

GENDER, GENDER ROLE, AND SEXUAL HEALTH

Authors' Introduction: When SIECUS was founded in 1964, its charter stated that the purpose of the organization would be: To establish man's sexuality as a health entity. The first issue of the *SIECUS Newsletter* in February 1965 announced that its goal would be: To provide a broad, interdisciplinary approach that would deal uniquely with human sexuality as a health entity. The Board of Directors, consisting of professionals from the health and education fields, then began working toward the implementation of these aims. SIECUS's leadership in focusing on sexual health issues was evidenced by its influential participation in the 1975 World Health Organization meeting, which acknowledged the importance of these issues with the adoption of the following definition: "Sexual health is the integration of the somatic, emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication, and love. Fundamental to this concept are the right to sexual information and the right to consider sexuality for pleasure as well as for procreation."

Currently our society is experiencing a peak of interest in personal health. Popular media are constantly calling attention to health maintenance and enhancement. In reviewing the professional literature, however, one finds that there has been little specific discussion of the relationship between gender (and gender role) and sexual health. The purpose of the articles that follow is to *begin* the process of examining this relationship. In our separate discussions of female and male sexual health, we refer to health conditions that are gender linked (such as female menstrual regularity or male prostate concerns) or that are a result of our current concept of the masculine and feminine gender roles (such as stress, hypertension, and ulcers in men, and anorexia in women). Since sexual health encompasses physical, emotional, social, and ethical components across the life cycle, it obviously would be impossible to examine all these issues in detail. We have chosen to identify selected sexual health issues in childhood, adolescence, and adulthood as examples that may generate heightened awareness.

Our discussions were written independently and without communication between us. In reading each other's material, both of us experienced additional insights and reactions, and we recognized that we had taken a problem-oriented approach to the sexual health issues. This perhaps highlights the needs in this area and the size of the task ahead of us. We approached our writing task with some uneasiness: We were concerned that by writing separately about the sexes we might create more divisiveness. Instead, we experienced empathy and an appreciation of the similarities of need. And writing separately confronted us again with the powerful influence of gender role socializations. The very topics selected—male concerns with physical issues and behavior, and the female emphasis on feelings and relationships—are varied examples of typical gender role approaches to life issues. While we both consider ourselves to be "enlightened," nonsexist professionals, we were struck by how dramatically gender role socialization was revealed in our separate writings. This is a wonderful illustration of what our presentation as a whole is all about. It leaves us with empathy for each other and a gut-level appreciation of the overwhelming importance in our children's lives of an early socialization directed at modifying current sexist gender roles.

Female Sexual Health

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A quotation from Simone de Beauvoir seems a very appropriate introduction to this discussion of female sexual health: "It is in great part . . . the anxiety of being a woman that devastates the feminine body."

Childhood: Up until the approximate age of two years, infants are learning to seek pleasure, warmth, and satisfaction, primarily through the mouth. The provision of safety from a trusted caretaker is a primary sexual health concern. Infants are also beginning to learn behavior patterns that parents and adults reinforce positively. This learning is so powerful that gender role differences in behavior have been noted within the first year. Girls are less physically active than boys but are more aware of environmental stimuli. Some researchers have

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From the beginning of life there are significant differences between the sexes related to health and sexuality. More male babies are born—106 to every 100 females—but fewer survive past six months. Male babies succumb in greater numbers to SIDS (Sudden Infant Death Syndrome) and it has been suggested that this may be due to their having less cuddling and physical contact than girls. From birth to age one the male death rate is 33% higher than that of females.

Within their first three days of life 90% of males in the United States are subjected to circumcision, despite the stand taken by the American Academy of Pediatrics, the Pediatric Urologist Association, and the American College of Obstetricians and Gynecologists that circumcision *not* be a routine

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hypothesized that this contributes to females becoming conditioned at a very early age to be aware of social demands, assess parental wishes, and receive rewards for being dependent and "good." The result is that women learn at the very beginning of their life that their sense of value and self-esteem is dependent upon pleasing others, especially men. Thus nurturing and accommodating behaviors are quickly incorporated. Being loved, based on being "good," is the most important goal.

This important gender-role difference between boys and girls has been found in many societies. Barry, Bacon, and Child (1957) indicated that over 88% of the cultures they surveyed encouraged nurturing behavior in girls. Not only is this an important behavior difference, but, as shown in the recent work of Carol Gilligan (1982), it indicates that differences in values and moral development are also involved. Young girls place more emphasis on relationships and feelings than on the group expectations for conforming behavior which males come to value. Until recently girls were evaluated as being delayed in their moral development because of this difference.

As growth continues through childhood, there is a need to understand such topics as one's body, one's genitals, and reproduction. The Goldmans' research (1982) on children's sexual thinking demonstrated significant sex differences in this area. For example, girls place more value on romantic love, boys on companionship. Parental differences in what information they choose to share with girls versus boys also reinforce more loving and protective attitudes toward girls.

There are many sexual health implications related to the female gender and gender-role issues raised above. An example of this is in the area of child abuse. The specific problem of sexual abuse is particularly alarming, with incest being the most common form of such exploitation. It is estimated that one girl in every four in this country will be sexually abused in some way before the age of 18. Given the very early nurturing and pleasure-giving learning experiences of young girls, the difficulty in protecting oneself is compounded when sexual advances are made by a caregiving adult. How do you reject the source of your rewards, your self-esteem, and love itself? Thus from a very early age women are given powerful messages about who they are sexually and what is expected of them.

Adolescence: For adolescent females at the onset of puberty, during which they experience menstrual periods and other changes of a maturing body, the sexual health education needs center on the topics of body image, relationships, values, and decision making about sexual-social behavior and goals for the future. The challenge now is to separate oneself from a dependent childhood role with parents and establish relationships with peers that help develop identity and enhance self-esteem. Interestingly, however, both the female and the male peer group value women who are physically attractive and socially and sexually conforming. Thus, while the personal need is to be independent, the social needs and rewards involve being dependent. The "good girl/bad girl" dilemma of the 1950s and 1960s has been replaced by the more subtle form of "promiscuous/nonpromiscuous." In addition, the need to negotiate a career/wife/mother role is a clearly stated goal for a majority of adolescent women today. In this context, feeling overwhelmed, powerless, and angry are understandable outcomes.

It is not surprising that unplanned pregnancy and eating disorders (e.g., anorexia) are significant sexual health concerns for adolescent women. In both instances there is evidence that confusion about sexuality, body image, autonomy, and self-

esteem is involved. Young women with eating disorders are often struggling with conflicting needs for control and dependency. Those who become pregnant may be having difficulty making decisions that conflict with those of a "love-giving" male—boyfriend or father. And, as some research has shown, young women frequently view pregnancy as one of their more attractive alternatives.

In summary, the sexual script for many adolescent women is to be independent, sexual, and acceptable. Given the difficulties in accomplishing this, it is understandable that many of them feel confused, helpless, and depressed.

Adulthood: The gender and gender-role issues of gaining self-esteem through accommodating male and authority figures continue to influence sexual health during adult women's lives. For example, while the majority of adult women work outside the home because of economic necessity, they continue to earn less money than their male counterparts and also continue to have primary responsibility for child- and home-care. The incidence of smoking, alcoholism, and heart disease is increasing among women. This has been associated with work stress. Interestingly, it does not seem to be the responsibility of work that is the most stressful but, rather, the powerlessness involved. Women who are executives do not have the same stress-related health difficulties as women who wear pink collars. In contrast, however, women who work report less illness than homemakers.

The incidence of illness, physical and emotional, is higher among women than men. This may be because women are more likely to reveal illness to a health interviewer, are more

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aware of illness symptoms, and are more likely to take action in response. Women who are "middle-aged" use more medically prescribed psychotropic drugs than men in the same age group. They also use physician and hospital services more often. This use increases with age, even when visits for obstetrical/gynecological reasons are excluded.

Four times more women than men are treated for depression. Classically the dynamic of depression involves turning anger inward—at oneself—rather than at others. Diminished self-esteem is also involved. Depression for women may be a sign that they have accommodated more than they can or want to handle.

Women have over twice the number of surgical operations than are reported by men. Data show that 36% of surgical operations on women aged 15 to 64 are gynecological or obstetrical procedures. The two most frequent procedures are diagnostic dilation/curettage of the uterus and hysterectomy. What is not clear from these data is what percentage of hospitalizations and surgical procedures are "necessary." Are decisions about health care interventions based more on need or on attitudes about women and their bodies? Since most primary health-care providers continue to be male, what implications does this have for women? Is it possible that women's "need to please" is so powerful that control over health is relinquished?

Cancer is the leading cause of death for women between the ages of 35 and 54. The two most frequent sites of the disease are the uterus and the breast. Women have great difficulty in carrying out the self-examination techniques which can be effective in terms of prevention. Certainly attitudes about one's sexuality and control over health are factors here.

Because of the difference in life expectancy for women and men, 75% of heterosexual women can expect to be living alone in the last years of their lives. For women who are non-white, this will generally occur at age 65; for white women, age 70. Women in this situation will typically have reduced, fixed

incomes and limited help from children and family. In addition to the familiar health problems of aging, there is one that is specific to older, postmenopausal women—osteoporosis, a condition that leaves bones porous and weak due to loss of bone calcium. The disease appears to have strong connections with nutrition habits at earlier ages. Exercise has also been found to be a positive factor in both prevention and treatment. Again, attitudes about diet and exercise have strong gender-role implications. Despite the current popularity of dieting and exercise, there is a thin line between what is acceptable and unacceptable in regard to female exertion and appearance.

In summary, there are significant physical, emotional, social, and value differences between male and female behavior that impact on the quality of sexual health for women. What is striking is the strongly important role that attitudes about being female play on health at every stage of the life cycle. There is a consistent pattern of women struggling with issues of powerlessness, autonomy, and nurturing behaviors. Somehow, in a male-dominated culture, some women have come to feel that their concern about caring for others—with love—is less important than their concern about acquiring power and meeting group standards. This rearranging of values can result in a compromised understanding of oneself as a sexual human being and a compromised emotional and physical health. Fortunately, there are more and more women who are putting it all together—discovering that it is okay to be who they are, doing everything they have the ability and desire to do, whatever that may be.

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procedure. Circumcision for other than religious reasons was begun in the late 1800s. The surgery was believed to improve sexuality and to prevent masturbation and venereal disease. Indeed, lack of circumcision was thought to be a contributing cause to a wide variety of diseases, and as late as the 1940s circumcision was still considered a viable means of preventing syphilis, and penile cancer in males and cervical cancer in female partners. Since we have no scientific evidence that it prevents any ills or improves sexuality, we might well now give up this initiation rite for males, except in cases where it has religious significance. More concern about undescended testicles would be of greater importance to sexual health. Boys should not go beyond six years of age without having their testicles properly esconced in the scrotal sac. A medical check on this descent can help prevent problems later on in life—infertility, for example.

Childhood: Early childhood seems to be a crucial period for males in regard to developing a positive body image. Studies indicate that males are more likely than females to carry negative attitudes about their bodies into adulthood—attitudes that stem from teasing or a lack of knowledge. Research indicates that children of nudists and of parents comfortable with their own nudity and accepting of their children's nudity in the home avoid such negative feelings as adults.

These children measure higher in self-esteem than do children in homes where nudity is taboo.

The whole manner in which we indoctrinate boys into their gender role might well bear careful scrutiny. David Lynn's research (1966) indicates that boys who have no extended contact with fathers as role models pick up clues for masculine behavior and attitudes from impersonal sources such as the media. As a result males are often more insecure than females about their gender role and cling more rigidly to stereotypic concepts of masculinity. They are more distrustful of females than females are of them, and they also tend to be more hostile toward the other sex. This greater rigidity and difficulty with their role affects their sexual health throughout their lives. It has been shown that transvestism, fetishism, and paraphilias unique to the male have their origin in early childhood and are linked to problems of gender identification.

The years from six to 12 are crucial to boys' psychosocial sexual development. Throughout their elementary school years their socialization makes them keenly aware of the need to rigidly control their behavior so as to avoid any hint of effeminacy and the label of "sissy" with its dread implication of homosexuality. This early indoctrination is the root of the homophobia deeply imbedded in the American male. While women do not totally escape homophobia, it certainly does not rule their lives to the extent that it does with males.

Adolescence: As Gagnon and Simon have pointed out (1978), boys' development of sexuality is presocial, while girls learn to be sexual within the context of social relationships. The experience of masturbation for boys contributes to this more genitally oriented view of sexuality. Boys begin conscious masturbation at an earlier age and engage in it with considerably more frequency than do girls. While some boys participate in group masturbatory experiments, the majority, aware of parental and societal disapproval, do so in isolation as rapidly and silently as possible—hardly ideal training for interpersonal sexual relationships later on! Lack of objective information about masturbation and the techniques involved can lead not only to practices that make ejaculation impossible but also, in extreme cases, to bizarre and dangerous methods of reaching orgasm—such as cutting off the source of oxygen. (The actual death rate from such autoerotic experiments is not currently known.) When adolescent boys learn that their culture views masturbation as childish and as a definitely second-class form of sexual expression, they are pressured into precocious sexual behavior with girls, and the sexual health problems for these girls are concomitantly increased.

At present we have no uniformly adopted mechanism for effectively transmitting sex education to the young. This lack of informational help has a special impact on males. Their traditional role expects them to be all-knowledgeable about sexual matters and to be the initiators of sexual behavior. Yet at every age for which we have standardized knowledge tests, from early adolescence through adulthood, males measure lower than females in the amount of information they possess. This leaves them vulnerable in specific areas of sexual health. While adolescent girls generally have some awareness of sexual health-care practices such as Pap tests and breast examinations, the vast majority of adolescent males have no information whatsoever on testicular cancer or how to check for it at the age when it is most prevalent. There is a 95% chance of recovery if testicular cancer is discovered early and treated. Undetected, it travels up into the body and spreads to other organs. The delay in discovering early symptoms results in testicular cancer's metastasizing in 90% of the patients by the time they are diagnosed. The testicles are among the five leading cancer sites resulting in death for adolescent males.

Adolescent males, struggling to achieve their sexual identity, may over-react to any hint of homosexuality around them. Their homophobia is not merely "fear of homosexuals," but a fear of their own impulses toward any form of same-sex intimacy in thought or deed, and a fear of the opinion of others concerning their sexual orientation. They are unable to distinguish homosocial and homosensual from homosexual relationships. Homophobia becomes one of the most effective controls of male behavior and has serious implications for male health and safety. The pressures of the masculine role, as Goldberg points out in *The Hazards of Being Male* (1976), contribute to serious health problems for men and boys. Boys are seen in guidance clinics three times as often as girls, and they outnumber girls in mental institutions by 150%. Males are six times more likely to become involved with narcotics. The male suicide rate throughout adolescence and young adulthood is three times as high as that for females.

Adulthood: One of the most clearly gender-linked concerns for adult males is the health of their prostate. The majority of men realize that they can expect to experience some problems with their prostate at some point in their lives and may be aware that prostatic cancer is the third leading cause of

cancer deaths in the U.S., but there is probably no other part of the body more associated with misinformation and myth. The prostate exam is a dreaded part of the annual physical checkup and the cause of much anxiety and embarrassment for men, with the result that too often they treat prostate problems by ignoring them. Cancer of the prostate is more common in men over 60 but prostatitis can affect males from young adulthood onward. While there may be a bacterial cause in some cases, prostatitis is more often associated with infrequent, irregular, or hyperactive sexual behavior (a real no-win situation!). Males who keep a calendar record of their various forms of sexual outlet for three to six months can eventually determine a personal pattern of frequency comfortable and effective for them and avoid efforts to conform to statistical norms or competition with boasting peers. A regular sex life, which will vary in frequency and intensity from person to person, is the best safeguard against prostatitis and helps to extend healthy sexual expression into old age.

A new and tragic gender-linked disease is Acquired Immune Deficiency Syndrome (AIDS). Data indicate that 93% of those with this fatal disease are males, of whom 73% are homosexual or bisexual. The Centers for Disease Control has reported 6,122 cases to date (September 24, 1984) since the disease first appeared in 1981 and 45% of these have resulted in death. While it is believed that the virus causing AIDS has been identified, it will be several years before a vaccine that can provide immunity is likely to be developed. In the meantime, the best medical advice recommends reduction in the number of sexual partners, avoidance of sexual behavior that will result in the exchange of body fluids (blood, semen), constant use of condoms, and the more frequent use of masturbation and of affectional rather than sexual intimacy. It is not known whether such behavior modification will actually prevent AIDS, but the gay community has demonstrated that this modification is effective in reducing other sexually transmitted diseases. There has been a dramatic decrease in gonorrhea and syphilis in the past two years among homosexual males while there has not been a similar decrease among heterosexual males. (And the incidence has actually increased among women.) This refutes the notion that the male sex drive is too strong to permit men to modify their sexual behavior.

For adult males, the constant pressure to "be a man" has even more serious consequences than health concerns that are merely gender linked. Playing their traditional masculine role, which demands that they deny any form of weakness, men typically disregard signs and symptoms of ill health. As a result, males are hospitalized 15% longer than females for the same disease or condition. Males make 25% fewer visits to doctors than females. Men are also less likely to seek counseling for emotional problems and are more reluctant to seek therapy for any form of sexual dysfunction. As Dr. Kenneth Solomon (1983) states: "The inability or difficulty of expressing feelings, including anger, is associated with development of hypertension which leads to stroke and renal diseases. An inability to express dependency needs and anger is frequently associated with the development of peptic ulcer disease, and men still die of perforated ulcers, hemorrhage, and so on. Of the 10 leading causes of death, only one is not associated with the masculine role, and that is diabetes."

Illness lowers testosterone levels, which are responsible for the male's sexual drive. (Strain and anxiety also lower testosterone levels.) Thus ill health affects male sexual response sooner and more directly than it affects women. For the

“older” male particularly, sexual health is affected by and dependent on his general state of health. And, unfortunately, maturity does not automatically lead to an accurate knowledge of sexual health or the wisdom to utilize such information.

The present picture of male sexual health is not an especially bright one and leaves much to be desired. Better, more realistic, and earlier education in sexuality, along with drastic changes in the socialization pattern for males, will be necessary if we are to have a male population with a positive prognosis for sexual health.

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[Dr. Welbourne-Moglia and Dr. Calderwood invite your reactions to and comments on their presentation. All correspondence should be sent in care of the editor.]

SIECUS POSITION STATEMENT ON SEXUAL HEALTH CARE

SIECUS believes that all individuals have a right to information, education, and health care services which promote, maintain, and restore sexual health; and that this right mandates that providers of health services: (1) recognize the importance of sexual health for people of all ages and lifestyles; (2) understand how variations in health—such as those resulting from pregnancy, illness, disease, surgery, diet, and medication—may affect an individual's sexuality; and (3) assess an individual's sexual functioning and sexual concerns as integral parts of his/her health care and make appropriate interventions and/or resources available.

SIECUS therefore advocates that education in sexual health concerns, needs, and therapies be integrated into professional training in all health care fields, at both entry and continuing education levels.

DO YOU KNOW THAT . . .

Resources to Write for . . .

The A to Z of Women's Health: A Concise Encyclopedia (1983) by Christine Ammer contains over 900 alphabetically arranged entries covering health concerns from birth to old age. For any controversial issue, it presents both sides and all the alternatives. This 481-page book is available for \$19.95 (plus 15% p/h) from: Facts on File, Inc., 460 Park Avenue South, New York, NY 10016.

Exploring Gender Relations: A Canadian Perspective (1983, 358 pp.) by Marlene Mackie focuses on what it means to be female or male in contemporary Canadian society and is written from a sociological feminist perspective. In discussing the implications of femininity and masculinity, the author presents the social psychological perspective, exploring the primary and secondary sources of gender socialization. The book is priced at \$19.50 (Canadian) and may be ordered from: Butterworths, 2265 Midland Avenue, Scarborough, Ontario M1P 4S1.

To Be a Leader: Skills in Group Leadership for Teenagers (\$3.95) and **We're Not Just Talking Sex** (\$12.95) are two 1983 publications of Planned Parenthood-Southeastern Pennsylvania. The first, the result of a collaboration between the agency's Teen Advisory Committee and its Education Department, is a 34-page guide to peer leadership written expressly for teens. Among the topics covered are: qualities and responsibilities of a group leader, skills, trouble-shooting, program planning, and informational resources. *We're Not Just Talking Sex* outlines the information and skills necessary to conduct basic teen sex education programs and is especially useful to those not already experienced in designing and leading such programs. Three complete programs, each divided into a series of teaching units, are included on the topics of: health care for teens, values and decision making, and sexuality and relationships. Both are available from: Planned Parenthood, 1220 Sansom Street, Philadelphia, PA 19107. Add 15% p/h.

Human Sexuality 84/85, edited by Ollie Pocs, is one of over 35 volumes on a variety of subjects in the Annual Editions Series put out by the Dushkin Publishing Group. The 65 articles were selected from professional journals and popular magazines and cover 13 topics, including Sexuality Education, Sexual Hygiene, Establishing Sexual Relationships, Youth and Their Sexuality, Sex in and out of Marriage, Sexual Orientation, and Sexual Harassment and Violence. (Reprints of four *SIECUS Report* articles are presented.) This 240-page resource is priced at \$8.95 and is available from: The Dushkin Publishing Group, Sluice Dock, Guilford, CT 06437.

Beyond Reproduction: Tips and Techniques for Teaching Sensitive Family Life Education Issues is a 1983 publication by ETR Associates training staff containing selected materials from their 1981 curriculum, *Family Life Education: Teacher Training Manual*. This 15-page booklet includes suggestions regarding parental notification and involvement; instruction about contraception, decision making, and pregnancy alternatives; handling questions about sexual behavior, sexual orientation, and personal beliefs; establishing ground rules; and selecting learning activities, guest speakers, and audio-visual materials. It is available for \$2.50 from: Network Publications, 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506. Bulk rates on request.

The Journal of Psychoactive Drugs, Vol. 14, Nos. 1-2, January-June 1982 is a special issue, edited by David E. Smith and Millicent E. Buxton, containing 21 articles on "Sexological Aspects of Substance Abuse." Drugs discussed include alcohol, marijuana, cocaine, volatile nitrites, and heroin. There are also articles on "Incest and Chemical Dependency," "Sexual Interaction Among Recovering Chemically Dependent Couples," "Denial in Substance Abuse and Sexual Dysfunction," and "Family Intimacy and Chemical Abuse: The Connection." To order, send \$20.00 to: Haight-Ashbury Publications, 409 Clayton Street, San Francisco, CA 94117.

MORE ON THE SUBJECT

. . . Of Male and Female Sexual Health

Biological Considerations of Sexual Function During the Climacteric

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The *climacteric* is the phase in a woman's life cycle when her ovarian function changes from being reproductive to being non-reproductive. It begins several years before the *menopause*, which is the time of the last period. When a year has passed after the last period, the climacteric phase is considered to be completed. The average age of menopause for women in the United States is 51. Approximately 40 million American women are presently in or have completed their climacteric.

The biological changes characteristic of the climacteric are but one factor influencing sexual behavior and response during this phase in the life cycle. To fully understand climacteric sexuality, psychological, interpersonal, and sociocultural factors must also be taken into consideration. However, because this discussion must be brief and because biological information which has become available within recent years is not generally known, the focus here will be on the biological changes of sexual significance and the approaches which have helped women and their partners adjust to these changes.

Ovarian hormone production is markedly reduced during the climacteric. Decrease in estrogen production appears to be the hormonal change of greatest significance with regard to sexual response. It is not unusual for symptomatic women attending climacteric centers to have estrogen levels which are one twentieth of the level they had before menopause.

Estrogens influence sexual function in several ways. When estrogen-sensitive cells take in the hormone, it is carried to the nucleus where it stimulates cell growth and cell multiplication. In the absence of estrogen, sensitive tissues atrophy, i.e., they shrink in size, and their cells become fewer in number. Atrophy of the structures of the vulva (the labia, the clitoris, the introitus, the Bartholin glands, and the urethra) is one of the indicators of decreased estrogen after natural or surgical (removal of the ovaries) menopause. Atrophy can be severe, making vaginal penetration difficult, if not impossible, without pain. Estrogen can prevent atrophy but so, apparently, can continued sexual activity. This observation was recently documented and reported by Bachmann, Leiblum, and collaborators (1983) working at Rutgers. The Rutgers findings indicate that sexually active post-menopausal women showed much less atrophy when compared to their sexually inactive peers and that estrogen did not appear to be necessary to protect their vulvas and vaginas. This study confirms an earlier finding of Masters and Johnson (1966).

Estrogen affects blood flow. The uterine blood vessels contain receptors for ovarian hormones. There is the distinct possibility that blood vessels closer to the surface are also sensitive to these hormones. Semmens and Wagner (1982) have measured vaginal blood flow and production of vaginal fluid in post-menopausal women before and after estrogen replacement therapy. Their findings clearly indicate a decreased blood flow and a diminished quantity of vaginal fluid during sex response as compared to pre-climacteric women. Restoration of pre-climacteric levels occurred when estrogen therapy was given. Vulval and vaginal dryness leading to pain with penetration (dyspareunia) is one of the most common sexual complaints of climacteric women, affecting almost 50% of those attending climacteric centers.

A third estrogen effect may be on peripheral nerve function. Nerve fibres at the surface of the body transmit sensations of touch, pressure, vibration sense, pain, temperature, itching, and position sense. Between 30% and 40% of women attending menopause clinics have symptoms reflecting altered nerve function (numbness and tingling, intolerance to coarse fabrics, formication, and changed touch perception). Estrogen is known to alter nerve transmission time. Animal studies indicate shrinkage of touch receptor zones in the skin when ovaries are removed, with expansion of the zones when estrogen is given (Pfaff, 1980). In my own preliminary work it appears that the ability to discriminate between two points is markedly altered in a significant percent of hypoestrogenic women and is corrected when estrogen therapy is taken. Because tactile sensation is such an essential ingredient in sex response, it may be that the effect of estrogen deprivation on nerve function is an important factor in the altered sex response of climacteric and post-climacteric women.

What sex response changes have been reported in women after the climacteric? Vulvar and vaginal atrophy and dryness have already been mentioned. Masters and Johnson also described decreased Bartholin gland secretion, altered urethral tone with a greater vulnerability to loss of urine during plateau or orgasm, loss of skin flush and breast enlargement, delayed clitoral sensation, decreased muscle tone, and painful uterine contractions with orgasm.

In a recent study of 185 women seen in a London climacteric center, this author found that 86% had some sexual issue which warranted professional attention. Vaginal and vulvar dryness affected 31%. Touch impairment which interfered with sex response was described by 31%. Loss of clitoral sensation was perhaps the most upsetting change, a finding among 17%. And 23% of those who had been orgasmic before their menopause became non-orgasmic afterwards. Dyspareunia was complained of by 37% and half of these women had readily demonstrable vaginismus. Loss of sexual desire was a complaint of 39%. Another 9% had become aversive to sexual activity, and

10% lost urine during sex response. Since 18% of the women had sexual problems which preceded and/or were unrelated to their menopause, the findings cited above must be corrected to gain a clear picture of the impact of the climacteric and menopause. Still, in 58% sexual function became impaired following the changes in ovarian function.

Before the reader becomes depressed by these findings, I will be quick to add that most of these changes were corrected and satisfying sexual activity was restored through a combination of health education, sex counseling, and, where necessary, hormone replacement therapy.

A major factor for the women in the series just cited was their having to cope with physiological and anatomical changes which they did not understand. Unfortunately, the women's regular physicians either suppressed inquiry about sex or, when they were told what was happening, simply did not know enough about sex anatomy, response, and behavior to be able to offer helpful advice. Anxiety, fear, and a sense of helplessness could readily be dispelled through explanation of the role of hormones in sexual response and the need—for most women and their partners—to employ adaptive approaches. For some of the women cited above this simply meant taking more time in foreplay to compensate for the slowed response. When vaginismus had developed (in half of the women with dyspareunia), a plan for avoidance of painful penetration and gradual desensitization could be implemented. Estrogen was found to be helpful in restoring touch sensation, including return of clitoral sensation in women who had believed the capacity of their clitoris to respond to stimulation had been lost forever. Women who could not or would not take estrogen responded well to a sequence of sensate focus, genital touching, and then vaginal penetration—a modification of the regimen originally described by Masters and Johnson.

Those who are interested in keeping up to date with climacteric research should be aware that there is an International Menopause Society which publishes the journal, *Maturitas*.

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Growing Old or Feeling Old: Choices for Men

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When women rekindled the fires of their feminist movement in the early 1970s, they soon learned that among the factors SIECUS Report, November 1984

which have kept them bound to a second-class status was the language which has traditionally described and defined them. Men, now in the embryonic stage of assessing the male role as it is defined by the limitations of its present gender-role assignment, face a similar language obstacle. A glaring example of how language is used to water down or limit thinking on subjects which involve men's lives is the flippant, "catchy," and usually inappropriate terminology used to describe the developmental period which links middle age with old age.

High on the list of such offenders is *male menopause*. What inferences can we draw from a term which literally means men's cessation of periodic menstrual flow? Then there is the more "liberal" term, *mid-life crisis*. What conclusion can we make about the emotional health of men who have reached that period of time when they realize they are no longer young? Such phrases, though dressed in a scientific cloak often tailored by professionals, are not only inaccurate, but also demeaning to men and their aging process; they are no more worthy than the common epithets "over the hill" or "old geezer."

Of course, men experience many physical and emotional changes as they age. That is a given. What is variable, and of critical importance, is the attitude men adopt concerning those changes. Though changes in such areas as desire, motivation, or activity cannot be totally overlooked, they can be ignored, treated with fear and anger, or be accepted with some calm and grace. Each man chooses his initial and subsequent postures toward these changes based on his evaluation of a variety of factors—both social and personal. Therefore, it appears that *mid-life assessment* would be a far more neutral, accurate—and dignified—term than those generally used.

Few areas of a man's life provide as comprehensive a picture of his reaction to the aging process as does his attitude toward his evolving sexual conduct. Therefore, if physicians, sex therapists, and counselors are sincere in their efforts to provide men with a healthy basis for the conduct of their lives as they enter their middle and late years, these professionals would do well to explore sexual attitudes, and base their diagnosis and treatment on each individual man's learned behavior and concepts as well as on subjective criteria. The following questions can serve as a starting point—after, of course, medical pathology is considered, explored, and ruled out:

(1) *How do you feel about your aging self?* There is a saying popular among older men: "You know you're getting old when all cops and doctors look young." This is a deceptively lighthearted way of acknowledging that younger men are assuming positions of responsibility and distinction. It may also reveal a view of younger men as sexual competitors. The aging man who has never resolved lifelong questions about his own sexuality is a man who may become more jealous, fearful, or inadequate as he grows older.

(2) *How do you relate to your sexual partner?* Mid-life for men is generally a time when enduring relationships are more closely linked to sex than they were in youth. Biologically it is a time when their sexual responsiveness is slowing down, while many women their age are discovering new peaks in theirs. Find out whether the man believes he is out of phase with his partner, or whether he sees his changes as a cue for adding more tenderness and pleasure to his sexual activity. The man who sees these changes in himself and his partner as a threat to his masculinity is setting the stage for personal tragedy which can unfold as psychogenically induced sexual dysfunction.

(3) *How do you feel about your own changing sexual responses?* In the aging male, direct stimulation of the penis

will be a more effective sexual stimulant than a kiss or a sexual thought was when he was a youth; stimulation to ejaculation and orgasm will require more time than it has in the past. An appreciation of these changing response patterns will allow him a continued enjoyment of his sexual activity. But, if he retains the concept learned in his youth—"Get in there, get the job done, and get out"—his slower responses can be devastating. If he has always felt that he had to have complete control over the sexual scene, then his partner's assertiveness and attentions may be regarded as a threat to such control. If he has always seen sexual activity as an endurance contest, requiring multiple ejaculations before he is satisfied, then he will see aging as a curse. The man who laments that he isn't the man he used to be is, objectively, absolutely correct; subjectively, however, he is questioning his role as a human being who is always capable of giving, receiving, and sharing sexual pleasures.

Generally, the men who adopt a negative assessment of their entry into mid-life will reveal one of three common problems: erectile loss, avoidance of sexual activity, or a compulsive search for a variety of sex partners. In the absence of clinical evidence which may provoke these behaviors, look for their etiologies in the negative attitudes our culture has about men's aging and sexuality. Men who accept these attitudes create for themselves a mid-life of crisis; for those men who reject the myths and accept their evolving sexual nature as readily as they accept grey hair or wrinkled skin, mid-life is just another season.

The poet Robert Frost once said: "Half the world is composed of people who have something to say and can't, and the other half of those who have nothing to say but keep on saying it." Perhaps those of us who are attuned to the humanistic aspects of human sexuality can serve to bring out the voices of the older men in that first half of the world, and silence the purveyors of agist myths and misunderstandings in the second.

[Two recent books on older men, *Prime Time*, by Leslie R. Schover (Holt, Rinehart, and Winston), and *Crisis Time*, by William A. Nolen (Dodd, Mead), will be reviewed in an upcoming issue of the SIECUS Report.—Ed.]

"Mirror, Mirror, on the wall, Am I the fairest of them all?"

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The popularity of health spas, exercise clubs, and celebrity workout programs, and the plethora of diet books on the best-seller list attest to a basically healthy concern with keeping our bodies fit. An accompanying message, both overt and covert, is that one must be attractive of face and form in order to be successful socially and professionally. Despite this nationwide preoccupation with physical perfection, it is still extremely difficult to achieve a realistic and objective picture of one's physical body in our culture.

Self-image is a looking-glass image, as Charles Cooley (1966) has pointed out. We get our image of self through the reflections of others. However, since we carefully shield our bodies from the scrutiny of others, verification of our self-perception is limited to those portions of our body that are exposed and visible to others. We mask our bodies with clothing chosen to hide or minimize what we consider to be defects. There is a widespread tendency to equate nudity with licentiousness or pornography and to speak in euphemisms—if at all—about our genitals and their function. Such attitudes and behavior prevent us from developing a comfortable, natural acceptance of our physical bodies. We are proud to demonstrate our mental faculties, but ashamed of our physical attributes. The sense of modesty which we use as a defense of prudish attitudes is dysfunctional when it interferes with a healthy body image. While it would indeed be inappropriate to join the rush hour naked, we believe that it is not inappropriate to be nude in some educational settings.

The need for such educational work on body image is confirmed by a review of the literature. Subjects in Jourard and Secord's research (1955) who had negative body images also had low self-esteem. Berscheid, Walster, and Bornstedt (1973) also found that for both sexes body image was related to self-esteem. Further, they found positive body image was related to sexual satisfaction. Jackman (1980) asserts that the modesty that develops from embarrassment over one's body can severely inhibit satisfying sexual interaction. Severely distorted body image is evident in patients with anorexia nervosa, which is increasingly found even among preadolescents. However, there is good news from the literature as well. The concept of body image has shifted from a narrow concern with one's physical boundaries in space (height, weight, mass) to one that includes an assessment of the tactile, visual, and sensual parameters of one's physical being. Textbooks for human sexuality classes are beginning to include sections on body image and its importance to healthy sexuality.

Granted the importance of a positive body image with its contribution to self-esteem and sexual satisfaction, it has been difficult for individuals to find opportunities to participate in classes, workshops, or programs designed to explore in any depth this aspect of self-awareness. Hartman and Fithian have included nude body assessment in their work with sexually dysfunctional individuals. Betty Dodson's nude Bodysex Groups (primarily for women) emphasize orgasm enhancement through masturbation. Various human potential groups following an Esalen prototype use nudity as a consciousness-raising technique. Other groups, titillated with nudity, have assumed there is some magical quality in group nakedness in and of itself.

Work with sexuality groups and classes and with individuals in therapy has convinced us of the value and importance of exploring body-image issues through structured educational experience. Each of us has developed and run single-sex workshops and together we have designed a format which includes both single-sex and coed participation. Over the past dozen years the programs have been offered to women in suburban settings, to men in local CR groups, and to each gender in health-related workshops, at national conferences, and in graduate classes in sexuality at New York University. Some of our work was reported on at the 1983 World Congress on Sexology, receiving enthusiastic response.

Like Coleman and Edwards in their book, *Body Liberation* (1977), we believe that individuals need to liberate themselves from their own body prejudice, "from an intolerance of the way

a normal body looks, functions, experiences, expresses, and enjoys bodily pleasure." The book's thesis is that body-image work will increase self-acceptance, and help one develop better relationships with others, achieve better health, enhance sex life, and experience joy. In the spirit of these objectives, we have developed more specific goals. In our Body Image Workshops, we expect to help participants (1) appreciate the impact of clothing in presenting self; (2) develop a more objective assessment of their bodies; (3) integrate the genitals into their total body in a positive way; (4) separate the aesthetic experience of nudity from the association with sexual involvement; (5) understand the source of current attitudes about their bodies; (6) discuss social issues and personal concerns related to body image and body functions; (7) experience both sight and touch as legitimate forms of body-image exploration; (8) appreciate the difference between sensual pleasure and overt sexual behavior; (9) learn specific self-help techniques for improving or maintaining sexual health; and (10) reduce feelings of anxiety related to homophobia.

To achieve these goals, the Body Image Workshops utilize techniques of group dynamics. They are conducted in the nude, and involve structured exercises, presentations of relevant educational information, question and answer sessions, movement and music, total group and small group discussions, and demonstration and experience of massage and self-help techniques.

The workshops have been presented in a variety of formats, tailored to the time constraints of different situations. Single-sex workshops have met for a series of four 3-hour sessions one evening a week, 8- or 12-hour all-day sessions, and in 30-hour weekend workshops. Coed workshops (usually 6 to 8 hours) are offered only to participants from the single-sex workshops. The single-sex group size has varied from eight to 20, and coed groups from 18 to 24 participants. The larger groups are aided by volunteers who have participated in both a single-sex and a coed group and who receive additional training to serve as assistant facilitators. The workshops have been offered in private homes, dance studios, classrooms, gyms, camps, and conference centers; while an ideal setting that includes group shower, sauna, and pool facilities enhances the experience, the goals have been achieved in quite limited space with no recreational amenities.

Barriers to communication about body image are not limited to encounters with the opposite sex. Even in single-sex groups each gender experiences initial difficulty dealing with both physical and social self-disclosure. Obviously, the self-help techniques, such as use of the speculum or procedures for testicular and prostate checks, are gender-specific issues, and concerns related to these are best dealt with in single-sex discussions. Many issues related to body image (e.g., competition, standards, envy, expectations, attraction, and performance) have different implications, values, and meanings in a single-sex group than they do in a coed group. Feedback from a person of one's own sex is an important aspect of building realistic body image and positive self-esteem.

In the single-sex groups, getting beyond the novelty of nudity in an educational setting, breaking the taboo against touch through guided massage, and practicing frank self-disclosure are basic preparatory steps for the mixed group experience. For the women, this preparation also builds a support group and a united front which helps to lower the traditional uneasiness and distrust about being nude in a mixed group. It helps men cope with the fear of having an erection with women present. While both groups exhibit some anxiety

and anticipate some embarrassment in taking part in a mixed group workshop, they approach the experience with a generally positive spirit of adventure. Men and women are equally curious about what went on in each other's single-sex group, so that the initial experience together is one of sharing highlights of their separate activities.

Since an objective body image can best be achieved with feedback from both sexes, the mixed group workshop is structured to provide opportunities to add to the insights gained from feedback in the single-sex group. Activities, discussion, and exercises are used to promote an understanding of the concerns, attitudes, and pressures of the opposite sex related to body image and function, and to build a higher level of trust between the sexes.

Over 400 men and women have participated in these workshops. The response has been uniformly enthusiastic. Subjective evaluations indicate that all the goals were accomplished to some degree. Women's responses generally emphasized a new, more positive satisfaction with their bodies. Men most often noted the value of experiencing sensual pleasure without overt sexual behavior, and they were particularly appreciative of learning the self-help techniques.

The response to the workshops has convinced us of the importance of body-image work as an integral part of in-depth education for human sexuality. Today, with the insistent media presentation of unattainable body perfection, individuals need opportunities to accept and appreciate their bodies as normal and functional, regardless of the variation from the idealized cultural image. Individuals should not shrink from seeing their reflections but, with confidence and positive self-esteem, say: "Mirror, mirror, it is true, I like the image in my view!"

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DO YOU KNOW THAT...

New SIECUS Board Members

The SIECUS Board of Directors announces the election of the following new Board members: Raul A. Companioni, MBA, Group Manager, Bambergers, East Brunswick, N.J.; Richard J. Cross, MD, Professor of Environmental and Community Medicine, University of Medicine and Dentistry of New Jersey-Rutgers Medical School, Piscataway, N.J.; Doris Grabosky, MSW, Social Worker, Philadelphia, Pa.; Keith Ignatius, DMin, Marketing Manager, Judson Press, Valley Forge, Pa.; Norma Klein, MA, Writer, New York, N.Y.; Robert Kolodny, MD, Chairman of the Board, Behavioral Medicine Institute, New Canaan, Conn.; David M. Reed, PhD, Clinical Associate Professor of Obstetrics and Gynecology (Psychology) and Psychiatry and Human Behavior, Jefferson Medical College, Philadelphia, Pa.; and Elizabeth Winship, Columnist, Lincoln, Mass.

RESEARCH NOTES

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

Courtship Disorders and Sexual Health

Human sexual interaction, according to Kurt Freund, Hal Scher, and Stephen Hucker (1983), "can be conceptualized as proceeding in four phases: (1) location of a potential partner; (2) pretactile interaction (looking, smiling, posturing, and talking to a prospective partner); (3) tactile interaction; and (4) effecting genital union" (p. 370). Unfortunately, relationships do not always proceed this smoothly. Potential partners are sometimes drafted rather than being permitted to volunteer, as is demonstrated by the fact that over 77,000 rapes were reported in the United States for 1982 (FBI Uniform Crime Reports, 1983). Further, numerous studies indicate that the majority of victims do not report sexual assaults to authorities (Burkhart, 1983; McCahill, Meyer, & Fischman, 1979; Nelson, 1979; Parcell & Kanin, 1976). Why do some people impose their sexual desires on unwilling victims, why are some potential victims able to thwart assault attempts, and why do some of those victims who are unable to escape the assault fail to report it?

In this column, I will discuss the implications of these questions for male and female sexual health in the context of the work of Freund and his colleagues on what they call the "courtship disorders," and the work of Andrea Parrot (1983) and her colleagues (Parrot & Allen, 1984; Parrot & Lynk, 1983) on acquaintance assault prevention strategies. Before launching into a description of their investigations, I want to consider some of the political controversies surrounding research on sexual assault and some of the implications of these controversies for science and for the sexual health of males and females.

First, there is the issue of terminology and the explanation of the motivation of assailants. A continuation of what has been called the "blame the victim" response (Ryan, 1971) may be seen in the current attitude of many Americans who believe that the victims of assault "ask for it" (Feild & Bienen, 1980; Gallup, 1978) by behaving in ways that unleash the sexual desires of males who are unable to control themselves. Thus, the increasing preference, legally and in scientific and political circles, for the use of the term "assault" over the term "rape" (thereby emphasizing the aggressive rather than the sexual elements involved in the physical invasion of the victim) may partially reflect an attempt to counter the cultural belief that victims elicit sexual approaches. Further, a considerable amount of research (cf., Groth, 1979; Groth & Burgess, 1980; Panton, 1978) does suggest that many convicted assailants of both males and females are impelled by hostile and aggressive, rather than erotic, motives. However, the Freund et al. (1983) model focuses on that subset of assailants who appear to be motivated primarily by sexual feelings and who engage in what they call the "preferential rape pattern." That is, although the

assailants do use coercion to impose their sexual desires on an unwilling victim, they do not appear to have "a preference for inflicting physical pain or injury on the victim" (p. 370) beyond that necessary to commit the rape. Such a focus is controversial in its implication that the behavior of at least some assailants may be explained primarily by sexual rather than aggressive motives.

Second, there is the related issue of the attribution of responsibility for assault. While reviewing a research paper on assault recently, I was startled to read the author's assertion that some previous experimental research which varied the behavior of the victim and measured the effects of such victim variations on observers' attributions was contributing to the "patriarchal, misogynist blaming of the victim." I believe that the authors of this "previous experimental research" (Donnerstein & Berkowitz, 1981; Malamuth & Check, 1980; Stock, 1982) would be equally startled since their work was designed to determine the conditions under which observers respond sexually to assault depictions rather than to advocate the attribution of responsibility for assault to the victim. It is possible that the work of Parrot and her colleagues could be similarly misperceived, in that a portion of their work focuses on variations in (potential) victims' behavior which are associated with successful versus unsuccessful strategies for preventing assault. I have had conversations with other researchers wanting to understand the phenomenon of assault, who have approached with trepidation the investigation of variations in the way in which women communicate their refusal to have sex ("incomplete rejection strategies"), and various nonverbal behaviors by victims versus nonvictims, etc., because they are concerned that such studies may be perceived as contributing to the cultural tendency to blame the victim. And, in fact, to my knowledge these colleagues have not yet published their work. Although such trepidation is understandable in the current climate, the attitudes producing this reaction strike me as ironic, counterproductive, and scientifically indefensible. That is, those who perceive the investigators of assault as contributing to the "blame the victim" phenomenon are not considering the question of what is in the best interests of assault victims in the long run. In order to reduce the incidence of assault, we need to understand as much as we can about its causes; to do this properly, all parts of the system should be investigated. Investigations of, say, variations in victims' behavior do not imply that assailants should be able to commit assault with impunity.

Having attempted to defend the research on assault, I will devote the remainder of this column to describing some of the interesting and controversial work that is being done. The courtship disorders model proposed by Freund and his col-

leagues essentially suggests that some instances of personal invasion may involve a phenomenon in which one or more of the four phases of human sexual interaction described above is "conspicuously intensified, exaggerated, and distorted and can therefore be seen as a caricature of the normal" (p. 370). Freund et al. point out that, although the majority of publications do not suggest that various paraphilias co-occur, some of the literature suggests that clinical observations have been made of exhibitionists who have also reported toucheurism, and rapists who have also engaged in exhibitionism and voyeurism. These and other co-occurrences of paraphilias in the same individuals were investigated by Paitich, Langevin, Freeman, Mann, and Handy (1977) by factor-analyzing the responses of a large number of patients to a sexual history questionnaire. These authors found a clustering of voyeurism, toucheurism, frotteurism, exhibitionism, and rape.

On the basis of these findings, Freund et al. (1983) proposed the following model:

| Normal Courtship | Disordered Courtship |
|---------------------------------|--------------------------------------|
| Location of a potential partner | ➔ Voyeurism |
| Pretactile interaction | ➔ Exhibitionism; obscene phone calls |
| Tactile interaction | ➔ Toucheurism, frotteurism |
| Effecting genital union | ➔ Preferential rape pattern |

In a series of investigations, Freund et al. (1983) found that, with the exception of the preferential rape pattern, the concomitance of these paraphilias in the self-reports of 139 patients was quite high, but suggested that it was likely that some of them may have denied in engaging in some of the behaviors for which they had not been arrested.

For the second phase, the researchers selected those patients who had shown at least one of the paraphilias but who denied engaging in one or more of the remaining anomalous patterns, and investigated their responses to situations corresponding to the patterns they had denied. Specifically, they compared the extent of penile erection of a control group to that of the patients in response to "verbal descriptions of voyeuristic situations, situations of exposing, toucheuristic situations, normal tactile interaction, intercourse, and sexually neutral situations" (p. 373). The nonvoyeur patients (that is, those with paraphilias who had denied voyeurism) showed significantly more response to the voyeuristic situations and less response to the normal tactile interaction than did the nonvoyeur normals.

Using a similar methodology, the third phase of the research focused on exhibitionists who denied toucheurism and on their responses to verbal descriptions of toucheurism. The supposedly nontoucheuristic exhibitionists, compared to normal controls, showed significantly more response to descriptions of exposing and of toucheurism, and less penile response to situations of normal tactile interaction or to intercourse. There were no significant differences between the groups in response to sexually neutral situations. In their discussion of these results, Freund et al. noted that preferential rape descriptions were not included in the study "because this could have upset the patients," but that research was under way to examine "the extent to which the preferential rape pattern is an expression of the same basic disturbance" (p. 378). I found their report fascinating and am eager to see the results of the research they are currently conducting. The general profile of assailants as lacking impulse control and self-esteem and having problems with exaggerated masculinity and hostility (e.g., Groth, 1979) may have to be expanded to include concepts of

courtship incompetency and arousal to inappropriate (invasive) situations, at least in cases involving the preferential rape pattern. This leads me to wonder if some variations on assertiveness training might be useful with these latter cases.

The importance of assertiveness is very much a central part of the work of Parrot and her colleagues on acquaintance assault prevention. They have been involved in a two-part study and the development of an acquaintance rape prevention workshop. The study involved administering a questionnaire to a random sample of a cross section of over 3,000 undergraduate and graduate students on the campus of Cornell University. In addition to gathering these anonymous questionnaire data, they are conducting follow-up interviews with respondents who, through an informed consent form sent with the initial questionnaire, indicated their interest in providing further information. Data so far (Parrot & Allen, 1984) indicate that 16% of the respondents had had intercourse against their will. "Behaviors which were included in this index were: being coerced, threatened, forced, or having been the victim of violence used by the assailant to get them to comply with intercourse" (p. 17). In a finding reminiscent of the Parcell and Kanin (1976) midwestern college campus study, however, only 2% described the forced intercourse as "rape":

Although the legal definition of rape varies by jurisdiction, three elements must be present generally for legal rape: 1. penetration of the penis into the vagina; 2. lack of consent; and 3. some element of force. According to this definition, all 96 respondents were raped, but only 15% defined their experience as rape. A correlation of $-.27$ was reported between the following questions: "Have you ever been forced to have sexual intercourse when you did not want to because some degree of physical force was used (e.g., twisting your arm, holding you down, etc.)?" and "Have you ever been raped?" There seems to be tremendous confusion among these victims regarding their experiences and their legal rights. They were legally raped but they do not understand this behavior to be rape, or they are not willing to define it as such. (Parrot & Allen, 1984, p.18)

Parrot and her colleagues are conducting follow-up interviews with those who: (1) avoided acquaintance rape by using preventative strategies; (2) indicated inconsistent responses regarding being raped; (3) responded affirmatively to having been an acquaintance rapist; (4) indicated that they had been raped by an acquaintance; and (5) had thwarted rape attempts. The results of this further research will be interesting to see. Following a rash of assaults on our own campus this last winter by masked assailant(s) despite the sub-freezing weather, my students and I initiated a similar two-part study of stranger and acquaintance assault, and I would appreciate hearing from any of you who are conducting comparable studies so that we can compare results across the country.

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DO YOU KNOW THAT . . .

Resources to Write for . . .

The Lesbian and Gay Speakers Bureau Manual is a 1984 publication drawing on the experiences of hundreds of members of the Boston Gay and Lesbian Speakers Bureau who have had over 1,400 speaking engagements since 1972. Information about the history, structure, and workings of the bureau is provided in the first section. The 70-page manual also describes techniques for preparing an audience prior to an engagement, dealing with hostility, answering questions involving controversy within the gay community, getting an audience to open up in their questions, and putting stress on important points. Over 30 of the most typically asked questions have been compiled, along with suggested responses. Priced at \$10.00 for individuals and \$15.00 for organizations (plus \$1.50 p/h), this manual may be ordered from: Gay and Lesbian Speakers Bureau of Boston, P.O. Box 2232, Boston, MA 02107. Bulk rates available.

Procreation or Pleasure: Sexual Attitudes in American History (1983), edited by Thomas L. Altherr, is a collection of journal articles written during the last 40 years describing the changes in our country's attitudes about sexuality which evolved from the Colonial period up to the mid 1900s. It is designed for classroom reading and discussion. The list price is \$8.50 and it is available from: Robert E. Krieger Publishing Co., P.O. Box 9542, Melbourne, FL 32902.

Birth Trap: The Legal Low-Down on High-Tech Obstetrics (1984, 194 pp.) by Yvonne Brackbill, June Rice, and Dion Young explains the technological interventions now being used in hospital birth procedures (e.g., timed labor, electronic fetal monitoring, and sonograms) and emphasizes the authors' vehement belief in the need for expectant parents to be informed about both the scientific and the legal ramifications of technical childbirth. Material on birthing alternatives is also presented, along with eight appendices which include a 13-page glossary, and listings of books, films, and resource organizations. To order, send \$9.95 (plus p/h) to: C. V. Mosby Co., 11830 Westline Industrial Drive, St. Louis, MO 63141.

Some Homosexual Men (1983) presents transcribed tapes of 23 of the interviews David Sonenschein conducted with gay men in Chicago in 1967 while he was on the staff of the Kinsey Institute for Research in Sex, Gender, and Reproduction. These men varied considerably in their intensity and styles of homosexual interest, and their discussions provide an interesting glimpse of pre-gay liberation life. Footnotes and references to books and films mentioned are provided. (This book was published independently by the author.) To order a copy, send \$8.00 to: David Sonenschein, P.O. Box 4755, Austin, TX 78765.

Child Sexual Abuse Conference

On January 16-17, 1985, the New York City Coalition on Child Sexual Abuse, the New York Women's Bar Association, the Appellate Division First Department, and Fordham Law School will sponsor an interdisciplinary conference on Child Sexual Abuse, to be held at the Fordham Law School in New York City. The program will address the legal, social, and medical implications of abuse. For further information, write to: New York City Coalition on Child Sexual Abuse, P.O. Box 5842, Grand Central Station, New York, NY 10163.

Call for Papers

A call for papers (oral presentations) has been issued by the organizing committee for the 7th World Congress of Sexology to be held November 4-8, 1985, in New Delhi, India. The theme is: Sexuality in a Changing World. Deadline for submission is April 2. For further details, write to: Prof. Prakash Kothari, PhD, President, VII World Congress of Sexology, 203A Sukhasager, NS Patkar Road, Bombay 400007, India.

1985 Workshops on Sexual Abuse

To receive a schedule of the two-day workshops on Child Sexual Abuse Assessment and Treatment, to be sponsored at numerous locations across the county by Forensic Mental Health Associates, write to: H. Jean Birnbaum, FMHA, 3 Ireland Road, Newton Center, MA 02159.

HUMAN SEXUALITY: A BIBLIOGRAPHY FOR EVERYONE

This list of titles for all age groups and various special interests was prepared by Leigh Hallingby, Manager, SIECUS Information Service and Mary S. Calderone Library. It is designed to provide reliable and sound guidance about human sexuality and to be particularly useful not only for parents, children, young adults, and older people, but also for teachers, counselors, clergy, youth leaders, and librarians.

Many of the resources listed on the September 1982 edition of this biennial bibliography have been retained because the information they present remains valid and in step with current knowledge. A major portion of the newly published materials on sexuality has also been reviewed in order to select those representing the best examples of contemporary advice in the field.

Titles were chosen that span a variety of viewpoints at different levels of sophistication. Since individuals of the same age vary in maturity and outlook, it is important that everyone recommending books from this list be familiar with their content.

If your school or community library does not have these books, they may be ordered through your local bookstore or by writing directly to the publishers and distributors. Unless otherwise indicated, the prices given do not include postage. With few exceptions, these materials are included in the noncirculating collection at the SIECUS Information Service and Mary S. Calderone Library, 715 Broadway, Room 213, New York University, New York, NY 10003; (212) 673-3850.

Single copies of this bibliography are available from SIECUS on receipt of **\$1.00 and a stamped, self-addressed, business-size envelope** for each list requested. In bulk they are: 75¢ each for 5-49 copies; 50¢ each (plus \$2.00 for postage and handling) for 50 copies or more.

If you are professionally interested in the field of human sexuality, send for "Human Sexuality: A Selected Bibliography for Professionals." Copies are available at the same costs as listed above. **Please note that, except for the items published by SIECUS itself, SIECUS does not sell or distribute any of these publications.**

YOUNG CHILDREN

DID THE SUN SHINE BEFORE YOU WERE BORN?

Revised Edition

Sol Gordon and Judith Gordon

A book which parents can read with their children, ages 3-7. In addition to answering the question "Where do babies come from?" clearly and directly, it deals with other aspects of how different kinds of families live and grow. (48 pp.)

Ed-U Press (1982), P.O. Box 583, Fayetteville, NY 13066; \$5.95 pb; bulk rates available

GIRLS ARE GIRLS AND BOYS ARE BOYS —SO WHAT'S THE DIFFERENCE?

Revised Edition

Sol Gordon

A nonsexist, liberating sex education book for children ages 6-10. (43 pp.)

Ed-U Press (1979), P.O. Box 583, Fayetteville, NY 13066; \$5.95 pb; bulk rates available

GROWING UP FEELING GOOD: A CHILD'S INTRODUCTION TO SEXUALITY

Stephanie Waxman

An excellent introduction to many important concepts about human sexuality, presented with simplicity and dignity. (63 pp.)

Panjandrum Books (1979), 11321 Iowa Avenue, Suite 1, Los Angeles, CA 90025; \$10.95 hc; \$5.95 pb

HOW BABIES ARE MADE

Andrew C. Andry and Steve Schepp

The story of reproduction in plants, animals, and humans, told through the use of color photographs of paper sculptures. Factually accurate and simple enough to be understood by the youngest group. (83 pp.)

Time-Life Books Inc. (1968), 777 Duke Street Alexandria, VA 22314; \$7.95

HOW WAS I BORN?

Lennart Nilsson

To be read by parents with their children. Tells the story of reproduction and birth using a combination of the famous Nilsson photographs of fetal development with warm family scenes and other illustrations. (32 pp.)

Delacorte Press (1975), 1 Dag Hammarskjold Plaza, New York, NY 10017; \$10.95

IT'S MY BODY: A BOOK TO TEACH YOUNG CHILDREN HOW TO RESIST UNCOMFORTABLE TOUCH

Lory Freeman

Teaches concepts that your body belongs to you; you only share it with someone else when you want to; and you can say, "Don't touch me! I don't like it!" Charming illustrations. (24 pp.)

Planned Parenthood of Snohomish County (1982), 2722 Colby, Suite 515, Everett, WA 98201; or Parenting Press, 7750 31st Avenue, NE, Seattle, WA 98115; \$2.95; bulk rates available

NO MORE SECRETS FOR ME

Oralee Wachter

In four vivid and realistic stories children in sexually abusive situations begin dealing with their problems by talking with adults who respect their rights, and then take action to protect themselves. For ages 3-10. (47 pp.)

Little, Brown (1983), 34 Beacon Street, Boston, MA 02106; \$12.95

PRETEENS

LOVE AND SEX AND GROWING UP

Corinne B. Johnson and Eric W. Johnson

Covers a broad range of topics to help preadolescents think about what being a man or a woman means in today's world. (112 pp.)

Bantam Books (1979), 666 Fifth Avenue, New York, NY 10019; \$1.75 pb

PERIOD.

Revised Edition

Joann Gardner-Loulan, Bonnie Lopez, and Marcia Quackenbush

Reassuring, cleverly illustrated book about menstruation, explaining why all girls are normal, at the same time that everyone is special. Includes personal narratives. Spanish edition, entitled *Periodo*, also available. (104 pp.)

Volcano Press (1981), 330 Ellis Street, San Francisco, CA 94102; \$6.00 pb; Spanish edition, \$7.00

WHAT'S HAPPENING TO MY BODY? A GROWING UP GUIDE FOR MOTHERS AND DAUGHTERS

Lynda Madaras and Area Madaras

Provides a wonderful opportunity for mothers (and fathers, too) to help their daughters aged 9-13 understand and celebrate their sexuality and their individuality. (192 pp.)

Newmarket Press (1983), 3 East 48th Street, New York, NY 10017; \$14.95 hc, \$8.95 pb

EARLY TEENS

AM I NORMAL? AN ILLUSTRATED GUIDE TO YOUR CHANGING BODY

DEAR DIARY: AN ILLUSTRATED GUIDE TO YOUR CHANGING BODY

Jeanne Betancourt

Based on the award-winning films of the same titles by Debra Franco and David Shepard. *Am I Normal?* (96 pp.) follows Jimmy's successful efforts to learn, from a variety of sources, the truth about boys' sexual development. *Dear Diary* (100 pp.) chronicles two weeks in the life of Jamie during which she comes to understand the normalcy of her own body and internal time clock.

Avon Books (1983), 1790 Broadway, New York, NY 10019; \$1.95 each pb

**BOYS AND SEX
GIRLS AND SEX**

Revised Editions
Wardell B. Pomeroy

Classic sexual guides for young teenage boys and girls. (180 pp. each)
Delacorte Press (1981), 1 Dag Hammarskjold Plaza, New York, NY 10017; \$10.95 hc, \$1.95 pb

**CHANGES: YOU AND YOUR BODY
CHOICE**

Easy-to-read booklet about puberty, prepared with input from a panel of teenagers. Highly recommended. Available in Spanish. (58 pp.)
CHOICE (1978), 1501 Cherry Street, Philadelphia, PA 19102; \$3.00; bulk rates available

**FACTS ABOUT SEX FOR TODAY'S YOUTH
Revised Edition**
Sol Gordon

A short, direct approach in explaining anatomy, reproduction, love, and sex problems. Includes slang terms when giving definitions, and a section answering the 10 questions most frequently asked. Well illustrated. (48 pp.)
Ed-U Press (1983), P.O. Box 583, Fayetteville, NY 13066; \$5.95 pb; bulk rates available

FACTS ABOUT STD
Sol Gordon

Describes recognition, treatment, and prevention of sexually transmitted diseases, with many illustrations. (49 pp.)
Ed-U Press (1983), P.O. Box 583, Fayetteville, NY 13066; \$5.95 pb; bulk rates available

**LOVE AND SEX IN PLAIN LANGUAGE
Fourth Revised Edition**
Eric W. Johnson

Provides basic information on sexuality for junior high school students. Written to be acceptable within both family and school settings.
Harper & Row (in press for June 1985), 10 East 53rd Street, New York, NY 10022

SEX: TELLING IT STRAIGHT
Eric W. Johnson

A simple but honest treatment of those topics in human sexuality of greatest concern to adolescents. Written for teenage slow readers, especially those within problem environments, and presents positive views on sex without preaching or moralizing. (96 pp.)
Harper & Row (1979), 10 East 53rd Street, New York, NY 10022; \$10.50

**SEX WITH LOVE:
A GUIDE FOR YOUNG PEOPLE**
Eleanor Hamilton

Includes discussion of the rituals of early dating and fulfilling the body's need for affection and sexual expression. (179 pp.)
Beacon Press (1978), 25 Beacon Street, Boston, MA 02108; \$6.95 pb

**SEXUALITY . . .
DECISIONS, ATTITUDES, RELATIONSHIPS**

An illustrated booklet for preteens and teens focusing on feelings, values, and other emotional aspects of understanding and making personal decisions about sexuality. Also available in Spanish. (35 pp.)
Planned Parenthood of Southeastern Pennsylvania (1979), 1220 Sansom Street, Philadelphia, PA 19107; \$2.30 (includes postage); bulk rates available

**TEEN QUESTIONS ABOUT SEX . . .
AND ANSWERS
Revised Edition**
Marilyn Lyman

A booklet providing illustrated answers to 20 questions. (30 pp.)
Planned Parenthood Center of Syracuse (1983), 1120 East Genesee Street, Syracuse, NY 13210; 70¢; bulk rates available

**THE TEENAGE BODY BOOK
GUIDE TO SEXUALITY**
Kathy McCoy

Excellent resource covering both factual material and emotional issues, for children in early to middle teen years. (128 pp.)
Simon & Schuster (1983), 1230 Avenue of the Americas, New York, NY 10020; \$7.95

LATER TEENS

AM I PARENT MATERIAL?
National Alliance for Optional Parenthood

A pamphlet listing thoughtful questions about an important decision. Available in Spanish.
Network Publications (1977), ETR Associates, 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506; 15¢; bulk rates available

CHANGES: BECOMING A TEENAGE PARENT
Krail Brooks and Rose DeWolfe

Excellent booklet for pregnant teenagers, providing information on such topics as prenatal care, birth, emotional changes, finances, possible living arrangements, and adjustment to motherhood. Attractively presented. Also available in Spanish. (68 pp.)
Planned Parenthood of Southeastern Pennsylvania (1979), 1220 Sansom Street, Philadelphia, PA 19107; \$3.00; bulk rates available

**CHANGES: YOU AND YOUR BABY
A YOUNG PARENT'S GUIDE**
Pediatric Staff of Eighth and Spruce Medical Associates

Easy-to-read booklet for teenage parents on infant and baby care. Also available in Spanish. (45 pp.)
Planned Parenthood of Southeastern Pennsylvania (1979), 1220 Sansom Street, Philadelphia, PA 19107; \$3.45 (includes postage); bulk rates available

**CHANGING BODIES, CHANGING LIVES:
A BOOK FOR TEENS ON
SEX AND RELATIONSHIPS**
Ruth Bell and other co-authors of Our Bodies, Ourselves

A forthright, nonjudgmental book for teens which confronts their real concerns about sex and relationships. Highly recommended. (242 pp.)
Random House (1980), 201 East 50th Street, New York, NY 10022, \$15.95 hc, \$8.95 pb; available at substantial discount to organizations licensed to serve teenagers

**LEARNING ABOUT SEX: A CONTEMPORARY
GUIDE FOR YOUNG ADULTS**
Gary F. Kelly

Without neglecting basic factual information, focuses on attitudes and the process of sexual decision-making. (185 pp.)
Barron's Educational Series (1976), 113 Crossways Park Drive, Woodbury, NY 11797; \$10.95 hc, \$4.95 pb

**SEX AND BIRTH CONTROL:
A GUIDE FOR THE YOUNG
Revised Edition**
E. James Lieberman and Ellen Peck

Written to encourage sensible and responsible use of birth control, and to encourage young people to develop principles and values by which they will live their sexual lives. (320 pp.)
Harper & Row (1981), 10 East 53rd Street, New York, NY 10022; \$13.50

**SEX EDUCATION FOR ADOLESCENTS:
A BIBLIOGRAPHY OF LOW-COST
MATERIALS**

Criteria used for selection: appropriateness to adolescents in readability; cost of \$6.00 or less; and values perspective responsibly represented in contemporary terms but without limitation as to position on the conservative-liberal spectrum. (32 pp.)
American Library Association (1980), Order Department, 50 East Huron Street, Chicago, IL 60611; \$3.00 (includes postage)

**A WAY OF LOVE, A WAY OF LIFE:
A YOUNG PERSON'S INTRODUCTION
TO WHAT IT MEANS TO BE GAY**
Frances Hanckel and John Cunningham

A unique, sensitive book written by people who are *having* the experience for people who want to *understand* it. (188 pp.)
Lothrop, Lee & Shepard (1979), William Morrow & Co., 105 Madison Avenue, New York, NY 10016; \$11.25

**WHY AM I SO MISERABLE IF THESE
ARE THE BEST YEARS OF MY LIFE?
Revised Edition**
Andrea Boroff Eagan

Encourages young women to be self-determining. Includes factual information on physiology, menstruation, sexually transmitted diseases, and birth control. (220 pp.)
Avon Books (1979), 1790 Broadway, New York, NY 10019; \$2.25 pb. Spanish edition available from Harper & Row, 10 East 53rd Street, New York, NY 10022; \$10.50

YOUR SEXUAL FREEDOM: LETTERS TO STUDENTS

Richard Hettlinger

Addressed to young people who are expected to be liberated and informed in regard to sexuality but who, in fact, must cope with a variety of difficulties. Encourages them to develop their own distinctive sexual selves. (160 pp.)

Continuum Publishing Co. (1982), 575 Lexington Avenue, New York, NY 10022; \$7.95 pb

ADULTS

General

CHANGING VIEWS OF HOMOSEXUALITY (#563)

Elizabeth Ogg

Written in nontechnical language, Public Affairs pamphlets are known for covering their subject matter in a concise, effective manner. (28 pp.)

Public Affairs Committee (1978), 381 Park Avenue South, New York, NY 10016; \$1.00; bulk rates available

A CHILD IS BORN

Revised Edition

Mirjam Furuholm, Axel Ingelman-Sundberg, and Claes Wirsén

Provides detailed description of fetal development, illustrated by the famous Lennart Nilsson photographs. Useful for explaining reproduction to groups from adolescents through expectant parents. (160 pp.)

Delacorte Publishing (1977), 1 Dag Hammarskjöld Plaza, New York, NY 10017; \$16.95

CIRCUMCISION: AN AMERICAN HEALTH FALLACY

Edward Wallerstein

This unique and comprehensive study challenges the practice of routine circumcision in the United States as not only unnecessary and devoid of health benefits, but also potentially harmful and traumatic (281 pp.)

Springer Publishing Co. (1980), 200 Park Avenue South, New York, NY 10003; \$16.95 pb.

COMING OUT TO PARENTS: A TWO-WAY SURVIVAL GUIDE FOR LESBIANS AND GAY MEN AND THEIR PARENTS

Mary V. Borhek

Sound, sympathetic, and helpful advice by a parent who has herself been through the experience of a child's "coming out." Includes section on religious issues. (208 pp.)

Pilgrim Press (1983), 132 West 31st Street, New York, NY 10001; \$9.95 pb

DR. NEUMANN'S GUIDE TO THE NEW SEXUALLY TRANSMITTED DISEASES

Hans N. Neumann and Sylvia Simmons

Provides good foundation for responsible

health action and sexual behavior for people who have contracted or wish to learn more about treatment for STDs. Includes glossary and list of nationwide State Health Department phone numbers. (183 pp.)

Acropolis Books (1983), 2400 17th Street, NW, Washington, DC 20009; \$12.95

AN EASY GUIDE TO LOVING CAREFULLY FOR MEN AND WOMEN

Lyn McKee, Winifred Kempton, and Lynne Stiggall

Basic information about sexual anatomy, reproduction, and contraception, presented in large print with many illustrations. Suitable for people with low-level reading skills to read on their own or with a parent or professional. (61 pp.)

Planned Parenthood of Contra Costa (1980), 1291 Oakland Boulevard, Walnut Creek, CA 94596; \$6.95 (includes postage)

HEALTHY SEX AND KEEPING IT THAT WAY

Richard Lumiere and Stephani Cook

A layperson's handbook on genital health and disease, with chapters especially for men, women, gay men, and teenagers. (206 pp.)

Simon & Schuster (1983), 1230 Avenue of the Americas, New York, NY 10020; \$13.95 hc, \$5.95 pb

THE JOY OF SEX: A CORDON BLEU GUIDE TO LOVE-MAKING

Alex Comfort

A finely illustrated, civilized, and explicit guide to lovemaking (253 pp.)

Simon & Schuster (1974) 1230 Avenue of the Americas, New York, NY 10020; \$10.95 pb

MAKING LOVE DURING PREGNANCY

Elizabeth Bing and Libby Colman

Frank, firsthand description of pregnancy experiences. Discusses fears and misconceptions of future parents. (165 pp.)

Bantam Books (1982), 666 Fifth Avenue, New York, NY 10019; \$2.95 pb

MEDICAL ANSWERS ABOUT AIDS

Lawrence Mass

Basic questions and answers about acquired immune deficiency syndrome (AIDS). Includes listings of books, bibliographies, and national and international referral sources. (25 pp.)

Gay Men's Health Crisis (1984), Box 274, 132 West 24th Street, New York, NY 10011; single copies free

MORE JOY: A LOVEMAKING COMPANION TO THE JOY OF SEX

Alex Comfort

A sequel emphasizing the role of sex in improving relationships and personal growth. Includes sections on sex and aging, and sex and the disabled. Also discusses less conventional sex styles such as group sex. (234 pp.)

Simon & Schuster (1975), 1230 Avenue of the Americas, New York, NY 10020; \$9.95 pb

QUESTIONS AND ANSWERS ABOUT LOVE AND SEX

Mary S. Calderone and the editors of *Bride's magazine*

Excellent practical guide and reference source which encourages the development of healthy sexual attitudes in marital relationships. (144 pp.)

St. Martin's Press (1979), 175 Fifth Avenue, New York, NY 10010; \$8.95 hc. Avon, 1790 Broadway, New York, NY 10010; \$1.95 pb

THE SEX ATLAS

New Popular Reference Edition

Erwin J. Haeberle

A comprehensive sourcebook of basic textual information on human sexuality. (432 pp.)

Continuum Publishing Co. (1982), 575 Lexington Avenue, New York, NY 10022; \$25.00 hc, \$12.95 pb

SEX FACTS

A simply written booklet for anyone over the age of 12. Discusses sex and sexuality, birth control, orgasm, sex problems, and much more. (42 pp.)

Planned Parenthood of Syracuse (1977), 1120 East Genesee Street, Syracuse, NY 13210, 70c; bulk rates available

SEX: THE FACTS, THE ACTS AND YOUR FEELINGS

Michael Carrera

Comprehensive, accurate, and easy-to-understand information about sexuality presented in a nonjudgmental tone, imparting values concerned with people and relationships. Also useful for adolescents. (448 pp.)

Crown Publishers (1981), 1 Park Avenue, New York, NY 10016; \$7.98

SEXUAL TURNING POINTS: THE SEVEN STAGES OF ADULT SEXUALITY

Lorna Sarrel and Philip Sarrel

Enlightened discussion of the adult sexual life cycle. Includes such biological turning points as puberty, pregnancy, menopause, illness, and aging, as well as interpersonal and social transitions such as first love, marriage, parenting, breaking up, and widowhood. (320 pp.)

Macmillan (1984), 866 Third Avenue, New York, NY 10022; \$14.95

1983-84 NATIONAL REGISTER OF THE AMERICAN ASSOCIATION OF SEX EDUCATORS, COUNSELORS, AND THERAPISTS

Lists members of AASECT who are certified as sex educators, counselors, and therapists. Individuals are listed by state within each of these three categories. Can be used as resource for referral for people seeking professional services, or for professionals wishing to network. (151 pp.)

AASECT (1983), 11 Dupont Circle, NW, Suite 220, Washington, DC 20036; \$10.00 (includes postage)

Especially for Men

GOOD SEX: THE HEALTHY MAN'S GUIDE TO SEXUAL FULFILLMENT

Gary F. Kelly

Insightful and sensitive self-help book for men who want more total sexual fulfillment. (244 pp.)

Harcourt Brace Jovanovich (1979), 757 Third Avenue, New York, NY 10017; \$8.95 hc. New American Library, 1633 Broadway, New York, NY 10019; \$3.50 pb

THE HITE REPORT ON MALE SEXUALITY

Shere Hite

Depicts the enormous variety and diversity of male sexuality expressions and attitudes, and presents provocative ideas about the nature of sexual intercourse and other forms of sexual behavior. (1084 pp.)

Alfred A. Knopf (1981), 201 East 50th Street, New York, NY 10022; \$19.95 hc. Ballantine, 201 East 50th Street, New York, NY 10022; \$3.95 pb

THE INTIMATE MALE: CANDID DISCUSSIONS ABOUT WOMEN, SEX, AND RELATIONSHIPS

Linda Levine and Lonnie Barbach

Comments from males interviewed about the full range of topics relevant to male sexuality are interspersed with therapeutic advice from Levine and Barbach. (360 pp.)

Anchor Press/Doubleday (1983), 501 Franklin Avenue, Garden City, NY 11530; \$16.95

LIFELONG SEXUAL VIGOR: HOW TO AVOID AND OVERCOME IMPOTENCE

Marvin B. Brooks and Sally West Brooks

A definitive work and comprehensive review on the subject of erectile dysfunction, presented in fluid prose style. (264 pp.)

Doubleday (1981), 501 Franklin Avenue, Garden City, NY 11530; \$12.95

THE MALE COUPLE: HOW RELATIONSHIPS DEVELOP

David P. McWhirter and Andrew M. Mattison

From their study of 156 male couples involved in relationships for from one to 37 years, the authors developed the series of six ages and stages of pair-bonding described in their book. The insights into homosexual bonding will also prove valuable to those interested in heterosexual relationships. (341 pp.)

Prentice-Hall (1984), Englewood Cliffs, NJ 07632; \$16.95

MALE SEXUALITY

Bernie Zilbergeld and John Ullman

For the man who wants to get more in touch with his own sexuality, or for any woman who wants to understand more fully the potentials of male sexuality. (334 pp.)

Little, Brown (1978), 34 Beacon Street, Boston, MA 02106; \$14.95 hc. Bantam Books, 666 Fifth Avenue, New York, NY 10019; \$3.95 pb

MEN IN LOVE: MEN'S SEXUAL FANTASIES

Nancy Friday

Based on 3,000 responses, explores men's sexual fantasies within a theoretical framework which gives a basis for analysis and interpretation.

Delacorte Press (1980), 1 Dag Hammarskjold Plaza, New York, NY 10017; \$3.95 pb

SEXUAL SOLUTIONS: AN INFORMATIVE GUIDE

Michael Castleman

Using a non-clinical approach, the author gives readers an effective framework of information for studying and reshaping their perception of men as sexual beings. (286 pp.)

Simon & Schuster (1980), 1230 Avenue of the Americas, New York, NY 10020; \$7.75 pb

THE VASECTOMY BOOK: A COMPLETE GUIDE TO DECISION MAKING

Marc Goldstein and Michael Feldberg

A comprehensive primer which should be required reading for men contemplating permanent sterilization. (192 pp.)

Houghton Mifflin Co. (1982), One Beacon Street, Boston, MA 02107; \$11.95

A YOUNG MAN'S GUIDE TO SEX

Jay Gale

Source book for late teen and young adult males who want to understand the pleasures and problems of their sexuality. (214 pp.)

Holt, Rinehart & Winston (1984), 383 Madison Avenue, New York, NY 10017; \$14.95

Especially for Women

BECOMING ORGASMIC: A SEXUAL GROWTH PROGRAM FOR WOMEN

Julia Heiman, Leslie LoPiccolo, and Joseph LoPiccolo

A detailed growth program for women who feel they have problems in experiencing orgasm. Also includes a section relating to male partners. The emphasis is on orgasm as a part, rather than the only or primary goal, of sexuality and sexual experience. (219 pp.)

Prentice-Hall (1976), Englewood Cliffs, NJ 07632; \$11.95 hc, \$6.95 pb

FOR EACH OTHER: SHARING SEXUAL INTIMACY

Lonnie Barbach

Gives women a complete program for dealing with the physical and psychological aspects of a relationship that affect sexual satisfaction. Over 50 easy-to-follow exercises show women how to reduce anger, enhance communication, increase vaginal sensitivity, and break unfulfilling love patterns. (320 pp.)

Anchor Press/Doubleday (1982), 501 Franklin Avenue, Garden City, NY 11530; \$13.95

FOR YOURSELF: THE FULFILLMENT OF FEMALE SEXUALITY

Lonnie Garfield Barbach

Written primarily for women having diffi-

culty achieving orgasm. Discusses sources of confusion about female sexuality, describes female sexual physiology, and suggests specific exercises to do at home. (240 pp.)

Doubleday (1976), 501 Franklin Avenue, Garden City, NY 11530; \$6.95 pb. New American Library, 1633 Broadway, New York, NY 10019; \$2.95 pb

THE HITE REPORT

Shere Hite

Based on responses to in-depth questionnaires returned by some 3,000 women. A provocative and revealing study which examines the subject of female sexuality from the inside. Makes extensive use of direct quotes. (438 pp.)

Dell Publishing (1981), 1 Dag Hammarskjold Plaza, New York, NY 10017; \$3.95 pb

THE JOY OF LESBIAN SEX

Emily L. Sisley and Bertha Harris

A-Z format. First major sex manual for lesbians, discussing their needs and concerns. (223 pp.)

Crown Publishers (1977), One Park Avenue, New York, NY 10016; \$3.98

LISTEN TO YOUR BODY: A GYNECOLOGIST ANSWERS WOMEN'S MOST INTIMATE QUESTIONS

Niels Lauerson and Eileen Stukane

Discusses many contemporary topics in the area of women's health; provides current, well-chosen, and clearly written information. (540 pp.)

Simon & Schuster (1982), 1230 Avenue of the Americas, New York, NY 10020; \$9.95 pb

A NEW VIEW OF A WOMAN'S BODY: A FULLY ILLUSTRATED GUIDE Federation of Feminist Women's Health Centers

A feminist perspective on female sexuality written by pioneers in the women's self-help movement. Discussion and drawings of the clitoris are particularly notable. (174 pp.)

Simon & Schuster (1981), 1230 Avenue of the Americas, New York, NY 10020; \$9.95 pb

OUR BODIES, OURSELVES

Revised Edition

Boston Women's Health Book Collective

Written by women, for women, to help them know themselves and their bodies better. Covers sexuality, contraception, women and health care, sexual physiology, and reproduction. New edition in press. (352 pp.)

Simon & Schuster (1976), 1230 Avenue of the Americas, New York, NY 10020; \$8.95 pb; available at substantial discount to health agencies for distribution to clients

OUR RIGHT TO LOVE: A LESBIAN RESOURCE BOOK

Ginny Vida, ed.

Sensitively chosen, remarkable collection of essays written by and for lesbians about their needs and values. (319 pp.)

Prentice-Hall (1978), Englewood Cliffs, NJ 07632; \$11.95 pb

SEXUALITY

Letha Dawson Scanzoni

One of 12 books in the series, *Choices: Guides for Today's Woman*, based on the Judeo-Christian tradition. Among topics included are sexual theology, anxieties, the search for intimacy, ways of expressing sexuality, sexual hurts, and sexuality over the life span. (113 pp.)

Westminster Press (1984), 925 Chestnut Street, Philadelphia, PA 19107; \$6.95

SHARED INTIMACIES

Lonnie Barbach and Linda Levine

Descriptions of women's positive sexual experiences and their inventive solutions to sexual problems, thus providing a way for women to learn from one another. (384 pp.) Doubleday (1980), 501 Franklin Avenue, Garden City, NY 11530; \$12.95 hc. Bantam, 666 Fifth Avenue, New York, NY 10019; \$3.50 pb

WOMANCARE: A GYNECOLOGICAL GUIDE TO YOUR BODY

Linda Madaras and Jane Patterson

A comprehensive text of obstetrics and gynecology written for laypersons, especially women. (928 pp.) Avon Books (1984), 1790 Broadway, New York, NY 10019; \$9.95

WOMEN: MENOPAUSE AND MIDDLE AGE

Vidal S. Clay

A moving, compassionate book which contributes to a positive recognition of the right of postmenopausal women to a full sexual life. Includes self-study exercises. (157 pp.) Know, Inc. (1977), Box 86031, Pittsburgh, PA 15221; \$5.00 pb

WOMEN'S EXPERIENCE OF SEX

Sheila Kitzinger

A comprehensive, sensitively written source book on women's sexuality. Beautifully illustrated. (320 pp.) G. P. Putnam's Sons (1983), 200 Madison Avenue, New York, NY 10016; \$17.95

Especially for Parents

COME TELL ME RIGHT AWAY: A POSITIVE APPROACH TO WARNING CHILDREN ABOUT SEXUAL ABUSE

Linda Tschirhart Sanford

Adapted in booklet form from *The Silent Children* also listed in this section. Includes much good advice to parents about instilling in their children a healthy "voice from within." (23 pp.)

Ed-U Press (1982), P.O. Box 583, Fayetteville, NY 13066; \$1.75

THE FACTS OF LIFE

Jonathan Miller and David Pelham

Intricate three-dimensional illustrations show in full color the development of a baby from conception to birth. Well-written narrative. (6 double-page spreads)

Viking Penguin (1984), 40 West 23rd Street, New York, NY 10010; \$18.95

A FAMILY MATTER: A PARENTS' GUIDE TO HOMOSEXUALITY

Charles Silverstein

Written for parents with a homosexual child, examining the realities of the situation, and suggesting how to turn the experience into a positive relationship. (214 pp.)

McGraw-Hill (1977), 1221 Avenue of the Americas, New York, NY 10020; \$4.95 pb

GROWING UP FREE: RAISING YOUR CHILD IN THE '80s

Letty Cottin Pogrebin

Covers child-rearing from conception to maturity. Emphasizes non-sexist sex education, parity parenting, and gender-neutral attitudes. Highly recommended. (656 pp.)

McGraw-Hill (1980), 1221 Avenue of the Americas, New York, NY 10020; \$15.95 hc. Bantam Books (1981), 666 Fifth Avenue, New York, NY 10019; \$8.95 pb

LET'S TALK ABOUT . . . S-E-X: A READ AND DISCUSS GUIDE FOR PEOPLE 9 TO 12 AND THEIR PARENTS

Sam Gitchel and Lorri Foster

Introduction for parents covers how much children need to know, good times to talk, and practical suggestions for talking to children about sex. Main text, for pre-teens and parents to read together, covers facts and feelings about puberty, sexual intercourse, and reproduction. (61 pp.)

Planned Parenthood of Fresno (1983), Education Department, Suite C, 633 North Van Ness Avenue, Fresno, CA 93728; \$4.95; bulk rates available

NOT MY DAUGHTER: FACING UP TO ADOLESCENT PREGNANCY

Katherine B. Oettinger and Elizabeth Mooney

Helpful for parents and for those seeking perspectives on the problem in their search for preventive measures. Stresses need for early communication between adults and teens. (210 pp.)

Prentice-Hall (1979), Englewood Cliffs, NJ 07632; \$9.95 hc, \$4.95 pb

NOW THAT YOU KNOW: WHAT EVERY PARENT SHOULD KNOW ABOUT HOMOSEXUALITY

Betty Fairchild and Nancy Hayward

Informative, sensitively written guide for parents of gay children. Highly recommended. (228 pp.)

Harcourt Brace Jovanovich (1979), 757 Third Avenue, New York, NY 10017; \$6.95 pb

OH NO! WHAT DO I DO NOW? SIECUS and CHOICE

Subtitled: Messages About Sexuality: How to Give Yours to Your Child. A simply written pamphlet which describes an approach for parents of children under six to use in determining possible responses to eight situations and questions commonly encountered. Available also in Spanish. (24 pp.)

SIECUS (1983), 80 Fifth Avenue, Suite 801,

New York, NY 10011; \$1.50 (includes postage); bulk rates available

RAISING A CHILD CONSERVATIVELY IN A SEXUALLY PERMISSIVE WORLD

Sol Gordon and Judith Gordon

Includes chapters on coming to terms with your own sexuality, becoming an askable parent, self-esteem, the role of the schools, and the most frequently asked questions by parents and children, with suggested responses. Written with warmth, concern, and high intelligence. (224 pp.)

Simon & Schuster (1983), 1230 Avenue of the Americas, New York, NY 10020; \$13.95

REACHING YOUR TEENAGER

Elizabeth C. Winship

Discusses the many concerns parents have about various aspects of their teenagers' emotional and social development, including physical changes in puberty, premature sexual experiences, working out rules and guidelines, choices of friends, discipline, and self-esteem. (256 pp.)

Houghton Mifflin (1983), One Beacon Street, Boston, MA 02107; \$7.95 pb

SCHOOLS AND PARENTS: PARTNERS IN SEX EDUCATION (#581)

SEX EDUCATION:

THE PARENTS' ROLE (#549)

Sol Gordon and Irving R. Dickman

SEXUALLY TRANSMITTED DISEASES: EPIDEMIC AMONG TEENAGERS (#517A)

Jules Saltman

TEENAGE PREGNANCY: WHAT CAN BE DONE? (#594)

Irving R. Dickman

Well-written pamphlets designed to give advice and accurate information to parents. Public Affairs Committee (1980, 1977, 1982, 1981), 381 Park Avenue South, New York, NY 10016; \$1.00 each; bulk rates available

SEX EDUCATION AT HOME: A GUIDE FOR PARENTS

Revised Edition

Marilyn Lyman

A booklet covering sexuality and sex education of children from infancy through adolescence. Lists typical questions asked by both parents and children, with answers. (43 pp.) Planned Parenthood Center of Syracuse (1984), 1120 East Genesee Street, Syracuse, NY 13210; 70¢; bulk rates available

THE SILENT CHILDREN: A BOOK FOR PARENTS ABOUT THE PREVENTION OF CHILD SEXUAL ABUSE

Linda Tschirhart Sanford

Parents are advised to make their children feel good about themselves, make them understand just how much others have the right to physically and emotionally ask of them, and teach them to trust their instincts and act in their own best interests. (367 pp.) McGraw-Hill (1980), 1221 Avenue of the Americas, New York, NY 10020; \$7.95 pb

TALKING WITH YOUR CHILD ABOUT SEX
Mary S. Calderone and James W. Ramey

Divided into six sections from birth through age 12. Each begins with an introduction describing that stage of development and presents a series of questions which children at that stage might ask, followed by suggested answers. (133 pp.)
Random House (1982), 201 East 50th Street, New York, NY 10022; \$14.95 hc. Ballantine Books (1984), 201 East 50th Street, New York, NY 10022; \$2.50 pb

WHY IS THAT LADY'S TUMMY SO BIG?
CHOICE

Booklet to help parents answer young children's questions about sex. (16 pp.)
CHOICE (1981), 1501 Cherry Street, Philadelphia, PA 19102; \$2.25; bulk rates available

WINNING THE BATTLE FOR SEX EDUCATION
Irving R. Dickman

Designed to help parents, teachers, administrators, and other members of a community effectively organize support for a public school sex education program. Includes answers to the 20 questions most often asked about such programs. (58 pp.)
SIECUS (1982), 80 Fifth Avenue, Suite 801, New York, NY 10011; \$6.00 (includes postage); bulk rates available

DISABILITY AND SEXUALITY

CHOICES: A SEXUAL GUIDE FOR THE PHYSICALLY HANDICAPPED

Maureen Neistadt and Maureen Freda Baker

Makes suggestions for dealing with each of a number of physical problems (such as tremor and loss of mobility) that can result from a wide variety of disabilities and impede sexual functioning. (36 pp.)
Spaulding Rehabilitation Hospital (1979), 125 Nashua Street, Boston, MA 02114; \$3.00 (includes postage)

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

Lyn McKee and Virginia Blackledge

An honest, upbeat book about the social and sexual needs of people with mental handicaps. Valuable aid for both parents and educators. Highly recommended. (57 pp.)
Planned Parenthood of Contra Costa (1981), 1291 Oakland Boulevard, Walnut Creek, CA 94596; \$6.95 (includes postage)

FEMALE SEXUALITY FOLLOWING SPINAL CORD INJURY

Elle F. Becker

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

professional community, and from their families and friends. (273 pp.)
Cheever Publishing (1978), Box 700, Bloomington, IL 61701; \$4.15 (includes postage)

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

Winifred Kempton, Medora Bass, and Sol Gordon

Thoughtful guide covering sex education and sexual responsibility. Spanish edition also available. (36 pp.)
Planned Parenthood of Southeastern Pennsylvania (1984), 1220 Sansom Street, Philadelphia, PA 19107; \$2.24 (includes postage)

THE SENSUOUS WHEELER: SEXUAL ADJUSTMENT FOR THE SPINAL CORD INJURED
Barry J. Rabin

Informal, positive treatment of the subject, stressing the sharing of sexual responsibilities and vulnerabilities. (168 pp.)
Multi Media Resource Center (1980), 1525 Franklin Street, San Francisco, CA 94109; \$6.95 pb

SEX EDUCATION FOR DISABLED PERSONS (#531)
Irving R. Dickman

Useful guide outlining sexual concerns of the disabled. (28 pp.)
Public Affairs Committee (1975), 381 Park Avenue South, New York, NY 10016; \$1.00; bulk rates available

SEXUAL OPTIONS FOR PARAPLEGICS AND QUADRIPLEGICS

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

Because the senior author is a near quadriplegic himself, a personal style of writing results which, with the explicit illustrations, provides an excellent self-help, teaching, or counseling resource. (150 pp.)
Little, Brown (1975), 34 Beacon Street, Boston, MA 02106; \$10.95 pb

SEXUALITY AND DISABILITY: A BIBLIOGRAPHY OF RESOURCES AVAILABLE FOR PURCHASE
Revised Edition

Andrea Eschen and Leigh Hallingby, comps.

Lists about 100 books, booklets, pamphlets, and curricula on sexuality and disability in general, as well as on a wide range of specific disabilities. Price and ordering information included for each citation. (6 pp.)
SIECUS (1984), 80 Fifth Avenue, Suite 801, New York, NY 10011; \$1.00; bulk rates available

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

Task Force on the Concerns of Physically Disabled Women

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

communication and understanding. (62 pp.)
Human Sciences Press (1978), 72 Fifth Avenue, New York, NY 10011; \$3.95

OLDER PEOPLE AND SEXUALITY

GAY AND GRAY: THE OLDER HOMOSEXUAL MAN
Raymond M. Berger

Report on a study of 112 men between the ages of 44 and 72. A sensitively written account of how these men adapted to the aging process and to society's discrimination against them. (232 pp.)
University of Illinois Press (1982), 54 East Gregory Drive, Champaign, IL 61820; \$14.95

GOOD SEX AFTER FIFTY

Ruth K. Witkin and Robert J. Nissen

Compact, well-written booklet designed to encourage middle-aged and older people to maintain their sexual life. (48 pp.)
Regency Press (1980), 32 Ridge Drive, Port Washington, NY 11050; \$3.00 pb

LOVE AND SEX AFTER SIXTY: A GUIDE FOR MEN AND WOMEN FOR THEIR LATER YEARS
Robert N. Butler and Myrna I. Lewis

A practical book giving older people guidance in enjoying—to whatever degree and in whatever way they wish—the satisfactions of physical sex and pleasurable sensuality.
Harper & Row (1977), 10 East 53rd Street, New York, NY 10022; \$2.95 pb

LOVE, SEX, AND AGING

Edward M. Brecher and the Editors of Consumer Reports Books

Reports the findings of a 1978-79 Consumers Union study of love and sex, conducted with over 4,000 volunteer male and female respondents, aged 50 to 93. Includes both statistics and direct quotations from questionnaires returned. (476 pp.)
Little, Brown (1984), 34 Beacon Street, Boston, MA 02106; \$19.95

PRIME TIME: SEXUAL HEALTH FOR MEN OVER FIFTY

Leslie R. Schover

A sensitive, reassuring self-help book providing straightforward advice and information about sexuality for middle-aged and older men and their partners. (254 pp.)
Holt, Rinehart & Winston (1984), 521 Fifth Avenue, New York, NY 10175; \$15.95

SEX AFTER SIXTY-FIVE (#519)
Norman M. Lobsenz

A useful overview of sexuality in the later years. (28 pp.)
Public Affairs Committee (1975), 381 Park Avenue South, New York, NY 10016; \$1.00; bulk rates available

AUDIO-VISUAL REVIEWS

Audio-Visual Review Panel members for this issue were: Carmen Reyes Aviles, MEd, SIECUS Parent Training Program; Joan Bardach, PhD, Clinical Professor of Rehabilitation Medicine (Psychology), and Supervisor, Postdoctoral Program in Psychoanalysis and Psychotherapy, New York University; Peggy Brick, MEd, Consultant and Trainer, Affirmative Teaching Associates, Englewood, N.J.; Leigh Hallingby, MSW, MS, Manager, SIECUS Information Service and Library; Konstance McCaffree, PhD, Human Sexuality Educator/Consultant, Council Rock School District, Newtown, Pa.; Alex Sareyan, President, Mental Health Materials Center, New York, N.Y.; and Linda Schwarz, Education Department, Planned Parenthood Federation of America. The reviews below were written by Leigh Hallingby.

Diagnostic Methods in Male Impotence. 1983, 16 mm or video, 16 min. Purchase, \$320 (16 mm), \$275 (video); rental, \$50. Multi-Focus, 1525 Franklin Street, San Francisco, CA 94109; (800) 821-0514.

Gorm Wagner of the University of Copenhagen produced this film to demonstrate clinical techniques for diagnosing the cause of erectile dysfunction in men. Methods covered are: vascular casts, sexual history, vascular states and penile palpation, penile blood pressure, genital reflexes, nocturnal penile tumescence, vibration, visual sexual stimulation, xenon wash-out, cavernosography, and artificial erection.

This film would only be useful in the context of a larger presentation on diagnosing and treating erectile dysfunction as it does not discuss precise instructions for performing each test, how to interpret the test results, how to proceed with treatment after the tests have been taken, or what percent of men might eventually be helped. Also, the panel had some concerns about the psychological effects of this rigorous testing procedure which includes sticking a needle into the penis in more than one instance.

The appropriate audience would be extremely limited, i.e., to physicians who might perform such diagnosis or sex therapists who might refer a man to a physician for this battery of tests. **PR**

Hard Climb. 1983, 16 mm or video, 27 min. Purchase, \$450; rental, \$50. Perennial Education, 930 Pitner Avenue, Evanston, IL 60202; (800) 323-9084.

Mark, who is in his late 20s, takes two teenage boys, Jeff and Dennis (who prefers to be called "Shark"), on a mountain-climbing weekend. Jeff, who narrates the story, is black, and the other two are white. The weekend proves to be a full one for them, both in terms of reaching the top of the mountain and in their interactions with one another. Shark begins by boasting about "doing it" and gives Jeff a hard time for not being more sexually aggressive. He also brings along an erotic magazine and a large radio as further displays of his budding masculinity. At one point he finally says he knows why Jeff is not demanding more from his girlfriend sexually and calls him a "faggot". The two boys start a fist fight, but Mark breaks it up before any real harm is done.

Throughout the film Mark is a voice of reason who shares information with the two boys about his own adolescent experiences with family, dating, and sexuality, as well as about his current involvement with a woman. After taking in all the events and conversation of the weekend, Jeff decides that, in life as in rock climbing, "you've got to find your own way up." By the end of the film he has gained the self confidence not only to resist adolescent peer pressure about sexuality but also to try a solo climb up Pinnacle Peak the next time.

Obviously there is much in this plot to trigger discussion regarding sex roles, dating, sexual activity, pornography, homosexuality, competition, cooperation, communication, and self-esteem. However, the panel was disappointed in two aspects of *Hard Climb*: First, it is too

long, especially given its orientation toward high school students—20 minutes should have been maximum. Second, in order to work in all the above-mentioned elements, the authors developed a somewhat contrived plot. Nevertheless, for professionals for whom the length is not a problem, this film should be useful for generating lively discussion among both boys and girls. The background scenery is beautiful, but those who are uncomfortable with heights should be prepared for some sweaty palms. **LT, A, P, PR**

Tell Them I'm a Mermaid. 1983, 16 mm or video, 23 min. Purchase, \$450 (16 mm), \$250 (video); rental, \$100. Embassy Telecommunications, 1901 Avenue of the Stars, Los Angeles, CA 90067; (213) 553-3600.

"The children in shopping centers always ask 'What's wrong with your legs?' You know what I say to them? I tell them I'm a mermaid!" These lines are derived from a poem by Nancy Becker Kennedy, one of seven disabled women who, through singing, acting, and unconventional "choreography," convey the upbeat message of this unusually creative theatrical piece. These women tell of a powerful will to survive and thrive, of realized ambitions, and of the ability to lead meaningful, productive, and enjoyable lives. Sexuality is one of many aspects of their lives dealt with in the film, along with their experiences with parents, hospitals, employment, marriage, traveling, and aides. Some emotionally moving moments are mixed in throughout the presentation.

Although all of the women are young, they represent an excellent ethnic and racial mixture, as well as a diversity of both congenital and acquired disabilities. Four are in wheelchairs, one on crutches, one is blind, and the seventh (Victoria Ann Lewis, a professional actress under whose guidance the work was originally developed) has an impairment in her legs caused by polio. The

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women range from average to beautiful in appearance, a factor which will make this show very palatable and at the same time a confronting experience for the general public socialized to a very negative impression of disabled people. Despite the film's positive tone, some underlying bitterness comes through, no doubt reflecting the pain that these women have been through.

The panel felt that this film (originally shown on television) is excellent in both its entertainment and educational values. It is technically superb and has the slickness that today's television-saturated audiences have come to expect. Some people might object to its self-consciously affirmative approach as being "propagandistic," but if this approach is an over-reaction to society's negative attitudes toward the disabled, that seems understandable. Also, objections to this could be an excellent stimulus to discussion about how realistic this attitude actually is, whether all disabled people are as appealing as these, the extent to which some disabled people struggle and do not make it, etc. In fact, *Tell Them I'm a Mermaid* provoked a lively interchange among panel members, whose unanimous consensus was that it deserves widespread dissemination among all age groups. **C, ET, LT, A, P, PR**

Young Men's Reproductive Health. 1984, 74 slides and audiocassette, 20 min. Purchase, \$90. Biomedical Graphics/Field Services, B-192 PWB, University of Minnesota, 516 Delaware Street, SE, Minneapolis, MN 55455; (612) 376-4666.

Finally there is now available a program on a subject which has heretofore been virtually ignored in the audiovisual spectrum—young men's reproductive health—providing males (ages 15-24) with information about their sexual and reproductive systems and giving advice on taking responsibility for maintaining the health of these systems. Topics covered include male anatomy and physiology, penis size, circumcision, testicular cancer, prostatic problems, hernias, self-examination for testicular cancer and hernias, and conditions for self-referral to the health care system. Photographs of men from a fraternity at the University of Minnesota, plus computer graphics, are used to illustrate the various points.

The program is for the most part well conceived and informative, although

the graphics would have been enhanced had the exact area under discussion been more clearly identified. The panel also suggested the following improvements: a racial mixture of men, inclusion of prostate and breast self-examination, information regarding DES sons, and advice on how often to go to a doctor for a check-up. However, the vast majority of young American men could benefit greatly from this film. The panel particularly appreciated its approach to male health—taken from a viewpoint of wellness and prevention and removed from the frequent turf of athletics. A second program on male responsibility for pregnancy, also produced by the University of Minnesota School of Public Health, will be available later the year. **LT, A, P, PR**

Pregnant Teens: Taking Care. 1983, 16 mm or video, 23 min. Purchase, \$450; rental, \$45. Perennial Education, 930 Pitner Avenue, Evanston, IL 60202; (800) 323-9084.

The intent of this film is to provide pregnant adolescents with advice regarding how to tell their parents they are pregnant, eating properly, the effects of

alcohol and drug use on fetal development, and the importance of regular medical care. Its success in accomplishing these goals, however, is so limited that the panel unanimously agreed that they could not recommend *Pregnant Teens* for any audience.

Objections to the film concerned such things as its lack of discussion of options regarding continuing or terminating the pregnancy, the perpetuation of the worst stereotypes of uninvolved male partners, its ineffective attempt to mix story line and factual information, the excessive length considering how little it teaches, the use of a patronizing male voice-over, the lack of advice regarding the reality of caring for a baby and adjusting one's life around this new situation, its total middle-class orientation, the over-reliance on a medical model, and the use of old-fashioned scare tactics.

Family life/sex educators have come to expect high quality audio-visuals from Perennial Education. This, unfortunately, is an exception.

Emergency Childbirth II. 1983, 16 mm or video, 29 min. Purchase, \$450; rental, \$39. Perennial Education, 930 Pitner Avenue, Evanston, IL 60202; (800) 323-9084.

Emergency Childbirth II represents informational filmmaking at close to its best. It clearly and calmly lays out what one would need to know in order to assist competently at a birth which occurs unexpectedly, away from professional medical help. It demonstrates important techniques for evaluating the stages of labor; proper sanitary preparations; helping the baby emerge; dealing with the newborn baby, umbilical cord, and placenta; and transporting the mother and child to the nearest hospital or medical center. Neonatal resuscitation, twins, premature birth, and difficult presentations are also well covered. Throughout there is a fine combination of scenes with real people and with inanimate models to demonstrate various procedures. A thorough review of what has been presented ends the film.

In the panel's estimation, this otherwise excellent film would have been refreshingly improved by having a female do the narration instead of a man, or by at least alternating between the two. So many films such as this have a man's voice throughout. Pregnancy and birth could hardly be a more appropriate topic for this breakthrough. **A, P, PR**

Choices: In Sexuality with Physical Disability

(16 mm & Video/Color/60 Mins.)

Produced for:

Institute of Rehabilitation Medicine
New York University Medical Center
Joan L. Bardach Ph.D., Project Director
Frank Padrone Ph.D., Co-Director

... Choices is a film which can be used time and time again in rehabilitation facilities human sexuality programs and in any group where issues of sexual interaction and adjustment to a disability are being discussed. If both parts cannot be purchased, Part 1 is a tremendously good discussion starter and should not be missed...

Pam Boyle, Coordinator: Reproductive Health and Disabilities Program of the Margaret Sanger Center of Planned Parenthood. NYC.



Mercury Productions
17 West 45 Street, NYC 10036
(212) 869-4073

BOOK REVIEWS

Women's Experience of Sex. Sheila Kitzinger. New York: G. P. Putnam's Sons, 1983 (320 pp.; \$17.95).

Reviewed by Joan A. Levin, MSS, ACSW, clinical social worker and psychotherapist in private practice, Philadelphia, Pa.

At last—a comprehensive source book on women's sexuality that is feminist in its perspective, factual, beautifully illustrated, and a joy to read. The experiences of women have never before been presented with such depth and breadth. Sheila Kitzinger has tapped into the unique qualities of women's sexuality with its wide range of differences simply by asking individual women to tell what they know from their own experience. It is her feeling that what women know "cannot be dismissed as anecdote or as female 'intuition.' It may be very different from the information men have about women's bodies and minds and about our sexuality, but it is precisely because it is different from their [men's] knowledge and because it flows in from firsthand experiences that it is of such great value."

Kitzinger did not begin writing with any firm theory about women's sexuality. Her ideas developed out of what women told her. But this is not a "how-to-do-it" manual. Instead, the book examines women's feelings about their bodies, loving, and the range of their sexual experiences from adolescence to old age. To Kitzinger, techniques and methods are secondary to "the most vital things of all—the emotions our experiences arouse in us, our identity as people, our values, our relationships with others, and the social context in which all of our private behavior occurs and which is reflected in our most intimate acts." This sense of sexuality's being central to our lives is present throughout the entire book.

The author also consistently illustrates how society's "institutionalized" oppression of women has helped to mold female sexual development and subsequent sexual experiences. In focusing on the sexual experiences of women,

her tone is always compassionate and loving, never strident, defensive, or confrontational. Accepted definitions of female sexuality, according to Kitzinger, are almost exclusively male-determined; she demonstrates how thoroughly sex has been defined by men as *intercourse*, with a dominant theme of penetration. Many of us know that sex does *not* equal intercourse, but how many of the books we have read about female sexuality come from the primary source? Very few.

This book is further enhanced by the author's inclusion of differences in experience related to variations in cultural, ethnic, or religious backgrounds, or to sexual orientation. Although there is a section on women loving women (written by the author's daughter, Celia, a psychologist and lesbian), Kitzinger skillfully integrates examples from the lives of lesbian couples throughout the text. It is refreshing to find the lesbian experience included with the experiences of all women, rather than "ghettoized" in a separate chapter.

In a section entitled "Sex and Power," Kitzinger explores the subject of sexual violence against women—harassment, incest, rape, and pornography—the experience, threat, or fear of which is a fact in all women's lives. Pornography is included here because Kitzinger considers it "a kind of sexual terrorism." While she presents arguments both for and against it, she is unable to ignore the humiliation and degradation depicted in pornographic images. It is an awesome task to consider and understand the extent of the effects of sexual violence and the degree to which it has dehumanized women's sexuality.

In a sensitive presentation, Kitzinger details the often difficult recovery from mutilating operations such as hysterectomy and mastectomy. By including photographs in the discussion of mastectomy, the author confronts the fear and pain of disfigurement. Women need to know that breast removal does not mean the end of sexual attractiveness, and the photos included in this section

are worth more than a thousand words of encouragement.

Although this book often addresses the issue of social injustice to women, it is primarily a celebration and validation of women's sexuality and sexual survival in all its forms. The author eloquently states: "I have come out of this book feeling tremendous admiration for women, their zest and courage, the way they live throughout the transitions in their lives and confront crises and tragedy and how they give and go on giving. This book is a testimony to what I owe other women."

Exceptionally valuable for women, those who work with them, and those who love them, this book is rich with sensitivity and joy for the various experiences of sexuality central to our lives.
A, PR

Male Sexual Dysfunction. Robert S. Krane, Mike B. Siroky, and Irwin Goldstein, eds. Boston: Little, Brown and Co., 1983 (308 pp.; \$45.00).

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

In the past two decades, extraordinary efforts to understand human sexual function have provided a flood of information in the relevant clinical literature. For the most part this is distributed among the appropriate journals but a few outstanding texts have appeared, bringing together knowledge gained from clinical experiences of the widest variety. Perhaps each of us has our favorites but I feel that *Male Sexual Dysfunction*, edited by members of the Department of Urology of Boston University School of Medicine, will be one of the landmark efforts of its kind.

The editors state that they have attempted to collate knowledge from their experience and that of other contributors in evaluating and treating the male patient with sexual dysfunction,

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but it is interesting that this book is highly slanted in a most positive way toward offering the contributions of urologic surgeons, since 27 of the 34 authors are from this field. As a result, the widest possible coverage is provided within the context of urology and surgery. While the editors recognize that a multidisciplinary approach is absolutely essential to an understanding of sexual dysfunction because of the broad scope of possible etiologies, it is their feeling that "the emergence of the urologist as a primary coordinator of care for the patient with sexual dysfunction must be recognized." The spirit of this book reflects that approach, since the 25 chapters are devoted to exploring the anatomy, physiology, neurophysiology, and biochemical and endocrine aspects of erectile function, as well as applications of the same disciplines to understanding the mechanisms, diagnoses, and treatment of impotence. In addition, current information is offered on the detailed understanding of the vascular, neurogenic, and hormonal dimensions of the pathophysiology of erectile function with separate chapters devoted to current diagnostic techniques. Indeed, the last six chapters are devoted exclusively to surgical therapies, the use of a variety of penile prostheses, and the role of vascular surgery in the treatment of impotence. Psychotherapies and behavioral treatments of erectile dysfunction are briefly considered since the overall intent of the book appears to be based on emphasizing the role of the urologist as a primary coordinator of care.

A special strength of the book is its coverage of recent research advances presented to clearly define issues that remain undecided and even in conflict. These chapters are especially rich with bibliographic references, often containing as many as 70 or 80 separate items. For this reviewer, several chapters stand out as particularly successful. Chapter 6 on the "Endocrine Disorders Associated with Erectile Dysfunction" contains impressively collated information in several clear and easily understood charts. Chapter 7 on "Impotence in Diabetes Mellitus" presents an excellent review of the issues involved and is supported by 82 references. Equally impressive is Chapter 12 on the "History and Physical Examination of the Impotent Male" by two of the editors—impressive for its thoroughness, its organization, and its attention to detail. This has its counterpoint in the chapter by two sex thera-

pists on the evaluation of the impotent male from the standpoint of the nonsurgical sex therapist.

Overall, the book is well written and skillfully edited. It will probably have its highest appeal to those in the field of surgical urology who have an interest in the area of sexual dysfunction, but in view of its clarity and the richness of the bibliographic background, it should serve as a useful reference text for those allied as health professionals concerned with male sexual dysfunction. **PR**

Human Sexuality and Rehabilitation Medicine. Ami Sha'ked, ed. Baltimore, Md.: Williams and Wilkins, 1981 (288 pp.; \$27.00).

Reviewed by Jack Dahlberg, MA, Rehabilitation Consultant, Littleton, Colo.; 1984 Chairperson, National Task Force on Sexuality and Disability.

This book should be a part of every rehabilitation professional's library. Although the focus is on sexuality and spinal cord injury, there is more than enough correlation in the issues discussed to make the book helpful to health professionals

working with a wide variety of disabilities, especially those serving on a rehabilitation team who are interested in learning more about the sexual aspects of patient care. Also, with appropriate follow-up from the clinician, a relatively sophisticated and intelligent patient could well benefit from reading pertinent sections. Dr. Sha'ked has gathered some of the most knowledgeable authors in the field for contributions to this book, and the extensive bibliographies they provide at the end of their chapters will be extremely helpful for readers who wish to do further research.

Some of the chapters warrant special comment. "Sexual Aspects of Spinal Cord Injury: The State of the Art" by Susanne M. Bruyere was an excellent choice as the lead-off chapter since it presents a valuable overview of the available information. Laurence J. Gott provides a thorough and concise summary of data on "Anatomy and Physiology of Male Sexual Response and Fertility as Related to Spinal Cord Injury." While the information is somewhat technical and therefore best suited to the professional with a specialized interest in this area, it would be helpful as background material for any discipline.

Chapter 6, "Sexual Attitude Reassessment Programs for Spinal Cord Injured Adults, Their Partners and Health Care Professionals" by Theodore M. Cole and Sandra S. Cole, presents the reader with the opportunity to better understand why we have typically been reluctant to involve ourselves in the delivery of sexual health care services to the disabled. The Coles go on to provide an excellent rationale for becoming more active in providing such services. Jack Annon and Craig Robinson present a very readable and concise explanation of their PLISSIT theory of short-term treatment, a four-stage theory of intervention for behavioral treatment of sexual dysfunctions that can be applied very easily in any office or institutional setting.

A review of the literature on spinal cord injury and sexuality shows a predominance of articles and presentations focusing on the issues from a male perspective. The two chapters on women's issues by Sue Bregman and Mary Romano will help fill the void for those clinicians needing more accurate information for their female patients. Chapter 14, "The Role of the Rehabilitation Nurse in the Sexual Readjustment of Spinal Cord Injured Patients" by Margaret Walsh Rohme, provides some very practical suggestions. It is often the nurses,

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particularly those on the evening or night shift, who are presented with some of the more troubling questions as their patients are beginning to struggle with who they are, sexually, following their injury. Rohme also helps readers understand some of their own inhibitions about addressing the issue of sexuality in discussions with their patients.

Dr. Sha'ked expresses the hope that this book will be "an influential guide to rehabilitation and other health-care professionals in the better and more effective handling of sexuality and sexual health as a vital aspect of comprehensive human care of patients." This hope deserves realization and Dr. Sha'ked et al. have provided us with an excellent means of achieving it. **PR**

Dr. Neumann's Guide to the New Sexually Transmitted Diseases. Hans H. Neumann, with Sylvia Simmons. Washington, D.C.: Acropolis Books, 1983 (183 pp.; \$12.95).

Healthy Sex and Keeping It That Way. Richard Lumiere and Stephani Cook. New York: Simon and Schuster, 1983 (206 pp.; \$13.95).

Reviewed by Oscar Gillespie, PhD, Assistant Professor of Psychology, College at Lincoln Center, Fordham University, New York, N.Y.: author, Herpes: What to Do When You Have It (1982).

Both of these books provide a wealth of information about sexually transmitted diseases in a way that is both clear and understandable.

Dr. Neumann's Guide is low-key and straightforward in its presentation as if Dr. Neumann himself were explaining each disease to a patient from his office chair, just as the front cover depicts. It is more palatable than *Healthy Sex*. The coverage, applicable for junior high school students and upwards is basic but sufficiently complete to provide a good foundation for responsible sexual behavior and responsible action should a reader encounter a sexually transmissible disease or conditions that could be confused with one. The book includes a good glossary, a list of State Health Department telephone numbers nationwide, and a chapter on the most frequently asked questions about prevention and treatment of STDs. It should be very useful to counselors, educators, and physicians in their work toward heightening awareness and knowledge

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in almost all segments of the population. Its great strength is its uncomplicated readability. **LT, A, P, PR**

The treatment in *Healthy Sex* is much different and in some ways more complete. This is really a layman's handbook on genital health and disease. Part 1 contains symptom charts for men and women, line diagrams of male and female pelvic organs, an outline of terms used in the text, instructions on how to use the book, and a fairly thorough treatment of what to do if a sexually transmissible disease is contracted or suspected. This includes a very good chapter called "Sexual Etiquette" on tracing and informing contacts about an infection. Part 2 is about the infections themselves, each one outlined under the headings: Things You Need to Know, Where and How You Catch It, Symptoms, Diagnosis, Treatment, and The All-Clear Signal. Any special considerations—for gay men, pregnant women, or parents—are added where appropriate. Color plates (taken from the CIBA collection of medical illustrations) of male and female genitals infected with several of the most common diseases are included in Part 3 which is headed "Your Sexual Health."

Here, chapters devoted to women, men, gay men, and teenagers provide a thorough course on healthy and unhealthy genital conditions, contraception, and how to stay healthy. Throughout the book, the authors use underlining, boldface type, and bullets to highlight the most important points, thereby giving an urgent, authoritative air to the presentation. It comes across, because of this style, as a more pragmatically factual reference compendium than *Dr. Neumann's Guide*, yet doesn't add significantly more in regard to medically and psychologically relevant action for prevention or treatment. **A, P, PR**

While my first choice for interested or concerned readers would be *Dr. Neumann's Guide* because its approach is so much easier to connect with, I recommend that libraries and education units carry both books. *Healthy Sex* with its charts and symptom checklists might be a little more useful for clarification after a patient is diagnosed as having a sexually transmissible disease.

Sex and the Brain. Jo Durden-Smith and Diane de Simone. New York: Arbor House, 1983 (298 pp.; \$16.95).

Reviewed by Norma Van Felix, EdD candidate, Human Sexuality Program, New York University; Assistant Professor, Health Education Department, Borough of Manhattan Community College.

Sex and the Brain is a technical book that takes the reader through the most recent research findings of brain science and interprets the results to show how the brain is differently wired in women and men. As a feminist, I found it a hard book to digest. I began reading it with the point of view that women and men are equal members of the human race—alike except for their genitals—and anything contrary to that belief must be sexist. In order to complete the book I had to let go of, or at least re-examine, many positions about women's and men's sexuality that I held to be fundamental.

Durden-Smith and de Simone don't discount the influence of culture on who we are, but they believe that something more basic precedes culture—something that begins the moment of conception and continues during the development in the womb. They contend that women and men differ irrevocably in behavior and in mental life because of formative biological causes:

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genes, hormones, immunology, and the very structure of the brain. The facts, as the authors present them, indicate that the right and left cerebral hemispheres of the brain function differently in women and men. Many animal experiments have supported the hypothesis that gender-specific behavior, such as aggressive behavior in males, results in part from the presence of sex hormones. Anatomical differences between male and female animals have also been found in part of the hypothalamus.

Like the animals used in the experiments, human beings are a part of nature. Perhaps then there is a "natural" way for women and men to express their sexuality just as everything on this planet seems to have a place in nature. Are women and men out of touch with these "basic" laws? Is Western society headed in the direction of being at increasing odds with our own sexual natures? Are ramifications of these odds manifested in the high divorce rates, sexism, family break-down, alienation, even the pollution of our planet or the threat of nuclear war?

I recommend this book for all people in the field of sexology. At the start of my reading I resisted its theme. Me, a prisoner of my hormones? But I persevered and continued on through data I didn't like, didn't want to read—and I must say

that *Sex and the Brain* is a provocative and thoughtful book. For the many questions it asks about what makes a man a man and a woman a woman, the authors sometimes suggest answers that are based on sound evidence; at other times they have chosen to add a great deal of information that is more dubious and speculative. To me, the thought-provoking questions it raises are the most fascinating part of the book. **A, PR**

Psychogenesis: The Early Development of Gender Identity. Elizabeth R. Moberly. Boston: Routledge & Kegan Paul, 1983 (111 pp.; \$17.95)

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

This book is another effort to explain and understand gender identity disorders by using psychoanalytic formulations. The author, a research psychologist, states that the book is the outcome of seven years of research, but she fails to provide the reader with any information about her investigation. Instead, Moberly reviews the standard psycho-

analytic interpretations of male and female homosexuality, interspersing the discussion with her own criticisms and formulations. The result is a turgid proclamation of the author's own biases and psychodynamic inventions.

The concept of *disidentification*, i.e., "defensive detachment from the love-source of the same sex," is her contribution to the mechanisms of defense. By disregarding information outside her own field of discourse (e.g., from the areas of sexology, behavioral endocrinology, neuroendocrinology, anthropology), she is able to ascribe all instances of gender-identity disorder to disidentification. The student and beginning therapist will be led astray by Moberly's *idée-fixe* of a single variable explanation for all gender-identity disorders. As yet we do not have a universally applicable set of principles for any aspect of human behavior and it is unfortunate that Moberly assumes we do.

Despite these major shortcomings, the book does have an important lesson to convey: Sex disorders are a function of a child's relationship with *both* the mother and the father, not only the mother. What a valuable book this would have been had she provided us with data supporting her impression of the importance of fathering in a child's psychosexual development! **PR**

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