

## SOME REFLECTIONS ON ADOLESCENT SEXUALITY

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It must be clearly stated at the outset of these reflections that the issue of teen pregnancy and childbearing is a serious problem and quite properly the subject of attention, concern, and programmatic intervention. Sexologists of every discipline, members of the helping professions, and the public sector must do what is necessary to reduce the incidence of early childbearing, while at the same time they must continue to be supportive and sensitive to those young people who choose to terminate their pregnancy, or to give birth and care for their child, or to place the baby for adoption. It is important also for all of us in the sexual health care movement to continue the struggle to provide those teens who desire contraception with confidential access to a full range of such services. It has become customary, in the exploration of these crucial issues through discussion, writings, programs, and research, to use the general heading of "adolescent sexuality," and the reasons for using this term are quite understandable. But in so doing we have caused "adolescent sexuality" to become code words to profile and define young people in a singularly narrow and genital way.

It has been my impression for some time now that the public, as well as some in the sexual health movement, has grown to regard the adolescent sexuality initiative as simply defining *which young people* (social and economic class) *are doing what to each other, in what positions, how many times, at what age, and with what results.* We need only examine carefully the content of the numerous books, articles, conferences, and workshops on the subject to appreciate the extent to which adolescent sexual development and adolescent sexual expression have been conceptualized in this narrow, act-centered fashion—with the majority of attention placed on female adolescents. A misunderstanding of the limited number of studies on the extent of sexual intercourse among teenagers, an overgeneralization from small study populations, and an overemphasis on the sexual acts of 17-, 18-, and 19-year-olds have led many to believe that the majority of the more than 29 million teenagers of all ages in the country are having sexual intercourse—even though that is simply not true. In addition to this type of narrow attention paid to the "sexually active teenagers" (more unhelpful code words), substantial regard is

also given to their burgeoning "tissue tension" brought about by hormonal shifts and other developmental changes which allegedly render them capable of only tumescence and a persevering pursuit of some sort of sexual outlet.

In my view, one of the major reasons why the dominant focus on adolescent sexuality has become problem- and act-centered is that the principal psychological, psychiatric, and sociological theories of adolescence are on abnormality, and not on normal, typical adolescence and the relative health and resilience experienced by many young people in that period of their development. It is not unusual for a gloss of psychopathology to be placed on adolescent sexuality. While it is evident that during the teen years major psychological and sociological adaptation has to occur, it does appear, however, that a great majority of young people seem to cope well with the transition and show no undue signs of turmoil or stress. It becomes abundantly clear then that, when the ideas and programs about what young people are experiencing and need are derived from populations almost exclusively from clinics and other health service agencies, a rather one-sided, problem-centered perspective will be over-represented, leading to an over-generalization of difficulties in relation to the total population of that group.

What is produced from the coalescence of these circumstances is at once compelling and wide-reaching. Adolescents themselves are directly affected since they are frequently treated by the adults in their lives (parent, teacher, health care worker) in terms of what is perceived by these adults as being important for the growth and development of the young people to whom they are relating. Simply put, what occurs because of the narrow meaning attached to "adolescent sexuality" is an overemphasis on the genital aspect of the sexual concerns of young people (whether or not these young people are interested in or ready for this aspect), to the exclusion of the many other facets of their sexual development and expression. In response to this, some young people have indicated that they felt that perhaps they should be more involved or more interested in genital sex, as it seemed to them that all the attention devoted to the subject was suggesting an adolescent norm they

had not yet achieved. Obviously, this will not be the typical reaction of young people who are involved in specific programs where emphasis on the subject is requested or called for; but for the many teens not involved in this way the message may indeed be confusing or anxiety producing. I believe this situation is an illustration of what family therapist Nathan Ackerman frequently discussed. He believed that adults tend to create definitional frameworks about young people, and then proceed to interpret and fit the young persons' thoughts, feelings, and acts into that framework.

Another important aspect of this issue is how it affects a parent. When television programs, commercial literature, and sometimes school and community programs unwittingly reduce "adolescent sexuality" to simply "adolescent intercourse," this inappropriate and fear-arousing communication can influence a parent to second-guess or mind-read their son or daughter. It may cause them to become preoccupied with their teenager's friends, activities, dress, etc., in a way that places a strain on both the parent and the young person and distorts their usual interactive pattern. Ironically, such distortion can be the result of parents' overreaction to what they perceive as their role as sex educator.

A third and compelling outcome of a limiting definition of adolescent sexuality is the impact such a narrow conceptualization has on influencing and determining public opinion about the nature of our work as professionals in the field of human sexuality. After all, it should be up to us to define sexuality and to be clear about what the sex education of young people truly entails. In my view, those of us who are in the sexual health field

could profit from a reexamination of our programs, writings, and research initiatives. Where is our emphasis placed, and how is that perceived by the many people who are outside the field? What is the nature of the message we express by virtue of our work, and is it in keeping with our professional goals and public responsibilities?

Let me reemphasize at this point what was stated at the outset of these reflections. This is not intended to be a polemic about the important work which has been done on adolescent pregnancy and childbearing. These efforts must continue. In addition, whenever possible—in these programs and in the many other types of school and community sexuality programs—the integrated, holistic view of sexuality and sexual expression needs to be represented. That is, the issues regarding body image, gender and social roles, affection, love, and intimacy must be fully explored at least as much as those issues regarding the understanding of the female and male sexual system and birth control methods. But within these broader explorations, we must be careful not to focus solely on erotic or act-centered aspects. We must be able to link them to the full and diverse dimensions of a young person's development.

In this regard, it is important to point out that while the adolescence experience has changed a great deal over the years, a great deal has remained the same. For example, in my work with young people, it has become clear to me that, in addition to their interest and curiosity in learning about sex and their ability to articulate their desire for such information, they have equally compelling concerns which have existed for as long as adolescents have been studied and which provide us ideal opportunities to deal with sexuality and sexual expression in its most integrated fashion. I am referring to such things as their interests in developing and sustaining friendships with the same and other sex; their concerns about school achievement; their competition with peers over grades, sports, and other issues; their need to adjust to natural body changes; their growing need to be independent from the adults in their lives, while at the same time subtly seeking their guidance; and their struggles in developing an identity and a capacity for intimacy.

This is the raw material out of which conceptual understanding of sexuality as a fully human entity can be fashioned and communicated to young people. And through this kaleidoscope of experiences young people learn to celebrate sexuality as a birthright to be expressed throughout the life cycle. They gradually begin to understand that sexuality is integral to humanness and not limited to genital activity; and that sexuality—conditioned at it is by religious and social beliefs and conventions—has not only biological but cultural, spiritual, intellectual, and emotional dimensions as well. Genital activity is an important way of expressing sexuality, but it is only one aspect of a broad range of possible sexual expressions.

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# WHERE THE ACTION IS

## Let's Listen to What the Kids Are Saying

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Executive Producer of CHS Films

The longing to have one's parents *really* understand what it's like growing up today is being expressed by thousands of California boys and girls after viewing and discussing *Running My Way*, Children's Home Society of California's film about adolescent sexuality. "I wish it could be on TV so then maybe my folks could see what it's like for me," is the way a 15-year-old boy said it.

"My folks are great people," a 15-year-old girl wrote, "but they're totally clueless to the problems that go on when you reach your teens. I think if parents were more aware to the problems, a teenager would feel more supported and in return be stronger in really doing what they want."

A 14-year-old girl disagreed: "I don't want my folks to see that film. They'd lock me up if they knew what it was like."

These statements were triggered by the film *Running My Way*, a mirror-image of the struggle confronting 14- and 15-year-olds today. The comments attest to the film's authenticity (see review in *SIECUS Report*, January 1983). They also speak to the isolation that many adolescents are feeling within their own families.

In its statewide public education program, Children's Home Society of California keeps in touch with the feelings and concerns of thousands of teens through the comments they write after seeing and talking about a CHS film. The agency provides its films without charge to any California school, church, youth, or adult group. For both *Running My Way* and *Teenage Father* (which received an Academy Award in 1979) CHS has two requirements: the requesting group must schedule time for discussion following the screening; and the discussion must be facilitated by a CHS-certified discussion leader.

Children's Home Society believes that the discussion of the issues a film addresses is the more important half of its public education program. To hold the attention of adolescents surfeited with television and feature film programming, a film has to be good. More importantly, its honesty has to be recognized and accepted by the viewer. This is why CHS makes its films only after having interviewed young people who are directly involved in the subject area the film is addressing. These interviews are confidential, and in sufficient depth to enable us to gain understanding of what is happening in the lives of these boys and girls. We also interview parents of adolescents.

CHS films don't give answers, don't make judgments; their sole purpose is to elicit discussion. We believe that teens will generally make responsible decisions for themselves when they have been provided with the facts and the opportunity to discuss this information in an intellectually stimulating and non-threatening environment, opening up a "safe" way for

teens to "test" their own beliefs and concerns in a focused way. The importance and value of the discussion are documented by their comments. Our discussion leaders request these remarks, asking the writers to make observations on any aspect of the film or discussion they choose, and to give their age and sex, but not their names. Often teachers or clergy make the additional request that the individuals write their own ending to the film. It is from these comments that CHS gains a picture of the factors influencing many of today's teens.

More than 800 discussion leaders statewide have been certified by CHS as film discussion leaders. The majority are CHS volunteers; about one-third are teachers; staff of family planning, mental health, or similar organizations; youth peer counselors; or clergy. Last year, a record 292,219 California boys and girls saw and discussed CHS films, compared with 104,497 a year earlier.

Prior to *Running My Way*, CHS films were shown primarily in classrooms, usually in 11th- or 12th-grade elective family life education classes. Since 1970, CHS volunteers across California have waged a continuing campaign in their own school districts to get CHS films shown and discussed at lower grade levels. They have used the written comments from juniors and seniors which state that decisions about sexual activity are being made in junior high. These efforts have paid off in many communities, and the films are typically shown now at the 9th- and 10th-grade levels, with the result that CHS films are generally recognized as the tools most widely used by California schools in sexuality education. We have not been nearly as successful as both the agency and its volunteer discussion leaders would like in gaining approval for use of the films at the 7th- and 8th-grade levels, where teenagers say the need is greatest. There are also many school districts which have never permitted a CHS film to be shown. This generally does not reflect disapproval by school administrators but, rather, an unwillingness to advocate strongly the use of the films in communities where family life education curricula have not yet been initiated.

An important dimension to the agency's public education program has been added by the acceptance of *Running My Way* by the majority of the major religious denominations as an appropriate and effective means to introduce or expand a program on human sexuality. CHS believes that the church environment is second only to the family as the ideal setting in which to discuss sexuality, and we were gratified when tabulations showed that the number of church and temple screenings last year almost equaled that of classrooms.

In addition, some youth groups are now using *Running My Way* with pre-teens. A YMCA executive who has been certified

as a discussion leader says that the film is the most successful "response producer" they have used in 20 years of YMCA sex education. He is showing it to 12-year-olds and their parents.

Each successive CHS educational film has been made because California students asked for it. *Running My Way* was the CHS response to requests made to our discussion leaders for a film that would help young people talk about sex. Boys and girls said they had trouble talking with each other, and an even worse time trying to talk with their parents. A typical comment from a student: "If you ask a question, your folks think you're doing it."

The girls in *Running My Way* are 14 years old because California high school students told us that "everyone" has to make the decision about having sex by age 14. Comments written by boys and girls after seeing the film indicate that although not "everyone" is involved, certainly a large number of young people are making this decision at 14 or younger. These comments also raise the question as to whether the decisions that are being made reflect what the young person really wants to do. Many wrote that they were glad that there's a film that says, "You don't have to if you don't want to." The following quotes are representative of hundreds like them:

"I feel that sex is the most important peer problem teenagers have problems with," said a 14-year-old boy.

"I had to do it," a 15-year-old girl wrote. "I was the only one who was still a virgin."

A 16-year-old girl: "I don't have a child but I made love at 13 and I've regretted it since."

An 18-year-old: "I wish I could have walked away at 14."

"Tony wasn't really ready, it was just his friends who were pushing him," a 15-year-old boy told us. "That's what they did to me."

"If you want a boyfriend, you have to put out," a 13-year-old believes.

The uniformity of negative feelings being expressed by so many young people about their first sexual experience raises questions as to why boys and girls feel they have to say "yes" regardless of what they really want. Teens are telling us that it is pressure from their friends that influences them most. Hundreds of girls have written about the pressure they have had from their girlfriends who are already sexually active. Boys generally seem to expect the pressure they receive from other boys, particularly 14- and 15-year-old boys. It's the older teen boys, 17 and 18, who are commenting in increasing numbers about the pressure they are getting from girls.

In the *Running My Way* discussion leader's guide, we suggest that viewers be asked to rank each of the items listed in the table below on a scale of 1 to 10, with 10 being the highest, as to their influence on young people. The discussion leaders usually get group consensus on each rating. They find this an especially useful device in facilitating a discussion which includes both adolescents and parents. (For the best discussion, we prefer to group adolescents with adults who are not their own parents.) A look of surprise—almost bewilderment—appears on the faces of parents who hear adolescents assigning a 5 or 6 to parents' attitudes.

Teachers sometimes request that the rating be done individually as a homework assignment, believing that the response will more accurately reflect a student's own thinking. The table below indicates responses from 130 9th-graders from four widely separated California localities. Ten of our most experienced film discussion leaders say the percentages are representative of the ranking young people assign in the classroom.

FACTORS INFLUENCING TEENAGERS, RATED BY THEM IN IMPORTANCE ON A SCALE OF 1 TO 10 (Percentages Add Across)

	1	2	3	4	5	6	7	8	9	10
	%	%	%	%	%	%	%	%	%	%
Friends/Peer Group	—	—	—	—	3	1	4	8	28	56
Everybody's Doing It	3	1	2	3	5	4	2	7	31	43
Family Stress:										
Divorce/Death	1	1	1½	3	1½	4	5	5	46	32
Music	3	4	2½	3	2½	4	5	4	39	33
Parents' Attitudes, Values, Behavior	1	—	1	4	34	30	2	6	12	11
Movies	2	5	1	10	10	14	4	26	30	7
Television	4	4	4	7	24	20	29	3	3	2
Magazines	6	7	27	25	20	6	6	1	1	1

The relationship of family stress situations to the importance of the peer group is evident. Many students have written about divorce and its impact on themselves or the person they are "going with." Here are some representative quotes:

"My boyfriend wants to replace the love he isn't getting from his split-up parents," a student said.

A 14-year-old who rated his parents' attitudes a 5 added, "But they do cause rebellion." His 10 on "Everybody's doing it" was reinforced with, "It proves you're not abnormal if you do it, too."

"You do what your friends do or you will be bugged about it," a 12-year-old said.

A rare exception is the 14-year-old boy who rated his parents' values a 10. He wrote: "My parents have influenced my life more than anything or anyone. Whatever parents do, their kids usually grow up doing the same things. It's not what they say. It's what they do." This boy also rated "Everybody's doing it" a 1.

Most students give music a high rating. "You listen to music all the time," a boy wrote. "Music can soothe, excite, frustrate and scare. The lyrics promote sex and drugs. Just listen."

CHS has been scheduling an increasing number of screenings for parents of younger children. Following are representative comments written by parents of 12-year-olds:

"I feel I have a better understanding of what faces my child, and I will be willing for him to see it next year."

"My immediate reaction was that my son is not ready for this film. However, after the discussion, I feel that he should be aware of the choices that are open to him, and it is important that he knows that *in time!* I will think seriously about letting my child see it."

"It seems that this was a little too strong for a first-time discussion on sex. And for many children and parents, 5th, 6th or 7th grade is the first time the subject is brought up."

"At first I thought my daughter was too young for this, but knowing she does know a lot more than I did at her age, I feel she is ready for this. I want her to know you do not have to go along with the crowd and it is okay to make your own decisions."

These parents care, they are concerned. And we hope that this involvement will be translated into help for their children. CHS film discussion leaders believe the agency's future public education efforts must give top priority to reaching out to parents to make them more aware of the isolation and loneliness that their children are expressing in the post-film discussions. Our next challenge, therefore, is to develop a tool that will be successful in enhancing communication within the family.

# WHERE THE ACTION IS

## Postponing Sexual Involvement: A New Approach

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"Postponing Sexual Involvement: An Education Series for Young People Age 13-15" is a new approach aimed at reducing the teenage pregnancy rate by reducing the number of teens who become sexually involved. It is best understood against the backdrop of the community where it was developed (Atlanta, Georgia).

The Atlanta Public Schools have had, for the past six years, a sound sex education program in the 8th grade. Currently, through such education, close to 30,000 young people (all 13-17 year-olds in the Atlanta Public Schools) have been given basic factual information about reproduction, family planning, and traditional sexual decision-making. The curriculum used to teach the young people is the "Discussion Guide on Human Sexuality," a six-part series developed by the Emory/Grady Teen Services Program, a family planning program for teens which is located at the Grady Memorial Hospital. Its counselors act as instrumental resources in offering the sex education program in the public schools. Further, the Teen Services Program has trained over 150 school personnel with a 50-hour course designed to help teachers improve their instruction and counseling in the area of teen sexuality, reproduction, and family planning. (The school system augments the salaries of teachers who take this course.) Also, the Atlanta Public Schools have revised their K-12 curriculum to include appropriate information about family life and human sexuality at levels other than the 8th grade. The Atlanta community has several teen family planning clinics. The largest of these—the Emory/Grady Teen Services Program clinic—sees each year 1,200 sexually active young people 16 years of age and under. This program has been in operation 12 years.

Hence, the Atlanta community is one in which commonly proposed solutions to teen pregnancy (sex education and birth control) are already in place and are having whatever impact they can have. The fact that the teen pregnancy rate here has been reduced since implementation of these services (Atlanta had, at one time, one of the highest teen pregnancy rates in the state and now has one of the lowest) shows that such services are necessary and effective. The fact that the teen pregnancy rate remains unacceptably high, however, probably means they are not sufficient for dealing with the problem.

The "Postponing Sexual Involvement Series" does not offer factual information about reproduction, nor does it discuss family planning. It concentrates on the social and peer pressures which lead youth into early sexual behavior, and its major emphasis is on building skills which help young people deal with these pressures.

**Comparison with other curricula:** One main way in which the Postponing Sexual Involvement curriculum differs from most sex education programs is that it starts with a given value: "You ought not to be having sex at a young age." Everything in the series is designed to reinforce this value. All information, exercises, and skill building are aimed at helping the young person carry out the decision not to have sex at a young age. Although traditional sex education programs often implicitly have that as a hoped-for outcome, they generally include information on reproduction and birth control so that if the young people do choose to have sex, they can behave responsibly. This Series avoids the double message implicit in such programs.

Another principal difference is in the approach. Most sex education programs throughout the country (and the one employed by the Teen Services Program in the Atlanta Public Schools) use a decision-making model. Young people are asked to consider values, facts, and alternatives and then make choices based on consideration of these and possible outcomes or consequences. Such a model may indeed be the most appropriate one for older students. However, according to noted psychologist Piaget and other theorists, the ability to move from concrete to operational thinking (and, therefore, to make decisions based on a future orientation) involves a gradual shift starting somewhere around 11 and not completed until about age 15 or 16. Thus those providing information to adolescents 16 and younger about human sexuality and family planning may be facing a group with diverse cognitive development. Some of the young people may well be able to grasp and apply the decision-making model (which hinges heavily on weighing alternatives and consequences and making choices based on ability to conceive the future); others may find such a model too advanced for their cognitive stage.

The challenge thus becomes to develop other teaching/information-giving tools to help young people protect their fertility and act responsibly until such time as they are cognitively able to apply a full decision-making approach to sexual choices. The need for a curriculum such as the Postponing Sexual Involvement Series, which aims at helping young people (15 and younger) gain skills to deal with both early sexual maturity and social and peer sexual pressures, is made more imperative by the fact that the average age of fertility among young women has now dropped to 12.5, and the age at first intercourse is also earlier than it had previously been. A 1979 study by Kanter and Zelnik indicated that 22.5% of the 15-year-olds at

that period had already had intercourse (up from 14.7% in 1970).

The Postponing Series is different, too, in that it is not based, as are many sex education programs, on the notion that knowledge alone can change behavior. That this notion is not always so is seen clearly from smoking behavior. Despite widespread knowledge that smoking causes cancer, millions of people still smoke. Hence, the Series emphasis is not on knowledge itself, but on participatory exercises, skill building, reinforcement, and practice.

Another contrast is that the Series does not use the "role plays" common to many sex education programs, in which young people experience being in a situation before it happens to them and, in an open-ended framework, play out to whatever conclusion emerges. Role plays are an excellent teaching tool, but, since the Postponing Series is designed to support one value, role plays are not used on the chance that the result might not reinforce the desired value of postponement. Instead, young people are given a situation similar to one that might be given in a role play, but are told to write a skit in which the lead character (male or female) has to say "no" to the pressure he or she is receiving. They are also told that the situation has to come out all right for the person saying "no," i.e., he or she is still popular, she doesn't lose her boyfriend or he his girlfriend, he is no longer teased about being gay, and so forth. Young people each get a chance to play the main character in the skits so that everyone experiences "success" at saying "no" with positive results.

**Field-testing:** Currently through funds granted by the Georgia Department of Human Resources, the Mary Reynolds Babcock Foundation, The Cleveland Foundation, and the George Gund Foundation, the Series on Postponing Sexual Involvement is being field-tested on approximately 1,500 people in Atlanta, Georgia, and Cleveland, Ohio. The goal of the field testing is to ascertain the acceptance level by both the community and the participants (parents and young people), as well as to learn what delivery styles are most effective. For example, some of the Series are being delivered by peer leaders only a few years older than the attending youth in order to see what effect role modeling has on enhancing the program's messages. In other sessions, adult leaders are using segments that have the voices of teens on tape. These varied styles will help us to know how best to advise other communities about the use of the Series.

The Postponing Series also has an important parental involvement component that is being tested. In half of the field-test sessions parents are being asked to participate. They receive the same information and go through the same exercises as the young people do (but in a separate room). The purpose of this is based on experiences with other educational programs. For example, when the "new math" was first implemented in the public schools, a whole generation of parents were frustrated and upset about not being able to help their children with their homework. We felt that if we were attempting to give young people a new mind-set about postponing sexual involvement, we needed to share that with the parents. It is our expectation that parents will not only acquire a better understanding of the implications of the sexual pressures young people are experiencing, but will also become reinforcement agents for the Series.

Thus far, interim field-test results show overwhelmingly positive community response to this program. Many community groups, including several church groups, have found the Series to be the first program acceptable to them and have

eagerly asked to have it given to their parents and young people. We have also found the parents to be enthusiastically responsive. To this point, no parents have refused to let their child be involved, and they have been among those most likely to call on behalf of their church, school, or other organization asking to have a Series presented. In sessions where parents are invited to participate, at least half have attended. In this time of working parents, small nuclear families, and single-parent households, we feel that having over half the parents participate in a four-session program is phenomenal. We have also had a good response from the young people themselves who indicate that they have been made more aware of the sexual pressures they receive and feel more confident in their ability to respond to pressure. One-year field test follow-ups will help us learn more about what parents, young people, and participating groups feel the impact of the Series has been.

**Structure and content:** The Series is divided into four sessions, each one and a half hours long. The first three sessions are given fairly close together, either on three consecutive nights or once a week on three consecutive weeks. The fourth session is given as a reinforcement session anywhere from three to six months later.

The first session presents information and exercises relating to social pressure. Participants are given opportunities to explore why they feel young people engage in sex at an early age. The reasons they give most often show what needs they are trying to meet. The leaders then help the young people to see that these needs ("to be popular," "to hang onto a boyfriend," etc.) will not necessarily be met by having sexual intercourse. This session also gives young people opportunities to look at the actual social pressures of today's world. For example, the advertisements that use sex to sell products are examined objectively. Leaders help young people understand that what often happens is that people forget about the product but remember the sexual message.

Session II presents information and exercises relating to peer pressure, both in group situations and on a one-to-one basis. Young people are given opportunities to become familiar with common pressure statements and, after responses are modeled for them, they practice responding in their own words. Session III presents information and exercises related to problem solving. It promotes understanding of the appropriateness of limiting physical expression of affection and, through the development and performance of skits, provides guidance in handling difficult social situations. Session IV provides reinforcement exercises for using new skills.

**Summary:** The Series on "how to say no" was designed to provide young people with tools to help them bridge the gap between their physical development and their cognitive ability to handle the implications of such development. It was not designed to replace the provision of factual information about human sexuality and family planning. It is our feeling that teens who decide not to have sex get little support and few rewards from agencies and others for their behavior. Programs and support systems are designed for those who have sexual intercourse and/or become pregnant, not for those who don't.

The Postponing Sexual Involvement Series can, at a minimum, strengthen the resolve of young people who have already decided they don't want to become sexually involved, and make them feel supported in their decision. For those who are ambivalent about beginning to have sexual intercourse, it can help them develop attitudes and skills which will assist them in postponing sexual activity. It can also help sexually

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# SPEAKING OUT

## ... On a Concept of Comfort

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Being comfortable—being able to communicate with confidence and without stress—was the unifying concept in a joint 18-month project of SIECUS and CHOICE working intensively with parents of pre-school age children. Our primary goal was to determine what would be effective in working with parents in helping them fulfill their role as the primary sexuality educators of their children. And through this experience we developed and refined a philosophy and strategy that made it possible to achieve this goal.

We learned that one must begin by setting up a number of basic premises: (1) If parents can learn to be “comfortable” within themselves in communicating openly with their children about sex and can develop a framework for handling sensitive questions—no matter how young the children may be—then these parents can feel confident that they are creating an interaction that will play an important part in helping the children become sexually healthy adults. The factual information about sex is available from hundreds of sources, but *how* we get or give this information is a vital factor in effective communication and interaction.

(2) It is important to reach parents of *young* children, and the leaders who will teach these groups of parents must be carefully selected, since this will be the first interaction involved and the impressions and atmosphere created are therefore of critical importance. Such leaders must be relaxed and comfortable in dealing with the issues because their response is a model for potential responses parents give to their children. In sensitively guiding the concerned parents through the process of determining an appropriate response to any given situation, they allow parents to recognize for themselves the positive effects of a calm, rational, and relaxed approach. At the same time, they are encouraging a recognition and sharing of everyone’s need for reassurance. In addition to training and experience in leading group discussions about sensitive topics, the leaders must obviously be knowledgeable about sexuality, and be able to give answers to parents’ questions about factual matters in clear and simple terms and, since children’s questions will continue long after the programs have ended, to show them how to get valid information on their own.

(3) The leaders must be nonjudgmental. Otherwise their credibility may be lost, for even though the parents are asking for advice, most of them still need to feel that “no one is going to dictate to me how to raise my child.” And they have a point. The leaders must learn and respect the values of the people they are working with.

(4) Parents work together best in a group when their children are of approximately the same age. And parents of young children in particular can be given the wonderful opportunity to look at and absorb a broadly defined concept of sexuality, an

awareness of which will enable them to utilize a wider variety of experiences in sexuality learning within their families. For example, instead of treating sex education as only a way of teaching the specifics about intercourse, they will begin to notice and use many everyday experiences as ways to begin teaching their child about such things. Flowers growing, children of the opposite sex interacting with each other, playing house, and simply feeling good about oneself are all examples of how sexuality learning can occur. Furthermore, parents who are tuned in to these natural occurrences and who feel comfortable discussing them are letting their child know that they are open and willing to talk about sexuality.

Next, we determined the best steps to follow with parents to help remove the traditional stress involved in talking to their children about sex—in other words, to give parents the sense of being *comfortably capable* of acknowledging and accepting their children’s sexuality and of sensitively directing it to its optimum expression.

(1) The first step in this process is to give parents the opportunity to recall the ways in which they themselves were taught about sexuality, both verbally and nonverbally, and the feelings associated with those messages. This enables them to begin identifying the ways in which they want their own children to learn. Often, parents remember no sexuality education at all in their early years; most recall somehow knowing *not* to ask questions or engage in any sort of sexual exploration. It is important to examine exactly how these negative messages were communicated so that parents can then learn how to communicate positive message to their own children.

(2) The next step is to help parents clarify their own feelings, values, and attitudes about sexuality issues so that they can clearly identify the messages they want to give. These then become their own personal guidelines for answering questions in an open and positive way. For example, many parents feel that sexual activity is appropriate only within the context of a marriage and want to begin communicating this as soon as their child begins asking questions about where babies come from or how babies are made. In the process, they may generate hard-to-answer questions, depending on the child’s age, ranging from a simple “Why?” to “Other people have sex and babies and aren’t married, so how come?” The more clearly parents understand their own feelings, the more clearly and rationally they can formulate their answers. Perhaps some parents will want to use an explanation related to a particular religious viewpoint, or perhaps some will simply describe how they feel about marriage and love in order to get their point across. It can be very frustrating for everyone involved when the parents do not know how to express their feelings and are forced to reply, “Because I said so!”

*(Continued on next page)*

# WHERE THE ACTION IS

## The Action Is in Washington, D.C.!

For six days in May 1983, human sexuality professionals from all over the world will meet together in Washington, D.C. to share their pride in the remarkable progress being made in the science of sexology. From Sunday, May 22 until Friday, May 27, the conference halls of the Washington Hilton will be filled with people attending plenary sessions, paper presentations, historical and current exhibitions, symposia, multi-media presentations, and roundtable discussions. The event which is making all this possible is the Sixth World Congress of Sexology, sponsored by the World Association for Sexology (WAS) and organized by the U.S. Consortium for Sexology. The theme for this international congress is "Emerging Dimensions of Sexology."

The organizing committee, on which SIECUS is represented, has spent many months working together to design a comprehensive, efficiently implemented program which will substantially enrich and expand the participants' knowledge of sexuality in today's world. The Plenary Sessions will be devoted to: Historical Perspectives; Sexuality in Childhood and Adolescence; Sexuality in Adulthood and Old Age; Sex Therapy; and Sex, Intimacy, and Pleasure.

In response to its call for papers, the Scientific Committee received abstracts which promise a remarkably varied presentation. The following are titles of some of the papers selected,

along with the country of origin: "Three Years of Daily Sex Education on Brazilian TV" (Brazil); "Urethral Eroticism and Sexual Identity" (Holland); "A Cross-Cultural Overview of Children's Sexual Thinking" (Australia); "Politics, Sociobiology, and Sex: Time for a Change" (U.S.A.); "Cross-Cultural Sexual Fantasies" (South Africa); and "Sexual Consequences of and Relational Life Problems After Vulvectomy" (Denmark). Of course there are many, many others from the U.S., and also from Japan, France, Canada, Belgium, West Germany, Great Britain, Israel, and India.

It has been said that the history of the world since the advent of the human race can be summarized in only two words: transportation and communication. So here we have the Sixth World Congress which offers human sexuality professionals from all over the world a marvelous opportunity to communicate with each other. We also have the wonders of modern transportation which make it possible to converge in one central spot. And this combination will result in another milestone being added to the history of sexology.

For detailed information and registration materials write to: Thomas E. Gertz, Conference Coordinator, 6th World Congress of Sexology, 3200 West Market Street, Suite 104, Akron, OH 44313.

**Anne Backman, Editor**

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### **Comfort of Comfort, Continued from page 7**

(3) Through role play and discussion, parents can practice how they will give their children the messages and information they want them to have. And at the same time, by being made aware of the variety of responses and opinions represented in the group, each individual is led to analyze more deeply his or her own ideas about each topic as it is discussed. Indeed, for many parents, this opportunity to discuss with other parents their children's questions and behaviors is a unique experience. They are pleasantly surprised to find that they can be comfortable and relaxed in sharing ideas about what has always been considered virtually an "undiscussable" topic. And when they have completed the program, they often continue to meet together to continue this interaction.

The philosophy and strategy we have outlined here are not revolutionary. Indeed, our concentration on increasing parental comfort with issues in sexuality may seem like a relatively minor shift in emphasis from other approaches. But in both the initial joint project and the current SIECUS project with Hispanic parents in New York City, our experience has shown that this approach results in a significantly effective program with a long-lasting impact. The following comment by one of the original participants illustrates our goal: "It kind of made me feel, You're a free person, and whatever is comfortable for you is comfortable for your children, and that's the way it is. You don't judge yourself by other people. That's good."

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### **A New Approach, Continued from page 6**

involved young people. A random sample survey of the Emory/Grady Teen Services clinic population of sexually active girls 16 and under showed, surprisingly, that what they most wanted information on was "how to say no without hurting the other person's feelings." Thus, the curriculum also has the potential for helping these young people communicate more effectively in their current and future relationships.

Another model currently being field-tested by the director of the Emory/Grady Teen Services Program is entitled "Let's Talk: Campaign for Responsible Parenthood." Aimed at promoting community involvement in teenage pregnancy prevention, this campaign is designed to begin a process of dialogue on young people's problems and it involves building a community coalition, using the media to increase community awareness, offering opportunities for dialogue through small group discussion, and improving adult (parent)/child communication about teen sexuality and responsible parenthood.

We believe that these two new models provide communities with additional tools in their search for effective and positive approaches to the prevention of teenage pregnancy.

[For additional information regarding these two model programs, write to: Marion Howard, PhD, Teen Services Program, Grady Memorial Hospital, 80 Butler Street, Atlanta, GA 30303.—Ed.]



# RESEARCH NOTES

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

## Sexual Values in the Classroom

Public school sex education is often justified through denial. Advocates of sex education deny that it leads to such "negative" (from the perspective of cultural values) consequences as sexual experimentation by students, nonmarital accidental pregnancy, and venereal disease. In my human sexuality course, I have routinely discussed research that has attempted to examine—at a global level—the consequences of sex education, and I must admit that I have also tended to respond to the opponents of sex education by citing evidence that refutes their claims that catastrophe follows exposure to information about sexuality. I do not know how commonly other college and secondary school teachers of sexuality do so, and would be interested in hearing from readers regarding their inclusion or exclusion of this issue in class lectures. However, any discussion of the long-term effects of a sex education course is necessarily relatively brief and general, as most research in the area has not examined the relationship between the instructor's goals, how those goals are implemented, and the extent to which students receive and retain what instructors believe themselves to be transmitting.

An exception to this is Daniel Klein's (1982) study of samples of 22 school administrators, 10 sex education teachers, 138 present students, and 202 alumni from four different schools in Colorado, Iowa, New York, and Missouri. He asked volunteers from each sample to indicate their assessment of program characteristics considered to be important features in sex education and to rate changes in students' knowledge, understanding of themselves, values, interaction skills, fear of sex-related activities, and self-esteem. In addition, they were asked to give their perception of the extent to which each of 23 topics was covered in the course—ranging from basic anatomy/physiology and the biological aspects of human reproduction to content related to the development of skills in decision making, problem solving, and increased communication skills with peers and parents. Essentially, he found very few differences in the perceptions of the four samples (administrators, teachers, present students, and alumni) concerning program characteristics and the outcome for students of their enrollment in the course.

The few differences that did appear in one or two of the schools involved administrators' unfamiliarity with the extent to which particular topics were covered in the sex education course. This communication gap is a significant one. In these days of budget cuts and intense scrutiny of programs to determine which can be eliminated, those involved in sex education should make sure that the school administrators are fully aware of the content of the program. In addition, regarding the impact of the course with respect to changes in ability to understand long-range life goals, make sexual decisions, and communicate sexual feelings verbally, the assessments of some alumni in one of the schools were less positive than those of

administrators, teachers, or present students. Interestingly enough, in that same school (in New York), teachers were tentative in their responses to the outcomes of greater ability "to 'be responsible for own behavior,' 'accept own body variation,' and 'accept own set of rules to guide behavior'" (Klein, 1982, p. 414).

On the basis of his study, Klein made eight recommendations, three of which concerned ongoing evaluation efforts in the schools that participated in the study. The remaining recommendations were: (1) that teachers involved in sex education provide brief in-service training for school administrators who may be unfamiliar with the program; (2) that school personnel examine program outcomes which are not being met for program alumni, isolating and addressing factors which may be affecting long-term program impact; (3) that teachers involved in sex education assume a role of initiating and supporting evaluation efforts which will examine short- and long-term program impact; (4) that school personnel involved in sex education be supportive of program evaluation efforts (evaluation results would allow proponents of sex education to employ a data base when responding to groups opposed to sex education and would also allow proponents of sex education to employ a data base in their support of legislation concerned with sex education); and (5) that, since a major goal in sex education is a reduction of unplanned adolescent pregnancies, evaluation efforts in sex education examine the contraceptive-use behavior of program participants and program alumni (Klein, p. 143).

Although the study's specific findings are interesting, generalizations of comparisons between the groups—given their disparate numbers—are difficult to make. Although 100% of the sampled teachers and administrators responded to the instruments, the return rate for alumni (ranging from 30% to 54%) imposes further difficulties in generalization, as there is no way of knowing the extent to which those who failed to return the research instruments differed—and in what ways—from those who did return it. Non-returners could have been offended by the course content, disappointed in various ways with the course, or irritated at having received a low grade: there are no data to determine how these people differed from those individuals who did return the research instruments.

Nonetheless, I recommend Klein's report to anyone directly or even indirectly involved in sex education. He provides a good review of the development of public sex education in the United States from the 1880s to the present, and he also reviews research on the effects of sex education. For those who are interested in designing an evaluation program for their own courses, Klein's study provides a good model on how to proceed. (A copy of his research report is in the SIECUS Resource Center and Library at New York University.) His measurement (modifications of instruments developed by Kirby, et

al., 1979) of perceptions of sex education course topics and the effects of exposure to these topics was considerably more specific than is typical of most such studies.

Although the phrases "learning objectives" and "behavioral objectives" were quite popular a few years ago, it would be interesting to know how many contemporary sex educators actually identify their goals and state these explicitly to their students. The only commonly used measures of the extent to which teaching goals are realized are course exams and the "course evaluation" that many instructors at the college level administer at the end of a course. Such evaluations are typically very broad, however, and do not tap the specific kind of content used in sex education courses. I intend to administer Klein's model to my students at the end of this semester, and he has indicated a willingness to provide a copy to others who wish to do so. He is in the Department of Health Education, Evans Field House, Northern Illinois University, DeKalb, Ill. 60115.

The major value of Klein's study, in my estimation, is not in its specific results but in its overall effect of generating new ideas regarding our own perceptions of sex education. It was most useful for me in stimulating my thinking about the goals of public sex education and the issue of the attempt to include or to exclude a consideration of sexual values in sex education curricula. In one portion of Klein's questionnaire, respondents are asked to indicate the extent to which participation in the course increased students' abilities to do such things as: accept responsibility for their own behavior, accept their own body variations, accept their own set of rules to guide their behavior, communicate their feelings verbally, discuss sexual behavior with a potential partner, express their desire to use birth control in order to avoid an unplanned pregnancy, feel comfortable when discussing sexual issues with friends, form their own sex-role standards, and so forth. I have no discomfort with these values, per se. Furthermore, the sample of teachers who participated in the study did not necessarily push these values in their curricula.

I am concerned, however, with the issue of whether it is appropriate to teach a *particular set of values* in the public schools. It may be easier to perceive the potential problem if we compare it to the movement to include prayers in the classroom. Regardless of whether we adhere to Christian, Jewish, atheistic, or other religious ideologies, many of us reject the idea that a particular set of religious values (including our own) should be made a part of our daily school curriculum. Similarly, although many of us may agree that the values implied in Klein's items are good ones, the point is that they represent a particular value perspective. There are citizens in our society who believe, equally strongly, that sexual feelings should *not* be openly discussed, or that birth control should not be used, or that bodily (sexual) desires are to be controlled rather than accepted and enjoyed, or that it is women who precipitate sexual assault. Many of us would be very uncomfortable if we learned that a sex education teacher in our community was attempting to inculcate such values in his/her students. Such a situation is not as far-fetched as it may sound: examine the curricula at some of the private Christian schools in our country.

Ironically, in order to express the concern I have about attempting to teach particular sexual values in the public schools, I must invoke another value. I believe that one of the most precious values that has developed in our civilization is embodied in the concept of democracy and equal treatment under law. Accepting the promotion of sexual values in the

public schools when we happen to agree with the particular values and rejecting the promotion when we don't agree is a violation of these democratic ideals. From a practical standpoint, of course, there is no way to avoid the meshing of values with the presentation of content. However, as I noted in my first "Research Notes" article (*SIECUS Report*, March 1982), I believe that we should exert as much effort as possible to distinguish between values and evidence. My mechanism for attempting to do so is to present as accurately as possible the results of empirical research—for example, on the association between parent/child discussions of sex and contraception and the likelihood of the child's experiencing an unintended pregnancy; or on the relationship between masturbation during adolescence and the incidence of orgasm early in marriage; or on how the discussion of sexual feelings with one's partner relates to the presence or absence of sexual dysfunctions.

However, the goal of inculcating particular sexual values, per se, can violate the rights of some individuals who disagree with those values. Further, given the fact that we are only beginning to understand what variables influence sexual behavior, it may be that certain kinds of values which we have assumed will lead to desirable ends do not actually do so. Thus, regarding personal sexual values, I believe that all of us who are sex educators should be providing as accurate a picture as possible of what we know, and of the limits of that knowledge. I do not believe that we should try to influence students to accept our particular sexual values any more than they should be asked to adhere to the dominant religious values (via school prayer) in the classroom. I must admit, however, that my personal conclusion regarding the inappropriateness of the presentation of sexual values in public schools is still a tentative one. Given my strong personal agreement with the values implied in Klein's items, I welcome convincing rebuttals to the position I've taken.

#### References

- Kirby, D., Alter, J., & Scales, P. *An analysis of U.S. sex education programs and evaluation methods*. Volumes I & II. Center for Disease Control, Atlanta; Mathtech, Inc., July, 1979. (NTIS No. PB80-201940-A0B & PB80-20-1957-A09)
- Klein, D. *Exemplary sex education programs: An analysis of perceptions in significant populations*. Unpublished doctoral dissertation, Department of Health Education, Southern Illinois University at Carbondale, 1982. (A copy may be ordered through University Microfilms, 300 North Zeeb Road, Ann Arbor, MI 48106.)

## DO YOU KNOW THAT...

### ONE Institute Graduate School

The ONE Institute Graduate School of Homophile Studies is devoted to the multidisciplinary study of sexually variant human behavior. Authorized by the Office of Private Post-secondary Education, California State Department of Education, the Graduate School offers a program leading to the MA and PhD degrees. To obtain a catalog giving full details, write to: W. Dorr Legg, Dean, ONE Institute Graduate School of Homophile Studies, 2256 Venice Boulevard, Los Angeles, CA 90006-5199. The Institute is the educational division of ONE, Incorporated, which in 1982 completed its 30th year of activities devoted to the Homophile Movement.

SIECUS Report, March 1983

# DO YOU KNOW THAT . . .

## Resources to Write for . . .

**The National Gay Task Force** publishes a number of excellent inexpensive pamphlets. Three consumer-oriented ones are: *Twenty Questions About Homosexuality*, *About Coming Out*, and *Answers to a Parent's Questions About Homosexuality*. Two on media are: *What Can Gay People Do About the Media?* and *Media Guide to Gay Issues*. Concerning employment, NGTF has published *Are There Gay People Working in My Business?*, *Answers to Employers' Questions*, *You and Your Job: A Gay Employee's Guide to Discrimination*, and *The NGTF Corporate Survey* which discusses a six-year survey of over 250 firms. For a complete list of educational publications and their prices, contact: National Gay Task Force, 80 Fifth Avenue, New York, NY 10011.

**Crossdressing: A Socio-Cultural Survey** is the first of a monograph series published in 1981 by the Human Outreach and Achievement Institute. This 17-page booklet examines the positive symbolic meaning which has been given to cross-dressing in many cultures. *Transvestites: Deviant or Minority Group* is the second monograph, and makes a plea for removing pathological labels from transvestism. Number three, *Androgyny and Transvestism*, suggests that for some males, transvestism may be an expression of an androgynous personality free from culturally imposed definitions of masculinity. For price and ordering information, write to: The Outreach Institute, Kenmore Station Box 368, Boston, MA 02215.

**Sexuality and the Adolescent: A Teaching Guide** (1981), edited by Jerelyn B. Schultz, was developed by home economics educators in Iowa. Although it is Part 2 of a three-part curriculum entitled *Contemporary Parenting Choices*, it can also stand on its own as a resource for sex educators working with teenagers. It is organized according to three major competencies which the students are expected to develop: (1) perceiving how teenagers' concept of self is affected by growth and development in adolescence; (2) understanding the influence of interpersonal relationships on sexual relationships and behaviors during adolescence; and (3) being informed about the stages of pregnancy and the decisions to be addressed in each stage. A variety of supporting subcompetencies, learning activities, and resources are suggested. The guide also includes appendices and a bibliography. To order, send \$15.95 to: Iowa State University Press, Ames, IA 50010.

**Lesbian Health Matters!** (1979) is one of several excellent publications available from the Santa Cruz Women's Health Center. It is a comprehensive, extensively illustrated 106-page book (costing \$4.00) covering such areas as gynecologic health, menopause, alcoholism, and feminist therapy. Other pamphlets available are: *Herpes* (\$2.00), *Pelvic Inflammatory Disease* (\$1.00), *Self Exam* (\$.50), *The Gynecological Exam Checklist* (\$.25), and *Pregnant? How to Find Out* (\$.75). Several reprints of articles and a quarterly newsletter are also available. For a complete order form, write to: Santa Cruz Women's Health Center, 250 Locust Street, Santa Cruz, CA 95060.

**Sexual Exploitation of Children: A Problem of Unknown Magnitude** is a report from the U.S. General Accounting Office to the Chairman of the Subcommittee on Education and Labor. Issued in April 1982, the report provides information on teenage prostitution and child pornography, and on federal, state, and local efforts to deal with these problems. To compile this information, the GAO made an extensive literature search and sent questionnaires to all 50 states and to the police departments and mayors' offices of the 22 largest U.S. cities. Particularly detailed information is given on New York and Los Angeles. Five or fewer copies are sent free of charge and bulk rates are also available. Write to: U.S. General Accounting Office, Document Handling and Information Services Facility, P.O. Box 6015, Gaithersburg, MD 20760.

**Comprehensive Services for the Teenage Mother: A Program Guide** by Mary Miller is based on a pilot program conducted at the Pittsfield (Mass.) Girls Club. Although written primarily as a model for other Girls Clubs wishing to establish similar programs, this 39-page booklet should also be of value to other community organizations. It contains many practical suggestions about how to conduct a needs assessment, involve the community, administer and staff a program, raise funds, and develop a public relations program. Special emphasis is placed on day care, adequate facilities, and accessible transportation as components essential to the success of a teen parent program. To order this excellent resource, send \$5.00 to: Girls Clubs of America, 205 Lexington Avenue, New York, NY 10016.

**Methodology in Sex Research: Proceedings of the Conference Held in Chevy Chase, Maryland, November 18-19, 1977**, is a 1980 publication of the National Institute for Mental Health. Richard Green and Jack Weiner served as editors for this important book on sex research methodology, designed for an audience of graduate students, teaching faculty, and sex researchers. Topics covered include: heterosexual relationships, sex and aging, treatment of sexual dysfunction, rape, psychosexual differentiation, and homosexuality. The book is no longer available through NIMH, but the material is not copyrighted and is therefore in the public domain. Photocopies of this 322-page volume are available from: Jeanne Warner, 17 West 100th Street, New York, NY 10025, at a cost of \$13.76 (plus \$4.06 postage for priority mail or \$1.09 for book rate).

**The Fertility Question** by Margaret Nofziger is a well-written book giving accurate information on ovulation, the menstrual cycle, causes of reduced fertility and infertility, taking and interpreting basal temperature, and fertility awareness. Although this 104-page book is primarily oriented toward women having difficulty conceiving, it could serve as an easy-to-read, well-illustrated guide to female reproductive anatomy and physiology for all women and men. The author also provides practical advice on whom to consult about fertility problems and how much these services will cost. The book is priced at \$4.95 and is available from: The Book Publishing Company, 156 Drake Lane, Summertown, TN 38483.

# SUMMER 1983 GRADUATE WORKSHOPS IN HUMAN SEXUALITY AND SEX EDUCATION

*Workshops are listed alphabetically by state. Announcements arriving too late for this listing will be published in the May 1983 SIECUS Report.*

## California

### National Sex Forum, San Francisco, Calif.

- SAR XX, #311 (*Sexual Attitude Restructuring*). June 25–July 2, 4 units/60 hours.
- SAR XXI, #311 (*Sexual Attitude Restructuring*). August 13–20, 4 units/60 hours.

Please note: Continuing Education or graduate credit available through The Institute for Advanced Study of Human Sexuality.

**Write to:** Phyllis Lyon, EdD, Co-Director, National Sex Forum, 1523 Franklin Street, San Francisco, CA 94109.

### The Institute for Advanced Study of Human Sexuality, San Francisco, Calif.

- *Human Sexuality for Primary and Secondary School Teachers*. July 11–August 20 (includes SAR XXI), 9 units.
- *Human Sexuality for Primary and Secondary School Teachers*, August 8–20 (includes SAR XXI), 6 units.

**Write to:** Phyllis Lyon, EdD, Registrar, The Institute for Advanced Study of Human Sexuality, 1523 Franklin Street, San Francisco, CA 94109.

## District of Columbia

### The American University, International Council of Sex Education and Parenthood, Washington, D.C.

- *Sex Education for Trainers and Educators*. July 10–15, 3 credits.
- *Advanced Sex Therapy*. July 17–22, 3 credits.

**Write to:** Dr. Patricia Schiller, 5010 Wisconsin Avenue, NW, Suite 304, Washington, DC 20016.

## Illinois

### Western Illinois University, Macomb, Ill.

- HE 440G. *Sex Education in the Home-School Community*. June 13–August 5, 3 semester hours. (Also to be given concurrently in Canton, Ill.)

**Write to:** Dr. Robert Synovitz, Chairman, Department of Health Sciences, Western Illinois University, Macomb, IL 61455.

## Indiana

### Ball State University, Muncie, Ind.

- HSC 561. *Health, Sexuality, and Family Life*. June 13–July 15, 4 quarter hours.
- HSC 561. *Health, Sexuality, and Family Life*. July 18–August 18, 4 quarter hours.
- HSC 563. *Sex Education and School Health*. August 1–12, 4 quarter hours.

**Write to:** David C. Marini, PhD, Department of Physiology and Health Science, Ball State University, Muncie, IN 47306.

## Kansas

### Emporia State University, Emporia, Kan.

- SO 709. *Sex Education* (team taught). June 6–24, 3 hours.

**Write to:** Dr. J. Jack Melhorn, Emporia State University, Emporia, KS 66801.

## Maryland

### Towson State University, Towson, Md

- *Sex Education and Family Life*. June 13–July 15, 3 credits. Also being given June 13–July 29, and July 18–August 19.
- *Perspectives on Rape and Sexual Assault*. June 13–24, 3 credits.
- *Human Sexuality*. June 13–July 15, 3 credits. Also being given July 18–August 19.

**Write to:** Neil E. Gallagher, PhD, Health Sciences Department, Burdick Hall 141, Towson State University, Towson, MD 21204.

## Missouri

### University of Missouri at St. Louis, Mo.

- *Sex Education and the Developmentally Disabled*. October 7–8, 1 hour.

**Write to:** Dr. Richard L. Thurman, Behavioral Studies Department, University of Missouri, 8001 Natural Bridge Road, St. Louis, MO 63121.

## New Jersey

### Trenton State College, Trenton, N.J.

- HED 655. *Sex Education and Family Living*. June 27–July 29, 3 credits.

**Write to:** Dr. Claire Hardgrove, Office of Continuing and Adult Education, Trenton State College CN550, Trenton, NJ 08625.

## New York

### Adelphi University, Garden City, N.Y.

- *Human Sexuality*. May 31–July 2, 3 credits.
- *Sexuality and Disability*. July 7–August 9, 3 credits.

**Write to:** Dr. Monica M. Homer, Chairperson, Health Education Department, Earle Hall, Adelphi University, Garden City, NY 11530.

### Cornell University, Ithaca, N.Y.

- *Human Sexuality*. June 27–August 9, 3 credits.
- *Teaching Human Sexuality in Schools and Community Settings*. July 18–22, 2 credits.
- *Health Issues and the Sexual Development of Adolescents*. July 11–15, 1 credit.

**Write to:** Andrea Parrot Eggleston, PhD, Human Service Studies, N133 MVR Hall, Cornell University, Ithaca, NY 14853.

### Hofstra University, Hempstead, N.Y.

- HPER 290. *Sexual Health*. May 19–June 8, 3 semester hours.
- IS241. *Values in Sexuality*. May 19–June 25, 3 semester hours.
- CPRE 273. *Human Sexuality and Counseling*. June 13–23, 3 semester hours.

**Write to:** Efre Rosen, PhD, New College, Hofstra University, Hempstead, NY 11550.

### New York University, New York, N.Y.

- *Study Abroad-International Seminar in Human Sexuality: The Netherlands*. June 27–August 21, 12 credits.

**Write to:** Deryck Calderwood, PhD, Human Sexuality Program, New York University, 51 West Fourth Street, Fifth Floor, New York, NY 10003.

**C. W. Post Center/Long Island University**, Greenvale, N.Y.

- *Summer Workshop on Human Sexuality*. August 15-19, 3 credits.
- *Advanced Summer Workshop on Human Sexuality*. August 22-26, 3 credits.

**Write to:** Dr. Mary-Anne Newman, School of Education, C. W. Post Center, Greenvale, NY 11548.

### Oregon

**Oregon State University**, Corvallis, Oregon.

- *Sex Education*. June 21-July 14, 3 credits.
- *Family Life Education: Focus on Children*. June 20-24, 1-2 credits.
- *Family Life Education: Focus on Adolescents*. June 20-27, 1-2 credits.
- *Family Life Education: Focus on Marriage and Parenting*. July 5-8, 1-2 credits.
- *Family Life Education: Focus on the Elderly*. July 11-15, 1-2 credits.

**Write to:** Dr. Margaret Smith, Department of Health, Waldo 321, Oregon State University, Corvallis, OR 97331.

### Pennsylvania

**University of Pennsylvania**, Philadelphia, Pa.

- *Concepts in Human Sexuality*. May 16-20, 3 semester hours.
- *Concepts in Human Sexuality*. August 15-20, 3 semester hours.

**Write to:** Dr. Kenneth D. George, University of Pennsylvania, Graduate School of Education, 3700 Walnut, C1, Philadelphia, PA 19104.

### Wisconsin

**University of Wisconsin** at Madison, Wis.

- *Social Work With the Family*. June 13-August 5, 2-3 credits.
- *Education and Sex Role Socialization*. June 13-July 10, 3 credits. Also being given July 11-August 5.
- *Sociology of the Family*. June 13-August 5, 3 credits.
- *Workshop in Counseling and Guidance-Counseling Couples*. May 23-June 12, 2-3 credits.
- *Workshop in Counseling and Guidance-Counseling Women*. July 11-August 5, 2-4 credits.

**Write to:** Susan Disch or Nancy Gebert, University of Wisconsin Summer Sessions Office, 433 N. Murray Street, Madison, WI 53706.

### Canada

**University of Guelph**, Guelph, Ont.

- *Sexual Communication: Improving Relationships*. June 13-15. (Pre-conference, June 13; Post-conference, June 16-17.) Approved for 11.5 hours of Study Credits by the College of Family Physicians of Canada, Ontario Chapter.

**Write to:** Shirley Downey, Division of Continuing Education, University of Guelph, Guelph, Ontario N1G 2W1, Canada.

## DO YOU KNOW THAT...

### Resources to Write for . . .

**Let's Talk About . . . S-e-x: A Read-and-Discuss Guide for People 9 to 12 and Their Parents** is a 48-page 1982 booklet by Sam Gitchele and Lorri Foster. The first section is addressed to parents to help prepare them for talking with their children about sexual topics. The second is written for preadolescent boys and girls to read and then discuss with their parents. Along with factual information about puberty and reproduction, it provides sections on "Your Feelings and Imagination," "Why Do People Have Sex?" and "Making Sense of Love and Sex." Also included are activities which encourage dialogue about family values. Single copies are available for \$4.80 (including postage and handling) from: Planned Parenthood of Fresno, Education Department, 633 North Van Ness Avenue, Fresno, CA 93728. Bulk prices are also available.

**A Basic List of Sex Education Resources** (1982) was compiled by Ed-U Press, Inc., and the Institute for Family Research and Education at Syracuse University. This 35-page bibliography lists books, pamphlets, curriculum guides, periodicals, audio-visuals, organizations, and upcoming conferences in the sexuality field. It is updated periodically by computer. To order, send \$4.25 (spiral bound) or \$3.50 (unbound) to: Ed-U Press, P.O. Box 583, Fayetteville, NY 13066. Bulk rates are also available.

**A Look at Gayness: An Annotated Bibliography of Gay Material for Young People** is a 1982 publication compiled by Christine Jenkins and Julie Morris. Included in the citations are books, records, magazines, pamphlets, and articles. The books listed range from nonfiction through science fiction, mysteries, historical novels, fantasy, and realistic fiction. Copies are available at \$1.50 each from: Kindred Spirit Press, P.O. Box 7281, Liberty Station, Ann Arbor, MI 48107.

**A Sexual Learning Curriculum for Parents of Young Children**, a 1982 publication of the Cleveland Program for Sexual Learning, was developed by Kathryn Green, Jacqueline Hrnjak, and Susan Dean, and is intended for use with parents of children from ages three to eleven. There are eight exercises designed to encourage parents to think about their feelings, options, and values, and how they want to communicate these ideas to their children. The exercises can be used individually or in a six- to eight-hour group session. Topics covered include reactions to children's sexual curiosity, parents' sexual learning experiences, guidelines for communicating with children, media messages, lifestyles, sex roles, contraception, rape, and homosexuality. To obtain a copy, send \$3.50 to: The Cleveland Program for Sexual Learning, 12429 Cedar Road, Room 26, Cleveland Heights, OH 44106.

**Course on Human Sexuality for Adolescents in Religious Schools, Youth Groups, and Camps** by Annette Daum and Barbara Strongin is now available in a revised 1981 edition. This curriculum is designed to give adolescents an understanding of the Jewish view of human sexuality and family life. The course can be given in either eight two-hour sessions or sixteen one-hour sessions. To order, send \$2.50 to: Religious Action Department, New York Federation of Reform Synagogues, 838 Fifth Avenue, New York, NY 10021.

**Focus on Families** is a contribution from the National Family Planning and Reproductive Health Association to the literature on parental involvement in family planning services. The centerpiece of this 25-page paper by Emily Moore is an analysis of the results of a national survey of federally funded family planning clinics and agencies. The basic finding—that a large number of Title X service providers have for a long period regularly been involving families in their programs—is put into perspective with a literature review on parental involvement. An overview of the issues of adolescent sexuality is also presented. To obtain a copy, send \$3.00 (includes postage and handling) to: NFPRHA, 1110 Vermont Avenue, NW, Suite 950, Washington, DC 20005.

# DO YOU KNOW THAT . . .

## Resources to Write for . . .

**Staff Sexuality Training: A Model for Community Agencies** (1982) is a practical guide for sensitizing staff in regard to teenage sexuality concerns as a means of helping to prevent unwanted teenage pregnancies. The dual purpose of the training is to increase adults' knowledge about sexuality and to teach communication skills most useful for working with adolescents. The manual is divided into three sections: an overview of the problems of teenage pregnancy, a sexuality training curriculum, and an outreach section. The training is designed to cover two half-day sessions, and detailed information is provided about preparation, group activities, exercises, and materials to distribute. To order this 56-page free resource, send \$1.25 for postage and handling to: East Harlem Council for Human Services, 2253 Third Avenue, New York, NY 10035.

**Sex Education: Teacher's Guide and Resource Manual** (1982) is a revised edition of the popular publication of the same title originally developed by Planned Parenthood of Santa Cruz County. Written by Steve Bignell and edited by Jane Hiatt and Mary Nelson, this current edition is more informative and more sensitive to the broad needs and concerns of students, parents, and the community. Although intended primarily for secondary-school teachers, the manual could be useful to educators in many other settings since it consists largely of descriptions of 17 different teaching techniques and information on 10 popular subject areas. To obtain this valuable resource, send \$20.00 (plus 15% postage and handling) to: Network Publications, 1700 Mission Street, Suite 203, Santa Cruz, CA 95060.

**Sex and the Mentally Handicapped: A Guide for Parents and Carers** by Michael and Ann Craft, originally published in 1978 (see *SIECUS Report* review, January 1982), has been issued in a revised and updated edition. It presents guidelines for those wishing to plan health and sex education programs for mentally handicapped youngsters and adults. While the research for the book was carried out in Great Britain, the results are pertinent for U.S. readers and many of the resources cited are available in this country. This 127-page paperback may be ordered for \$7.95 (plus 63¢ postage) from: Routledge & Kegan Paul of America, 9 Park Street, Boston, MA 02108.

**The Tampax Report: Summary of Survey Results on a Study of Attitudes Toward Menstruation** is the final product of a study sponsored by Tampax Incorporated. Interviews were conducted by Research and Forecasts in May 1981 with 1,034 people in order to identify their attitudes toward and perceptions of the menses. Among the major findings are the following: that most Americans do not feel that menstruation is something that should be openly discussed; that as many as one out of every three women interviewed did not even know what menstruation was when they first had their period; and that 40% of all the women claimed that their first reaction to menstruation was a negative one. Copies of this report may be obtained for \$6.00 each from: Ruder, Finn, and Rotman, 110 East 59th Street, 12th Floor, New York, NY 10022.

**Practical Approaches to Sexuality Education Programs**, edited by Ann Thompson Cook and Pamela Wilson, is a 1982 publication of the Sex Education Coalition of Metropolitan Washington. In this 70-page booklet, four experienced educators present clear, concise blueprints for the development and implementation of programs for four diverse populations: pre-adolescents, adolescents, parents, and mentally retarded persons. Each chapter includes program rationale, practical approaches, sample activities, selected resources, and special considerations. Appendices provide information on resource selection and program evaluation. To obtain a copy of this excellent new guide, send \$6.50 to: Sex Education Coalition, Friendship Station, Box 39133, Washington, DC 20016.

**Men Emerging Now** is a 28-page booklet which grew out of the eight years of experience that Planned Parenthood of Essex County (New Jersey) has had in serving males in separate clinic and educational sessions. This 1979 publication includes clear, helpful information on how to do a needs assessment, phase in services for males, provide successful outreach, and train staff. It also contains information on what medical services to provide, a mini-curriculum for male educational sessions, a sample medical history form for males, an evaluation form, and a bibliography. To order, send \$4.00 to: Planned Parenthood of Essex County, 151 Washington Street, Newark, NJ 07102.

**Sexuality and Multiple Sclerosis** by Michael Barrett is a 1982 revision of a booklet originally published in 1977 by the Multiple Sclerosis Society of Canada. Now more than doubled in length to 41 pages, this resource discusses feelings, communication, sexual readjustments and options, and sex counseling and therapy. Expanded coverage is given to physiological topics, including the effect of MS on sexual response, birth control and pregnancy, and medications. There are special sections concerned with single people and gay people. This booklet will be extremely valuable to individuals with MS as well as to their families and friends. Single copies are available at no charge from: The National Multiple Sclerosis Society, 205 East 42nd Street, New York, NY 10017.

**My Very Own Book About Me!** gives parents, teachers, and children a comfortable way to think and talk about sexual abuse. It was created by Jo Stowell and Mary Dietzel to fill a need for a resource through which this phenomenon could be more easily diagnosed, prevented, and treated. This 40-page booklet, rather than instilling fear or embarrassment in the child, succeeds admirably in building self-esteem and self-assurance. It conveys beautifully the concept of "okay touch" and "not okay touch," and gives children permission to say "no" to touching that they do not like, as well as encouraging them to tell adults about negative experiences which they have had. There are many illustrations and the format also provides space for the young readers' use in listing ways in which they do and do not like to be touched, people they could turn to for help, etc. For a copy of this fine and unique resource, send \$3.00 to: Super Kids, RCN, Lutheran Social Service of Washington, North 1226 Howard, Spokane, WA 99201.

# BOOK REVIEWS

**Talking With Your Child About Sex: Questions and Answers for Children From Birth to Puberty.** Mary S. Calderone and James W. Ramey. New York: Random House, 1982 (133 pp.; \$14.95).

*Reviewed by Floyd M. Martinson, PhD, Research Professor of Sociology, Gustavus Adolphus College, St. Peter, Minn.; author of Infant and Child Sexuality (1973).*

This book is intended as a practical guide for parents in teaching and guiding their child in sexual knowledge, values, and behavior. The authors succeed admirably in pointing out the sexual nature of infants and children and, within an effective question and answer format, in providing their readers with appropriate information necessary for understanding and nurturing this natural sexuality. In the first chapter they answer typical questions asked by parents of newborns and babies up to 18 months. This is followed by five chapters which provide answers to the wide variety of sex-related questions children from 18 months to 12 years can be expected to ask. And each series of questions is preceded by a discussion of relevant developmental changes and concerns, along with suggestions for how the entire family can work together in reacting comfortably to these new situations. Of course, the book will not please all parents. Some will find the authors' stance too liberal or permissive; a few may even regard it as somewhat conservative or restrictive.

Clearly, the authors accept infant and child sexuality. They regard the child as a sexual being from birth and throughout the life span and, in addressing parents, they state that their book is "based on the assumption that you intend to accept your child's sexuality as the fact it is, that you want to build on it rather than destroy or cripple it and that you are willing to put time and energy into learning how to do so." Their goal then is to help parents teach their child how to express this sexuality "appropriately

and responsibly." This will mean conveying to the child the meaning of sexual pleasure, and recognizing, from the very beginning, that there is no need for verbal or nonverbal disapproval of child sex play. In fact, the authors state that it becomes easier to teach basic religious and moral values as well if the parents accept the child's erotic potential. By being positive in their reactions, parents will thus promote a healthy, positive sexuality and help spare the child many problems in later life. In a supportive atmosphere, the child will discover his/her own sexual potential and the enjoyment of self-pleasuring. A central theme of the book is that such sexual pleasuring is natural, right, and good: "Children who receive enough affection develop normally, and *genital play is always present.*" Child sex play with peers is not as explicitly encouraged but the authors see no harm in "most of these games" provided the parents remain unruffled and the child is not exploited.

While the authors take a positive, accepting stance toward infant and child sexuality, this does not mean they believe that "anything goes." "Every person, whether a child or an adult, always has the option of saying 'No' to any sexual advance." Children 3 to 4 years old should be told that "it's not okay to play sex games with grownups and older children, even if they are in the family." "No one believes incest is appropriate." Nor should three- to four-year olds sleep with their parents even if the child says, "It's so cozy, I love it." Concerning having the baby in the room when parents might have sexual intercourse, the authors state that "most parents may want to play safe about this and to set about two years of age as the time when lovemaking will be done in private." Boys 7 through 9 years of age should not take showers with their mothers—"it's that you're getting to be a man." In other words, the authors are cautious in their recommendations in areas where research data are not avail-

able or where professionals are not in agreement regarding the consequences of certain types of behavior.

If I have a quibble with the authors (and it is not a major one), it is in regard to their assumption, in discussing the sexual precocity of newborns, that nearly all babies, both girls and boys, learn to masturbate in the first year of life. It seems to me that here the term "genital play" would be more appropriate than "masturbation." Masturbation, especially to orgasm, is more volitional than most sex play that is observed in the first year of life.

I have been able to deal with only a few of the myriad questions dealt with by the authors. While, as I stated earlier, not all parents will agree with everything Calderone and Ramey say about infant and child sexuality, I do believe that all parents could benefit by a careful reading of this book. **P, PR**

**What Are They Saying About Sexual Morality?** James P. Hanigan. Ramsey, N.J.: Paulist Press, 1982 (121 pp.; \$3.95).

*Reviewed by James B. Nelson, PhD, Professor of Christian Ethics, United Theological Seminary of the Twin Cities, New Brighton, Minn.; member, SIECUS Board of Directors.*

What "they" are saying in this volume refers to official declarations of the Roman Catholic Church and to Catholic moral theologians who differ from those official viewpoints. The focus is upon developments in the past two decades, and the author's intent is not only to report *what* has been said but also, and more importantly, to discuss *why*.

First, Hanigan describes the Catholic Church's sense of "crisis" in sexual morality, which stems in part from changing behaviors and attitudes but also significantly from more critical study of the scripture and the Church's tradition, from its greater openness to the social sciences, and from the rediscovery of

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**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.

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love as the central ethical value of the Christian faith.

In light of these developments, the Church responded with several official statements in the 1960s and 1970s, notably the documents of Vatican II, the encyclical *Humanae Vitae* (regarding artificial contraception), and the 1975 "Declaration on Certain Questions Concerning Sexual Ethics." There were notable gains evident in these documents, particularly the recognition of the important role of sexual intercourse in expressing love—now affirmed to be co-equal with that of procreation in the divinely intended purposes of sex. However, these proclamations still showed marked ambivalence and, the author finds, still essentially ended up regarding sex as inherently dangerous. Hanigan uses an extended discussion of *Humanae Vitae* (including the reasoning of the papal advisory commission which would have endorsed artificial contraception—a position finally and firmly rejected by the Pope) to show that the key underlying issue is the question of ethical epistemology, or how one knows the truth about a moral act.

The second half of the book is largely devoted to "revised approaches to sexual morality" by Catholic moral theologians who, in varying degrees and ways, take positions at variance with that of official Church teaching. Singled out for extensive discussion is *Human Sexuality: New Directions in American Catholic Thought* by Anthony Kosnick et al. This volume was commissioned by the Catholic Theological Society of America and subsequently condemned by both Rome and the American bishops (see reviews in *SIECUS Report*, January 1978). It boldly argued for a major shift for the Church. Instead of attempting to establish the intrinsic rightness or wrongness of certain types of sexual acts by deduction from natural law, Kosnick and colleagues proposed a much more personalist, relational, and contextual method which would assess sexual acts in terms of their contribution to persons' "creative growth toward integration."

While partially sympathetic to this approach, Hanigan finds more adequate ethical reasoning in other moral theologians, namely André Guindon, Philip Keane, and Germain Grisez. However, the author finds certain basic points of agreement in all of the "revised approaches." For one, sexuality is of fundamental importance to human wholeness; persons need to become more, not less, sexual. Further, sexuality finds

its central significance in interpersonal love, and sexuality ought always to serve the causes of authentic intimacy. Moreover, sexuality has profound importance for the well-being of society, and hence is never simply private in its implications. Finally, sexual acts have significant ritual functions for shaping and celebrating human meaning. In short, sexual morality ought no longer to be seen by the Church as a restraint "but as a developing guide to authentic human personhood and to communities of life and love we call the family" (p. 119).

This book is a concise, readable, and useful guide to recent developments in Roman Catholic thought. The author's own biases are evident, yet he gives fair treatment to other viewpoints. The book reminds us that the Roman Catholic Church is hardly monolithic in its understandings of sexual ethics. It reminds us that significant developments beyond official Church positions are taking place through the efforts of highly regarded moral theologians. It underscores the importance of basic issues of ethical method in the sexual ethics debates. And if at times the reader wishes that the author would be even more open than he is to the possibilities of varied sexual expression for "authentic human personhood," the book nevertheless reveals some critical foundations for a more positive interreligious dialogue about sexuality than we have known in the past. **A, PR**

**A History of Women's Bodies.** Edward Shorter. New York: Basic Books, 1982 (296 pp.; \$24.95).

Reviewed by Leonore Tiefer, PhD, Clinical Associate Professor of Psychiatry, New York University School of Medicine.

Rousseau described history as "the art of choosing from among many lies the one which is closest to the truth." In the last decade, a number of feminist-inspired histories of women's health care have tarnished the image of medicine as an unbroken stream of scientific triumphs over ignorance and superstition. They have argued that doctors, in quest of professional power and in the interest of lining their own pockets, have more often than not done women's health—both mental and physical—significant disservice. These revisionist histories claim, for example, that

doctors have turned a natural and even beautiful process of giving birth into a sterile, doctor-centered, unnatural, and overinterventionist process of "delivery," displacing competent and human midwives in the process. They point to the hundreds and thousands of useless and harmful ovariectomies, clitoridec-tomies, and mental hospitalizations, and to the useless prescriptions dispensed to rid women of nonexistence "diseases" like "hysteria" or "nymphomania." They point to the way poorly tested drugs for pregnancy or contraception are knowingly foisted off on a misled America public or dumped on a desperate Third World. In short, their aim is to show how sexist beliefs have dominated both medical thinking and practice with regard to women's health.

Now along comes Edward Shorter to challenge many of these assertions. *A History of Women's Bodies*, essentially a history of Western gynecology and obstetrics since 1600, purports to prove that: (1) prior to the 20th century, women's health was significantly inferior to men's; (2) in fact, until modern times women's lives were dominated by pain and illness; (3) in large part this was because traditional medical care, especially obstetric care provided by traditional midwives, was often harmful and meddlesome, a far cry from the romanticized picture painted by some of the recent histories; (4) women's health has shown slow improvement since the 17th century and rapid improvement since 1900 because of antiseptics, anesthetics, safe obstetrical and abortive methods, and effective treatments for the pervasive problems of tuberculosis, anemia, and vaginal infections; (5) women, far from preferring traditional practices as some of the feminist historians have claimed, clamored for and welcomed each new medical discovery; (6) because women's health was so poor prior to 1900, they accepted their political and social subordination as part of the natural order; and (7) the improvement of women's health near the turn of the century provided the "physical platform" which was a "necessary precondition" for feminism, that is, for the demand for political and social equality with men.

It would take an exceptionally impressive book, filled with much new evidence and powerful logic, to substantiate all these claims. Its author would have to tell us a great deal about the actual sufferings and treatments of women of earlier times, and how their health and



health care compared with those of men. Further evidence would be needed in order to evaluate the comparative competence of traditional healers versus practitioners of the new "scientific" medicine. And, finally, we would need proof that women's health was in fact responsible for their political subordination and was not, as recent scholars have suggested, merely a rationalization for it.

Shorter's book does tell us some things about each of these issues, but not enough to prove his points. Most of it is devoted to describing, in gruesome and ghastly detail, the specifics of the illnesses and the treatment women suffered from the 16th to the 20th century. His evidence consists of doctors' and midwives' published and private accounts, supplemented by folk proverbs, songs, popular health recipes, and magical rites which mention the ailments of women. When they are available, he also introduces records of vital statistics such as ages at marriage or death, numbers of children, causes of death, etc. No reader will emerge unmoved by the stories of suffering during difficult, gory deliveries which were often followed by lethal infections. We should, indeed, all be grateful for the improvement in sanitation systems and working conditions.

The degree to which improved health is a consequence of modern medicine, however, is an issue hotly debated in many histories of public health. Shorter himself shows that much of what was touted as the new "scientific" medical practice prior to 1850, and in many instances up to 1900, was no real improvement over traditional treatments such as bleeding, herbal potions, magic incantations, and the like. He makes much of midwives' meddlesomeness, their "tugging and hauling" at the fetus, instead of the patient watchfulness recent works have implied they practiced. But even so, when he compares the frequency of death or infection at the hands of midwives and doctors, he finds little to recommend either group. In fact, everyone (and no one) was an expert in those "good old days" that no one would choose to return to after reading the grim stories in this book.

But we must ask whether Shorter's litany of female ailments sheds any light on the history of patriarchy and the reasons why the rise of feminist politics was held back until the recent past. Alas, although Shorter alleges that there is a

relationship, he adduces no evidence in support. He tells us so little about men's health that we cannot conclude that the average man in earlier times was in any better shape than the woman. He cites no other political revolutions fought by groups whose health conditions had recently improved. In fact, the history of revolutions would suggest that improved health and health care are common consequences, not preconditions, of political change. He fails to show why his argument is not merely another example of biological determinism, which claims that women's position in society is a function of their biology, rather than of social, political, and economic conditions.

Thus, while this book can certainly be recommended for anyone interested in medical and social history, it falls far short of qualifying as a comprehensive treatment of the relations between the body and the body politic. **A, PR**

**For Each Other: Sharing Sexual Intimacy.** Lonnie Barbach. Garden City, N.Y.: Anchor Press/Doubleday, 1982 (305 pp.; \$13.95).

*Reviewed by Lin Hodes, ACSW, Transactional Analyst, psychotherapist in private practice, Downers Grove, Ill.*

This is more than just a book to read and then keep on the shelf. It's a book to use and refer to over and over again. My prepublication reviewer's copy is already tattered from constant use, and I have also advised several clients to get a copy for their own use. It's a book for all of us.

General therapists like myself will find this a superb resource book because of its detailed, complete, and thorough treatment of various sexual dysfunctions, and its individual and couple exercises and treatment methodologies. True, much of what's here was familiar to me, but never before was all the information in one place and, since I only occasionally do short-term sexual dysfunction therapy, I love being able to "brush up" with the sections of this book that apply to the work I'm doing, to be sure I'm not missing or forgetting anything important. And there are also some intriguing techniques and ideas that I'd never thought of before.

Sex therapists will benefit not only from Barbach's own special, loving, and permission-giving way of writing, and from her depth and thoroughness, but

also from the material in her early chapters with such titles as "The Way We Are," which deals with our cultural role scripting in regard to romance and sex; and "Love Is Not Enough," which provides important material on relationships, power plays, interdependency, and communication. All the solitary orgasms and homework assignments in the world won't improve a relationship that is boring or hurtful unless sexuality is dealt with as a relationship issue.

Barbach, whose previous works have focused on teaching women about their own bodies, has now produced a book which is about all intimate relationships, with a particular focus on sexual intimacy. The 13-page table of contents is specific and detailed, making it easy to find any particular area or exercise. Whether they are 18 or 88, men and women not "in therapy" can have a wonderful "growing and awakening" time together reading this book, taking from it what is applicable at the moment and skipping what is not. There is material on the G-Spot, on boredom and lack of sexual interest, on vaginismus, on saying yes and saying no—on the whole spectrum of sex, joy, and relationships.

In my family we go through snapshots taken at a special event together with comments such as "yuk," "ho hum," and "wow, that's a keeper!" Well, this book is definitely a "keeper" and a "user," over and over again. **A, PR**

**Homosexuality and Psychotherapy.** John C. Gonsiorek, ed. New York: Haworth Press, 1982 (216 pp.; \$25.00).

*Reviewed by William R. Stayton, ThD, Assistant Professor of Psychiatry and Human Behavior, Thomas Jefferson University Medical College, Philadelphia, Pa.; member, SIECUS Board of Directors.*

I highly recommend this book as an invaluable aid to all who are in the helping professions. For those who counsel homosexual and bisexual individuals and couples, it is an excellent compilation of important data and sound suggestions for understanding the unique issues and concerns that face this important segment of our population. For those who do not counsel members of the gay community, it is a helpful resource for understanding the issues and making the proper referral when appropriate. For those who choose not to counsel members of the homosexual

community, this book is a well-written challenge to traditional theories and practices and offers such readers an opportunity to weigh and reassess their own values and judgments against the theories and ideas proposed in this book.

Actually the book consists of a series of articles by different authors which were published in two issues of the *Journal of Homosexuality* (Vol. 7, Nos. 2 and 3). From the beginning it is obvious that this material was put together as a further attempt to declassify homosexuality as a diagnostic or pathological category. Dr. Gonsiorek's own research and survey of the literature show that the "results of psychological testing on heterosexual and homosexual populations did not support the belief that homosexuality, per se, was a psychiatric illness." He questions, as do many in both the religious and psychiatric fields, the ethicalness of the attempt by some therapists to try to change a person's orientation. Each of the authors presents new and affirmative models for male and female homosexual mental health.

In the first article on "The Use of Diagnostic Concepts in Working With Gay and Lesbian Populations," Gonsiorek makes certain assumptions which are reflected throughout the entire book: (1) homosexuality is not an issue in psychopathology and psychological adjustment. And he points out that "this does not mean that there are no psychologically disturbed homosexual individuals, or even that some persons are not disturbed on account of their homosexuality." (2) Therefore, diagnoses must be made with great care and skill by professionals who do not accept homosexuality as a psychological illness in and of itself. The author then presents very helpful material for use in evaluating a patient's symptoms and then making a differential diagnosis of sexual identity crises and psychopathology, such as schizophrenia, paranoia, the affective disorders, and the borderline personality disorders.

Several of the articles discuss the issue of therapist/client orientation, such as whether a non-gay therapist could be helpful to a gay client, or whether a male therapist could be helpful for a lesbian. There were differing views on this issue. One of the most helpful points was made by Martin Rochlin in his study measuring the sexual-affective differences between therapist and client in relation to the psychotherapeutic process and outcome. He notes that one of

the problems is that sexism and heterosexism are part of traditional theory, training, and practice of psychotherapy. *Medical Aspects of Human Sexuality* in 1977 surveyed members of the American Psychiatric Association and found that 69% believed homosexuality was a pathological condition. Even though there are few data available, what there are indicate that, when therapist and client are of the same orientation, effective therapy is enhanced, especially when the counseling involves self-disclosure on the part of the therapist. The therapist can also serve as an important role model and in addition be helpful because of his/her familiarity with the gay world.

Even though there are many parallels between the primary relationships of homosexual and heterosexual couples, there are obviously many differences, and some of these unique factors are pointed out in a study of 156 gay male couples, presented by David McWhirter and Andrew Mattison. They outline and discuss both the stage-related and non-stage-related problems.

Eli Coleman, who presents an excellent article offering a five-stage model for the gay person's coming out process, also gives us a study of bisexual and gay men in heterosexual marriages. He compares their beliefs and behaviors prior to entering his group therapy program, immediately following the group therapy process, and during a follow-up several months later. Some of the more interesting results were: (1) All of the men had tried to eliminate their homosexual feelings through some form of counseling or therapy. Not one was successful in that endeavor. Most had felt guilt, shame and/or depression, and anxiety over the same-sex feelings. (2) Data indicated that 97% had an awareness of homosexual desires before marriage and 87% had had homosexual experiences before marriage. On follow-up, 59% were found to have recommitted themselves to their marriages.

Two other articles merit special comment. First, Craig Anderson's study on sexual assault of males, a totally new area of concern to me, presents a paradigm of the process of sexual assault from the "set-up," to the attack itself, and finally to the aftermath. "Violence is the prominent theme; power becomes the 'transaction.' Though sexuality . . . is the method of expression, sexual gratification is not generally the focus of these attacks." The men who are preyed upon are generally viewed by their attackers

as being gay. The trauma of the experience itself and the aftermath are explained in great detail, with suggestions for therapist interventions.

Second, the article by James Nelson on the religious and moral issues involved in working with gay persons is an exceptionally fine and clear presentation of controversial, often misunderstood, and very emotionally laden material. The author, a highly regarded theologian and professor of Christian ethics, begins by pointing out that his own convictions regarding homosexuality and Christianity are: "that homosexuality is a Christianly valid orientation; that homosexual genital expression should be guided by the same general ethical criteria as are appropriate for heterosexual expression, . . . that the Church does have important healing resources, . . . and that the Church deeply needs the gay and lesbian presence and witness." He follows up on these comments with a sensitive and scholarly overview of religious and biblical tradition and interpretation.

Other articles deal with therapy with single male or female clients, group therapy, treating sexual dysfunction both in single clients and in couple-related clients, counseling the parents of male homosexual clients, new concepts in using psychoanalysis with gay clients, and the types of problems encountered in gay/lesbian mental health agencies.

Clinicians who do not have the two issues of the *Journal of Homosexuality* covered by this book would do well to add this helpful and important resource to their bookshelf. **PR**

**Mother Love: Myth and Reality.** Elisabeth Badinter. New York: Macmillan Publishing Co., Inc., 1981 (360 pp.; \$8.95).

Reviewed by Ann Martin-Leff, PhD, Assistant Book Editor, New Directions for Women; freelance writer.

"I don't really need to read this book," I thought to myself, opening *Mother Love* to the first page. After all, these days sophisticated people know that not every woman is cut out to be a mother. Why, I wondered, had *Mother Love*, first published in France in 1980, quickly become a best-seller there? Are the French less up-to-date than Americans?

Badinter's introduction forced me to look more honestly and more deeply into my feelings: "Intellectually and—more to the point, in fact—emotionally,

people continue to think of mother love as an absolute. In spite of our most open-minded intentions, the mother who does not love her child is still regarded as abnormal." "Maternal love," continues Badinter, "is a human feeling. And, like any feeling, it is uncertain, fragile, and imperfect. Contrary to many assumptions, it is not a deeply rooted given in women's natures."

Probing historical records, Badinter discovered that in Paris, in the late 18th century, most babies were sent to wet-nurses soon after birth, many remaining away from home for four or five years. Poor or middle-class women who had to earn a wage had little choice; bottle feeding had not yet been invented. Yet even upper-class women routinely sent their babies away, despite a shockingly high infant mortality rate. Wet-nurses, usually impoverished, provided appalling care for the infants. Badinter's straightforward description of infant care in 17th- and 18th-century France causes us to shiver with horror. Aghast, we realize what a miracle it was that any child survived at all. Why was there no public outcry? Why did families continue to export their babies?

Contrary to popular thought, mothers' indifference to their children's fate was not a form of self-protection against the pain of loss, argues Badinter. Rather, she asserts, it was "because the mothers showed so little interest that the children died in such great numbers." French society in the 17th and 18th centuries did not expect women to nurture their children—so they didn't.

In the late 18th century, however, society's thinking began to shift. Philosophers extolled equality and happiness, and love emerged as a more greatly appreciated human sentiment. Economists and demographers realized that human life was crucial to the state's prosperity, so attention began to focus on infant care. To reduce the infant mortality rate, mothers were urged to nurse and care for their babies themselves.

Mother love, further encouraged by 19th-century religious exhortations and 20th-century Freudian analysis, eventually became an unavoidable cultural imperative. "Trapped in the role of mother, women would no longer be able to escape it without inviting moral condemnation," writes Badinter. "The 'woman' disappeared behind the 'good mother,' whose responsibilities extended further and further. . . ." Both Rousseau and Freud had succeeded in getting the public to equate feminine

nature with motherhood. By the 20th century, the ideal woman had become the mother who devoted herself exclusively to her family's well-being. A woman who rebelled against society's definition was considered abnormal.

Badinter, the first female professor (of philosophy) at the well-known Ecole Polytechnique in Paris and the mother of three children, never denies the importance of parental love. What she does deny is a maternal instinct in women. That, she convincingly demonstrates, is a cultural invention which, in the words of Francine du Plessix Gray's introduction, "[camouflages] the enormously varied gamut of [woman's] potential behavior." *Mother Love* discloses that societal concern for infants preceded and shaped maternal interest—a frightening revelation of the extent to which culture controls the most intimate recesses of our hearts, minds, and lives.

Despite some confusing passages and editorial lapses, Badinter's dense and highly provocative book deserves close scrutiny. It will serve as an important resource for combating the deeply ingrained notion that a woman's primary identity and fulfillment come from motherhood. *Mother Love* should be read by anyone interested in helping to create a society in which people have genuine freedom of choice in deciding whether to become parents. **A, PR**

**Men Behind Bars: Sexual Exploitation in Prison.** Wayne S. Wooden and Jay Parker. New York: Plenum Press, 1982 (264 pp.; \$15.95).

Reviewed by Carson Ferri-Grant, University of Connecticut, Internship, Sex Offender Program, Connecticut Correctional Institution, Somers, Conn.

According to the historian Jonathan Katz, the earliest recorded observance of sexual victimization and activity in a penal institution was a letter dated April 12, 1826, written by a layman to a public official, arguing for the improvement of prison conditions for those inmates who had been "prostituted to the lust of old convicts." Over 150 years later the situation in prison appears to be relatively unchanged.

Joining a number of recent publications in an attempt to analyze and assess this aspect of prison life, *Men Behind Bars* explores the sociosexual patterns that exist among inmates in a medium-

security penal institution for adult male felons in California, and examines the various forms of male sexual activities and interrelationships as well as the attitudes toward such behavior expressed by the guards, the administrators, and the inmates themselves.

In their research, the authors probed the impact of sexual assault and surveyed the coping strategies of those who had been victimized. Their investigation hopes to call attention to the plight of such victims and to suggest ways of bringing about change. Wooden and Parker theorize that the goal of prison rehabilitation should be to try to improve the quality of human interaction and individual self-worth. Sexual activity in prison is a fact of life and to limit or curtail such behavior would be virtually impossible since it would require nearly total lockdown and individual around-the-clock surveillance. The administration could restrict the exploitive nature of this activity, however, by separating the aggressors from the potential victims, and by continuing to work to improve the communication skills and interpersonal relations of both inmates and staff. Unfortunately, the penal system as a whole is not making significant progress in accomplishing these formidable tasks. Indeed, it often seems to be enhancing opportunities for continued maladaptive behavior, thereby exacerbating the criminal tendencies of many of its inmates. The exploitive nature of prison sexuality is a clear indication of the system's failure to achieve its goals.

Although homosexual behavior in prison has been widely discussed in the social literature, more often than not these studies are biased from a heterosexual viewpoint which considers this behavior as "problematic" to the institution or as a by-product of prison institutional conditions. Along with other current research projects such as those sponsored by the Center of Research and Education in Sexuality (CERES) and the Federal Bureau of Prisons, Wooden and Parker's systematic study specifically looks at the topic of prison sexuality not only from the perspective of the heterosexual and bisexual inmate, but also from that of the homosexual inmate (sexual preference choice prior to incarceration) and the vulnerable heterosexual youngster as well. Through a variety of research techniques, the authors investigated their topic and evaluated the situation accordingly. These techniques included: using question-

naires concerning sexual behavior in prison and the inmates' feelings and attitudes toward this activity; conducting in-depth interviews with different types of homosexuals, "jockers and punks," older convicts, correctional officers, inmate chaplains, and officials such as the superintendent of the prison and the deputy director in charge of policies for the State of California's Department of Corrections; and networking with various regional and national agencies outside the prison setting, e.g., American Civil Liberties Union, National Moratorium of Prison Construction, and National Gay Task Force.

The following summary of a report entitled "The Facts of Prison Life for Goodlooking Young Whites," written by a heterosexual inmate turned "punk" during his first incarceration, provides an insider's view: Most of the men who are pressured into sex and labeled as "marks" continue to be "hit on" by other inmates unless and until they choose alternate solutions. Thus the "mark" may decide to hook up (form a one-to-one relationship) with a jocker (a dominant inmate who would protect him); to become part of a gang who will supply him with drugs and will offer more protection but who will pass him around to the different members of the gang; to sign into Protective Custody; or if he is physically and/or mentally strong, to try to stand his ground in fist fight after fist fight. If this new inmate is lucky enough to be transferred to a "soft joint" (relatively easy time with a minimal amount of sexual pressure), he might not have to face these extreme choices.

This study also showed ethnic differences with respect to sexual behavior, relationships, coping strategies, and attitudes toward sexuality, based on the individuals' territorial and subcultural lifestyle patterns. Another interesting finding was that the heterosexual inmates in this study who were married and receiving conjugal visits were slightly more sexually active in prison than those heterosexuals who were married and whose wives did not visit them.

Although the authors suggest some possible remedies to this situation, such as providing separate housing for the more vulnerable inmates and hiring "open" gay men and lesbians as part of the prison counseling personnel, the book would have profited from a more fully developed format for proposed change. But *Men Behind Bars* is a catalyst in the right direction. And we can

only hope that Wooden and Parker will broaden their research endeavors in this field since it appears that the current economic and social climate is not conducive to providing improved assistance programs; this makes it necessary therefore to rely on the efforts of a few to provoke change by working within the system. I recommend this book to clinicians, to professionals affiliated with correctional systems, and to all those concerned with social issues. It is a comprehensive study exemplifying the state of crisis existing within our penal system today. **PR**

**Sexual Dilemmas for the Helping Professional.** Jerry Edewich, with Archie Brodsky. New York: Brunner/Mazel Publishers, 1982 (250 pp.; \$17.50).

Reviewed by Daniel H. Labby, MD, Professor of Psychiatry and Medicine, Oregon Health Sciences University, Portland, Oreg.

Perceptions of sexual energy between therapist and client have been reported for more than a hundred years, dating back at least to the 1880s during the early Freudian period highlighted at that time by the famous case of Anna O., involving not only Joseph Breuer but also Freud himself. Breuer was finally obliged to give up his therapeutic efforts because of his inability to deal with the sexual dynamics between himself and Anna. Although reference to problems of this nature have since erupted periodically in the analytic literature, not until 10 years ago was it apparent that related articles were appearing with increasing frequency with such titles as, "The Seductive Patient," "Sexual Contact Between Patient and Therapist," "Sex and the Physician-Patient Relationship," and "Sexual Acting-Out in Psychotherapy," involving all dimensions of the mental health professions. This book by Edewich and Brodsky, who have previously collaborated in the widely read work, *Burn-Out: Stages of Disillusionment in the Helping Professions* (Human Sciences Press, 1980), is an impressive volume combining reportage from a wide range of human service occupations from private practice, state-run facilities, universities, and military installations.

In the extensive introduction, the authors report that in their experience they have found that most professional and paraprofessional training programs

do not adequately prepare students to cope with these issues of sexual dynamics. Even those professionals with graduate degrees in social work, psychology, psychiatry, and psychoanalysis—in other words, those with extensive training—do not always find it easy to keep personal feelings out of their professional relationships, a point of view this reviewer has no difficulty in substantiating. On the theoretical side, the concepts of transference and countertransference are appropriately introduced and explored, though the authors have chosen not to get involved in theoretical controversies about the origin of sexual and other disruptive personal feelings in client-therapist relationships. Rather, they prefer to focus on "how the various manifestations of sexual energy can be recognized, what kinds of issues it can produce, and what can be done about these when they arise." To do so, they have given a large portion of the book over to five major dimensions of sexuality to be explored as they affect counselor and client: seduction, power, opportunity, self-interest, and morality.

Case material of the richest sort extending over the widest field of mental health professional activity is liberally cited. It is all highly readable and the case selections have been made with precision and thought. In brief, the approach is to "legitimize what are often uncomfortable feelings by reporting the experiences of people who have had similar feelings; to define professional standards and ethics in the relevant areas; and to demonstrate problem-solving techniques." Included are the authors' own recommendations on how to avoid the risk of sexual involvement, and these are implemented through a readable and extremely well-organized set of problem-solving exercises that should be of critical assistance in identifying problems, exploring solutions, weighing costs and benefits, making value judgments, choosing a course of action, and committing one's self openly to a specific time limit.

The fundamental assumption is that the "emotional security, consistent availability, constructive involvement, and caring 'neutrality' offered by the therapeutic relationship are incompatible with, and compromised by, intimate equality and mutual revelation." This raises a number of questions to which the book addresses itself in the over 200 pages of text. Do ethical standards that bind physicians, psychotherapists, and school teachers, apply to university pro-

fessors, to other service professionals? Where is the barrier to client-therapist intimacy? Where does it begin and where does it end? How does one handle attraction to a client or respond to flirtations from a client, to implicit sexual overtures and offers? What are some of the ways that one may unintentionally compromise the relationship? How does one detect double messages that encourage further intimacy? Are there limits on self-disclosure from the therapist? And finally, does a client always remain a client and, if not, when does the therapeutic relationship end? These are just some of the issues that are dealt with in the 11 chapters that cover not only the above-mentioned five major dimensions of sexuality but also questions of morality, of personal regard, illustrations of therapeutic errors, and the problems of referral. The three final chapters consider the dimension of appropriately matching clinician and client, liaisons among staff members, sexual harassment, and legal considerations and malpractice vulnerability. The guidelines and exercises previously mentioned occupy the final 12 pages, and all of the material is supported by a three-page contemporary bibliography.

It would be difficult to imagine a member of any helping profession for whom this book would be inapplicable since it covers such a wide range of very tender and highly charged human feelings that exist when one human being attempts to help another. It is also one of those unusual books that can be read not only by trainees and therapists of the widest variety but also with profit by clients and patients. **A, PR**

**Minority Stress and Lesbian Women.** Virginia R. Brooks. Lexington, Mass.: Lexington Books, 1981 (219 pp.; \$23.95).

*Reviewed by Sarajane Garten, MA, Visiting Lecturer, Department of Sociology, Rutgers University, New Brunswick, N.J.; Doctoral Candidate in Human Sexuality, New York University.*

As early as 1972 men and women in the gay liberation movement were convinced that open disclosure of one's sexual orientation had both positive and negative ramifications for the individual. Certainly they thought that the positive outweighed the negative regarding mental health and happiness. Nonetheless, in publicly acknowledging their homosexuality, men and women were

choosing to join a social minority. Gay oppression aside, the ability to cope with minority membership subjectively appeared easier for those with prior experience. Furthermore, the extent of this identification of oneself as a minority member remained in the control of the individual as a matter of personal choice particularly for white, Christian men. These observations were internally derived, through deductive processes based on personal and shared experience, rather than on theoretical concepts. In her book, Virginia Brooks offers us a firm and well-constructed theoretical base for analyzing both personal process and social interaction. The data presented, however, are less crucial to the value of the book than the theoretical constructs within which they are placed.

Basing her discussion on the responses of 675 lesbian women in California to a 53-item questionnaire, Brooks tests hypotheses related to the dependent variables of stress-related dysfunction, deviance, and decreased stress. Independent variables include socioeconomic status, visibility, disclosure, feminist exposure, and positive minority-group identity. In general, it is a piece of concise and tidy data analysis, although one could question some of her measuring devices—specifically prostitution as an indicator of deviance. Her defense of drug dependence as a measure of stress is weak, considering that the median age of the subjects was 27.9 years (in 1975) and that the social use of soft drugs was not distinguished from other use. Using only the Daughters of Bilitis as a representative lesbian organization is also questionable. By 1975 there were other more age-appropriate organizations to which her subjects might have belonged. Finally, reading books on lesbians and participating in consciousness-raising groups seem inadequate as criteria in setting up a feminist identification. Demographically, however, she seems to have reached the broadest, most diversified lesbian population possible.

While an expanded statistical analysis would have been appreciated, this omission does not detract from the strength of Brooks's arguments since we are led to focus on her ability to use established theoretical constructs in relation to a population hitherto mostly ignored. Her chapter on identity conflicts makes excellent use of Festinger's theory of cognitive dissonance. Consideration of social disclosure (coming out) has led

Brooks to develop a model of stress that is clear and valuable, and her review of etiological literature is comprehensive and useful.

Prior research on homosexuality has often lacked this well-constructed theoretical base—it has sometimes attempted to ignore, derive, or refute theory in the face of data presented. Brooks presents a sound social theory which can be of value in understanding the lesbian social experience. Her data are clear, if unimpressive, but her contribution adds to our body of knowledge in new and valuable ways. **PR**

**Sadomasochism: Etiology and Treatment.** Suzanne P. Schad-Somers. New York: Human Sciences Press, 1982 (300 pp.; \$29.95).

*Reviewed by Mary Jane Herron, PhD, Adjunct Professor of Psychology, Rockland Community College, Suffern, N.Y.*

This is a curious book. Although its title raises the welcome possibility that it might be about sadism and masochism, behaviors little understood and given too limited attention despite their prevalence, it really isn't. Instead it is about the author's pet opinions (including a dedication to her dog, which is about the only thing that anyone actually involved in the S/M scene could appreciate about the book). These personal assertions range from the need of all masochists for dental work, through the unproven superiority of object-relations theory, on to the practice of some mélange of therapeutic techniques that have no unifying theoretical conception. Most of the book is dedicated to that "treatment," unfortunately, with *The Little Prince* as a mainstay.

The author's knowledge of sadism and masochism appears to be derived primarily from reading pornography, which she professes to detest, reading psychoanalytic literature, which she bastardizes to suit her own aims, and from patients who are seriously disturbed and atypical of people who have an interest in sadistic or masochistic sexuality. After all, sadism and masochism originated as terms for sexual behavior, and at their most intense are considered sexual disorders. The sadistic and masochistic character types are psychoanalytic conceptions, and are not to be equated with sexual behavior. Schad-Somers makes the equation anyway, as well as lumping it all together into "sadomasochism," a

maneuver consistent only with the literature on homosexuality extant in the 1930s when even some rather astute people thought gays were an entity and, of course, pathological. The field has survived that misinformation, so one hopes that it will survive Schad-Somers with her "strategically placed cup of tea" that any masochist (particularly a coffee drinker) can grow on. Fortunately, in this case, the vital questions about sadism and masochism remain for others to answer.

**Historical Perspectives on Homosexuality.** Salvatore J. Licata and Robert R. Petersen, eds. New York: Haworth Press, 1982 (235 pp.; \$18.95).

*Reviewed by Dennis Rubini, PhD (Oxford), Fellow, Royal Historical Society; The Graduate School, Temple University, Philadelphia, Pa.*

This work is an important volume containing over a dozen essays written by a variety of academics. While the work is somewhat uneven, it contains a number of first-rate contributions to the literature on homosexuality.

In his chapter on "Inverts, Perverts, and Mary Janes," Jeffrey Weeks deals primarily with the widespread male prostitution in the late Victorian period. He notes that some contemporaries found male prostitutes no less conspicuous than their female counterparts. Adolescents and young men, many of them members of select military units, most notably the Queen's Guards, were usually available to gentlemen for a fee. These prostitutes were generally not members of the homosexual subculture ("rent" was seldom "bent"), and most patrons were not identifiably gay either. Whether these interclass relationships constituted sexual colonialism or a rejection of middle-class values is left a moot point.

Essays by Erwin Haeberle and Rudiger Lautmann inform us that, although most classes of homosexuals were to be found in the concentration camps of Nazi Germany, gay actors and artists were exempt from incarceration unless expressly singled out in orders from Himmler. The authors concentrate upon the stigmata markings on prisoners' uniforms, markings which at times seemed to be precursors of today's computer punch cards. One inmate wrote: "The whole concentration camp was a crazy farm. Occasionally, there were veritable

rainbow constellations. For example, there was once a Jewish Jehovah's Witness labeled as a race defiler with penal colony dot and escape target!" But even such truly marked men were held in higher esteem than the homosexual, who first wore an "A" (sometimes translated as "Arschficker"—ass-fucker), which then evolved into large round black dots along with the number "175," and finally, in the course of time, became a pink cloth triangle sewn onto the clothing. (The number 175 referred to the fact that the wearer had violated Paragraph 175 of the German penal code, a paragraph proscribing homosexual behavior and which was expanded during the Third Reich to include even homosexual *thoughts*, a point which the authors do not develop.)

Brigitte Eriksson discusses a provocative trial record of a lesbian execution in a more innocent pre-Hitler Germany, while Louis Crompton deals with specifically anti-lesbian legislation in Western civilization from the 13th to the 19th century. Martin Duberman contributes a helpful essay about the problems and ethics of publishing sensitive material relating to the deviate sexual activity of revered families in the Ante-Bellum South.

The scholarly nature of the essays and the lack of biographical material about individual homosexuals of various historical periods limit the book's appeal for the general reader. But perhaps the greatest importance of essays of this sort is not so much in their direct value but in the fact that they are part of an ever-expanding body of literature giving credence to the history of the homosexual experience. **A, PR**

**The Vasectomy Book: A Complete Guide to Decision Making.** Marc Goldstein and Michael Feldberg. Los Angeles: J. P. Tarcher, Inc. (distributed by Houghton Mifflin Co., Boston), 1982 (190 pp.; \$11.95).

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

This is a well-written, comprehensive primer and one which should be required reading for all those contemplating vasectomy as a means of permanent sterilization. And this important principle is emphasized from the very beginning: *consider it permanent.* Since

one of the authors has himself undergone both the vasectomy and reversal operations, the book no doubt has benefited from the added dimension of first-hand experience.

Since 1970, approximately seven million men have been sterilized by this technique; it is effective. But that is not to say that vasectomy is completely free of controversy. Goldstein and Feldberg cite the work of Dr. Nancy Alexander and her colleagues which has raised questions about the possible long-term effects on the circulatory system.

The early chapters are devoted to a consideration of the historical background of the operation (e.g., as a cure for prostatism and sexual erectile dysfunctions, and a neutralizer of the aging process); the anatomy and physiology of the male reproductive system; and a valuable self-evaluation questionnaire to assist couples in deciding for or against this form of sterilization. The operation itself is then described in detail, along with the psychological implications and the possible complications (hematoma, granuloma), and the authors also include a tabulated comparison of failure rates vis-à-vis all other male and female contraceptive methods.

Vasectomy reversal is described in detail, too, but with a biased presentation favoring microsurgical techniques and very little attention paid to non-microsurgical methods of reversal; they are effective also, but the reader is not sufficiently informed about these *macroscopic* procedures. This is a weakness that should be corrected in the next edition of this otherwise comprehensive survey. Although the authors point out that new techniques have made it possible "for more than half of the men who wish to reverse vasectomy to become fertile again," they also stress that "vasectomy reversal is far from perfect. We therefore urge every man or couple contemplating a vasectomy to consider it an irrevocable step."

In the final section, the authors contemplate the future of sterilization, as new birth control methods are developed. Indeed, it is quite likely that sometime in the next generation or two, vasectomy and reversal will be of historical interest only, for research is in progress aimed at the design of a safe, medical, non-surgical, non-invasive method of male contraceptive control. Thus this book may one day be obsolete, but, given our present "state of the art," it is a valuable resource on the subject of vasectomy. **A, PR**

# SEXUALITY PERIODICALS FOR PROFESSIONALS: A BIBLIOGRAPHY

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

**Alternative Lifestyles.** *Human Sciences Press, 72 Fifth Avenue, New York, NY 10011. Annual Subscription: \$28 individual, \$58 institutional.*

This quarterly journal explores the sexual and social dynamics of intimacy both within and beyond traditional conceptions of marriage and the nuclear family. The editor is Larry Constantine of Tufts University.

**Archives of Sexual Behavior.** *Plenum Publishing Corp., 233 Spring Street, New York, NY 10013. Annual subscription: \$48 individual, \$125 institutional.*

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

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

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

**British Journal of Sexual Medicine.** *Medical News Tribune Ltd., 1 Bedford Street, London WC2E 9HD, England. Annual subscription outside Great Britain: £36 (approximately \$58).*

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

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

*Avenue, New York, NY 10019. Annual subscription: \$21.*

Under the editorship of Peter Scales and Timothy Lannan, this new publication service highlights people, programs, and resources in the field of sexuality and reproductive education. Includes in-depth single topic reports, bibliographies, "white papers," and reference sheets.

**Family Life Educator.** *National Family Life Education Network, 1700 Mission Street, Suite 203, Santa Cruz, CA 95060. Annual subscription: \$20 (includes membership in Network, if desired).*

Mary Nelson and Steve Bignell edit this quarterly publication of the new National Family Life Education Network. It includes summaries of recent information and developments in family life education, annotations and reprint information from recently published journal articles, legislative updates, reviews of new films and books, and suggestions for useful classroom activities.

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

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

**Impact.** *Ed-U Press, P.O. Box 583, Fayetteville, NY 13066. Single copies: \$1.00 each.*

This periodical, edited by Jane F. Gilgun, is an annual publication of the Institute for Family Research and Education which is directed by Sol Gordon at Syracuse University. It highlights areas such as preparing parents to be effective sex educators of their children, censorship, and opposition to sex education in the schools.

**Journal of Homosexuality.** *Haworth Press, 28 East 22nd Street, New York, NY 10010. Annual subscription: \$32 individual, \$60 institutional, \$80 library.*

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

**Journal of Sex and Marital Therapy.** *Brunner/Mazel Inc., 19 Union Square West, New York, NY 10003. Annual subscription: \$28 individual, \$52 institutional.*

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

**Journal of Sex Education and Therapy.** *American Association of Sex Educators, Counselors, and Therapists, 2000 N Street, NW, Suite 110, Washington, DC 20036. Annual subscription for nonmembers: \$8.*

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

**Journal of Sex Research.** *Society for the Scientific Study of Sex, Inc., P.O. Box 29795, Philadelphia, PA 19117. Annual subscription for nonmembers: \$35 individual, \$55 institutional.*

Clive M. Davis, of the Department of Psychology at Syracuse University, edits this quarterly publication. It serves as a forum for the interdisciplinary exchange of knowledge among professionals con-

cerned with the scientific study of sexuality.

**Journal of Social Work and Human Sexuality.** *Haworth Press, 28 East 22nd Street, New York, NY 10010. Annual subscription: \$28 individual, \$36 institutional, \$60 library.*

Began publication in fall 1982 as a tri-annual, with one issue a year devoted to a specialized theme. Other issues present material of generic interest to social workers involved with the broad range of issues pertaining to human sexuality and family planning. David A. Shore is the editor.

**Medical Aspects of Human Sexuality.** *Hospital Publications, Inc., 360 Lexington Avenue, New York, NY 10017. Annual subscription: free to physicians on controlled circulation basis, \$30 for other subscribers, \$20 students.*

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

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

This newsletter highlights recent news items, research, and publications in the sexuality and reproduction fields.

**Sex Education Coalition News.** *Sex Education Coalition, Friendship Station, Box 39133, Washington, DC 20016. Annual subscription: \$15.*

Although it is published by a regional group, this periodical's wide-ranging lead articles, book and audio-visual reviews, and other features make it of national interest. Joan Benesch and Ann Thompson Cook are the editors.

**Sex Roles.** *Plenum Publishing Corp., 233 Spring Street, New York, NY 10013. Annual subscription: \$35 individual, \$130 institutional.*

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

**Sexual Medicine Today.** *Address: 257 Park Avenue South, New York, NY 10010. Annual subscription: \$65.*

Published monthly as a magazine supplement to *Medical Tribune* by International Medical News Service, Inc., in Washington, D.C. Subscription price includes both periodicals. *Sexual Medicine Today*, edited by Abraham S. Jacobson, reports on medical developments and treatments within the sexuality field.

**Sexuality and Disability.** *Human Sciences Press, 72 Fifth Avenue, New York, NY 10011. Annual subscription: \$28 individual, \$67 institutional.*

Ami Sha'ked, of the Institute for Sex Therapy, Education, and Research in Tel-Ahshomer, Israel, and Susan M. Daniels, of Louisiana State University Medical Center, edit this quarterly journal. It presents clinical and research developments in the area of sexuality as they relate to a wide range of physical and mental illnesses and disabling conditions.

**Sexuality Today.** *ATCOM, Inc., 2315 Broadway, New York, NY 10024. Annual subscription: \$53 individual, \$67 institutional.*

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

**SIECUS Report.** *Sex Information and Education Council of the U.S., 80 Fifth Avenue, Suite 801, New York, NY 10011. Annual subscription: \$40 individual, \$90 institutional; \$40 library.*

This bimonthly publication, edited by Anne Backman, features articles, multimedia reviews, book reviews, specialized bibliographies, and resource and workshop listings in the field of human sexuality.

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