

In Judaic tradition, the number 18 stands for life. And that is what Mary Steichen Calderone has given to SIECUS for the 18 years of its existence. During that period, she has continually been in the forefront of the battle to make the study of "human sexuality as a health entity" a viable and respected part of health education and research in this country and abroad. With the help of her cofounders of SIECUS, she recruited dedicated professionals to serve as board members and staff; and the organization's early publications on sexuality concerns were the first ones available for the educators and counselors in this new field. In her role as executive director and then president, Mary herself has traveled hundreds of thousands of miles—lecturing, counseling, teaching . . . opening people's minds to an awareness of SIECUS's goals and purpose. At the same time, she has made herself consistently available to individuals. A constant refrain from the public sector has been, for example: "I called SIECUS for help, and Dr. Calderone herself spent 45 minutes on the telephone with me advising on whom to contact, on what resources were available, on what approach to take." In her years as editor of the *SIECUS Report*, she has helped to create a unique publication that, by virtue of its conscientious reporting of new ideas, research, and resources in the field, has earned the respect of countless human sexuality professionals.

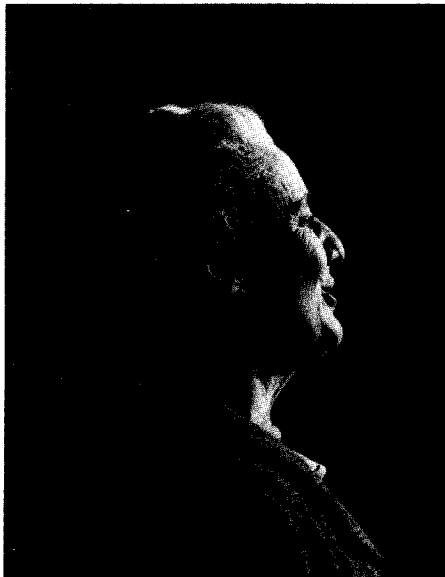
A perusal of SIECUS files during its recent move to a new office location showed, through her hundreds of personal letters, an incredible dedication to responding to individual requests for help. As with most proponents of new ideas, she has also had to endure for herself and for SIECUS vilifying attacks. With dignity and conviction, she has withstood them all—her 10 honorary degrees attest to this.

We all know how far SIECUS has come on the road to public recognition of its role in spearheading the affirmation of sexology as a part of the world of arts and sciences. Professionals from all over the world regard it as a prime source of "sex information and education." Mary has carried the banner for 18 years. Her charismatic image has indeed been a SIECUS wedge.

As of June 1, 1982, Mary Calderone will no longer be answering the phone at 80 Fifth Avenue or xeroxing copies of pertinent sources of information or personally answering dozens of letters each week. Instead, she will be concentrating on new and long-neglected personal goals and, of course, on furthering, in her own inimitable way, the goals of the entire human sexuality profession. Her recent book, coauthored with Eric Johnson, *The Family Book About Sexuality*, will appear in paperback this fall. Another coauthored publication is due out in January 1983. Her recent appearances on CBS's "60 Minutes" and other national television programs have given her ideas even broader national exposure, with resulting requests for lectures and interviews. For the 6th World Congress for Sexology to be held in Washington, D.C., in May 1983, she is serving as one of the honorary presidents of the organizing body, the U.S. Consortium for Sexology. Thus, although no longer directly involved in SIECUS, she will continue, through her publications, lectures, interviews, and new media adventures, to be an ambassador for all the things that SIECUS stands for. And from time

to time she will be in touch with *SIECUS Report* readers through her "In My Opinion" column, which appears in this issue on page 6.

There is no one else who can do exactly what she can do. *L'chaim* to Mary Steichen Calderone—for another 18 years!



Mary Calderone, her SIECUS role accomplished, moves on to new goals.

DO YOU KNOW THAT . . .

Call for Abstracts

6th World Congress for Sexology

A preliminary announcement and call for abstracts has been issued for the 6th World Congress for Sexology to be held May 22-27, 1983, in Washington, D.C. Sponsored by the World Association for Sexology, the Congress is being organized by the United States Consortium for Sexology (American Association of Sex Educators, Counselors and Therapists; Akron Forum; Institute for Advanced Study of Human Sexuality; Sex Information and Education Council of the U.S.; Society for Sex Therapy and Research; and The Association of Sexologists). Under the theme of "Emerging Dimensions of Sexology," papers will focus on new sexological developments in the areas of anthropology, arts, bio-medicine, education, history, politics, psychology, sociology, and psychiatry. **The deadline for receipt of abstracts is July 1, 1982.** For details, write to: 6th World Congress, Scientific Committee, 1523 Franklin Street, San Francisco, CA 94109.

Resources to Write for . . .

Something Happened to Me (1981), written by Phyllis E. Sweet and illustrated by Barbara Lindquist, sensitively explores the feelings of child victims of sexual abuse. Facing pages present, on one side, a two- or three-line evocation of a child's emotions (e.g., "Something happened to me. I feel different. I'm afraid to talk about it.") and on the other, drawings of a boy or girl alone, and then gradually with caring adults, representing these emotions pictorially. Although the book was written for therapists as an aid in helping children talk about their sexual abuse experiences, it can also be used for any child who feels unfairly treated or hurt since it affirms that, in asking for adult help, children need not be alone. Parents may wish to use it in order to open a dialogue in their family concerning sexual abuse. To order a copy, send \$5.00 (includes postage) to: Mother Courage Press, 224 State Street, Racine, WI 53403.

Sex-Related Issues in Correctional Facilities: A Classified Bibliography (1981, unannotated), compiled by David A. Shore, lists 203 resources under the following headings: General Entries, Men, Women, Juveniles, Co-Corrections, Conjugal Visitation/Home Furlough, Relationships/Family, and Legal Issues. To order a copy, send \$5.00 to David A. Shore, The Playboy Foundation, 919 North Michigan Avenue, Chicago, IL 60611.

Why Is That Lady's Tummy So Big? by Katy Dawley is a new publication of CHOICE in Philadelphia. In its 16 illustrated pages it provides help for parents and day-care teachers in learning how to answer children's sexual questions and respond to their sexual play. A bibliography of suggested reading is included. To order, send \$1.50 to CHOICE, 1501 Cherry Street, Philadelphia, PA 19102.

Sex Over Forty, edited by Saul H. Rosenthal, MD, is an eight-page "practical, authoritative newsletter directed to the sexual concerns of the mature adult." Initiated in January 1982 and published monthly, it is aimed at lay people but would be useful as well for counselors and teachers in the field. The first two issues highlighted sexual changes in men over 40, and the female climax. A three-issue introductory subscription costs \$15.00; 12 issues, \$64.00. To order, write: *Sex Over Forty*, Health and Sexuality Publications, Inc., P.O. Box 40428, San Antonio, TX 78229.

Baby Massage: Parent-Child Bonding Through Touching by Amelia Auckett is a May 1982 publication aimed at all those concerned with the care and nurturing of infants. The Australian author practices the art of massage at her Infant Welfare Centre and holds regular demonstrations and practice sessions for mothers, fathers, infant welfare nurses, and other child care professionals. Well illustrated with excellent photographs throughout its 128 pages, her book presents a thorough discussion of baby massage and its techniques, and includes a chapter on the special needs of blind, deaf, adoptive, and premature infants. Published by Newmarket Press (3 East 48th Street, New York, NY 10017), the hardcover edition sells for \$12.95, and the paperback for \$6.95.

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THE RELATIONSHIP BETWEEN PARENT-INFANT BONDING AND EARLY SEXUAL LEARNING

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The relationship between the processes of parent-infant bonding and early sexual learning will be discussed in this article. My background as a child development specialist, parent counselor, and sex educator has been augmented by five years of experience working with families and staff at a maternity center. To date, the research literature on parent-infant bonding has focused on its relationship to the child's initial security, later self-esteem, and learning performance, as well as to the parents' greater satisfaction and pleasure in their children. Listening to and observing staff and new parents, I have come to believe that parent-infant bonding and the physical intimacy this calls for are related to the child's early sexual learning. This article will describe briefly the bonding process; report on some of the research concerning physical intimacy, especially on touch between parent and infant; describe one maternity care facility which respects intimacy between parents and infant; present three composite family illustrations; and finally, suggest questions for further research on the interrelation of bonding and later sexual development.

The Bonding Process

The term *bonding* refers to the earliest parent-child relating process which takes place immediately after birth. It is a complex, reciprocal process of attachment, identification, and emotional investment that has strong biological supports. In their first moments of life outside the womb, infants tend to be in a quiet but alert state. The infant often engages in an active visual exploration of the mother's face. The mother who has known the infant only from internal sensation and imaginings may now begin to realize the infant as visible, tangible, and existing separately. Characteristically, she physically explores the infant's body, first for completeness and then for aspects of belonging—"her father's nose," "my forehead." Frequently the father shares in this first experience of holding and getting to know the baby.

The physical reciprocity of the bonding process is illustrated if the nude infant is placed on the mother's bare abdomen. The warmth of the mother's body helps in stabilizing the

infant's temperature. The infant's licking or sucking at the mother's breast stimulates uterine contractions, both reducing the possibility of hemorrhaging and promoting the ejection of the placenta. Emotions during the bonding process are often high, and the early responses of both parent and infant may synchronize rhythmically. There is thus an exciting "give and take" in which each elicits or stimulates behavior from the other.

Parents as the Child's First Sex Educators

Several clinicians have suggested causal connections between the mother's stroking and cuddling of the infant and the child's later sexual development. Prominent among these clinicians is Anna Freud who writes: "At the beginning of life, being stroked, cuddled, and soothed by touch libidinizes the various parts of the child's body, helps to build up a healthy body image and body ego, increases its cathexis with the narcissistic libido, and simultaneously promotes the development of object love by cementing the bond between child and mother. There is no doubt that, at this period, the surface of the skin in its role as erotogenic zone fulfills a multiple function in the child's growth" (1965, p. 199). Much subsequent research on the development of the child's sensual/sexual self reiterates Anna Freud's emphasis on the significance of skin contact and experiences of touching in determining a person's basic feelings about closeness and intimacy. Ashley Montague, whose comprehensive book on touching (1971) has been widely quoted, states: "The mother's holding and cuddling of her child plays a very effective and important role in its subsequent sexual development."

Experimental studies also contribute evidence on the significance of touching. One such study involving control groups (Carter-Jessup, 1981) found that encouraging the mother to touch and identify through the body wall the moving parts of the fetus, and involving parents in feeling the fetal movements and in fetal massage, increased the frequency of postpartum attachment behavior. Another experimenter (Rubin, 1965, p. 10) found that the number of times the laboring mother is

touched correlates with the number of times the mother touches the infant immediately after birth. A controlled longitudinal study of a rather small sample of mothers and infants (de Chateau, 1979) found that extra amounts of close physical contact immediately following birth were associated with increased affectional behavior between mother and infant at one year old.

Non-verbal messages from the parent about pleasure, acceptance, shame, or disgust are transmitted to the infant through the way his or her body is handled. When early non-verbal messages constitute a basis for deep-seated but vaguely negative feelings, these are then resistant to later clarification and to transformation into positive attitudes (Gagnon, 1965). Lowen expresses this significant idea in the following way: "Each contact with the child is an opportunity for the child to experience the pleasure of intimacy or to be repulsed by the shame and fear of it. When a mother is afraid of intimacy, the child will sense the fear and interpret it as rejection. The child of a woman who is afraid of intimacy will develop a feeling of shame about its own body" (1969, p. 105).

A Setting Where Bonding Is Valued

The bonding process and early sexual learning can be enhanced or deterred by hospital practices. I am fortunate in having worked in a maternity center that values early and sustained infant-parent contact. This center, where approximately 1,200 babies are born annually, arranges for and supports the privacy needed for early physical intimacy between parents and infant. The goal of my work at this center has been to foster optimal familial relationships during the first three years of the child's life. Part of my professional role has also been to sensitize the hospital personnel to behaviors which indicate that bonding is not proceeding smoothly and that some counseling or intervention might be helpful.

The center's policy is to provide a setting in which childbirth becomes a meaningful, confidence-building experience for families. Conscious, cooperative, parent-directed childbirth is encouraged and medical intervention is minimized. Here, whether childbirth is by vaginal delivery or by cesarian section, it is still primarily a psychological, emotional event rather than a medical, surgical one. Prenatal visits most often include fathers or other support persons, sometimes older children. The pregnant woman and her family are given choices concerning the type of labor and delivery they wish. Every effort is made to provide them with full information, to respect the parents' choices, and to accept their individuality. The medical staff generally feels comfortable with touching and being touched. An informal climate is created in which first names are used.

The nurse-midwives and obstetricians are alert to sources of stress that might contribute to maladjustment in the pregnancy and thus necessitate intervention. Among these stresses are financial insecurity; the recent death of an infant, a close friend, or a relative; a previous miscarriage, abortion, or a sustained, unwanted pregnancy; extreme anxiety; low self-esteem; great distress over bodily changes; or inordinate fear of an internal examination because of severe sexual inhibition. During labor the father or support person is expected to be involved. Touching and physical intimacy are fostered and protected. The laboring mother may find comfort and relief in being massaged or in taking hot showers. The father or support person is encouraged to do the massaging and is welcome to join the mother in the shower. Throughout the labor and at the moment of birth, the mother is helped to stay in control of her body through appropriate breathing tech-

niques. This is helped by the close teamwork among herself, her support person, and the nurse-midwife.

The newly born infant is given immediately to the parents, and an extended quiet time alone is provided. The administration of silver nitrate to the infant's eyes is postponed in order not to interfere with the intense eye-to-eye contact so vital at this time. The center's rooming-in policy permits parents and infants to have unlimited time together throughout their stay. I have observed that when a strong bonding process is taking place, the mother and father will be eager to touch and hold their newborn. They will be unable to resist talking to their infant. The overall emotional tone will be warm, tender, sometimes almost overwhelmed with a quiet but intense excitement. This is especially true if little or no medication has been used during labor.

There are a number of signs which can indicate when the bonding process is not going well. The most obvious of these is that the mother and/or the father may turn away from or be unwilling to hold the infant. The parents may refer to the infant as "it" or indicate disinterest, disappointment, or displeasure in the infant's appearance or sex. However, it should be emphasized that the factors contributing to the strength of bonding are highly individual and, as in any diagnosis, caution is called for. Any single sign must be considered in the context of the type and length of labor, the amount of medication used, the general health of the mother and baby, and the psychosocial factors in the family involved.

Illustrative Cases of Bonding Enhancement

The following case illustrations were chosen not only to demonstrate what can be done to enhance the bonding process but also to show the relationship between bonding and early sexual learning. Such procedures can best be done at a medical care facility that values intimacy.

Ruth, Al, and Phillip: Ruth and Al were first-time parents. The pregnancy was planned and wanted, but immediately after the birth Ruth seemed uninterested in her newborn son Phillip. She appeared far more weary than the labor actually warranted. Nurses were concerned because the mother's care plan had indicated the intention to breast feed, but this had been shifted suddenly to bottle feeding. The few times that Ruth attempted to hold the baby she appeared stiff and self-conscious, and during the first 24 hours she seemed to grow increasingly depressed. The nurse initiated a referral for counseling, and during a series of visits with the counselor over the next two days, Ruth began to expose and explore her feelings about caring for a boy and to recognize that, unexpectedly, she felt threatened by a male child. Ruth was one of four daughters. The only physical intimacy she had ever known with a man was with Al, her husband of just a year. Her extreme sexual inhibition was apparent in her embarrassment when she changed her son's diaper. She referred to his penis as his "plumbing" and became especially uncomfortable when it was erect.

While the counselor encouraged Ruth to explore her fears more deeply, she was also observing how strong and active the interaction was between baby Phillip and his father. A common practice in stimulating bonding is to become an ally of the more active partner—often the mother. In this situation, however, the counselor turned to the newborn and his father. When Phillip was in a quiet, alert state, the counselor had Al demonstrate to Ruth how intently the newborn's gaze followed objects such as a small red ball. This ability of her son intrigued Ruth and soon she, too, was moving the ball for him. Encouraged by Phillip's responsiveness and with some of her

fears now allayed, she was able to begin talking to her son, praising him for his abilities. Phillip, delighted now to have his mother's attention also, increased his "pleasure sounds," focused thoughtfully on her face, and began to charm her. The father seemed equally pleased, and early on the morning of the final day of their stay at the center, the three were seen cuddled together in bed.

Ramona, Juan, and Cecilia: Ramona was an enthusiastic mother who, after three sons, was very excited with her first daughter, Cecilia. Temperamentally, Ramona was a physically expressive person and she could not keep her hands off the baby. Juan, the father, was rather quiet and undemonstrative. During the first two days, the baby seemed to become increasingly irritable. The more Cecilia fussed, the more Ramona "fussed over" her, held her close, patted or jiggled her. The nurse's referral to the counselor was based on observations of the infant's extreme fretfulness. An accompanying note said: "Mother and baby are badly out of sync." The counselor directed Ramona to observe her baby more closely. By doing so, Ramona began to see how easily her infant became overstimulated. Ramona further realized that her baby's reaction was not a rejection of her mothering; it merely indicated that Cecilia's temperament called for a different kind of touching—caresses that were more calm and subdued. "Like my husband!" Ramona said in amazement.

Anna: Anna, a second-time mother of a week-old infant, had successfully developed a warm, loving relationship with her almost three-year-old daughter. One day, after returning home, Anna called the center's counselor in a very distraught state—she wanted to wean her infant immediately. Together they reviewed the developmental issues involved in abrupt weaning. They also looked at the problems and joys of a mother with a young child and another one only a week old. They discussed the loneliness, lack of sleep, and chronic shortage of time to do everything that needed to be done. Anna was especially upset because she had managed so well when her older child was born. She had expected to be able to do the same with the second baby. However, she was not managing, she declared, and she wanted to wean! After almost 30 minutes, the counselor sensed that Anna really did not want to take this step, that her distress was actually based on other causes. "Anna, I'm wondering if there might be something else bothering you." With that came a flood of tears and an outburst. "Oh, I feel so ashamed. I feel like a pervert." Little by little, Anna was able to describe the sensual and sexual feelings she experienced while breast-feeding her infant. This was especially troubling because she had felt too embarrassed to talk about it with her husband. She was sure she was the only mother who had ever felt this way, and she needed to ask: "Is there something wrong with me?"

The counselor praised Anna for having recognized her feelings and reassured her that many quite normal mothers have indeed experienced similar sensations. After much discussion, her discomfort appeared to be focused more on the secrecy from her husband. Laughingly, she said, "... as if I'm having an affair." Ways were explored as to how she would share this with her husband, and celebrate her growing wholeness as a sensual, sexual being.

I would like to suggest, on the basis of several years' experience, that these interventions made the infants' early sexual learning quite different because of parental reorientations. As the initial rejection and fear of Phillip as a boy was cleared away, the baby himself was able with his own individuality to engage his mother to take hold, and he learned how it felt to

have his body accepted instead of avoided. Cecilia, overwhelmed and made uncomfortable by her mother's excessive cuddling, possibly might have turned away even more, learning prematurely to reject all intimacy. Had Anna's guilt led to abrupt weaning, her baby might have experienced the trauma of losing an important time of closeness which she had learned to trust.

Further research needs to be initiated on bonding and its effects on later sexual development—addressing such questions as: What relationship can be shown between bonding and the later development of the child's sensual-sexual self? What, if any, is the relationship between this early learning about intimacy and the child's later capacity for achieving it? What are the possible effects on the infant of parental inhibition, guilt, or repression, and how might these interfere with the parents' ability to caress and enjoy the infant's body easily and warmly?

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DO YOU KNOW THAT...

Resources to Write for . . .

Men and Women: What We Know About Love, a new Public Affairs Pamphlet (#592) written by Norman M. Lobsenz, explains different types of love, offers experts' views on the nature of love, and suggests how couples can learn to give and receive love more effectively. Single copies cost 50¢ (bulk rates available). Orders should be sent to: Public Affairs Committee, Inc., 381 Park Avenue South, New York, NY 10016.

**“To everything there is a season, and a time to every purpose . . .
A time to break down, and a time to build up . . .”**

May 1982 marks the 18th anniversary of the signing of SIECUS's charter. Many took part in the deliberations and meetings that, for over two years, preceded the founding of SIECUS. Their names are listed at the end of my column as they appeared in Volume I, Number 1, of the *SIECUS Newsletter* of February 1965. In introducing the new organization to the public, Wallace Fulton, as its first president, wrote:

This is the essence of SIECUS . . . its programs will include materials and points of view that recognize and deal with human sexuality in its totality rather than as limited to human reproduction, and at all ages rather than limited to adolescence and youth. . . . By the very nature of the SIECUS Board, unity results *only* from a common, positive, open, scientific approach to human sexual behavior. There is advocacy not for a solution, but for more education and research, and for a climate of open dialogue that may enable solutions in time to be arrived at.

The SIECUS purposes and goals were formulated as follows in a statement that has not been changed. Those familiar with SIECUS can decide how far and how well we have managed to fulfill it.

The SIECUS Purpose

To establish human sexuality as a health entity: to identify the special characteristics that distinguish it from, yet relate it to, human reproduction; to dignify it by openness of approach, study and scientific research designed to lead toward its understanding and its freedom from exploitation; to give leadership to professionals and to society, to the end that human beings may be aided toward responsible use of the sexual faculty and toward assimilation of sex into their individual life patterns as a creative and re-creative force.

A press conference was held in January 1965 to announce the new organization and its Purpose, and it was reported upon in various newspapers throughout the country. Earl Ubell, then Science Reporter for the New York *Herald Tribune*, mentioned SIECUS in his own column as well as in an editorial; he remarked: “They claim not to be an action group, but their first action was significant: they *formed*.” This gave special meaning to the action of a group of responsible and respected professionals in witnessing to a part of human life that had for too long received snickers and exploitation rather than the dignity of study, understanding, and support.

Subsequently I agreed to try my hand at being SIECUS's executive director. I had let family and medical training take precedence until 1953, when I became Medical Director of the Planned Parenthood Federation of America. Eleven years later and at age 60, I felt ready to undertake this new venture, and could work as a volunteer until such time as funding might be found—how, no one yet quite knew. For the first six months,

we spent 500 borrowed dollars; for the next few months another \$3,000 was borrowed and later repaid. Then, through the good offices of Dr. George P. Berry, Dean of the Harvard Medical School, we received our first large grant—\$25,000 from the Commonwealth Fund. It seemed to me at the time that equally significant was our first contribution from the general public: the staff of a West Coast affiliate of the American Cancer Society sent \$25, saying that if we achieved *our* goals, then *their* job of early cancer detection would be made easier because poor sexual attitudes apparently prevented people from having breast, genital, and rectal examinations for early detection. Significant too were the first three SIECUS Study Guides, authored by board members and sold by the thousands over the years: *Sex Education* (1965), *Homosexuality* (1965), and *Masturbation* (1968). SIECUS was on its way!

The rest cannot yet be called history, for SIECUS has reached an apogee of influence and reputation. It has a fine staff, and a Board of Directors with many new faces and strengths. Its programs and projects are reported in the *SIECUS Report* as they are developed. It also has a crown jewel: the SIECUS Resource Center and Library, generously housed by New York University's division of Human Sexuality in its Department of Health Education. This is very fast becoming a major focus and resource for professionals, students, consultants in the health sciences, and public media. Few people realize that the great library collection of what is now known as the Kinsey Institute in Bloomington, Indiana, was formed very specifically with one major field omitted: sex education. This was because it seemed appropriate, not only to the Institute but to its major funding source, the National Institute for Mental Health, to leave this area for SIECUS to fill. Thus we applied and were approved for a highly important grant from the National Institute for Mental Health that was designed to implement a planned role for SIECUS—to become the primary data base for the area of education for sexuality. It was to have been a three-year grant. However, in the year of the award, Congress cut its appropriations to the National Institute for Mental Health. The staff of NIMH then held over the grant for one year, assigning to it one of its highest priorities. But Congress again failed to appropriate sufficient funds. This was a pity, because the NIMH praised SIECUS for the excellent construction of its grant application and its planning, and expressed great regret that it had not been possible to fund the grant award. Had this gone through, the SIECUS library would by now consist of many more than its 2,000 volumes; it would for some time have been on computer linkage with other data bases in the country. So much for what might have been.

In my opinion, one of SIECUS's greatest accomplishments has been its insistence on the identification, one by one, of specific areas in the field of human sexuality that previously were not generally recognized. I think, for example, of its identification of the sexuality of aging as one of those areas; of the sexuality of people with disabilities, of whatever nature;

and, most recently, of the sexuality of newborn and growing human beings. In its 18 years, no matter what attacks or misrepresentations it faced, SIECUS has never backtracked—it has stood firm in spite of opposition and lies by people who called themselves Christians. In standing its ground and pointing the way, SIECUS has given courage to many others to join in the march toward a rational and informed understanding and approach to human sexuality.

I consider that the time has now come to “break down,” in order to facilitate a time to “build up” in new ways. In other words, the time has come for me to sever my connection with SIECUS—and for SIECUS to move ahead without me. This separation represents a natural progression that will benefit us both.

I have been looking after SIECUS, its concerns, its support, its outreach, for 18 years. Some of these years have seemed very long indeed, much longer than have others. Now it is time for me to look after me. There are many things I want to do and some things I need to do, while they are still possible. They will be different things from those that I have previously done. Not better things, just different ones. Some of them may not even succeed, but it will be fun to try—and just plain fun has been pressured out of my life for some time.

So by the time you read these words, I shall be ensconced elsewhere than in the SIECUS office, thinking my own thoughts, doing my own thing, in my own way. For, to paraphrase Robert Frost, I know that I have many promises—spoken and unspoken—to keep, and many miles to go before I sleep.

SIECUS — FOUNDING BOARD OF DIRECTORS — 1965

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RESEARCH NOTES

"Research Notes" is prepared by Elizabeth Rice Allgeier, PhD, Psychology Department, Bowling Green State University, Bowling Green, Ohio.

Children's Interpretations of Sexuality

The fact that few investigators have examined the sexuality of people early in the life span has been attributed by John Money (1976) to the taboos that surround childhood eroticism. The absence of research on young children makes dialogues like the one that was discussed in my first "Research Notes" (March 1982) easier but at the same time more problematic. In the absence of data, anyone can create hypotheses and assert anything. On the other hand, without evidence, it is difficult to assess the validity of differing assertions. In the March column, I noted that a disagreement between Mary Calderone and John Gagnon (at the Society for the Scientific Study of Sex meeting, November 1981) regarding whether or not infants and children are "sexual" was partially due to differences in what they meant by that term. I understood Gagnon to say that young children do not conceptualize a set of experiences, attitudes, and motives which adults might label as sexual, nor do they differentiate that class of experiences from others. Further, Gagnon suggested that the interpretations and labels we learn during childhood and thereafter add to the difficulties of knowing what is experienced by children; we cannot even know, reliably, what our own childhood experiences were. Calderone's assertion that we are "sexual" from birth is based on the belief that we can feel sensations from touching and from genital stimulation from infancy on. I found that disagreement very provocative, but felt frustrated with the paucity of information needed to resolve it.

Ironically, shortly after writing that column, I received a prepublication copy of Ronald and Juliette Goldman's (1982) *Children's Sexual Thinking* (of which this column actually constitutes a review). The Calderone/Gagnon dialogue was still fresh in my mind, and for those of you who are interested in this topic, I strongly recommend the Goldmans' book. In fact, I have been avidly recommending it to almost everyone—fellow professionals, parents, and even my children—for reasons that will become clear. While their book does not resolve the issue of the extent to which children aged four or under conceptualize sexuality, since the youngest age group in their sample was five years of age, it does provide fascinating information on how children conceptualize various aspects of "sexual" experience from the age of 5 to the age of 15. The Goldmans simultaneously define sexual thinking and give an overview of the topics about which they questioned the children:

Sexual thinking is defined for the purpose of this research as thinking about that broad area of sex and sexuality which impinges upon the child's world from birth: the sex identity of self, mother and father, sibling and friends; the sexual bond of marriage, the identity and roles of males and females generally, the child's own sexual organs and the biological functions of their bodies; the origin and sudden appearance of babies and

many other related matters. Sexual thinking is not confined narrowly to thinking about sexual intercourse but embraces a much broader universe of experience. In this sense a child is a sexual thinker from birth. (1982, p. 23)

The Goldmans set themselves the monumental task of asking cross-sectional samples of children at ages 5, 7, 9, 11, 13, and 15, questions intended to test the accuracy of their knowledge about various aspects of sexuality. Samples of children were drawn from Australia, North America (U.S.-Canadian border), Britain, and Sweden. Juliette Goldman interviewed the girls and Ronald Goldman interviewed the boys, except in Sweden where the children were interviewed by a male and female trained by the Goldmans. Interviews with each of the total sample of 419 girls and 419 boys lasted a little under an hour, during which time 63 questions were asked.

These questions related to six conceptual areas: (1) the aging process and the best time to be alive; (2) parental identity and roles as mothers and fathers and as men and women; (3) children's perceptions of sex differences in the newborn and during puberty (one of the selection criteria was that children in the sample had to have at least one younger sibling, and the majority of them had a younger sibling of the other gender) and their sex preferences; (4) explanations regarding the origin of babies and mothers' and fathers' roles in procreation, gestation, birth, and related processes including birth control ("not having babies"); (5) children's notions about sex education at home and at school, and (6) clothing and nudity. Finally, children were asked to define a list of 11 sexual terms. This brief description does not do justice to the richness of the Goldmans' work and book. For instance, unless one were a developmental psychologist, one might not be particularly driven to find out the age at which children respond with relatively accurate information to one of the questions from category 3: "How can anyone know if a newborn baby is a boy or a girl?" The Goldmans, however, do a beautiful job of setting up the report of their findings relevant to each of the categories.

Their book begins with a chapter providing the theoretical background to their research. They focus, in particular, on the work of Piaget and Freud, although for different reasons in each case. They point out that Piaget, trained as a biologist, focused his life work on children's cognitive development, and they comment: "One would expect in a volume entitled *Biology and Knowledge* that Piaget (1967) would have tried to outline the child's discovery of biological knowledge, particularly the child's own physical and sexual growth and identity. The book, however, is a theoretical discussion about "the problem of intelligence and of knowledge in general, in particular logico-mathematical knowledge, in the light of contemporary biology" (p. 10). I must confess that I had never wondered why Piaget did not investigate children's sexual cognitions; after all,

one cannot singlehandedly attempt to conduct research on every possible question. On the other hand, the question as it is posed by the Goldmans is an intriguing one, and I would venture to guess that if Piaget did consider such a project—one which would appear to have been an obvious one for him—he may have discarded it because of the difficulties at that time of studying the sexual aspect of children's thinking, difficulties which the Goldmans certainly encountered (see pages 62–65 and 73–75). Although they go on to cite other instances in which they believe Piaget had what they called a “blind spot” with respect to cognition in the area of sexuality, they include a discussion of Piaget's ideas because of their partial reliance on his system of scoring cognitive development.

Freud, however, provided students of sexuality with far more than a scheme for scoring cognitive development. His theories in this area (to paraphrase the last part of one of my favorite poems—I hardly taste you at all, but I am fully nourished), though not generally known, heavily influence sexual perceptions and beliefs in our culture. I am no longer astonished at finding, semester after semester, that the majority of my sexuality students have not heard of Freud, although many of them unknowingly accept his ideas regarding penis envy, repression, the unconscious, and the Oedipus/Electra complexes as factual descriptions of reality without knowing either their origins or that many of these ideas have not been empirically verified.

The Goldmans' discussion of Freud in Chapter 1 focuses in particular on two theoretical aspects of his theory of psychosexual development: the phallic stage with its Oedipus/Electra complexes (ages 3–5) and his concept of latency (6–11). They have a beguiling way of understating certain questions and issues as these relate to children's sexual thinking, and this is apparent both in this chapter and in the following chapter in which they review the empirical literature relevant to certain issues which regularly get Sunday supplement coverage: teenage pregnancy, the gonorrhoea epidemic, the abortion rate, and so forth. In this chapter, they simply (and briefly) lay out Freud's theory relevant to the resolution of the (assumed) desire for the parent of the other gender. Although many scientists regularly pay homage to Freud's general contribution in opening up certain topics for empirical investigation, they also dismiss his theories on the grounds that these cannot be tested. The Goldmans have, in this landmark study, developed evidence that may provide a partial test of some aspects of Freud's perception of children's sexual motivation. Although the Goldmans' study should be read in its entirety to appreciate fully the impact of this assertion, in this column I will discuss just one possibility.

In order first to construct the elaborate script described by Freud involving the competition with one's same gender parent for the affection of the other-gender parent, and then to repress this motivation through fear of castration (in boys), or assumption of previous castration (in girls), five-year-old children presumably do need to be aware of genital differences in males and females! In this light, the answers to the Goldman question, “How can anyone know if a newborn baby is a boy or a girl?” become very interesting indeed.

The Goldmans derived a three-fold scoring system for children's responses to this question. Answers involving irrelevant physical factors, authoritarianism, and artificialism were classified as Stage 1. In this category were such responses as, “Because mum dressed her in a dress. There is no other way to tell” (7-year-old Australian girl, p. 195), and “He looks through a magnifying glass at their eyes, and he can tell by the eyebrows” (7-year-old North American boy, p. 196). In Stage 2

(semi-recognized physicalisms and physicalisms represented by other pseudonyms) are such answers as “Shapes are different, dunno really” (9-year-old Australian boy, p. 196); “Don't know, they're different down there” (7-year-old English girl); “The tooty. They boy's got only one bum, and the girls have two. And boys have got something sticking out like a hose” (7-year-old Australian boy); and “Girls have an exit and boys have a little willie” (Australian girl, 11 years old). Finally, in the third stage (physicalisms with named parts) were children who responded, “If it's got a penis or not. If it's a boy. Girls have a virginia” (11-year-old English boy), and “You can see if the baby has a penis or not, the girl has a vagina” (15-year-old Swedish girl, p. 197).

Now, to return to Freud's hypothesis of castration anxieties as a source of repression of sexual desire for a parent, and the subsequent loss of sexual interest and activity at age 5 or 6 (latency), at what age do the majority of children progress beyond Stage 1 (irrelevant physical factors, authoritarianism, and artificialism)? At the age of 5, 80% (Australia), 74% (England), 88% (North America), and 43% (Sweden) were still in Stage 1. By the time they were 7 years old (two years beyond theoretical realization of potential loss of penis for lustful motives toward parents), the majority of children (65%, 57% and 70%) in the three English-speaking countries, respectively, and 26% of the Swedish children, were *still* at Stage 1. The point is that Freud hypothesized a rather complicated script for children at ages when the majority of those in the Goldman study (most of whom had a younger sibling of the other gender) apparently were unable to specify how one determines whether a baby is a male or a female. I find this fascinating from several standpoints. First, it suggests that children are either not very observant or that they have not been allowed to obtain the information that might be relevant for answering the Goldmans' question. My son was apparently unaware of genital differences between his father and me for almost two years after his birth, despite the fact that we took turns in the bathtub with him. However, shortly before his second birthday, he suddenly focused on the difference and with a look of great consternation said, “Where penis?” while staring at me. Thus, given the opportunity, children are apparently capable of observing genital differences before they have completed, in Freud's scheme, the anal stage.

But most children in English-speaking countries are denied access to the kinds of observations that might allow them to construct a realistic picture of gender differences in genital anatomy. Thus the Goldmans find that, instead of recognizing some genital differences by the age of three, the majority of English-speaking children do not understand how one can tell the difference between a male and a female *until they are seven to nine years old*. This is several years beyond the point at which Freud postulated the resolution of the Oedipus complex through fear of the loss of the male genital organ, or females' awareness that they were already “inferior.”

This particular aspect of Freud's hypothesis regarding psychosexual development is but one of the issues that can be addressed by the great wealth of information provided by the Goldmans' study, which also provides information relevant to a number of other hypotheses. Their results, for instance, do not provide support for Freud's concept of latency.

There is, however, another compelling set of ideas in their study. I do not have enough space to do it justice, but I recommend that readers carefully examine the second chapter. I was initially interested in the book's findings, so I read the data-based chapters first, and then began at the beginning. Again, in

their delicate but cogent fashion, the Goldmans present in Chapter 2 contemporary statistics on adolescent pregnancy rates, divorce, abortion, sexual assault, sexually transmitted diseases, etc., for the four countries from which they selected their sample of children. Then in later chapters they present their data on the levels of sexual knowledge in children from these four countries. Sweden stands in stark contrast to the three English-speaking countries in its significantly lower incidence of various social problems associated with sexuality. And Sweden has had compulsory sex education since 1957.

In evaluating their study from the standpoint of its policy implications regarding the provision of information about sexuality for children, it is important to note the methodology. Children in this study were not systematically placed in conditions in which they were exposed to, or deprived of, information relevant to decision making about sexuality, beyond the fact that they happened to be born in one of the four countries in which the Goldmans sought samples of children. The Goldmans acknowledge the correlational nature of their research. However, the incidence of abortion, sexual assault, adolescent pregnancy, and so forth, is lower in Sweden, with its systematic program of providing information about sexuality to children as part of their educational program. In the United States, most

school systems avoid this area totally, or begin to provide education for sexual decision-making *after* millions of children and adolescents have, in a sense, set up their own practica, with resulting nonintentional conceptions.

The Calderone/Gagnon dialogue regarding the age at which children become sexual is not resolved by the Goldmans' study. Children do develop hypotheses about various aspects of sexuality, however, at the earliest ages investigated by the Goldmans (supportive of Calderone's assertions). It is also clear that those hypotheses are influenced by sex information previously provided or not provided to children, and the interpretation that children make of that information (supportive of Gagnon's assertions). The Goldmans' data regarding the association of the beneficial effect of providing education for sexual decisions are correlational; but even if statistical considerations allow for nothing more, the correlational findings in themselves are compelling.

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In Memoriam

Morton Sontheimer

On March 19, 1982, Morton Sontheimer died. Widely known in the field of public relations, and president of Sontheimer and Company, he had been associated with SIECUS since 1971 and had served as vice-chairperson of the SIECUS Board of Directors and as a member of numerous Board committees.

As a highly skilled observer of the world around him, he kept SIECUS aware of how it was perceived by those not directly involved in the professions concerned with human sexuality issues. His advice on SIECUS publications was invaluable. And when new ideas or projects were on the drawing-board, his assumed role as devil's advocate ensured that the final plans would be based on realistic and viable concepts.

His death represents a great loss. His active, willing, and ever-present support at crucial periods during the last decade was of inestimable importance to the staff and Board of SIECUS.

Paul K. Houdek

Paul K. Houdek, 80, died on March 7, 1982, in Kansas City, Missouri. From 1969 until October 1981, professionals in the human sexuality field relied on "P.K." (as he was affectionately known) to provide them with a monthly digest of "news, views, events, publications, and resources" in his four-page *Sex News*.

He was a gentle man, devoted to his family and to his work as a marriage counselor and sex educator. Others in the field may continue in his footsteps, but no one can take his place.

DO YOU KNOW THAT...

Resources to Write for . . .

Our Youngest Parents by Rosalind Zitner and Shelby Hayden Miller (1980) and **Early Childrearing By Young Mothers: A Research Study** by Lucille J. Grow (1979) are useful resources for those working with teenage and/or single mothers. *Our Youngest Parents* is a report on a study of 185 teenage mothers who, while they were pregnant, used the services of four member agencies of the Florence Crittenton Division of the Child Welfare League of America. It explores the current circumstances of these young mothers and their children; the mothers' recollections of their agency experiences; the use of support services since that time; their needs unmet by the services; and their attitude toward the services in general. (Price: \$4.95.) *Early Childrearing by Young Mothers*, a study of 440 primiparous women who were 25 or younger at the time of their first live birth, explores the question of whether the traditional disadvantages of bearing children out of wedlock still hold, now that single parenthood has become more socially acceptable. (Price: \$9.95.) Both publications are available from: The Child Welfare League of America, Inc., 67 Irving Place, New York, NY 10003.

The Prostate Book (1980) by Thomas J. McGeoy is a 16-page, full-color, illustrated booklet describing normal and abnormal functioning of the prostate gland. Covered also is prostatic surgery—both the transurethral resection and open prostatectomy—along with a discussion of the possible positive and negative changes in sexual activity following such surgery. This booklet presents a reassuring and thorough coverage of a topic which is becoming more and more important as men are living longer and thus are at higher risk of developing prostate problems. Single copies, at \$1.90, including postage (bulk rates available), may be ordered from: Physicians Art Service, Inc., 345-G Serramonte Plaza, Daly City, CA 94015.

BOOK REVIEWS

On Becoming a Family: The Growth of Attachment. T. Berry Brazelton. New York: Dell Publishing, 1981 (210 pp.; \$8.95).

Reviewed by Mary S. Calderone, MD, MPH, President, SIECUS.

This book is extraordinary. Although it is aimed at pre-parents and parents, any professional who deals with parents or with babies should find out from its exciting pages what babies are really like: "No longer can we look upon a newborn as a lump of clay ready to be shaped by his environment. . . . Even in the delivery room, when positive stimuli are offered, the newly born infant will demonstrate his amazing capacity of becoming alert and attending to them. . . . He seems to be actively learning from the feedback from his own responses. . . . One can see the pleasure of achievement on the face of the newborn, as if he were already set up with recognizable goals from his intra-uterine experiences."

Dr. Brazelton is an associate professor at Harvard University and also Chief of the Child Development Unit at Boston Children's Medical Center. In the book's eight chapters, he provides reassuring and meaningful support for parents, and, step by step, beginning with the earliest moment of awareness of pregnancy, leads them to a full understanding of "the growth of attachment": "Falling in love with a baby may well happen at first sight, but staying in love is a learning process—learning to know one's self as well as the baby." Throughout the book, he quotes liberally and verbatim from interviews recorded during his long years of research.

In the first chapter, Brazelton deals with the relationship of mother-child before birth. "Throughout pregnancy the fetus is experiencing and being shaped by the experiences of the mother. As it moves in response to these experiences, its activity gives her feedback and tells her how it reacts, perhaps even gives her a sense of what it is like,

and begins to shape her to it." He describes the experience of a concert pianist who, in the last months of her pregnancy, was learning a concerto and having to practice one phrase over and over and over again. She did not resume playing again until the baby was about three months old, when she placed him in a play pen next to her piano and began to play. He was actively kicking and gurgling and looking around—until she came to the phrase that she had worked on so hard months before. At that point, the baby stopped kicking, became absolutely still, and looked wide-eyed toward the piano.

Chapter 2 discusses "Delivery: Separation and Bonding." A well-prepared-for, normal first birth is described in detail, along with the roles and reactions of both parents. Also discussed are the extremely important supportive roles of birth attendants: "We can support parents in such a way that they learn to value themselves as parents and to value their baby as an exciting human being."

In Chapters 3 and 4 Dr. Brazelton deals at length with the very special conditions attendant on premature and cesarean births, and the steps that need to be taken to support the parent through these often difficult experiences. "We have found that eye-to-eye contact is a threatening mode of communication for small premature babies. They prefer you at a distance until their visual threshold has increased, and will actually turn pale or withdraw if you insist on engaging them in eye-to-eye contact or are too close to them." The sensory stimuli to which prematures are most sensitive are apparently the ones most important to their survival and future development. Parents of full-term babies should read the chapter on prematures for its profound knowledge, much of which is applicable also to full-term babies.

The author also cautions here about the possibility that the very short lying-in period we allot to birth these days may place too much stress on the mother

who should "respect her body's need for physical recovery." He gives a wonderful description of how a particularly sensitive mother rooming in with her baby girl after a cesarean found that this lengthened time "gave her a chance to get to know her in all sorts of unexpected ways."

In Chapter 5, "The Vital Strength of the Newborn Baby," we learn how truly remarkable an infant really is. Chapters 6 and 7, "Going Home Together" and "Going Home With A Premature Baby," are rich in information, reassurance, and wisdom. Then in Chapter 8, "Detachment: The Goal of Attachment," there is a powerful discussion of the developmental phases through which the baby passes in its first year to become independent. The first comes between four and five months when the baby's interest and attention no longer appear to focus on the mother: "The mother can hardly keep the baby looking at her. He first sizes her up, smiles at her politely a few times, vocalizes once, then turns away from her persistent efforts to engage him, to look off into the distance. . . . This is a new stage, and there must be very important reasons behind such predictable and regular age-linked behavior." In other words, the baby is using the reliably attentive behavior of the mother as a foundation of security from which to embark on new interests and capacities. Brazelton therefore feels that this may not be an appropriate time for the mother to wean the baby, or to change anything in the environment such as going back to work. "This is a time of rapid acquisition of new skills, a time when the stable base might best be left alone. After it is over and the baby returns to more flexible use of his 'base,' having assimilated the newly learned skills, there will be a new plateau."

Brazelton then foretells similar times in the future when the baby's independence will take a spurt. "For example, the spurts of increasing demands just before a baby sits up (7 months), crawls (9 months), stands (11 to 12 months), or

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.

walks (12 to 14 months), are usually accompanied by night waking, demanding behavior during the day, and pushing a parent to certain limits." Thus, "by five months both the parents and the child are getting their first test—a test of the strength of their attachment. If parents can allow a baby to turn away, to try his wings in small ways, to detach himself in such safe testing ground, they will prove the strength of their attachment to him, and he will build on it to become his own person." Becoming one's own person is really what life is all about.

This is indeed a wonderful book—for mothers, fathers, and babies learning to "become a family." **P, PR**

To Love A Baby. Sandy Jones. Boston: Houghton Mifflin Company, 1981 (163 pp.; \$16.95).

Reviewed by Ruth Watson Lubic, CNM, EdD, General Director, Childbearing Center and Maternity Center Association, New York, N.Y.

To Love A Baby has a very important message for parents-to-be—the message that confident childbearing and child-rearing are achievable. In presenting her theme, Sandy Jones provides us with a book of visual as well as conceptual delights. The strong positive emotions associated with pregnancy, birth, and parenting are conveyed to the reader with certainty and with an expression which makes them almost tangible. Expectant parents are led into identity with their unborn child through reference to *themselves* as newborns. A book highlighting the spiritual side of birthing and parenting, *To Love A Baby* is also properly sensual. The important role of touch and physical contact between parents and children is stressed throughout.

There is a "how to" aspect to this book but, instead of specific infant-care "tricks," the "how to" relates to achieving loving and secure relationships from which confidence in care-taking can flow easily. And Sandy Jones's writing flows much as she would like peace and harmony to move between parents and their children. She does not interrupt the reading mood with scientific references, but instead effectively places them in annotated form at the conclusion of the book. Her strength in producing this valuable book is her ability to establish her experienced understanding of the feeling and touching aspects

of birth and parenting. *To Love A Baby* is not a bible, but it is a psalm well sung. **LT, A, P, PR**

The Male From Infancy to Old Age. Sherman J. Silber. New York: Charles Scribner's Sons, 1981 (212 pp.; \$12.95).

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

This book is not destined to become a classic. A best-seller, perhaps, thanks to aggressive advertising and to discussion of it on the Phil Donahue Show. During that program, after the author's dissertation on homosexuality, a woman in the audience expressed a certain nervousness with which it is quite possible some readers might identify. It concerned Silber's unequivocal opinion that a person's homosexuality is determined by the social environment to which he/she is exposed in the first two years of life, thus pointing the finger of guilt at the parent(s).

The book's discussion of circumcision is likewise controversial. The author says that "there are a number of reasons why circumcision is beneficial and why it ought best be performed in infancy." He is, of course, entitled to his opinion, but he might have considered mentioning that some medical authorities now feel that, except for religious ritual or urinary retention from complete closure of the prepuce orifice (a rare event), there are no valid indications or justifications for routine circumcision of the newborn.

The author's seemingly favorite word in the first two chapters—on the mechanics of erection and orgasm and erections during sleep—is *deterioration*: "the gradual deterioration in a man's sexual ability" and the male's "slow, natural deterioration" and the "inevitable deterioration that takes place with age" and the "normal deterioration" and "deterioration of erectile capability"—frightening, to say the least!

The pages on "perils of the penis" contain some material which may be misleading to the lay person, for whom the book is obviously intended. "Syphilis is relatively simple to treat," we are told; "any dose of Penicillin or Tetracycline will wipe it out completely." The non-medically oriented reader might just draw the wrong conclusion from such a

blanket declaration. The average male is also told that, although "impotence is usually a psychosomatic disease, its roots are frequently in normal physical deterioration [there's that word again] that most men do not expect and cannot handle." The chapter on surgery for impotence, based on an inflatable device to produce erection, places too much emphasis on the Scott device and procedure (ignoring the complication and re-operation rates) and not enough emphasis on the various rod implants which are also here to stay.

Silber's chapters on sex and the seasons, however, do provide basic information that is interesting and provocative. For instance, in French studies, the sperm count in humans has been found to be highest in February and lowest in August, and the average testosterone level is highest in October. His discussion of gender identity is illuminating, presenting difficult concepts in a lucid and understandable fashion. The chapters on pain in the testicles and the prostate gland are very well done, as is the material on undescended testes. The information on bed-wetting and its cure by behavior modification techniques is clearly presented.

Silber is also the author of *How to Get Pregnant*, a masterful work on infertility, extremely well written and most worthwhile. His new work, however, cannot be recommended since it relies too heavily on fear and guilt rather than on reassurance and education.

Lifelong Sexual Vigor: How to Avoid and Overcome Impotence. Marvin B. Brooks, with Sally West Brooks. New York: Doubleday, 1981 (249 pp.; \$12.95).

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

This is a brilliant medical treatise on the subject of erectile dysfunction. It should be required reading for all doctors, all health care professionals involved in education for human sexuality, counseling, and sex therapy, and, above all, for the men and women of the general reading public. It's all here—everything one must know about the subject. Dr. Marvin Brooks, a practicing urologist, and his wife Sally West Brooks, a registered nurse with a master's degree in psychology, have together written a

definitive work, a comprehensive review presented in a most refreshingly enjoyable and fluid prose style. The 147 bibliographic references attest to their thorough preparatory research. It is regrettable that this scholarly book was stigmatized with such a titillating, popular-magazine type title, seemingly aimed at the mail-order audience awaiting delivery in a plain, unmarked wrapper. Such a title fails to consider the fragility of the male ego. And truly, this book is "for all men and women who savor the magic of sexual intercourse and cherish the warmth and affection that go hand in hand with it [for] sex is the ultimate in human sharing and transcends all other experiences."

The introductory chapters are concerned with normal erectile function, convincing even the most die-hard skeptic that, when it comes to penile size, erection is truly the great equalizer. Discussion of the mechanism of polster valve regulation of penile blood flow is comprehensive, as is that of the neurophysiologic role of the sympathetic (reflexogenic) and parasympathetic (psychogenic) nerve systems. The importance of freely circulating versus protein-bound testosterone is emphasized, along with that of the limbic-hypothalamic axis of the brain. The section on birth defects, injuries, and diseases that cause physical impotence includes easy-to-understand explanations of gender identity problems. Peyronie's disease (the bent spike syndrome), peripheral obstructive vascular conditions and disorders of the nervous-endocrine systems (diabetes, multiple sclerosis), as well as the effects of chronic kidney disease (how vital is the role of zinc, of prolactin) and head injuries—all can affect potency, and all are considered.

Pointing out that as many as ten million American men suffer from significant erectile dysfunction (failure in 25% of sexual encounters), the authors also remind us that in fully 50% of instances this is the result of an underlying physical organic disorder. Naturally, they reiterate many of the Masters and Johnson aphorisms, summarizing the St. Louis approach to sex therapy succinctly: two weeks of isolation; the co-therapist appreciation of the couple's relationship as clients; the eroding effects of performance fear and spectating; the concepts of neutrality, vulnerability, I-language, and sensate focus. But Helen Singer Kaplan's system is also presented (psychodynamic concepts as well as behavior modification techniques).

Whatever the sex therapist's approach, we are told of the three primary goals in overcoming psychological impotence: (1) reduction of the man's fear of failure; (2) encouragement of the man in becoming an active participant in the sexual encounter; and (3) relief of his partner's fear about his ability to perform. The steps to be taken are summarily outlined: face the problem—admit it; try to decide why it happened; reopen and keep open that all-important line of communication with your partner; assure your mate that she is not at fault; relax; don't try to force or will an erection—it's impossible.

A helpful list of hospital- and medical school-affiliated clinics is included for those requiring the assistance of a qualified, certified sex therapist. The reversal rates of Masters and Johnson are mentioned (59% for primary and 74% for secondary impotence). The authors discuss the pros and cons of surrogate partners (for single men only) and alternatives to sex therapy (hypnosis, biofeedback, acupuncture, prostitutes). The chapters on psychological impotence in the various age groups reflect a deep insight and experience in dealing

with such clients, since the penis for some men serves as a "target organ" for expressing emotional upset, fear, or anxiety. There are interesting tidbits that amuse and enliven along the way; for instance, did you know that, for some mysterious reason, if a woman and a stallion have a very close relationship, it may be difficult to get the stallion to mate with a mare? Or that approximately 25% of men are unsuccessful in their first intercourse experience?

Psychological impotence up to age 40 is often related to fear, anxiety, worry; to guilt; to trying too hard to make something happen; to self-consciousness; to anger; to lack of self-confidence. Developmental influences play a major role in this younger age group: maternal dominance (absence of a strong male image with which to identify); paternal dominance (attempting to live up to father's expectations); religious orthodoxy (the fear of doing something which has been proclaimed to be morally wrong); homosexuality (to contemplate heterosexual relations may create feelings of repulsion); premature ejaculation (the most frequent potentiator of psychological impotence, for it openly confronts the impotent man with his sexual inadequacy).

Two physical events that can predispose to psychological impotence are presented as examples: alcohol (direct and indirect damage to the physiologic axes involved in sexual frustration); and vasectomy (the result of strong negative suggestions prior to the sterilization). But psychological impotence in the 40- to 60-year-old man is more apt to relate to marital discord and the mid-life crisis; here, too, are emphasized the roles of other factors in such types as: the workaholic, the placating individual, the overly independent person, the intimidatingly hostile individual, and the compulsive achiever. The increasing incidence of inhibited sexual desire and the devastating effects of depression (reactive and endogenous) in this age group are considered in a thorough and lucid manner.

In the final section, psychological impotence after the age of 60 is considered in discussions of: the availability of a sexual partner ("there is no evidence to show that lack of intercourse accelerates physical deterioration of the erectile process"—if you don't use it, you'll lose it is debunked); and the effects of illness on body systems (e.g., prostatectomy for benign disease may sometimes produce retrograde ejacula-

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tion but has no effect on ability, desire, or performance; heart attack or cardiac surgery simply calls for a four-month period of abstinence in the average case). In fact, impotence in this age group is more apt to be of physical origin, so the chapter on the penile prosthesis is particularly important and revelatory. The authors discuss the three major types of penile prostheses: the Small-Carrion (only 14% of recipients believed that the resultant constant erection was a problem—in the 15th and 16th centuries the codpiece was worn with pride to simulate a perpetual erection); the Flexi-Rod Penile Implant devised by Dr. Roy P. Finney in 1977, which provides a hinged effect that is highly acceptable; and the inflatable penile prosthesis developed by Dr. F. Brantley Scott in 1973, which is physiologically the most ideal but, at the same time, is also prone to mechanical failure. Generally speaking, any emotionally stable man with physical impotence that cannot be otherwise treated, or psychological impotence unresponsive to at least one year of sex therapy, is a potential candidate for a penile prosthesis so long as he, and his partner, realize that sex drive is not altered nor sensation changed, but only that intromission becomes physically possible once more. While the authors also include a discussion of the complications which can occur as a result of penile implant surgery, they do state that the overall success rate is 95%. Anecdotal satisfaction is expressed by most marital partners and relates closely to the strength of the underlying committed relationship.

The effects of various surgical procedures and irradiation therapy on sexual function are covered in a comprehensive and reassuring manner; this is especially meaningful when one considers, for example, that approximately two out of every 10 men beyond the age of 60 eventually require prostatic surgery for the relief of urinary obstruction.

For interesting background material, readers are given an absorbing review of the historical methods for treatment of impotence, a dysfunction as old a problem as man himself (e.g., eating bull's testicles, circumcision, genital anointments of sesame oil or oil of lily-of-the-valley).

Endocrinologic topics are sometimes baffling and mysterious, but not in this book. The authors' introductory presentation on normal basic physiology lays the foundation for an easy understanding of the changes in testosterone that

occur with aging, the role of prolactin in potentiating the effect of the male hormone and its disabling result when found in high concentrations (as in tumors of the pituitary gland, in kidney failure, hypothyroid states, and in certain brain tumors). Some medications can be associated with erectile dysfunction, especially the tranquilizers, anti-depressants, and anti-hypertensive drugs; the effects of smoking (the nicotine effect) and alcohol (a multi-system impact) are included.

In summary, Marvin and Sally Brooks deserve our thanks for a remarkable presentation. **A, PR**

Sexual Problems of Adolescents in Institutions. David A. Shore and Harvey L. Gochros, eds. Springfield, Ill.: Charles C Thomas, 1981 (262 pp.; \$24.50 cloth, \$17.25 paper).

Reviewed by Catherine S. Chilman, PhD, Professor, School of Social Welfare, University of Wisconsin-Milwaukee.

This book of readings about the problems of adolescents in institutions is generally disappointing. Though dealing with an important topic, it attempts to do too much. Most of its chapters are brief and superficial as they seek to handle such a wide range of topics as sexual rights of institutionalized adolescents, administrative concerns, legal issues, sex education in an institution, inservice training, sex contact between staff members and residents, and homosexuality and special issues in facilities for delinquents, the emotionally disturbed, the mentally handicapped, and the chronically ill or disabled. These are subjects about which there exist critical problems and a serious lack of knowledge. However, for the most part, the book's chapters provide little help. An exception must be made in respect to chapters by Joel Fischer and Maranda Arnow on changing dysfunctional human sexual behavior, a chapter by Joy D. Johnson on institutionalized groups and human sexuality, and a contribution by Jean S. Gochros, who writes about sex education programs for residents.

The problems faced by institutionalized adolescents who have a need to express their sexuality but have very little opportunity for doing so are emphasized many times throughout the book. However, the writers generally fail to come to grips with the realities of such

problems as lack of privacy, negative attitudes of staff members and of the general public, the difficulties and disturbances of the residents themselves, and so on. These genuine difficulties are immense ones, and it is not helpful simply to state that these young people have rights, without also dealing in depth with how these rights might be met within a framework of limitations.

The editing of the book is incredibly careless. There are errors in spelling, punctuation, and style. It is distressing that a book for professional audiences can appear with such an unsatisfactory level of basic editing. Moreover, one would wish that more of the writers had shown an awareness of the relevant research and scholarly writing in the field of adolescent sexuality. All in all, this book does little to further our knowledge and expertise in an important and relatively neglected area.

The Second Stage. Betty Friedan. New York: Summit Books, 1981 (344 pp.; \$14.95).

Reviewed by Ann Martin-Leff, PhD, Assistant Book Editor, New Directions for Women; Public Relations Chair, Northern New Jersey N.O.W. (National Organization for Women).

Betty Friedan's catalytic first book, *The Feminine Mystique* (1963), played a major role in launching the contemporary women's movement. In her new book, based on individual and group interviews and on the research of other sociologists, she claims that the first stage of the women's movement is over. To launch the second stage, asserts Friedan, one of the founders of the National Organization for Women, feminists must concentrate on issues concerning the family—otherwise, the movement will not survive.

Although women are no longer so powerfully bound by the restrictions of a feminine mystique, Friedan worries that now a new "feminist mystique" has trapped some women into denying their deep longing for family and children and their need to nurture and to be nurtured. The feminist movement has turned in a direction which Friedan did not anticipate and she wants to put feminists back on track. Such issues as child care and the restructuring of the work place (instituting flexible working hours and maternity and paternity leaves), which have been relegated to feminists' back burner for too many years, she says,

should become major priorities in the 1980s, as more and more women struggle with the conflicting demands of raising a family and earning a wage.

Sharing Friedan's concern that feminists have alienated a fairly large number of homemakers and other family-oriented groups, I opened *The Second Stage* eagerly and applauded many statements. I agree with Friedan that feminists need to take more seriously the public perception of the movement as anti-family. (Whether or not it is accurate, it dramatically impedes our progress.) I agree that women who choose to have children are looked at askance by some feminists. I agree that feminists should seriously examine their rhetoric—are we using slogans which are really in our best political interest? I agree that a new feminist mystique has the potential to trap, rather than free, many women, by replacing an old set of expectations with a new set of different but equally rigid ones. As Friedan sees it, "It seems to me that you can trust feminists—or any other 'ists' for that matter—only when they speak from personal truth in all its complexity."

Unfortunately, Friedan's own book suffers from a pronounced lack of complexity. The weaknesses of *The Second Stage* far outnumber its strengths. To begin with, the author seems unaware of the complexity and diversity of the women's movement itself. Many feminists would quarrel with her definitions: "In the first stage, our aim was full participation, power and voice in the mainstream, inside the party, the political process, the professions, the business world." Yes, those are some of the goals. But other feminists have different aims: to restructure our institutions, making them more responsive to human needs; to create a more nurturing society; to discover the sources of women's oppression; to improve the way women and men relate to one another; to rid society of all its prejudices and oppressions; to revitalize and alter our understanding of life through feminist analysis. In Friedan's view, feminists seem to be single-minded, career-oriented women whose primary goal is to meld into the mainstream. Some feminists fit that model; many others do not.

On her agenda for the second stage, Friedan places the restructuring of our institutions (to better accommodate family needs) and the transformation of power. But in fact, these items have been on the agendas of many feminists for quite a long time. Friedan's assertion

that "feminists have been shying away from issues of restructuring home and family life" is also highly inaccurate. From the popular *Ms.* magazine, to the scholarly *Signs: Journal of Women in Culture and Society*, to the hundreds of feminist consciousness-raising groups, the restructuring of home and family life—as well as the restructuring of our work institutions—has been a recurring feminist theme.

Friedan has long been regarded as a moderate or conservative feminist. *The Second Stage* confirms that label. She still regards homosexuality as a private—not a political—issue. (When homosexuals are denied housing, jobs, and child custody on the basis of their sexual preference, it puzzles me that anyone could deny the political implications of the issue.) Even with regard to relations between women and men, Friedan is generally against "sexual politics." She regards women's struggle for political and economic equality as separate from the private struggles of women and men in the home. She wants to keep political and economic issues separate from social and sexual issues.

The reality of the matter, however, is that these various issues are intricately

related. For example, women are routinely underpaid, in relation to men, simply because they are women (here, both the sexual and economic spheres are in play). Women's unpaid labor in the home influences the low evaluation given to their work in the paid labor force (social, sexual, and economic spheres are at work here). People who oppose making quality child care a national priority (political sphere) also tend to believe that a woman's place is in the home (social sphere). Private life, social structures, political matters, economic realities—all are stubbornly interdependent.

Sweeping under the rug the persistent problems between women and men in our society, both in and out of the home, Friedan says that sexual battles are "obsolete." Yet rape and domestic violence have increased, women continue to earn far less than men, sexual harassment has finally become an important national issue (although Reagan's administration is trying to put it back in the closet), and sex discrimination suits continue to pour into the courts (with women winning a significant number). Friedan focuses on men who are changing their old sexist habits, without acknowledging the men and women who continue to adhere to an underlying and fundamental belief in male superiority.

Another example of Friedan's tendency to oversimplify is her view that women's issues must take a back seat to "larger issues such as war and peace, or economic survival, or revolt against tyranny, or threats to basic human freedom, in any nation or system." She fails to appreciate that one of the most exciting contributions, over recent years, of feminist theorists and scholars lies precisely in their important insight that issues of tyranny and war appear to be intimately connected to the global oppression of women. The fact that Yale University recently established an undergraduate major in Women's Studies reflects a growing awareness of the depth and importance of feminist analysis, much of which Friedan seems to overlook.

Stylistically, Friedan's verbose text leans toward large-scale generalization and away from the exploration of nuances and exceptions. She writes, for example: "Men, it seems, are now seeking new life patterns as much as women are." The author rarely uses the safeguarding qualifiers "some" or "many."

Continued on page 27

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Teenage Pregnancy—What Can Be Done (#594) by Irving R. Dickman is an excellent addition to the list of Public Affairs pamphlets. Although no bibliography is included, the booklet presents a useful, concise summary of the research data on teenage pregnancy and discusses the topic with clarity and perceptive concern. Single copies cost 50¢; bulk rates are available. Write: Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016.

Menopause Today (1980) is an 8-page, easy-to-read pamphlet describing what menopause is and why it happens. Providing a positive approach, it also discusses accompanying body changes, estrogen replacement, the relationship between menopause and birth control, hysterectomy, aging, and sexuality. Single copies cost 25¢ (bulk rates available) and may be ordered from: Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY 10019.

AUDIO-VISUAL REVIEWS

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

Men in Early Childhood Education. 16 mm, color, 28 min. Price, \$425; rental, \$35; video cassette, \$325. Total Video Co., 220 East Grand Avenue, Suite B, South San Francisco, CA 94080.

Men are gradually entering the field of early childhood education at preschool, kindergarten, and primary levels, and this documentary frankly advocates this as a vocation for men. The film presents a fascinatingly multi-ethnic, multi-racial, cross-generational group of men who share their reasons for entering the field, the reactions of female colleagues and the children's parents, the satisfactions they have found, and the problems they face as pioneers in a vocation that has traditionally been associated with women only. The men in this program work in six different California nursery schools, and we see them comfortable with children in assignments not based on traditional gender roles—cooking, music, dress-up activities—and equally comfortable with toilet training or comforting a tearful child. An original song, appropriate to the atmosphere and objectives of non-sexist childrearing, provides additional background focus on the feelings of men as they work with children. Perhaps the film might have benefited from even more actual scenes with the children, but it is a thought-provoking presentation as it stands. While it is primarily directed at men's groups and males, anyone interested in fostering new and more flexible concepts of sex roles will find it of real interest.

Sharing the Secret: Selected Gay Stories. 16 mm, color, 84 min. Rental rates vary according to audience size. Classroom (under 50 persons), \$100; general audiences of 50–200, \$1.50; over 200, \$200. Ifex Films, 159 West 53rd Street, New York, NY 10019.

Out of 50 interviews with homosexual men, five were selected to create film portraits of a cross-section of the gay community. The feature length of this

movie allows enough time to explore character in more depth than is usual in most educational films. The men share with unusual honesty what it means to them to be gay in today's society. Despite the recent openness of the media in discussing homosexuality, and the progress of the gay movement over the last decade, some gay males still find it difficult to accept their homosexuality, to adjust to the conventions of the gay community, or to "come out" to parents and friends. André went through a period of self-loathing which led him to self-inflicted pain and punishment and an inability to relate to anyone, before he was able to reconcile his feelings about being gay. Lee, in his early 20s, shares what it has meant to him to reveal his homosexuality to his family and to live monogamously with his lover. In the film's most moving sequences we empathize with Lee's conservative parents as

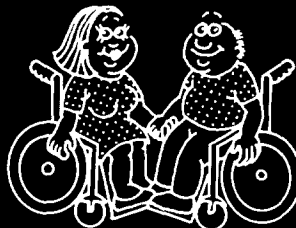
they deal with the shock of having a gay son, reject him, and then painfully begin to accept him and his lover.

Peter, also in his early 20s, is a talented pianist and frankly advocates anonymous sex with strangers through hustling and cruising in parks, bars, and baths. Rocco, from a small town and with a devotedly religious family background, has difficulty shifting to the impersonal, competitive big-city bar scene which he rationalizes to be the only milieu where he can make contact with other gay males. His life revolves around concern for maintaining his youthful appearance and, because he is becoming prematurely bald, he dreads what will happen to him when he reaches 30 and is completely "over the hill." Alex, who is 44, had passed as a heterosexual successfully for 24 years, and now emphasizes the relief he experiences in having "come out" with no need for further pretense. These portraits are skillfully combined with brief glimpses into other aspects of gay life, e.g., there is a wonderful sequence at a dance for deaf homosexuals. As we have come to expect from Canadian films, this one is beautifully produced and is a remarkable film, one that will help its audiences put the stereotypes of male homosexuality into proper perspective. You will not soon forget the people you meet in this excellent film.

Making Decisions About Sex. 16 mm, color, 25 min. Price, sale only \$420. Churchill Films, 662 North Robertson Blvd., Los Angeles, CA 90069.

Eight California teenagers, ranging in age from 15 to 19, express their opinions and feelings about having intercourse. It is a familiar format for films of this nature aimed at adolescent audiences—straight interview with some voice-over on sequences that allow us to see young people in their own environments. What is special about this program is the spontaneity and sincerity of the viewpoints of these young people, and the unstaged natural sequences we see which place these teenagers in work, recreational, and family settings. Young people will appreciate the honesty of these peers who "tell it like it is" today. We hear from Marilyn, 15, who does not

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really like intercourse, but feels it is something she has to give which boys enjoy; from Richard, 17, who began having intercourse at 14 to experience what it was like and to keep up with friends, and who is now more selective as he realizes how exploitive he has been; from a 19-year-old couple who waited to have sex together until they felt they had a strong and lasting relationship; from Deirdre, 19, who, because her mother shared her own experience of too early sex, is waiting for the right man and marriage before she will have intercourse; from Adam, 15, who clearly realizes that, although he has opportunities, he is not ready to start having intercourse; and from Amy, 16, whose full and satisfying life enables her to withstand pressures to have intercourse before she feels ready for it. A young health professional's comments bridge these documentary sequences, but it is their peers whom teenagers will find provide the most effective communication and bases for making their own decisions. It is well produced and deserves a wide showing among adolescents.

Condom Sense. 16 mm, color, 25 min. Price, \$375; rental, \$50. Distributed by: Videograph, 2833 25th Street, San Francisco, CA 94110.

Utilizing the talents of Michael Pritchard, a West Coast television personality, this creative film promotes the use of condoms as a practical, inexpensive form of birth control. Using dramatic sketches, comedy sequences, and scenes in family planning centers, men's groups, and sexuality classes, it provides some authoritative information and raises important issues concerning communication and responsibility in relationships. It is never preachy, but effectively answers the most commonly stated objections to the use of condoms. The film is aimed at males from early adolescence up and, while frank and realistic, is never explicit. As its promotion states, it was scripted to be rated "G," and it succeeds admirably in this respect. It is fast-paced and clever, but never at the expense of failing to provide accurate information and practical advice to males in a manner most will find helpful. It does not neglect women's perspectives on contraception and they too will enjoy the film. It is excellent for use in promoting honest communication between the sexes about birth control. It comes with a usage guide which gives an overview of the film, suggests some

tie-in events and discussion topics, and lists a number of worthwhile resources.

Chillysmith Farm. 16 mm, color, 55 min. Price, \$750; rental, \$75. Film makers: Mark and Dan Jury. Distributed by: Filmmakers Library, Inc., 133 East 58th Street, Suite 703A, New York, NY 10022.

This award-winning film, 10 years in the making, is a remarkable document of family love and devotion focused on the most basic events in life—death and birth. Viewers may well remember the poignant photo essay published as *Gramp* which memorably captured a four-generational family's experience with *Gramp's* death at home. This film goes back over that experience and continues to record the family as *Gramp's* wife, Nan, ages and dies peacefully at home among those she loves—her daughter, her grandchildren, and great-grandchildren. Then when Dee and Mark Jury expect another child, they decide to make this event a shared experience for the family as well. Mark's great-aunt is hesitant at first about participating in what, in her generation's view, should be kept private. She eventually agrees and we watch the latest addition to the family, Kristen, enter the world surrounded by parents, aunts and uncle, brother and sister and, of course, great-aunt. Scenes from the film will linger with you for a long time. It is beautifully done, providing food for thought about family values, communication, and family living from death to birth.

Greetings From Washington D.C. 16 mm, color, 28 min. Price, \$450; rental, \$60; also available in video cassette. Iris Films, P.O. Box 5353, Berkeley, CA 94705.

Greetings is a boisterous documentary recording the 1979 march of 100,000 lesbians and gay men as they pass the White House and gather in the Mall to call for Gay Rights. It is a colorful, lively film, and pride is the predominant emotion. The film presents a panorama of uniformed, costumed, and casually dressed groups and individuals from all over the country. Bands, choral groups, delegates from gay organizations of all types—disabled, racial, parental, professional—gather with supportive "straights" to call attention to the need for civil rights for homosexual men and women. Brief interviews with a cross section of gay individuals—and also some detractors—give evidence to the importance of this event. These conversations were

recorded over the sound of band music, platform speeches, and crowd noises, so some are difficult to understand, although the technique adds to the sense of being there. The film is a dramatic visualization of one of the parade banners that reads, "We are everywhere!"

Who Happen to Be Gay. 16 mm, 23 minutes. Price, 6-year life-of-print license, \$390; rental, \$30. Film makers: Dale Bel-din and Mark Krenzien. Distributed by: Direct Cinema Limited, Box 69589, Los Angeles, CA 90069.

This ABC Television documentary profiles three women and three men professionals who have decided to lead openly gay lives. Perhaps because of their professions—engineer, professor, psychologist, nurse, real estate agent, and doctor—this is a more cerebral film than *Sharing the Secret*. None of the people fits any of the traditional stereotypes of homosexuals and it is clear, as we watch them on the job and engaging in varied recreational activities, that their gayness is only one part of their lives. Each person is a mature, productive individual who just happens to be gay. The film provides good role models for those who happen to be heterosexual and shatters some of the typical myths about homosexuality. Their openness and their lives set an example for gay individuals who have not "come out," and a plea is made about the importance this openness has, not only for their own mental health, but also for providing positive role models for young gay people. It is an effective film for all audiences, junior high and above.

Still A Woman, Still A Man. Color slide set (137 slides) and cassette tape (for synchronized projector or carousel and cassette tape recorder), 17 min. Price, \$200; rental, \$35. Elliot Bay Associates, 2366 Eastlake Avenue E., Suite 234, Seattle, WA 98112.

The sexual and relationship concerns of those with disabilities are the focus of this audio-visual program. In this presentation, which was developed out of actual work in health care delivery to people with disabilities, a group of these individuals share their feelings about the role sex plays in their lives at the present time. A major advantage of this program is that it covers a considerable range of disabilities: deafness, blindness, spinal cord injury, multiple sclerosis, and muscular dystrophy. There are no explicit

sex scenes, yet the interwoven interviews provide sensitive insights into the problems special to certain handicaps. Although there is a "home movie" feel about some aspects of the program when compared to slicker, more professional programs from commercial producers, the sense of real people dealing with an important aspect of their lives does come through effectively. The film can certainly stimulate enlightening discussion in both disabled and able-bodied audiences.

Being Part of It All. 16 mm, color, 24 min. Price, \$450; rental, \$45; video cassette available for \$400. Filmmakers Library, Inc., 133 East 58th Street, Suite 703A, New York, NY 10022.

A retarded couple, Gary and Barbara, adjust both to marriage and to living independently outside the institution where they have spent most of their lives. Gary has cerebral palsy and is partially deaf, both partners are learning to read and write. Their independent living is made possible by a strong support system in their Canadian community. A speech therapist works regularly with Gary, a social worker visits and helps with budgeting and financial concerns, they are both placed in a sheltered workshop where they receive pay commensurate with their productivity, and they receive a government subsidy. Their abilities and dependencies are shown. Gary is persuaded to have a vasectomy although they both express an interest in having a child. This raises the issue of how much freedom of choice they actually have and how much they should have, based on their capacities to handle their own affairs. Basically, it is an optimistic film and it can help to break down taboos concerning marriage and the retarded.

New Relations. 16 mm, color, 34 min. Price \$520; rental, \$50. Also available in video cassette. Film maker: Ben Achtenberg. Distributed by: Plainsong Productions, 47 Halifax Street, Jamaica Plain, MA 02130.

This sensitive and gentle film is the autobiographical study of a man who becomes a father in his mid-thirties. When he and his wife decide to have a baby, they agree that, because hers is a more rigid, fixed schedule profession than his as a free lancer, he will take on the major responsibilities for child care. As his son reaches his first birthday, Ben

frankly explores the costs—both economic and emotional—and the rewards of this decision. He and his wife share with honesty the conflicts that have arisen because of their decision to become parents. In other sequences, Ben and his father discuss the differences in their respective fathering styles. The film realistically confronts many of the problems facing parents today: changing sex roles and different parenting patterns, new concepts of masculinity, child care options and alternatives, and the conflicts between career and family roles. While it is a sobering look at the responsibilities of parenthood, it provides a reassuring example of the growth and enrichment that can also be an integral aspect of parenting.

Daughters of Time. 16 mm, color, 29 min. Price, \$450; rental, \$50. Film maker: Ginny Durrin. Distributed by: New Day Films, 1748 Kalorama Road, NW, Washington, DC 20009.

Three very personable and efficient nurse-midwives share their feelings about their work and take us along on their daily rounds. Sister Angela Murchaugh works in a rural Texas community

with an alternative birth center; Marion McCartney, a partner in a privately owned home-birthing service, is currently involved in a fight to keep her hospital delivery privileges in Maryland. Linda Viera, in Colorado, works in a private practice with an obstetrician performing deliveries in a hospital birthing room. All three demonstrate a caring personal concern with their patients and, through their warm interaction with the patients, answer many of the questions people have about their professional training and the safety of such health care. The film also provides a brief historical view of mid-wifery as a profession, and the struggle this country's midwives are engaged in to establish their right to practice within the medical system. The birth scenes under the supervision of these competent women may alert young people to the possibility of a more personalized birth experience for themselves than the traditional hospital procedure usually allows.

Hard Work. 16 mm, color, 29 min. Price, \$395; rental, \$50. Film maker: Ginny Durrin. Distributed by: MTI Teleprograms, Inc., 3710 Commercial Avenue, Northbrook, IL 60062.

This documentary focuses on the oldest profession, and on Margo St. James's campaign to decriminalize it in the United States. The film revolves around the Hooker's Convention in Washington, D.C. and covers a five-day period of meetings, press conferences, a congressional cocktail party, the Hooker's Ball, and a sunrise walk around the White House. St. James, founder of COYOTE (Call Off Your Old Tired Ethics), argues for removing prostitution from criminal law and having it regulated by civil law. She is supported by Florynce Kennedy, Ti-Grace Atkinson, economist George Hilton, and other advocates of decriminalization. There is a confrontation between a picketing minister opposed to the convention, and Father Genska, a Franciscan monk who works with prostitutes on the streets of New York. St. James is an articulate and informed woman who realizes that humor makes for memorable quotes. Some of the comments are difficult to hear due to the circumstances under which the film was made, and the message of the film could be delivered in perhaps two-thirds of its current running time. It is, however, a compelling film about an important social issue.

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SEXUALITY AND DISABILITY

A Bibliography of Resources Available for Purchase

This annotated listing of sexuality and disability materials was prepared by Leigh Hallingby, MSW, MS, SIECUS librarian, and Nancy Barbara, library intern. All of these resources are available for use at the SIECUS Resource Center and Library at New York University, or for purchase from the sources listed. Unless otherwise indicated, the prices given do not include postage.

Single copies of this bibliography are available from SIECUS on receipt of \$1.00 and a stamped, self-addressed, business-size envelope for each list requested. In bulk they are: 40¢ each for 5-49 copies; 25¢ each (plus \$1.00 for postage and handling) for 50 copies or more.

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GENERAL WORKS

Books and Journals

ENTITLED TO LOVE: THE SEXUAL AND EMOTIONAL NEEDS OF THE HANDICAPPED

Wendy Greengross

Provides direction for professionals in difficult areas such as marriage, residential care, and dealing with parental concerns. Answers the question: What should disabled people learn about sex?

National Marriage Guidance Council (1976), Little Church Street, Rugby, England; ca. \$5.50

FAMILY PLANNING SERVICES FOR DISABLED PEOPLE: A MANUAL FOR SERVICE PROVIDERS

Ebon Research Systems

Excellent resource which provides guidance for training staff to work with disabled persons, making clinics barrier-free, and offering services related to specific disabilities. Includes a chart of disabling conditions and their effects on reproduction and contraception.

National Clearinghouse for Family Planning Information (1980), P.O. Box 2225, Rockville, MD 20852; single copies free

HUMAN SEXUALITY IN HEALTH AND ILLNESS Second Edition

Nancy Fugate Woods

Examines the biophysical nature of human sexuality, sexual health, and health care (including preventive and restorative intervention and sexual dysfunction), and clinical aspects of human sexuality in such concerns as chronic illness, paraplegia, and adaptation to changed body image.

C. V. Mosby (1979), 11830 Westline Industrial Drive, St. Louis, MO 63141; \$10.95

OFF OUR BACKS—SPECIAL ISSUE: WOMEN WITH DISABILITIES Vol. 11, No. 5, May 1981

A number of the 20 articles are written from a feminist and/or lesbian perspective. Dis-

abilities covered include stroke, visual and hearing impairment, and mastectomy.

Off Our Backs (1981), 1841 Columbia Road, NW, Washington, DC 20009; \$1.00

THE SEX AND DISABILITY TRAINING PROJECT, 1976-1979: FINAL REPORT

David G. Bullard et al.

Report on a non-degree program with trained educator-counselors, most of whom were themselves disabled, to help disabled persons achieve more satisfactory sexual functioning and relationships.

Human Sexuality Program, Dept. of Psychiatry, University of California (1979), 814 Mission Street, 2nd Floor, San Francisco, CA 94103; \$6.00

SEX AND THE HANDICAPPED CHILD

Wendy Greengross

A straightforward, matter-of-fact treatment of the importance of parents' promoting a positive attitude toward their disabled child's sexuality. The author is a disabled woman and a professional sex educator.

National Marriage Guidance Council, Little Church Street, Rugby, England; price information unavailable

SEX EDUCATION AND COUNSELING OF SPECIAL GROUPS:

THE MENTALLY AND PHYSICALLY HANDICAPPED, ILL, AND ELDERLY Second Edition

Warren R. Johnson and Winifred Kempton

Deals with problem areas in sex education and counseling of handicapped persons, and points out danger of losing the individual behind group labels. Offers suggestions for dealing with sex-related topics from masturbation to abortion.

Charles C. Thomas (1981), 2600 South First Street, Springfield, IL 62717; \$24.75

SEX, SOCIETY, AND THE DISABLED: A DEVELOPMENTAL INQUIRY INTO ROLES, REACTIONS, AND RESPONSIBILITIES

Isabel P. Robinault

An excellent resource, presenting a chronological discussion of the sexuality of people with physical disabilities.

Harper & Row (1978), Medical Department, 2350 Virginia Avenue, Hagerstown, MD 21740; \$16.95

SEXUAL CONSEQUENCES OF DISABILITY

Alex Comfort, ed.

Useful collection of articles on a range of disabilities.

D. Van Nostrand Co. (1978), 135 West 50th Street, New York, NY 10020; \$24.50 hard-cover, \$17.00 paper

SEXUAL SABOTAGE: HOW TO ENJOY SEX IN SPITE OF PHYSICAL AND EMOTIONAL PROBLEMS

Sherwin A. Kaufman

Written for the general public, this book concerns itself with the sexual repercussions of medical, emotional, and social problems. There is a question and answer format covering a wide range of illnesses and other disruptive situations.

Macmillan Publishing Co. (1981), 866 Third Avenue, New York, NY 10022; \$13.95

THE SEXUAL SIDE OF HANDICAP: A GUIDE FOR CARING PROFESSIONALS

W. F. R. Stewart

An easily readable, handy reference for those beginning to study the sexual world of people with disabilities of various natures.

Woodhead-Faulkner Publishers, Ltd. (1979), 8 Market Passage, Cambridge, England CB2 3PF; ca. \$28.00

SEXUALITY AND DISABILITY

Ami Sha'ked and Susan M. Daniels, eds.

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

Human Sciences Press, 72 Fifth Avenue, New York, NY 10011; annual subscription, \$25.00 individual, \$58.00 institutional

SEXUALITY AND PHYSICAL DISABILITY: PERSONAL PERSPECTIVES

David G. Bullard and Susan E. Knight, eds.

Forty-five contributors, many of whom are health professionals who are disabled, discuss personal perspectives and professional issues regarding a wide range of disabilities. Other topics covered are attendant care, body image, parenting, sex education and therapy, and family planning. Highly recommended.

C. V. Mosby Co. (1981), 11830 Westline Industrial Drive, St. Louis, MO 63141; \$17.95

SEXUALITY AND THE DISABLED

Michael Barrett and Neville Case, eds.

Proceedings of a workshop held at Royal Ottawa Hospital, April 1976, where most presenters were disabled people.

Sex Information and Education Council of Canada (1976), 423 Castlefield Avenue, Toronto, Ontario M5N 1L4, Canada; \$3.00 (includes postage)

WHO CARES? A HANDBOOK ON SEX EDUCATION AND COUNSELING SERVICES FOR DISABLED PEOPLE Second Edition

Sex and Disability Project

Unique, outstanding, and comprehensive resource with excellent listings of available services and materials. Highly recommended. *University Park Press (1982)*, 300 North Charles Street, Baltimore, MD 21201; \$19.00

Booklets and Pamphlets

CHOICES: A SEXUAL GUIDE FOR THE PHYSICALLY HANDICAPPED

Maureen Neistadt and Maureen Freda Baker

Makes suggestions for dealing with each of a number of physical problems (such as tremor and loss of mobility) that can result from a wide variety of disabilities and impede sexual functioning.

Massachusetts Rehabilitation Hospital (1979), 125 Nashua Street, Boston, MA 02114; \$2.00 (includes postage)

ESSENSUALS

Designed by and for disabled persons, this is a hand-drawn guide to buying sexual aids. Catalog contains detailed descriptions of uses and misuses of the devices, as well as an order form.

Disability and Sensual Horizons (1981), P.O. Box 696, Gracie Station, New York, NY 10028; \$3.00 (includes postage)

GETTING TOGETHER

Debra Cornelius, Elaine Makas, and Sophia Chipouras

Tenth in a series on attitudinal barriers facing disabled people, this booklet deals with myths about the sexuality of the disabled and steps that can be taken to overcome them. *RRRI (1981)*, George Washington University, 603 Park Lane Building, 2025 Eye Street, NW, Washington, DC 20052; \$.80

INTIMACY AND DISABILITY

Barbara F. Waxman and Judi Levin

A comprehensive resource on life skills and sexuality as they relate to the disabled. Growing up, body image, and contraception are discussed at length. An excellent guide for the disabled.

Institute for Information Studies (in press for 1982), 200 Little Falls Street, Falls Church, VA 22046; price information not available

SEX EDUCATION, COUNSELING AND THERAPY FOR THE PHYSICALLY HANDICAPPED

American Association of Sex Educators, Counselors, and Therapists

Discusses the impact of eight disabilities on sexuality.

AASECT (1979), 600 Maryland Avenue, SW, Washington, DC 20024; \$2.50

SEX EDUCATION FOR DISABLED PERSONS Public Affairs Pamphlet #531

Irving Dickman

The pamphlet alerts professional people working with physically and mentally disabled persons to the importance of providing them with sex education and of helping their parents to do so.

Public Affairs Committee, Inc. (1975), 381 Park Avenue South, New York, NY 10016; \$.50 (bulk rates available)

SEXUAL RIGHTS FOR THE PEOPLE . . . WHO HAPPEN TO BE HANDICAPPED

Sol Gordon and Douglas Bilken

Covers basic concepts of sex information, expression, and birth control services, with a selected list of references.

Ed-U Press (1979), P.O. Box 583, Fayetteville, NY 13066; \$1.00 (bulk rates available)

TOWARD INTIMACY: FAMILY PLANNING AND SEXUALITY CONCERNS OF PHYSICALLY DISABLED WOMEN

Task Force on the Concerns of Physically Disabled Women

A discussion of various relationships within a disabled woman's life, aimed at promoting communication and understanding.

Human Sciences Press (1978), 72 Fifth Avenue, New York, NY 10011; \$4.00

WITHIN REACH: PROVIDING FAMILY PLANNING SERVICES TO PHYSICALLY DISABLED WOMEN

Task Force on Concerns of Physically Disabled Women

Helpful for family planning providers serving disabled women.

Human Sciences Press (1977), 72 Fifth Avenue, New York, NY 10011; \$4.00

XANDRIA COLLECTION: SPECIAL ISSUE FOR DISABLED PERSONS

Catalog of sexual aids for disabled persons, giving the history of each and advice on how and how not to use them. All items listed are available for purchase through the same distributor.

Lawrence Research Group (1981), Department P.D., P.O. Box 31039, San Francisco, CA 94131; free

Bibliographies

BIBLIOGRAPHIES OF HOLDINGS OF THE SIECUS RESOURCE CENTER AND LIBRARY: SEXUALITY AND ILLNESS, DISABILITY, OR AGING

Leigh Hallingby, comp.

Bibliographies on 30 separate illnesses or disabilities as they relate to sexuality. The 500 unannotated citations include books, chapters from books, periodical articles, booklets, pamphlets, and curricula. Complete updating planned in 1982. Order blank available to

those wishing to purchase individual bibliographies.

SIECUS (1980), 80 Fifth Avenue, Suite 801, New York, NY 10011; \$25.90 (includes postage)

HUMAN SEXUALITY IN PHYSICAL AND MENTAL ILLNESSES AND DISABILITIES: AN ANNOTATED BIBLIOGRAPHY

Ami Sha'ked

Excellent reference tool for all those who provide help with sex-related problems of the ill, aged, and disabled.

Indiana University Press (1979), Tenth and Morton Streets, Bloomington, IN 47405; \$22.50

SEX AND DISABILITY: A RESOURCE GUIDE TO BOOKS, PAMPHLETS, ARTICLES, AND AUDIO, VISUAL, AND TACTILE MATERIALS

Eleanor Smith, Paula Silver, and Katrine Hughes

An easy-to-read bibliography with annotations and comments on the helpfulness of each entry. Very usefully laid out.

A Central Place (1981), 477 15th Street, Oakland, CA 94612; \$9.20 (includes postage)

SEX AND DISABILITY: A SELECTED BIBLIOGRAPHY

M. G. Eisenberg

Contains hundreds of references to literature published from 1942-1978, with 80% from 1960 on. Very useful for a wide range of disabilities.

Rehabilitation Psychology (1978), Box 26034, Tempe, AZ 85282; \$5.00

SEXUALITY AND DISABILITY: A SELECTED ANNOTATED BIBLIOGRAPHY

Debra Cornelius, Elaine Makas, and Sophia Chipouras

Product of literature searches conducted by the Sex and Disability Project, containing over 400 listings.

RRRI (1979), George Washington University, 603 Park Lane Building, 2025 Eye Street, NW, Washington, DC 20052; \$3.00

SEXUALITY AND THE DISABLED: AN ANNOTATED BIBLIOGRAPHY

Includes 200 citations to books, periodical articles, curricula, conference papers, and dissertations.

Katharine Dexter McCormick Library (1981), Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY 10019; \$5.00

Curriculum

SEXUALITY AND SEXUAL ASSAULT: DISABLED PERSPECTIVES

Charles K. Stuart and Virginia Stuart

Curriculum guide for development of workshop for professionals on incest, rape, and sexual abuse of disabled people. Highly recommended.

Charles K. Stuart, Director of Counseling Services (1980), Southwest State University, Marshall, MN 56258; \$6.00 (includes postage)

CANCER

BODY IMAGE, SELF-ESTEEM, AND SEXUALITY IN CANCER PATIENTS

J. M. Vaeth, R. C. Blomberg, and L. Adler, eds.

The conference on which this outstanding book is based was a first in the specific area of cancer and its possible effects on sexuality and self-esteem in patients of all ages.

S. Karger (1980), 150 Fifth Avenue, Suite 1105, New York, NY 10011; \$49.25

SEXUALITY AND CANCER

Jean M. Stoklosa et al.

Sensitively written discussion with useful sections on ostomy, laryngectomy, and mastectomy.

Bull Publishing (1979), Box 208, Palo Alto, CA 94302; \$2.95

SEXUAL REHABILITATION OF THE UROLOGIC CANCER PATIENT

Andrew C. von Eschenbach and Dorothy Rodriguez, eds.

This collection of articles is derived from papers presented at a 1979 seminar at the University of Texas in Houston. A valuable book for any individual involved in the total care of patients with urologic cancer.

G. K. Hall Medical Publishers (1981), 70 Lincoln Street, Boston, MA 02111; \$39.95

CEREBRAL PALSY

CEREBRAL PALSY AND SEXUALITY

Nathan Liskey and Phillip Stephens

A collection of case studies focusing particularly on sexual development and adult sexual expression.

Disabled Students on Campus Organization (1978), California State University, c/o Handicapped Students Services, Fresno, CA 93740; \$2.00

SEX FOR THE HANDICAPPED MAN: AN EDUCATIONAL BOOKLET

Weldon Leon Sutton

An illustrated, self-help manual written at a 6th-grade reading level, printed in large type, and tabbed for easy reference. Although the drawings are oriented toward people with cerebral palsy, the text is applicable for the disabled in general. Chapter titles include: "How to Relax," "Masturbation," "Foreplay," and "Ask Questions."

Self-Help Manual (1981), 8595 Conway Drive, Riverside, CA 92504; \$16.00 (includes postage)

HEARING IMPAIRED

SEXUALITY AND DEAFNESS

A compilation of eight articles by Robert R.

Davila, Della Fitz-Gerald, Max Fitz-Gerald, and Clarence M. Williams. Deals primarily with the need for instruction in sexuality for hearing impaired persons of all ages.

Gallaudet College, Outreach Services, Pre-College Programs (1979), MSSD Box 114F Kendall Green, Washington, DC 20002; \$4.50

SIGNS FOR SEXUALITY:

A RESOURCE MANUAL

Susan D. Doughten, Marlyn B. Minkin, and Laurie E. Rosen

Contains over 600 photographs illustrating 300 signed words and phrases associated with human sexuality. Bound to lie flat, leaving hands free for communication.

Planned Parenthood of Seattle/King County (1978), 2211 East Madison, Seattle, WA 98112; \$11.95

SIGNS OF SEXUAL BEHAVIOR

James Woodward

Each sign, along with its etymology, is explained. Author also discusses deaf culture as it relates to the ever-changing signs.

T. J. Publishers (1979), 817 Silver Spring Avenue, Suite 305D, Silver Spring, MD 20910; \$6.95

MENTALLY HANDICAPPED

Books and Booklets

DEVELOPING COMMUNITY ACCEPTANCE OF SEX EDUCATION FOR THE MENTALLY RETARDED

Medora Bass

Outlines a program of two or three meetings for parents or staff to explain the need for sex education and to indicate concepts to be taught to the mentally handicapped.

SIECUS (1972), 80 Fifth Avenue, Suite 801, New York, NY 10011; \$3.95

AN EASY GUIDE TO LOVING CAREFULLY FOR MEN AND WOMEN

Lyn McKee, Winifred Kempton, and Lynne Stiggall

Basic information about sexual anatomy, reproduction, and contraception, presented in large print with many illustrations. Suitable for higher functioning mentally handicapped people to read on their own or with a parent or professional.

Planned Parenthood of Contra Costa (1980), 1291 Oakland Boulevard, Walnut Creek, CA 94596; \$5.95 (includes postage)

HANDICAPPED MARRIED COUPLES

Ann Craft and Michael Craft

Gives an account of authors' research of a sample of 25 marriages with at least one mentally handicapped spouse. Suggests ways in which service to such couples might be improved and provides materials for teaching purposes.

Routledge and Kegan Paul, Ltd. (1979), 9 Park Street, Boston, MA 02108; \$25.00

HUMAN SEXUALITY AND THE MENTALLY RETARDED

Felix F. de la Cruz and Gerald D. Laveck, eds.

Examines physical and psychological aspects of sexual behavior, relating them to the needs of those with learning handicaps.

Brunner/Mazel (1973), 19 Union Square West, New York, NY 10003; \$15.00

LIKE NORMAL PEOPLE

Robert Meyers

Warm, touching story of the marriage of Roger Meyers and Virginia Hensler, written by Roger's brother. Describes long struggle of these two mentally handicapped individuals to lead a dignified life.

McGraw-Hill (1978), 1221 Avenue of the Americas, New York, NY 10020; \$9.95

ORGANIZING COMMUNITY RESOURCES IN SEXUALITY, COUNSELING, AND FAMILY PLANNING FOR THE RETARDED: A COMMUNITY WORKER'S MANUAL

Karin Rolett

Self-instructional format moves reader step by step toward organizing informational or service programs.

Carolina Population Center (1976), University of North Carolina, University Square, Chapel Hill, NC 27514; \$3.00

SEX AND THE MENTALLY HANDICAPPED

Michael Craft and Ann Craft

Written for professionals and parents caring for the mentally handicapped, this British book looks at many of the questions, anxieties, and fears raised by the sexuality of this group. Offers guidelines to those wishing to plan sex education programs.

Routledge and Kegan Paul, Ltd. (1978), 9 Park Street, Boston, MA 02108; \$12.50 (includes postage)

SEX EDUCATION FOR PERSONS WITH DISABILITIES THAT HINDER LEARNING: A TEACHER'S GUIDE

Winifred Kempton

Invaluable resource for instructors on human sexuality for students with learning problems, stressing the need to integrate sexuality with every facet of human experience.

Planned Parenthood of Southeastern Pennsylvania (1975), 1220 Sansom Street, Philadelphia, PA 19107; \$9.14 (includes postage)

SEXUAL RIGHTS AND RESPONSIBILITIES OF THE MENTALLY RETARDED

Medora S. Bass, ed.

Comes to grips with social attitudes and educational policy relating to the sexual rights of the retarded.

Medora S. Bass (1975), 1387 East Valley Road, Santa Barbara, CA 93108; \$2.50

Curricula and Tests

BECOMING ME: A PERSONAL ADJUSTMENT GUIDE FOR SECONDARY STUDENTS

Theresa Throckmorton

For use with secondary special education

SIECUS Report, May-July 1982

students. Focuses on functional living skills such as decision making, problem solving, and sexual and social fulfillment. A content outline, behavioral objectives, suggested resources, and learning activities are included for each topic covered.

Grand Rapids Public Schools (1980), 143 Bostwick, NE, Grand Rapids, MI 49503; \$12.00

BEING ME: A SOCIAL/SEXUAL TRAINING GUIDE FOR THOSE WHO WORK WITH THE DEVELOPMENTALLY DISABLED

Jean Edwards and Suzan Wapnick

A curriculum for teachers working with developmentally disabled individuals from first grade through middle age. Can be used with severely or more mildly handicapped children or adults.

Ednick Communications (1981), Box 3612, Portland, OR 97208; teacher's guide, \$30.00; assessment scale and photo cards, \$40.00; sex education slides, \$30.00

EDUCATION FOR ADULTHOOD

Madeline Greenbaum and Sandra Noll

Contains two sections: a training guide for those who will teach the curriculum, and a curriculum for mentally retarded adolescents and adults who need a better understanding of social and sexual life. Includes units on body image, feelings, acceptance of disability, expressing sexuality, and interpersonal relationships.

Staten Island Mental Health Society (1982), Center for Developmental Disabilities, 657 Castleton Avenue, Staten Island, NY 10301; ca. \$40.00

ESSENTIAL ADULT SEX EDUCATION (EASE) CURRICULUM

David Zelman

Includes curriculum guide, pre- and post-tests, birth control and menstruation kit, and profile sheets. Highly regarded for its comprehensiveness and ease of use.

SFA, James Stanfield Film Associates (1979), P.O. Box 1983, Santa Monica, CA 90406; total curriculum package, \$125.00; sequential curriculum guide only, \$25.00

FEELING GOOD ABOUT YOURSELF: A GUIDE FOR PEOPLE WORKING WITH PEOPLE WHO HAVE DISABILITIES
Second Edition

Gloria Blum and Barry Blum

This curriculum guide for teaching sex education in the special education classroom is now available in a new, expanded edition. In addition to socialization and decision-making skills, a wide variety of sexual topics is covered. The continuing focus is on self-esteem as the essential ingredient in preparation for adulthood.

Feeling Good Associates (1981), 507 Palma Way, Mill Valley, CA 94941; \$9.95

A GUIDE FOR TEACHING HUMAN SEXUALITY TO THE MENTALLY HANDICAPPED
Third Edition

Phyllis Cooksey and Pamela Brown

This curriculum guide contains nine cate-

gories such as contraception and interpersonal relations. Under each are listed topics to cover, points to make, and suggested activities and resources. A simple but very practical approach to teaching the mentally handicapped about sexuality.

Planned Parenthood of Minnesota (1981), 1965 Ford Parkway, St. Paul, MN 55116; \$3.00

GUIDELINES FOR TRAINING IN SEXUALITY AND THE MENTALLY HANDICAPPED

Winifred Kempton and Rose Forman

Not a textbook, but a proposed training program for those working with staff, aides, or parents involved with the mentally handicapped.

Planned Parenthood of Southeastern Pennsylvania (1976), 1220 Sansom Street, Philadelphia, PA 19107; \$9.14 (includes postage)

HUMAN SEXUALITY: A PORTFOLIO FOR THE MENTALLY RETARDED

Victoria Livingston and Mary E. Knapp

Consists of 10 separate drawings on stiffened paper, with discussion suggestions for the teacher printed on the back of each plate. Content areas include male and female genitalia, girl to woman, boy to man, masturbation, and sexual intercourse.

Planned Parenthood of Seattle-King County (1974), 2211 East Madison, Seattle, WA 98112; \$23.00 (includes postage)

LINCOLN SCHOOL: HUMAN GROWTH AND DEVELOPMENT

William W. Kratoch et al.

A curriculum guide oriented toward trainable mentally impaired people from age two through adulthood. Includes suggestions on parental involvement, staff development, assessment and evaluation, and four comprehensive curricular units: self concept, health and self-care, human growth, and social developments.

Lincoln School HGD (1980), 860 Crahen Road, NE, Grand Rapids, MI 49506; \$17.00 (includes postage)

PERSONAL DEVELOPMENT AND SEXUALITY: A CURRICULUM GUIDE FOR DEVELOPMENTALLY DISABLED

Provides instructional content and many excellent group activities in areas of sex education and skill development. A fine resource for those working with the mentally handicapped.

Planned Parenthood of Pierce County (1978), 312 Broadway Terrace Building, Tacoma, WA 98402; \$18.00

A RESOURCE GUIDE IN SEX EDUCATION FOR THE MENTALLY RETARDED

SIECUS and American Alliance for Health, Physical Education & Recreation

Concepts to be taught are outlined, followed by comments, content, and activities relating to each.

SIECUS (1971), 80 Fifth Avenue, Suite 801, New York, NY 10011; \$3.95

SEXUALITY AND SOCIAL AWARENESS: A CURRICULUM FOR MODERATELY AUTISTIC AND/OR NEUROLOGICALLY IMPAIRED INDIVIDUALS

Dawn A. Lieberman and Mary Bonyai Melone

Extremely valuable for sex educators working with lower functioning mentally handicapped individuals.

Benhaven Press (1979), 9 Saint Ronan Terrace, New Haven, CT 06511; \$17.55 (includes postage)

SOCIO-SEXUAL KNOWLEDGE AND ATTITUDE TEST (SSKAT)

Joel R. Wish, Katherine Fiechtl McCombs, and Barbara Edmonson

Can be used with mentally retarded persons and others whose language is limited. Responses to most questions consist of the subject's pointing to a choice of pictures and indicating "yes" or "no." There are 13 subtests, which can determine both sex knowledge and attitudes. Manual presents data from use of SSKAT with 200 retarded adults ranging in age from 18-42.

Stoelting Co. (1976), 1350 South Koster Avenue, Chicago, IL 60623; \$95.00

SPECIAL EDUCATION CURRICULUM ON SEXUAL EXPLOITATION

Developmental Disabilities Project of Seattle Rape Relief

Designed for teaching mentally and physically handicapped students to be aware of sexual exploitation and to protect themselves. Two self-contained kits (elementary and secondary levels) provide a variety of educational materials such as teacher's guide, body maps, slide series, audio tapes, and sets of 20 pamphlets to be given to parents.

Comprehensive Health Education Foundation (1981), 20814 Pacific Highway South, Seattle, WA 98188; Level I, \$370.00; Level II, \$395.00; Lesson Plans only, \$15.00; Written Narrative only, \$15.00

TEACHING SEX EDUCATION TO ADULTS WHO ARE LABELED MENTALLY RETARDED

Al Strauss

Can be used by professionals and parents. Deals with self-appreciation, friendship, and love, as well as anatomy, physiology, and birth control.

Al Strauss (1976), P.O. Box 2141, Oshkosh, WI 54903; \$6.00 (includes postage)

Parent Guides

AN EASY GUIDE FOR CARING PARENTS: SEXUALITY AND SOCIALIZATION—A BOOK FOR PARENTS OF PEOPLE WITH MENTAL HANDICAPS

Lyn McKee and Virginia Blackledge

An honest, upbeat book about the social and sexual needs of people with mental handicaps. Valuable aid to both parents and educators.

Planned Parenthood of Contra Costa (1981), 1291 Oakland Boulevard, Walnut Creek, CA 94596; \$5.95 (includes postage)

**LOVE, SEX, AND BIRTH CONTROL
FOR THE MENTALLY RETARDED:
A GUIDE FOR PARENTS**

Winifred Kempton, Medora Bass, and
Sol Gordon

Thoughtful guide covering sex education
and sexual responsibility. Spanish edition also
available.

*Planned Parenthood of Southeastern Penn-
sylvania (1973), 1220 Sansom Street, Philadel-
phia, PA 19107; \$2.24 (includes postage)*

**SARA AND ALLEN:
THE RIGHT TO CHOOSE
Revised Edition**

Jean Edwards

Written for parents who want to begin to
deal openly with the social/sexual needs of
their retarded children. Encouraging, infor-
mal, practical tone.

*Ednick Communications (1980), P.O. Box
3612, Portland, OR 97208; \$8.00*

MULTIPLE SCLEROSIS

**GUIDE TO PROGRAM PLANNING ON
SEXUALITY AND MULTIPLE SCLEROSIS**

Ann Barrett and Michael Barrett

Includes well-devised exercises for groups
dealing with sexuality and multiple sclerosis.
*Multiple Sclerosis Society of Canada (1978),
130 Bloor Street West, Toronto, Ontario M5S
1N5, Canada; \$1.75*

**SEXUALITY AND MULTIPLE SCLEROSIS
Revised Edition**

Michael Barrett

Useful booklet for people with multiple
sclerosis and professionals working with
them.

*Multiple Sclerosis Society of Canada (1982),
130 Bloor Street West, Toronto, Ontario M5S
1N5, Canada; ca. \$1.00*

OSTOMY

**PREGNANCY AND THE WOMAN
WITH AN OSTOMY
SEX AND THE FEMALE OSTOMATE
SEX AND THE MALE OSTOMATE
SEX, COURTSHIP, AND THE
SINGLE OSTOMATE**

Well-written booklets for ostomates and
those working with them.

*United Ostomy Association (1973), 2001 West
Beverly Boulevard, Los Angeles, CA 90057;
\$1.00 each*

SEXUAL COUNSELING FOR OSTOMATES

Ellen A. Shipes and Sally T. Lehr

A commonsense approach to sexual coun-
seling of ostomates, covering easy-to-
understand techniques.

*Charles C Thomas (1980), 2600 South First
Street, Springfield, IL 62717; \$8.50*

SPINAL CORD INJURED

**FEMALE SEXUALITY FOLLOWING
SPINAL CORD INJURY**

Elle Friedman Becker

Offers an opportunity to understand the
struggle of a quadriplegic or paraplegic
woman in a world that represses and defines
her sexual expression and identity, and to
learn what disabled people look for from the
professional community, their family, and
friends.

*Cheever Publishing (1978), P.O. Box 700,
Bloomington, IL 61701; \$10.95*

**A HANDBOOK ON SEXUALITY
AFTER SPINAL CORD INJURY**

Joanne M. Taggie and M. Scott Manley

A workbook to help spinal cord injured
people and their partners identify and begin
to work out their feelings as sexual individuals.
*M. Scott Manley (1978), 3425 South Clarkson,
Englewood, CO 80110; \$5.00 (bulk rates
available)*

**HUMAN SEXUALITY AND
REHABILITATION MEDICINE:
SEXUAL FUNCTIONING FOLLOWING
SPINAL CORD INJURY**

Ami Sha'ked, ed.

Fifteen chapters for health care profession-
als who deal with spinal cord injury, as well as
other disabilities, to help people adjust to
normative life.

*Williams and Wilkins (1981), 428 East Preston
Street, Baltimore, MD 21202; \$25.00*

**PSYCHOLOGICAL, SEXUAL, SOCIAL,
AND VOCATIONAL ASPECTS
OF SPINAL CORD INJURY:
A SELECTED BIBLIOGRAPHY**

Gary T. Athelstan et al.

Unannotated bibliography containing
almost 900 citations, of which over 200 fall
under the heading "Sexual Aspects."
*Rehabilitation Psychology (1978), Box 26034,
Tempe, AZ 85282; \$5.00*

**THE SENSUOUS WHEELER:
SEXUAL ADJUSTMENT FOR
THE SPINAL CORD INJURED**

Barry J. Rabin

Informal, positive treatment of the subject,
stressing the sharing of sexual responsibilities
and vulnerabilities.

*Multi Media Resource Center (1980), 1525
Franklin Street, San Francisco, CA 94109;
\$6.95*

**SEX AND THE SPINAL CORD INJURED:
SOME QUESTIONS AND ANSWERS**

M. G. Eisenberg and L. C. Rustad

Questions discussed include areas such as
physical attractiveness, aging, drugs, cathet-
ers, divorce, adoption, and alternative
methods of sexual expression.

Superintendent of Documents, U.S. Govern-

*ment Printing Office, Washington, DC 20402
(1975); \$3.00 (to order, use Stock No. 051-000-
00081-1)*

**SEXUALITY AND THE
SPINAL CORD INJURED WOMAN**

Sue Bregman

Booklet providing guidelines concerning
social and sexual adjustment for spinal cord
injured women and health professionals who
work with them.

*Sister Kenny Institute (1975), Dept. 199, 800
East 28th Street at Chicago Avenue, Minne-
apolis, MN 55407; \$6.00*

**SEXUAL OPTIONS FOR
PARAPLEGICS AND QUADRIPLEGICS**

Thomas O. Mooney, Theodore M. Cole,
and Richard A. Chilgren

Because the senior author is a near quadri-
plegic himself, a personalized style of writing
results that, with the explicit photographs,
provides an excellent self-help teaching or
counseling resource.

*Little, Brown and Co. (1975), 34 Beacon Street,
Boston, MA 02106; \$9.95*

VISUALLY IMPAIRED

**SEX EDUCATION AND FAMILY LIFE
FOR VISUALLY HANDICAPPED
CHILDREN AND YOUTH:
A RESOURCE GUIDE**

Irving R. Dickman et al.

Grew out of project sponsored by SIECUS
and American Foundation for the Blind. Most
useful for its developmental sequence of
concepts to be taught and learning activities.
*SIECUS (1975), 80 Fifth Avenue, Suite 801,
New York, NY 10011; \$4.95*

**SEX EDUCATION FOR THE VISUALLY
HANDICAPPED IN SCHOOLS AND
AGENCIES: SELECTED PAPERS**

Sound advice on the development and
implementation of sex education programs
for the visually impaired, from professionals
in a variety of settings.

*American Foundation for the Blind (1975), 15
West 16th Street, New York, NY 10011; \$4.50
(includes postage)*

Braille & Large-Print Pamphlets

**BIRTH CONTROL:
ALL THE METHODS THAT WORK
AND THE ONES THAT DON'T**

Planned Parenthood of New York City

Special editions of a well-known publi-
cation.

*Braille edition: Iowa Commission for the
Blind (1977), 4th and Keosauqua Way, Des
Moines, IA 50309; \$7.50. Large type edition:
Foundation for Blind Children (1977), 1201
North 85th Place, Scottsdale, AZ 85257; \$3.20*

BRILLE PAMPHLETS

Pamphlets (a number of which are braille versions of widely used materials) are available on the following topics: sexually transmitted diseases, birth control, menstruation, sex information for teenagers, sex education in the home, issues in sexuality for disabled persons, DES, and breast self-examination. *Planned Parenthood of Humboldt County*, 2316 Harrison, Eureka, CA 95501; write for price information.

FOR BOYS: A BOOK ABOUT GIRLS

Braille booklet explaining menstruation. Includes braille diagrams of female reproductive system. *Personal Products Co.* (1980), Milltown, NJ 08850; \$1.50 (one complimentary copy per school system)

GROWING UP AND LIKING IT

Booklet explaining menstruation to girls, available in braille. *Personal Products Co.* (1980), Milltown, NJ 08850; \$1.50 (one complimentary copy per school system)

LARGE PRINT MATERIALS

Eleven separate pamphlets covering birth control pills, intrauterine devices, diaphragms, condoms, and other contraceptive topics.

A Central Place (1981), 477 15th Street, Oakland, CA 94612; \$.30 each (bulk rates available)

OTHER DISABILITIES

LIVING AND LOVING WITH ARTHRITIS

Jo-An Boggs

Reassuring booklet on sexual adjustment for persons with arthritis. *Arthritis Center of Hawaii* (1978), 347 No. Kua-kini Street, Honolulu, HI 96817; \$1.50

SEX AND DIALYSIS

Barbara Ulery

A valuable resource in this special area of concern. *Barbara Ulery* (1979), P.O. Box 462, Durango, CO 81301; \$3.75 (includes postage)

SEX AND SPINA BIFIDA

W. F. R. Stewart

Consumer-oriented booklet covering effects of spina bifida on growing up, anatomy, birth control, and sexual functioning. *Tavistock House North* (1978), Tavistock Square, London WC1H 9HJ, England; ca. \$2.00

SEX EDUCATION FOR DEAF-BLIND CHILDREN: WORKSHOP PROCEEDINGS

Carmella Ficociello, ed.

Proceedings of a 1976 conference. *International Research Institute* (1976), P.O. Box 3318, Austin, TX 78764; \$6.00 (includes postage)

SEXUALITY AND NEUROMUSCULAR DISEASE

Frances Anderson, Joan Bardach, and Joseph Goodgold

This monograph's recommendations for helping disabled individuals with neuromuscular disease achieve sexual fulfillment are derived from interviews with patients, their families, and physical therapists, as well as from literature surveys. *Institute of Rehabilitation Medicine* (1979), *New York University Medical Center*, 400 East 34th Street, New York, NY 10016; \$2.00 (includes postage)

SO DESPERATE THE FIGHT: AN INNOVATIVE APPROACH TO CHRONIC ILLNESS

Warren R. Johnson

Dr. Johnson, a well-known writer on the subject of sexuality and disability, depicts poignantly his struggles and triumphs in evolving and practicing a philosophy for dealing with the debilitating disease of scleroderma. *Institute for Rational Living* (1981), 45 East 65th Street, New York, NY 10021; \$6.95

SOUND SEX AND THE AGING HEART

Lee Dreisinger Scheingold and Nathaniel N. Wagner

Discusses sex in the mid and later years, with special reference to cardiac problems. *Human Sciences Press* (1974), 72 Fifth Avenue, New York, NY 10011; \$14.95

Book Reviews, Continued from page 15 She provides numerous interesting anecdotes from people's lives but often leaves it to the reader to determine the point of the anecdote and to draw the conclusions. Since that is not easy to do, given her flip-flopping between pro-feminist and anti-feminist stances, one is often left rather confused about just what the point is.

Other stylistic shortcomings—such as the awkward “the family is the nutrient matrix of our personhood” and the sentimental cliché praising the “loving softness and tiger strength” of mothers, in addition to an occasional grammatical error—may be attributable, in part, to Friedan's rush to get the book written and published; but I contend that they also reflect a carelessness which characterizes her thinking as well.

At the 1980 White House Conference on Families in Baltimore, Friedan (according to her account) successfully played the role of mediator between feminists and family-oriented service agencies and religious groups. She seeks to play the mediating role again in *The Second Stage*, but I doubt that she will prove as successful; the book's strong

points will probably be overshadowed, in the minds of many readers, by its numerous flaws. While Friedan's voice is a prominent one, readers should remember that it is but one voice among many in the feminist chorus.

Betty Friedan is Senior Research Associate at the Center for the Social Sciences at Columbia University and, under a grant from the Ford Foundation, is currently engaged in research on changing sex roles and the age process. **A**

All Things Are Possible. Yvonne Duffy. Ann Arbor, Mich.: A. J. Garvin & Associates, 1981 (179 pp.); \$8.95.

Reviewed by Nancy Esibill, PhD, Assistant Professor, Rehabilitation Counseling, New York University; member, SIECUS Board of Directors; and Debra Becky, MA candidate, Rehabilitation Counseling, New York University.

Yvonne Duffy's premise in writing this book is valid and relevant: there is a need for a thoroughly honest and accurate discussion of sexuality addressed to women with disabilities. To this end, she

developed and mailed a questionnaire to over 90 orthopedically disabled women throughout the country who had answered her ad in selected magazines and periodicals. Much of *All Things Are Possible* is based on the responses she received from 75 of those women. Chapter topics range developmentally from sex education to sexual intercourse, childbirth, lesbianism, and advocacy.

Direct quotes from the respondents reflect a broad range of feelings, advice, socialization, physical dependence, sexual experience, and knowledge. Duffy appears to have done some research on the topics she covers and integrates this and her own experience with the material from her respondents. Several valuable points are made, including the powerful one that many sexual choices—particularly those involving birth control—appear to be based on convenience for the caretaker of the disabled woman rather than on the best interests of the woman herself.

Although it may have some value in providing significant insight and information, the book is poorly executed and contains several errors of commission

and omission. The constant use of the term "Differently Abled" instead of "disabled" is distracting and becomes awkward, as in "mothers of congenitally Differently Abled babies . . ." In addition, Sol Gordon is inaccurately described as a "prominent advocate of sex for the mentally retarded" rather than, as we all know, an advocate of sex education for the retarded; Grissell's Syndrome, mentioned several times, is not included in the glossary; and the definition of *spastic* is inaccurate and misleading. Although Duffy says that she finds research statistics boring and will refrain from using them, we counted six paragraphs on one page alone beginning with numbers. And, unaccountably, the 16-page questionnaire itself does not appear in the book, so that we continually have all of the answers and none of the questions. Also, the format of switching to bold-face type throughout the text in this case seems to confuse rather than emphasize or clarify. Finally, the one illustration in the book—a drawing of male and female genitalia—is obscure and incompletely labeled.

All Things Are Possible does address vital concerns of women with disabilities and underlines the need for comprehensive, rather than only disability-related, medical care and counseling. It also may have a place as a catalyst for discussion and consciousness-raising groups. Its quality and editorial limitations, however, make necessary a qualified recommendation. **A, PR**

Drugs, Alcohol and Sex. Patricia J. Bush. New York: Richard Marek Publishers, 1981 (287 pp.; \$12.95).

Reviewed by Sharon B. Satterfield, MD, Director, Program in Human Sexuality, University of Minnesota Medical School, Minneapolis, Minn.

In reading the introduction to *Drugs, Alcohol and Sex*, one is struck by the lack of scientific methodology. The book, aimed at both the professional and the general consumer, is based on a review of the scientific literature and also includes an analysis of responses to a questionnaire which was not designed to represent a cross-section of any specific population. In spite of these initial concerns, however, one is also struck by the fact that this is the book that many of us have been waiting for for several years. One of the first things that a sex therapist realizes is that patients coming for sex

therapy may also be experiencing concurrent medical or psychiatric problems which involve medication. It is then difficult to proceed further without having an understanding of the specific drug involved and the effects that it might have on sexual functioning. Information about such effects has been noticeably lacking in the data produced by pharmaceutical companies and in textbooks of pharmacology or, in general, in the medical literature.

If for no other reason this book would be valuable because it gives a general review of commonly used prescribed and street drugs, a review that reflects what is not known as well as what little information we have available. Of particular importance is the fact that Dr. Bush, who is a pharmaceutical sociologist on the faculties of the Georgetown University School of Medicine and Howard University College of Pharmacy and Pharmaceutical Sciences, has attempted to take a serious look at street drugs and those who use them. This has always been a very elusive population, made up of people who are not necessarily cooperative with researchers. In categorizing effects of alcohol and street drugs, she is careful to note several different dosages, since many substances are very dose- and usage-dependent. Most authors bog down at this point in realizing that they get conflicting information from people using such drugs as marijuana and alcohol. One must go further to demonstrate that the effect can indeed be different for different people and at different doses.

The book states very appropriately that a mere review of the scientific literature in itself would be inadequate. The greatest limitation, in fact, is that the state of the art is so primitive. The questionnaire has produced revealing anecdotes about the differences between the pharmaceutical literature and the beliefs of the underground culture. Bush has been careful to list brand names, chemical names, and street names for many of the drugs discussed. The respondents to the questionnaire also provide insights into the perceptions and feelings that patients may have in taking a prescribed drug.

Bush's introductory discussion of the perplexing problem of aphrodisiacs presents a fascinating historical review of their use in Eastern and Western cultures over the centuries. A large section of the book is devoted to prescribed and over-the-counter medicines, including the well-known medications which

interfere with sexual functioning (such as hormones, anticholinergics, antihypertensives, antidepressants, and anti-psychotics), and lesser known drugs. In addition, important references are made to chemotherapy treatment.

Possibly the greatest contribution of this book is the discussion of the effects (intended and unintended) of "recreational" drugs such as marijuana, cocaine, and alcohol. It poses such questions as "What's the evidence?" "How does it work?" "What do women say?" "What do men say?" And in particular, "Is it harmful?" The book is by no means complete but it is the place to start. It provides information which in the past has been up to the clinician to observe empirically. It also points up the enormous amount of research that still remains to be done. **A, PR**

A New View of a Woman's Body: A Fully Illustrated Guide. Federation of Feminist Women's Health Centers. New York: Simon and Schuster, 1981 (174 pp.; \$8.95 paper).

Reviewed by Barbara Whitney, RN, MS, Executive Director, SIECUS.

This is a book with a bias—one that is made abundantly clear from its first chapter, "The Grassroots of Self-Help," and its first illustrations (showing a woman inserting and opening a speculum, and a view of the cervix in a mirror). This guide, which is clearly intended for the consumer and has been compiled by pioneers in the women's self-help movement, stands in refreshing contrast to much of the consumer information material available today because of its simplicity of written expression and its outstanding illustrations.

Chapter 3, "The Clitoris: A Feminist Perspective," contains the most thorough discussion I have ever seen of this vital part of female sexual anatomy. Although the chapter also illustrates other important parts of the female pelvic anatomy, its focus on the clitoris serves to highlight this sensitive organ's central role in female sexual pleasuring. There are 12 line drawings of the clitoris in each of the stages of sexual arousal, the "outer" ones most realistic, the "inner" ones instructive and amazingly simple to understand. These are wonderful adjuncts to any discussion of the female sexual response cycle, whether in a pre-orgasmic women's group, a college classroom, or a medical school lec-

ture (would that they were to be found in medical and nursing texts!). The text and illustrations together certainly give permission to women to examine and become familiar with their external genitalia.

Subsequent chapters explore female reproductive anatomy, a well-woman exam, universal health problems of women, birth control, menstrual extraction, feminist abortion care, surgery for serious health problems, and the activities of a self-help clinic. There is a thorough glossary which, in addition to the more familiar sexual, reproductive, and health terms, includes definitions of such terms as feminist, radical feminist, Women's Health Movement, and even yogurt (as a home remedy for yeast conditions in the vagina); an appendix listing Feminist Health Centers throughout the United States; and a bibliography with a feminist perspective.

As a feminist text, it contains suggestions for herbal remedies and pain-relieving exercises as well as listing the usual drug treatment recommended for various conditions. All information is presented with no assumptions about the sexual orientation of the woman, and women of various ages, shapes, and sizes are portrayed (no Miss Americas here). The numerous, well-executed illustrations throughout the book are supplemented with eight pages of color photographs of external genitalia and the cervix, all with descriptive captions (age of woman, day of menstrual cycle, birth control method, etc.).

The chapter on menstrual extraction, which presents a thorough description of this procedure as practiced by self-help groups, is one which many readers may find difficult. As a descriptive chapter, it is informative, but it does not adequately inform readers that the women who have engaged in this practice have chosen to do so after *considerable* experience—political, philosophical, and physical—in women's self-help. The alleged lack of complications stems from a thorough understanding of their own bodies gained *over time*. Therefore, I feel it is a very doubtful service to women to suggest, as this chapter does, that self-extraction is something they can easily learn. However much I try to understand the politics of those who choose menstrual extraction as "a means for a woman to exert influence over changes in her body she could not control before, in order to eliminate occasional discomfort or inconvenience or an unwanted pregnancy," I cannot,

on the basis of my own feminist politics and my background in health care, agree with the authors' advice here.

With the above qualification, I believe this book will be invaluable to women of all ages who want to understand their own bodies. I have used it as a resource in several adult classes during discussions on the female sexual and/or reproductive system—and, since it rarely gets around the entire class of approximately 20 women and men of varied backgrounds in a single two-hour session, its title is usually copied down for subsequent purchase. What better indicator is there of the success of a consumer book? **A, PR**

The One Girl in Ten: A Self-Portrait of the Teen-Age Mother. Sallie Foster. Claremont, Calif.: The Arbor Press, 1981 (159 pp.; \$5.00).

Reviewed by Mary S. Calderone, MD, MPH, President, SIECUS.

This is a jewel of a book. Reviewing it is remarkably easy since it speaks eloquently for itself, as you will see. Its author was for many years a social

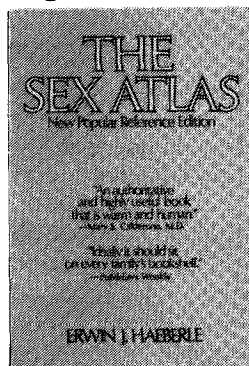
worker with the Los Angeles County Department of Social Services, specializing in help to pregnant girls and young mothers. She was one of the founders of Gateway House in Pomona, California, which since 1972 has offered young mothers of high school age a place to live while they make plans for the future. In the opening chapter, Foster states:

Most people have very little understanding of teen-age pregnancy, except in general terms—until it occurs in their own family. One mistaken notion which has been widely accepted is the assumption that when teen-agers become pregnant they all rush to get abortions. The facts, however, do not bear this out. . . . In this book attention is focused on the experiences of girls who were 18 or younger when they had their babies—"the school-age mothers." By virtue of numbers alone, they form an important segment of society, for every year nearly a quarter of a million additional young mothers join this group. It is estimated that *one girl in ten will give birth to a child before she reaches her 18th birthday.*

Most of the girls studied came from middle-class families, more than half of them were white, over 25% were Mexican-American, and about 10% were black. This proportion apparently reflected accurately the proportion of these major ethnic groups in the communities visited. At the time of the interviews, which resulted in over 5,000 pages of transcript, the girls were between 15 and 24 years of age, and the ages of their first-born children ranged from six weeks to six years (25 of them had been 15 or younger when they first gave birth). Of 77 girls, over half (44) reported that the pregnancy had occurred within six months of the first sexual intercourse. Six girls became pregnant as the result of a single instance of intercourse, their first.

The girls were friendly and refreshingly frank—they were eager to share their experiences with other girls and, through the book, to speak to parents as they had never been able to speak to their own. In the various chapters we learn their points of view about many aspects of their lives—relationships to parents and boy friends; attitudes toward the various decisions they were forced to make; opinions about important people in their lives, such as doctors, clergymen, teachers, social workers. Through these girls' eyes, we see

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CONTINUUM
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"the story behind the statistics." Let them speak for themselves:

"I had been wanting to get pregnant, but not really—I wanted to get pregnant, but I didn't want to have a baby." "I thought to myself, it's not going to be no trouble, it's going to be a baby and hardly no responsibility. So . . . we weren't ready for a baby, we just thought we were, you know." "I thought he was going to stay with me—he made me believe it, he was talking to me about the baby, how much he loved it and everything. And he came home with me, held the baby, and didn't come back. I haven't seen him since."

"I used to worry, I'd say 'no more! That's stupid!' But every time it came right down to it, I just started feeling so warm, and so close, and so loved, that it would completely rush out of my mind." "He was just like a guy I could go to for sex, that's all. If I needed any male companionship, I could go to him. It was convenient because he lived right nearby and we had sex for about six years. About every other day for six years." (This girl's sex life started when she was nine years old.) "I never thought I would get pregnant, but I knew I could. But I didn't know if he was old enough to, you know, get me pregnant . . . but it seems he was!" (The boy was 13.) "I was never told the facts of life, ever. I was never told about it. I thought that you could not get pregnant unless you were married." "All of a sudden, here, before I had myself figured out, I've got a kid to figure out! And before I could really be responsible for myself, I'm responsible for somebody else. And it's really a hard thing."

"Parents are afraid of themselves. They don't want the schools to tell their kids [about sex] but they don't want to tell them either. But how are they supposed to find out but by experience?" "I feel like it was half good and half bad. It's made me grow up a lot—a lot, you know; but then, it was bad, because in a lot of ways I haven't—still haven't grown up, you know. I can't really explain it." "Wait. Wait until you got your own pad and own man, groceries in the cupboard, got all your running done, and settle your ass down, and then—I don't care if you have 1,000 kids!"

Foster ends with a brief chapter emphasizing that the responsibility for adolescent pregnancy is a *comprehensive responsibility* in which adults as well as teenagers share. She has put together a wonderful book. I wonder what would happen if *all* our preteens and early ado-

lescents could read it—before they have had intercourse! **ET, LT, P, PR**

Shared Intimacies. Lonnie Barbach and Linda Levine. New York: Anchor Press/Doubleday, 1980 (360 pp.; \$12.95).

Reviewed by Judith Steinhart, DA, ACS, Department of Health Science, Brooklyn College, Brooklyn, N.Y.

Until about 20 years ago women learned about their sexuality principally from male partners or male authorities. The professional shift from this perspective was begun by such researchers as Dr. Leah Schaefer, whose *Women and Sex* (1973) contained direct quotations from women themselves, describing their own experiences of sexuality. *The Hite Report* (1976) followed this pattern of allowing women to express themselves in their own words. In the past few years, the literature on female sexuality has continued to open up many new approaches.

Two books that made a significant contribution were Lonnie Barbach's *For Yourself: The Fulfillment of Female Sexuality* (1975) and *Women Discover Orgasm* (1980). In her latest, *Shared Intimacies*, written with Linda Levine, the focus is somewhat different. Instead of offering general information or psychological insights, the authors sought descriptions of positive experiences and inventive solutions to sexual problems and therefore interviewed only women who felt good about their sexuality. The special quality of this book is that, rather than offering textbook advice on ways of evolving changes in sexual relationships, it presents the women's own original creative solutions, ways they have found that work for them. These "shared intimacies" provide a way for women to learn from one another.

The book reflects a warm, folksy style of giving information. For example, at one point the authors state that sometimes women notice that a specific caress is initially effective but gradually becomes less pleasurable. They reassure the reader that "this is a normal response to any continuous unchanging form of stimulation. The nerve endings in the area being stimulated will accommodate to the feeling, much as someone who lives over a noisy boulevard no longer notices every time a truck or bus goes by. Physical sexual stimulation works the same way. Consequently, a break in the routine will refresh the sen-

sors in that area and increase the perception of the sensation."

Other passages describe women's experiences in explaining sex to their child, finding a comfortable position for sex during pregnancy, changing their sexual attitudes or behavior, and learning how to communicate better with their partners. The last chapter, "Reevaluating Your Sexuality," provides guidelines for women to use in examining their sexual feelings and behavior, and assessing the need for any change.

Professionals can use this book to help clients feel better about themselves, to help them realize that sex can be a continuing growth process, and that they do have the power to change things. For these same reasons, couples can use this book as a means of opening communication about sexual issues. Individuals can benefit by identifying specific ways in which they can change. The book would have been strengthened had women been identified by cultural groups, in order to identify cultural problems as well as solutions. Perhaps this will be covered in a future study.

Some readers may feel intimidated by the book's positive nature, thinking that everyone else besides them has a perfect sex life. Yet the authors do explain that they purposely selected only the positive images and solutions to problems. Their message here is: "If they can do it, so can you," thus helping a woman to recognize that it is through the sharing of these intimacies that each may benefit. **A, PR**

Women's Sexual Development: Explorations of Inner Space. Martha Kirkpatrick, ed. New York: Plenum Publishing Corp., 1980 (290 pp.; \$25.00).

Reviewed by Diane B. Brashear, MSW, PhD, President, Brashear Center, Indianapolis, Ind.; member, SIECUS Board of Directors.

Part of a series entitled *Women in Context*, this book is designed to raise our consciousness about female sexual development. Two papers on historical background open the volume, followed by others on physiology, psychological development, sex education, feminist programs, and many more.

When I first examined the book I was confused since there apparently is no one theoretical viewpoint being expressed. On further reflection I found this refreshing and a lesson in itself: The

mystery of female sexuality is not yet solved. These papers represent only clues, illustrating the complexity of the subject as well as suggesting areas for further investigation. While the book may not be appropriate as a basic text, it will be a useful supplement for those of us who teach about female sexual development. **PR**

The Gift of Sex: A Christian Guide to Sexual Fulfillment. Clifford and Joyce Penner. Waco, Texas: Word Publishers, 1981 (352 pp.; \$10.95).

Reviewed by G. William Sheek, DMin, Director, Family Ministries and Human Sexuality, National Council of Churches, New York, N.Y.

The Gift of Sex makes a positive contribution to the area of sexual education and enrichment by offering pro-sexual messages set within the context of a conservative Christian literal mode of theology. And while this approach is not without its difficulties for the more sophisticated theological audience, it nevertheless gives conservatives permission and a "biblical" rationale for enjoying sex within the context of marriage, as well as access to competent data regarding enhancement of male/female sexual interaction.

The difficulty with the book is that the theological prescriptions are stretched, limited, or at best inconsistent. To indicate that climax is "perhaps . . . how the sexual experience represents our relationship with God . . . connecting with what it can be like to be totally one with God" is stretching interpretation a bit. Also, the authors' interpretive declaration that the Bible is silent on masturbation and oral sex is limited by their not making the same assessment about various qualities of homosexual behavior. The reviewer wishes that the authors' competencies in theological method had been equal to their information about sexual behavior and enrichment techniques.

It is obvious that the book's target audience comprises those not seeking a comprehensive discussion on such specific but key subjects as masturbation, fantasy, oral sex, anal sex, sex among singles, ambi-sexuality, and homosexuality. When these topics are mentioned, the authors are careful to ward off potential criticism. For example, they allude to masturbation as a legitimate device for self-stimulation under a carefully con-

structed set of circumstances, but qualify this "approval" by indicating that it is a "snack that will tide us over until the real need can be met."

Perhaps the most troublesome aspect of *The Gift of Sex* to the reviewer is its subtle and implicit discrimination against singles and homosexuals. Singles are totally ignored in the many examples of husbands and wives used to verify the relationship of God and "man" (humanity). Many of today's competent Christian theologians assess that it is participation in the Gospel qualities of life that reflects the New Creation—not marriage or singleness. Likewise, discussion of homosexuality is tinged with the same negativity surrounding masturbation and oral sex. Of course, one can defend this criticism by indicating that the book was written only for married heterosexuals, but its implications cannot help but reinforce whatever prejudice may exist in the conservative Christian audience.

For the reader who is familiar with *Embodiment* (Nelson, 1978) and other examples of the many religiously oriented publications on sexual education, enrichment, and therapy, *The Gift of Sex* is so timid as to be, in fact, nonessential. But for the conservative Christian reader who has been intimidated by anti-sexual messages and guilt, it does provide an entree to a more healthy and joyous sexual existence. **A**

To Live as Family: An Experience of Love and Bonding. Joseph and Lois Bird. New York: Doubleday & Co., 1982 (212 pp.; \$13.95).

Reviewed by Anne Backman, MA, SIECUS Publications Officer.

As I began reading this book, I recalled the time when one of my former students dashed in to tell me that she and her fiancé had had a terrible argument. What about? You'd never guess: If they were to be divorced, which one of them would be entitled to the wedding gifts! I never heard from her after the semester ended, so I have no follow-up to offer here, but it's obvious that she and her husband-to-be would certainly have benefited from reading *To Live as Family* (and probably, to judge by its title, another book by the same authors, *Marriage Is for Grownups*).

Joseph Bird, a practicing clinical psychologist and psychotherapist, has had wide experience in marriage counseling, and he and his wife, Lois, are the

parents of nine children. The advice they give here is basic and sound. Although there is no index, the chapter listings give a detailed description of each one's content, e.g., "We're Expecting!—preparations and advice, a mutual decision, pregnancy bonding, the changes, doing it together, space and time, adaptation, touching and loving, traditions begin." The concepts put forth in Chapter 10, "Our Sexuality," are excellent. They deal forthrightly with infant sexuality, sexual identity, the need for positive communication between parents and children about sexual concerns, and the role of parents in encouraging the development of sexual responsibility.

The book's format and style, however, leave much to be desired. The lengthy paragraphs make the type seem even smaller than it actually is, and this is not helped by a somewhat wordy prose style. But the reader is often compensated by the well-chosen illustrative examples of how the authors dealt with specific concerns or questions in their own family. Several times I found myself thinking, "I wish I'd thought of handling it that way when my kids were young!"

The professionals in the field will probably not find any new or revolutionary concepts in the book. But those in the general public who feel squeezed between a liberal approach they can't quite accept and the life-denying narrowness of the conservative side will find sound and positive reinforcement of their efforts "to live as family." **A, P**

Adolescent Health Care: Clinical Issues. Robert W. Blum, ed. New York: Academic Press, 1982 (297 pp.; \$32.50).

Reviewed by Donald E. Greydanus, MD, Director, Adolescent Medical Clinic, Department of Pediatrics, University of Rochester Medical Center, Rochester, N.Y.

This book, based on material from two post-graduate medical symposia, is written for the practitioner who deals with young people, and promotes the concept that teenagers are unique individuals with many unique health problems. It is not meant to be a comprehensive text and thus does not address all the issues important to adolescent health. But the editor, an adolescent medicine specialist (an "ephebetrician"), has carefully included among the 26 contributors spe-

cialists both from behavioral and physiologic scientific fields.

The book is organized into seven parts. The individual chapters tend to be short, with limited references provided. Part 1, provides a basic introduction to the topic of adolescent health care, with excellent reviews of teenage health concerns and the timely subject of minors' legal rights. Part 2, an overview of adolescent physical growth, provides a very comprehensive and useful health questionnaire. It is important to note that questions on adolescent sexuality are included in this questionnaire, stating clearly that effective health evaluation of young people should routinely include careful questioning about their sexual lives. A brief endocrinological review of puberty is given, along with a succinct discussion of common endocrine abnormalities of adolescence.

Part 3 covers nutrition with chapters on general nutrition concepts, obesity, anorexia nervosa, and specific reference to the nutritional habits of the teenage athlete. Part 4 is a potpourri section, with a too-short chapter on sports medicine and one on chronic disabilities: developmental, acquired, and learning.

Part 5 on sexuality and Part 6 on adolescent gynecology are the heart of the book, and provide a most valuable review of adolescent sexuality in gen-

eral. There is an excellent introductory chapter by Dr. Mary Calderone; her title sets the tone for this entire section: "Sexuality—A Continuum From Early Childhood Through Adolescence." It emphasizes a concept we often ignore—that teenage sexuality literally begins long before puberty, indeed at birth. Clinicians who deal with children and their parents should recognize this important point. An understanding of early childhood sexuality is thus seen as critical and Dr. Calderone goes on to review such basic topics as the formation and role of gender identity, gender role differentiation, gender behavior, body image, and others. The stage is now set for subsequent chapters which deal directly with the sexuality of the teenager.

Chapter 15 addresses a problem difficult for many clinicians—taking a sexual history from teenagers. One of the reasons physicians back away from asking young people about their sexual concerns is their lack of knowledge about what to do if a problem is identified. Chapter 16 addresses this issue by offering useful suggestions and providing a good reference list. There are then discussions on adolescent pregnancy, abortion, contraception, menstrual dysfunction, and sexually transmitted diseases. The advice is concise, accurate,

and practical—thus very useful for the busy clinician. It is to Dr. Blum's credit that this is a major part of the book—a full spectrum on sexuality from theory to practical matters, aimed at providing a better overall understanding of an important and complex topic that is integral to the life and concerns of every adolescent.

The last section (Part 7) is a mixed one called "Counseling." One of its highlights is an interesting chapter by Dr. David Elkind on the development of the parent-child relationship from infancy on through adolescence. A chapter on psychosomatic medicine is disappointingly brief, and underlines one of the book's main drawbacks—psychiatric issues are all too briefly presented. However, such a book cannot cover all issues and must restrict itself to a limited number of topics. In general, I recommend it as a worthwhile resource for clinicians involved in adolescent health care. **PR**

Editor's Note

This issue's "Research Notes" section (page 8) presents a discussion of an important new book, *Children's Sexual Thinking*, by Ronald Goldman and Juliette Goldman.

SIECUS is affiliated with the Department of Health Education of the School of Education, Health, Nursing, and Arts Professions of New York University.

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SIECUS REPORT

Sex Information and Education Council of the U.S.

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