition to being *patients* with medical problems, are also and inevitably *people* who have sexual concerns. **PR**

Sex and the Mentally Handicapped. Michael and Ann Craft. Boston: Routledge and Kegan Paul, 1978 (112 pp.; \$12.50).

Handicapped Married Couples: A Welsh Study of Couples Handicapped From Birth by Mental, Physical or Personality Disorder. Ann and Michael Craft. Boston: Routledge and Kegan Paul, 1979 (200 pp.; \$25.00).

Reviewed by Linda Andron, MSW, Clinical Social Worker and Lecturer in Psychiatry and Bio-behavioral Sciences, University of California, Los Angeles; psychotherapist in private practice.

The stated purposes of *Sex and the Mentally Retarded* are: (1) to explain the need for sex education and counseling for the mentally handicapped, and to

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offer suggestions on programs and audio-visual resources available; and (2) to illustrate the possibilities and advantages of marriage for mentally handicapped couples. These two seemingly different topics are very appropriately combined and are presented thoroughly and succinctly.

In Chapter 1, the Crafts deal with the myths regarding sexuality and the mentally handicapped, citing relevant literature and research. Chapter 2 considers the often-asked question, "Is ignorance bliss?" A strong case is made in support of the need for and the efficacy of offering sex education and counseling to mentally handicapped individuals. The critical issue of risk-taking is addressed and answered most emphatically: "Some of the risks are warranted because the potential prizes of happiness, partnership, and joint enrichment of life are so worthwhile; and the dangers of apathy, loneliness, and atrophy are too common within institutions and without."

The Crafts then provide an interesting view of psychosexual development and the problems of adolescence. The latter are presented in the form of a hypothetical case study followed by a discussion of the issues of parental dilemmas, contraception, and sterilization. We are now asked to consider, "Can the mentally handicapped love like other people?" Case histories are used to provide an answer to this provocative question and emphasize that "the way we love, the way we behave towards the person we love, largely follows from what we have experienced in the past. Thus, the range of emotion and feelings generated by interpersonal relationships is due not to the degree of mental handicap, but to the life experiences of each partner." The chapter closes with the heartening belief that love may even decrease retardation.

We now move on to the question of how the mentally handicapped actually fare in marriage. Findings from two extensive studies are presented, followed by detailed case histories. Positive companionship and the increased happiness reported by the couples are stressed.

The next chapter focuses on the question of the law and its effects in allowing care staff to help the mentally handicapped. Although this deals with the situation under English law, American readers may still find it valuable. A timely discussion of the employment of sexual surrogates to help overcome specific sexual dysfunctions is presented. The

next chapter returns to the first purpose of the book—namely, to offer suggestions on programs and on the setting up of sex education courses.

The concluding chapter presents the specifics of a policy on interpersonal relationships developed at a hospital in the United Kingdom. The appendices provide a list of resources and session-by-session plans for courses and workshops.

This book provides important information for a wide audience. Those working with families will find it especially helpful not only in updating information and clarifying their own attitudes, but also as a direct resource for parents who will find many of their questions answered and their fears allayed. The book's language is easily readable and its case-history approach appealing.

In *Handicapped Married Couples* the Crafts go on from their preceding work in *Sex and the Mentally Retarded* to look more deeply into the issue of marriage. The book is concerned with 45 married couples, examining the delivery of services at both the personal level by spouses to each other, and at the professional level by the agencies involved. Each of the marriages studied has at least one partner with an I.Q. below 70, with 79 of the 90 spouses having been labeled as handicapped.

Fear is often expressed that marriage of the disabled will compound the handicaps of the partners. This study, like several preceding ones, has shown that the spouses in fact support each other and that most feel their circumstances have improved with marriage. The Crafts challenge us to move on to consider the possibility that the care that handicapped people can offer each other may in fact minimize their handicaps and be as important to their well-being as the support they receive from professionals.

These positive results are particularly significant when the nature of the sample is taken into account. Couples were referred to the authors by professionals who were often working with them at the time. Thus the population is heavily weighted with those requiring current help and services, suggesting a poor prognosis. Along with the authors, I speculate as to how many other couples there may be who function in the community without clinical help.

In reading the chapter on the results and the case studies, American readers may find it difficult to fit their own frame of reference into the English diagnostic

nomenclature, and may be somewhat confused by the terms used in describing the service delivery system and housing accommodations. It is interesting to note that both of the significant contributions to the literature in the area of marriage for those labeled mentally handicapped have come from English sources. The other significant work is that of Janet Mattinson, entitled *Marriage and Mental Handicap* (Duckworth, 1970).

In evaluating the success of the marital relationships they studied, the Crafts have employed Mattinson's descriptive categories. Thus the observers' assessment is used to rate the marriages as mutually supportive (40%); affectionate but with some symptoms of stress (31%); one heavily dependent, no resentment (6.7%); one heavily dependent, some resentment (8.9%); acknowledged unsatisfactory, but strong negative ties (4.4%); widowed (2.2%); separated (4.4%); divorced (2.2%). Rich case studies are then presented within each of these categories.

The important and often discussed issues of childbearing and rearing by this population are discussed at some length even though the studied group had few children and most were too young, at the time of writing, to be tested conclusively in regard to intelligence. The couples' feelings about birth control and their ability to use it are also discussed.

The next chapter is devoted to an explanation of the differences the authors see between those with I.Q.'s below 70, and those with I.Q.'s over 70 who, they believe, are functioning in the dull-normal or sub-normal range due to gross adverse environments in their childhood. They believe that improvements can occur with treatment and/or maturation. Five detailed case histories are presented. The American reader may find that the people the authors described as personality disordered will not fit our DSM-III psychiatric classification system currently in use. It would be helpful if clinicians and researchers in this country, working with populations with similar histories of deprivation to those of the authors, would report on and compare their experiences.

Two chapters are devoted to the concept of the "problem family" and the authors outline a program designed to forestall the situations that create these "families without hope." This involves the setting up of a counseling and support system with specific actions to be taken during the four stages of a developing relationship—friendship, "going

steady," engagement, and marriage. (Hearing about private rooms to accommodate married couples within institutions, the American reader may feel that the British are not only a few jumps ahead of us in publishing materials in this area, but also in their service delivery system.)

We welcome both the Crafts' contributions to the field of sexuality and marriage of the mentally handicapped. We look forward to the new work they are editing on counseling. This will bring together not only their own experience, but that of many other clinicians, educators, and researchers in both the United Kingdom and the United States. **PR**

Sex and Birth Control: A Guide for the Young. Revised edition. E. James Lieberman and Ellen Peck. New York: Harper and Row, 1981 (277 pp.; \$11.95).

Reviewed by Helen Southard, MA, Consultant in Personnel and Training, National Board, YWCA, New York City; author, Sex Before Twenty (1971).

Although subtitled "A Guide for the Young," this book contains material that will be useful to both youth and the adults who relate to them as parents, teachers, and counselors. Furthermore, it is a delight to read, as was the earlier edition. The format of the revised version is improved in many ways; tables are sharper and type styles have a good balance.

The text is not radically different from the 1973 version except that topics have been updated on the basis of current research, such as in the case of IUDs and the reported effectiveness of foams, creams, gels, and tablets. The areas included and the flow of content are the same as in the earlier edition. Chapters deal with abstinence, the rhythm and reproductive cycle, the condom, the pill, the intrauterine device, the diaphragm, vaginal foams, creams and gels, and other contraceptives that are less effective. Sterilization and abortion are included, as is the subject of venereal disease. In the chapter on VD, the authors have provided a new expanded table that summarizes a variety of venereal diseases and lists early symptoms, mode of transmission, diagnosis, and complications. In addition to gonorrhea and syphilis, the new table includes information on some of the sexually transmitted diseases that are currently being brought to public attention.

Research on teen sexuality and questions raised by young people form the core of the book's content, thus assuring a message relevant for today. In concluding chapters, the authors discuss the future of marriage and parenting and questions of what may be considered "moral." At the end of the book there is up-to-date information about where to go for advice and services.

Peer counselors as well as adults should own and study this book in order to ensure provision of sound information for those who do not read easily. As the authors point out, students today are demanding accurate information about some of the serious problems they face, but because some people are convinced that giving information about contraception inevitably leads to sexual experiences, such knowledge is often withheld or given in such vague terms that it is useless or, even worse, harmful.

In all areas, the authors are straightforward, understanding in their approach, and nonjudgmental, while at the same time presenting the factual material in ways that do not leave readers confused about the consequences of whatever decisions they may make. The approach of the book is: here is what is happening today; here are the needs of young people as they themselves have described them; here are the latest facts; here are some hot lines to call and places to go to for services. This is exactly what is needed today—a compendium of vital information, with the content presented in such a way that the reader feels the warmth and compassion of human beings talking with one another in concern and understanding. **LT, P, PR**

Sex Differences: Mental and Temperamental. John P. Seward and Georgene H. Seward. Lexington, Mass.: D. C. Heath and Co.; 1980 (215 pp.; \$22.95).

Reviewed by Nancy B. Blackman, PhD, Department of Human Development, Counseling, and Family Studies, University of Rhode Island, Kingston, R. I.

This book, a presentation of significant recent research on sex differences, is basically a summary of the most well-known studies dealing with such topics as mental ability, cerebral asymmetry, activity level, fear, and anxiety. Its stated purpose is to investigate "to what extent sex differences are biologically or socially determined." The central hypothesis of the authors is that sex dif-

ferences are to "some degree the product of biological selection" and that "certain biological adaptations are obsolete." Although the collection of studies is exemplary, in light of recent thinking on the early permanence of gender socialization, the results of much of the research cited are predictable. We know that gender socialization constructs our earliest, most pervading psychological realities and governs all that follows.

In terms of human sexuality, in the chapter on masculinity and femininity, their conclusion concerning data on homosexual personality traits is "that we see sensitivity offset by unconventionality," and in women, "independence coupled with poor social adjustment." A more detailed treatment of homosexuality is found in the chapter entitled "Genetic and Hormonal Deviations" in which they conclude that the major factors "in homosexuality" are "disturbed child-parent relationships" and, in the case of lesbians, "a lack of security in their family backgrounds." A more balanced presentation of the complexity of these issues and the diversity of "homosexualities" would have enhanced these chapters.

Although the basic premise of this book is that with many issues of sex differences the causes are socialization, there is present a current of biological determinism in regard to women's issues. The authors point out that Israeli women abandoned feminism to return to femininity—thus concluding that even when given equal status women seek the private domains of service and teaching. The same pattern is mistakenly perceived in the Soviet Union and Cuba. The authors write: "By denying the gross differences in structure and function that separate the sexes and demanding identical roles in an effort to ensure status equality, women have done themselves the injustice of suppressing their distinctively female sources of satisfaction."

The above statement is symbolic of another ambiguity the book represents. Many of the studies cited are laboratory studies done in the 1960s. Since then a great deal of re-thinking about research design and methodology in relation to gender bias has been accomplished. The work of Bronfenbrenner on the "ecology of human development" has also pointed out the ambiguity of laboratory studies on developmental issues. It is the subject's and examiner's perceptions of the global context which can be critical

factors in any methodology examining sex differences. When reading this book in the 1980s, one perceives that the de-emphasis on this aspect of sex-difference research clouds some of the conclusions of the data presented.

The book would be useful as a brief reference work on important studies of sex difference. It could also be helpful for undergraduates as a supplement in psychology and related courses, or as an introduction to work specifically in this area of study. **PR**

Sexual Rehabilitation of the Urologic Cancer Patient. Andrew C. von Eschenbach, ed. Boston: G. K. Hall Medical Publishers, 1981 (322 pp.; \$39.95).

Reviewed by Vincent Longo, MD, Chief of Urology, Lawrence and Memorial Hospital, New London, Conn.; AASECT-certified sex therapist and educator.

Cancer of the urinary system and male genital tract accounts for approximately 16% of all malignant diseases. This collection of articles, derived from material presented at a 1979 seminar at the University of Texas System Cancer Center in Houston, will thus be an important resource for urologists and others charged with the care of urologic cancer patients (nurses, stomal therapists, sex therapists, social workers, and family practitioners). The emphasis is on quality of life and how it can be improved for such patients.

The list of contributors is an impressive one, and includes many leaders in various disciplines. The opening chapter by von Eschenbach defines the broad spectrum of sexual problems presented by victims of urologic cancer, problems which begin with the onset of symptoms and the diagnosis. Rodriguez then deals with the nurse's role in discussing sexual concerns with both the patient and his/her partner. Laurence's chapter on the legal implications for the health care professional includes practical advice concerning malpractice in this delicate area. In the ensuing essay on the arts of theological interpretation and of pastoral care, Mahnke emphasizes a holistic approach to problems in shoring up the patient's sense of identity—a process that includes sexuality.

Chapters 5 and 6 (by Benson, Lipschultz, and McConnell) present a detailed analysis of anatomy, the hemodynamic aspects of erection, and neuro-

physiologic data involved in the sex response cycle. Emphasis is on the need to understand normal sexual function in order to comprehend the dysfunctional urologic cancer victim. Swanson, in Chapter 7, then considers the impact of cancer of the prostate on sexual function, as well as the results with the various surgical, radiation, and endocrine therapies. Psychological effects of ejaculatory and erectile impotence are considered, as are the sexually dysfunctional results of therapy in cancer of the bladder in women.

Chapter 8, on cancer of the testis, penis, and urethra by Bracken, discusses the mutilating and interfering effects of partial, as well as total, penectomy, surgical castration, and the treatment of metastatic disease. The problems of semen storage and fertility are also considered.

Ver Steeg stresses the importance of developing a sexuality assessment, since any attempt at rehabilitation following therapy of genito-urinary cancer must have as its foundation an in-depth understanding of the needs and desires of each couple involved. Preoperative assessment of the sexual patterns of the couple is vital, and the author's detailed question and answer format is highly useful.

Karacan, Scott, Moore, and Williams' chapter, "Erectile Impotence in Patients With Genito-Urinary Cancer," states that a consideration of nocturnal penile tumescence is useful in the objective evaluation of erectile capacity. Chapters 11 (Butler) and 12 (Zissok), stressing the holistic approach (as do so many of the articles in this volume), detail the importance of psychological evaluation and of the concomitant determination of the need for psychiatric intervention. The psychiatrist's role in education and support of the staff is emphasized. Next, "The Forgotten Spouse," in which Saenz reports on interviews with wives whose husbands had undergone radical cystectomy, outlines how to manage frustrations and conflicts resulting from the spouses' sexual impairment.

In the next two sections, which are especially well written, Finney, Scott, and Kantzavelos present clear, scholarly explanations of the treatment of erectile impotence with prostheses, with emphasis on the high success rates with Finney's semi-rigid prosthesis and the greater number of problems with Scott's inflatable device. Edwards, Loeffler, and Rutledge (Chapter 17) consider the surgical procedures and postoperative care

involved in reconstruction of the female structures that are part of sexual functioning, highlighting the paramount importance of counseling and support in order to minimize the often devastating emotional impact. They stress the compensatory importance of total body response orientation of patients.

In the penultimate chapter, Ver Steeg presents a direct but sensitive view of various methods of sexual expression, discussing grooming, environment, fantasy, and the importance of sensate focus and mechanical devices, as well as erotic material to stimulate fantasy. There is a valuable appendix which lists materials helpful to the ostomate.

The final chapter, devoted to discussions of specific cases by a panel of experts, considers many of the recommendations and problems described in the preceding sections. This "how I do it" approach is particularly helpful in the practice of sexual rehabilitation.

In summary, this is an extremely valuable book which should be part of the library of any individuals involved in the total care of patients with urologic cancer; certainly it should be on every urologist's desk for ready reference. Additionally, medical students and residents should be encouraged to take a look at it, if only to sensitize them to the impact that interference due to illness or surgery may have in the sexual life of the human being. **PR**

Pornography and Silence: Culture's Revenge Against Nature. Susan Griffin. New York: Harper and Row, 1981 (277 pp.; \$12.95).

Pornography: Men Possessing Women. Andrea Dworkin. New York: Perigee Books, 1981 (300 pp.; \$5.95).

Take Back the Night: Women on Pornography. Laura Lederer, ed. New York: William Morrow, 1980 (359 pp.; \$7.95).

Women, Sex and Pornography: A Controversial Study. Beatrice Faust. New York: Macmillan, 1980 (239 pp.; \$11.95).

Reviewed by Anne Backman, MA, SIECUS Publications Officer.

"Pornography" is once again a loaded word. The United States Commission on Obscenity and Pornography in 1970 reached the decision that the effects of pornography (which was defined as "explicit sexual materials") are negli-

ble. Not all people agreed. In the late 70s, feminist groups became alarmed not only at the increase in available pornographic materials but also at the increased portrayal of violence directed at women. They banded together in a strong effort to make the general public aware of the situation, and urged that some sort of restrictions be placed on the dissemination of materials they considered to be highly destructive and dangerous to women and to society as well. Relay teams of a highly vocal and well-organized conservative portion of our population have now grabbed the baton and are running "heaven bent" not for some sort of rational solution but for outright censorship. And their definition of pornography includes all the clichéd and hoary notions of the inherent evils of sex. It's fairly certain that they will not read books such as those listed above—they're too busy organizing library-raiding parties to rope and hog-tie such "bad guys" of the book world as *Catcher in the Rye*, *The Grapes of Wrath*, *A Farewell to Arms*—and of course *Our Bodies, Ourselves*. But for those of us who are suffering from a "cognitive dissonance" deriving from the incompatibility of fear of censorship and fear of the possible destructive effects of pornography, these books will give us all sides and angles of this controversial issue, and help us individually to develop a constructive and informed point of view. And, in my opinion, we do need to think seriously about the pornography profile for the 1980s. The day I sat down to write this review, the *New York Times Magazine* (September 13) featured an article detailing the burgeoning field of production and marketing of pornography for cable and cassette viewing in private homes all across the country. Is anyone watching the store? Should the store be watched?

Reading all of the above books won't spell out answers for you but they will give you a great deal to think about, and they all make valid points, albeit in different tones of voice.

In *Pornography and Silence*, Griffin's thesis is that pornography expresses a "fear of bodily knowledge," a fear of nature, a fear of death; and since women instill desire, and "turn men into animals" or a part of nature, they must be transmogrified into objects so that they can be "controlled," thus bringing about "culture's revenge against nature." Griffin is strident at times, and somewhat repetitive, and her equating of pornography with Christian metaphysics and

the Nazi philosophy may be stretching her argument beyond its limits; but much of what she says strikes home. Her discussion of sadomasochism is worth reading whether you agree with it or not.

In *Pornography: Men Possessing Women*, Dworkin states: "Male power is the *raison d'être* of pornography; the degradation of the female is the means of achieving this power. . . . The most enduring sexual truth in pornography—widely articulated by men to the utter bewilderment of women throughout the ages—is that sexual violence is desired by the normal female, needed by her, suggested or demanded by her. She denies the truth that pornography reveals." Dworkin presents an impressive array of cogent arguments, although her shrill anger perhaps too often dulls the sharp edges of her reasoning.

Take Back the Night, edited by Laura Lederer, is a collection of sincere and for the most part rational "speak-outs" by women concerned with the increase of violence in pornography. As the editor expresses it: "Until recently there have been only two sides to the pornography issue: the conservative approach which

argues that pornography is immoral because it exposes the human body; and the liberal approach, which presents pornography as just one more aspect of our ever-expanding human sexuality. This book presents a third and feminist perspective: that pornography is the ideology of a culture which promotes and condones rape, woman-battering, and other crimes of violence against women." Some of the expressions of this perspective—expressions reflecting genuine pain and concern—do seem overwrought, but only at first reading. For if a situation exists that seems to demand our serious consideration, will we be aroused to action by a prim and proper podium lecture?

Perhaps the least emotional approach is offered by Faust in her *Women, Sex and Pornography*. The author's definition of pornography offers a clue: "an aesthetic genre that presents a variety of sexual material by emphasizing content at the expense of all other considerations." She points out that in most other cultures there is a rich tradition of erotica, "sexual material with a secure place in artistic and literary traditions, and in philosophy and religion," in which "matter is subordinate to manner, content secondary to form." Pornography, on the other hand, with its anonymous style and stereotypical content ultimately becomes stultifying, which means that pornographers must continually offer more variety, more shocks, more violence, in order to continue to attract consumers.

On a more analytical level, Faust presents a well-outlined argument concerning the psychological props behind pornography. According to her theory, "when sex is suppressed in the official culture, it will surface unofficially in perverse and ugly forms, pointing up the most crucial psychological differences between male and female sexuality." Men react to visible images; their pinups have bodies but no names; they are "taught" not to touch or be affectionate; their aggression is rewarded; they are performance-oriented. "You look good to me, so why not go to bed?" Women seek affection, the personal approach; they like to be "touched"; they react to tactile and kinesthetic stimuli; and are process-oriented. "I thought we were going out for a nice quiet dinner." So Faust argues, is it any wonder that male sexuality is stimulated by pornography?

Faust suggests that censorship of pornography will not help separate sex and

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aggression. Instead, she tells us that the first step "is to explore sex differences between men and women. . . . Understanding [these] sex differences and spreading understanding through formal sex education programs that reach all children in their primary school years are an important part of the reculturation of sex in Western society." While her ideas won't produce either dagger-filled glares or an open checkbook, they do seem calmly solid and rational, and perhaps worth working on. But they'll take time. And those cable television films and those cassettes (\$69.95 each to buy, or \$10 each for a two-day rental) are already a part of today.

I recommend all these books. Plus a marvelous summary of the whole picture—"The Politics of Pornography" by Deirdre English, from the April 1980 issue of *Mother Jones* (625 Third Street, San Francisco, CA 94107). **A, PR**

Sensual Pleasure: A Woman's Guide. Eva L. Margolies. New York: Avon Books, 1981 (176 pp.; \$4.95).

Reviewed by Pamela Freeman, MSW, therapist, Women's Sexuality Collective, Philadelphia, Pa.

This book is another in the recent spate of self-help books on female sexuality. Here the focus is on orgasm through intercourse, without the use of direct manual stimulation. The book's premise, to paraphrase Margolies, is that women who cannot achieve orgasm without direct clitoral stimulation should put on their boxing gloves and go into training to learn how to pursue aggressively the big "O" through intercourse.

In the introduction, the author herself states that only 30% of the women in the *Hite Report* were able to climax regularly through intercourse without simultaneous manual stimulation of the clitoris. Margolies implies that the other 70% do not do so simply because women have never been taught how, nor apparently have they tried. This superficial explanation does not acknowledge the many clinical debates about what the barriers to orgasm through intercourse may be, such as anatomical variability.

The tone of the book is at times extremely condescending. It deprecates the struggles women have engaged in over the last decade to reclaim and feel better able to deal with their own sexuality. For example, Margolies states that

"the feeling that sex can be satisfying even without achieving climax is a cop-out for we haven't put our orgasms on an equal plane with those of our partners." This degrades women who have learned to relax and find sex pleasurable within their own definition. Implicit here is the message that, if a woman does not achieve orgasm when she has intercourse, she is not really taking care of herself. It also ignores the data from numerous studies, such as those by Fisher, Kinsey, Kaplan, and Hite, which indicate that the majority of women do not experience orgasm regularly as a result of intercourse. This brings us back full circle to the Freudian model of female sexuality, which essentially says that women who cannot achieve orgasm are "immature."

"Masturbation advocates" are criticized for failing to realize that self-stimulation, while it can be an introduction to orgasm, can also be one of the strongest barriers to reaching orgasm through intercourse. One gets the feeling that masturbation is considered passé since the implication is that one can develop a masturbation dependency. Obviously, any form of sexual behavior that is routinized and repetitively played out can become a barrier to learning a new form of sexual behavior. But masturbation is just one form of sexual expression along a continuum of sexual behavior, an expression which has allowed the majority of women who practice it to get in touch with their own unique sexuality in a very direct way. Also, it has been shown that women who can experience orgasm through masturbation have a better chance of achieving it during intercourse.

Those readers who can get past the condescending tone of the book will find some redeeming qualities. The chapter on partner problems provides women with a model of male sexual function and dysfunction which they can use to identify similarities and differences in their own sexual profiles. This is particularly helpful for women who have had little sexual experience or experience only with sexually dysfunctional men. Lacking information, some women find it easier to blame their partners, withdraw sexually, and/or block their own sexual feelings. The chapter on sensual awareness is helpful both for those women who feel there is "nothing new" and for women inexperienced in sensual self-exploration. Margolies also suggests some exercises that are not explicitly sexual but which

will reinforce women's need to explore and identify new feelings.

In summation, this book, written for women whose primary goal is to achieve orgasm through intercourse, does not provide much new information for professionals working in the field.

Censors in the Classroom: The Mind Benders. Edward B. Jenkinson. Carbondale, Ill.: Southern Illinois University Press, 1979 (184 pp.; \$13.95).

Reviewed by Paul B. Dearth, DPH, Associate Professor, Health Education, University of New Mexico, Albuquerque, N.M.

One of the major issues in education in the 1980s may well be "censorship." In *Censors in the Classroom*, this issue is carefully and thoughtfully delineated as the author describes actual examples of censorship in public schools throughout the United States, focusing primarily on textbooks for the classroom and books in the school library.

Chapters 1 and 2 present the details of two communities' experiences. Chapters 3 and 4, about "battles east and west of the Mississippi," describe many examples of censorship and include guideline lists used by the censor groups, providing very helpful data on both positive and negative results. Chapter 5 is a "nuts and bolts" compilation of conditions precipitating censorship, with Chapter 6 enumerating the words and targets of the censors. Chapter 7 is an illuminating discussion of the often mentioned "secular humanism," with pertinent references. Chapter 8 elaborates on textbook censorship, particularly in Texas. Chapter 9, "A Time to organize," lists and briefly describes many national and state organizations involved with textbook censorship both pro and con. Chapter 10, on "The Student's Right to Know and the Teacher's Right to Teach," discusses important legal decisions concerning academic freedom, with specific ramifications relating to textbook selection/censorship. The concluding chapter is a brief presentation of ideas on how to deal with the censors and prevent their "mind bending."

This reviewer, having had extensive experiences in sex education in the public schools, considers this book a vitally important resource for every educator facing this new decade of challenges, one of which will certainly be the over-

riding fundamental question of *who* in each school district will make the decisions about what will be taught in the school systems. It is a "must read" book especially for those who consider "humanism" to mean the understanding of humans by other humans, who use values clarification, believe in feminism, teach units or courses about drugs or human sexuality, use behavior modification, teach literature, use role playing, or use "sex stereotype" teaching materials.

The book does have, in my opinion, two shortcomings. One is the use of direct quotes of the censors. Here, ironically, the author often does exactly that which he criticizes in the individuals/groups who censor school materials—he quotes them out of context! I fully realize that, practically speaking, this is often unavoidable because to quote *everything* in its entirety can be very unwieldy. But considering the subject of this book, it is especially to be deprecated. Secondly, while the book's discussions of the problems involved in censorship are ample and well documented, the section on precise, step-by-step methods for dealing with and preventing censorship is inadequate. A more comprehensive and detailed guide here would have been distinctly helpful for readers whose communities are targeted for "mind bending."

But Jenkinson has still given us an exceptional book, well researched, concise, informative, and timely. *Censors in the Classroom* should be on the bookshelves and in the minds of those administrators, teachers, community leaders, and parents who really care about where their schools are going in the 1980s. **A, P, PR**

Sexuality and Physical Disability: Personal Perspectives. David G. Bullard and Susan E. Knight, eds. St. Louis: C. V. Mosby Co. 1981 (318 pp.; \$17.95).

Reviewed by Nancy Esibill, Ph.D., Assistant Professor, Rehabilitation Counseling Department, New York University; member, SIECUS Board of Directors.

This book is an important addition to the available literature on sexuality and disability. As an educator in this field, I have felt the need for a text that would not only provide specific physiological information about disabling conditions but also sensitize readers to the psychological situation of the individuals coping with those disabilities. This book does both.

Most of the authors of the more than 30 chapters presented their materials at the First or Second Annual National Symposium on Sexuality and Disability, held in San Francisco and Berkeley (1979 and 1980) and co-chaired by the editors. The book is divided into two sections: Personal Perspectives and Professional Issues. (I have wondered why the latter phrase was omitted from the subtitle, for its inclusion would have added to the book's appeal as a text.) The first section includes units on individual perspectives of persons with disabilities such as spinal cord injury, cerebral palsy, visual impairment, ostomy, and vaginal cancer. This last-mentioned chapter, written by a 22-year-old woman, will have a lasting impact on me since it is amazingly articulate in describing the effect a cancer disability can have on one's self, one's family, friends and, yes, on medical professionals. Its portrayal of the recovery process highlights the frustration and isolation suffered by many such patients. Other units in this section deal with family perspectives (of a disabled mother or father and of parents of disabled children), women's issues, and issues involved in the selection of attendant care. Since some of the chapters are transcrip-

tions of panel discussions on the topics, they are able to provide a variety of viewpoints and techniques for coping with difficulties. Many of the authors are themselves disabled, and this fact and their professional credentials are documented at the end of each chapter. Several of those with disabilities have been trained as peer counselors in sexuality and disability through the Sex and Disability Unit of the Human Sexuality Program, Department of Psychiatry, University of California, a program described in a later chapter.

The second section of this book, Professional Issues, begins with chapters on sexuality and disability, the state of the art in the U.S., and international perspectives. Following these are units on spinal cord injury, hearing impairment (a panel discussion), surgical and medical conditions such as mastectomy, head injury, and a description of a research study on sexuality related to five acute and chronic surgical and nonsurgical conditions. This last chapter is particularly valuable for its description of the process of organizing, promoting, and gaining acceptance of and approval for research in sexuality in a medical setting.

A unit on issues in sex education and development of social skills for disabled persons contains chapters dealing with sexuality needs of children and adolescents, sexual abuse of the disabled (an all too rarely addressed topic), and the need for education of medical students in the sexuality of the disabled. The final two units on (1) sex therapy and counseling issues and (2) family planning describe model treatment and training programs, as well as one specific case of treatment of a couple wherein the husband suffered dysfunction related to his renal disease. An observation by Rodocker and Bullard in their chapter on "Basic Issues in Sexual Counseling of Persons with Physical Disabilities" sums up a pervasive theme in this book: "The sexual problems that exist for disabled clients are more often related to culturally established attitudinal barriers than to physical limitations."

There are two appendices: a resource list of agencies and programs in sexuality and disability, and a selected bibliography which, when added to the references and readings recommended in most chapters, enhances the book's value as a text. Stimulating and challenging, it promotes identification and validation of one's feelings and experiences concerning the sexuality of the disabled.

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