

REPRODUCTIVE TECHNOLOGIES: NEW ALTERNATIVES AND NEW ETHICS

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Within the past decade we have experienced a technological revolution in human reproduction that allows us radically novel approaches to reproducing ourselves. This revolution has fundamentally altered the way we view the fetus in the womb and its relationship with the rest of the human world. It has created new distinctions in the roles of those heretofore self-evident human experiences of being a father or a mother. In the process, we have taken a quantum leap into a world of unprecedented and often undefined new legal questions and ethical concerns. As an experimental embryologist I have followed this revolution with great interest since the early 1960s. I have watched the futuristic *Brave New World* projections of medical researchers move from speculation to pioneering experiment and on to become standard medical procedure far more quickly than any of the medical experts, or anyone else, dreamed possible. At the same time, I confess I was overly optimistic about the ability or readiness of our legal, social, and religious institutions to meet this new challenge in a creative, sensitive way without reverting defensively to the rigid, legalistic dogmas of now out-dated world views.

The Copernican revolution upset the Renaissance culture by setting the earth in motion around the sun. Darwinian evolution challenged the Victorian belief in the fixity of all species, while Einstein found relativity and flux everywhere beneath the surface appearance of what we know. Today our reproductive technologies create a similar but much more personal revolution by challenging some of our most intimate experiences and relationships. In the brief space of this report I hope to highlight some of the main developments in this revolution and suggest some ways they will impact on those of us who are involved in sexual health care or education.

Visualizing the Fetal Patient

In the early 50s, D.C.A. Bevis decided to ignore the age-old dictum that forbade any invasion of the sacred womb. Bevis penetrated the abdominal and uterine walls of a pregnant Rh-negative woman with a syringe and removed some amniotic fluid, a technique now known as amniocentesis. The bilirubin level in the amniotic fluid indicated the extent to which the fetal blood was being destroyed by maternal antibodies. If the anemia was severe and the fetus at least seven months old,

premature delivery could be induced. This cut the Rh factor infant mortality rate by as much as 50%.

In 1963, A. William Liley accidentally pierced the abdomen of a fetus during an amniocentesis. When the fetus proved no worse for the puncture, Liley performed the first fetal blood transfusion. A dye which absorbs X-rays injected into the mother's circulatory system or into the amniotic fluid guided the transfusion needle. Later, a fiberoptic amnioscope, a modified cystoscope with fiberoptics attached to a television camera and inserted through the vagina or abdominal/uterine wall, allowed a simpler and safer approach to intrauterine transfusion. Today, intrauterine transfusions have been replaced by the much safer preventative measure of Rho-GAM given to an Rh-negative woman within 72 hours after any delivery, abortion, or miscarriage.

The fetal monitoring techniques first used in treating Rh incompatibility now permit visualization of the fetus and analysis and monitoring of gene activity and deficiencies in the unborn. The small sample of amniotic fluid extracted during amniocentesis contains skin cells sloughed off by the fetus. These cells, gathered as early as the 16th week of pregnancy, can be cultured for two to three weeks and analyzed to provide vital information about the fetus and its development.

Karyotypes of fetal cells reveal the gender of the fetus. While this knowledge could be seriously abused by parents who decide to abort if the fetus is not of the desired sex, fetal karyotypes do provide important information for families at risk for disorders due to genes on the X chromosome. In 1983, Y.W. Kan perfected a DNA probe which allows us to learn the gender of the fetus in the womb with but a single drop of amniotic fluid. If the fetus is female, it is unlikely to suffer from such X-linked disorders as Duchenne muscular dystrophy. Even though it inherits a defective gene from one parent, a female will usually inherit a balancing normal gene on the X chromosome it receives from the other parent. If the karyotype is male (46,XY), further tests can be done with the amniotic fluid to ascertain whether abnormal proteins, enzymes, or metabolic waste products indicate the presence of an X-linked disorder.

With inborn metabolic errors the fetus has often already suffered irreversible damage by the time it is born. Amniocen-

tesis and DNA probes may allow diagnosis of growth hormone deficiencies and replacement therapy before the damage begins. Fetal tests have been developed for the thalassemias (Mediterranean and Cooley's anemias). Tests which show a high level of alphafetoprotein in the amniotic fluid, indicating neural tube defects, anencephaly, and the severe open forms of spina bifida, allow for a second trimester abortion decision. New prenatal tests are expected soon for Huntington disease (premature midlife senility) and cystic fibrosis. Amniocentesis has thus turned the anonymous fetus into a patient and, in the process, altered our conception of the rights of the fetus.

The main shortcoming of amniocentesis is not that it involves a small risk of inducing premature delivery but that it cannot be performed before the 16th week. Since an additional two to three weeks are needed before the results of cell culture are available, the expectant mother is often pushed to make a decision about abortion at the outer limit for a second trimester pregnancy.

In 1983, chorionic villi biopsy or sampling (CVB or CVS) provided a new monitoring technique which can be done in the 10th week or even, in some cases, earlier. In CVB, a catheter is passed through the vaginal and cervical canals to take a small biopsy of placental tissue. The placenta is fetal tissue and its DNA is identical to that in the developing fetus. As with amniotic fluid cells, placental cells can be karyotyped for gender or chromosome numerical anomalies like Down syndrome, or analyzed for a suspected metabolic indicator or deficiency.

The amnioscope or fetoscope is usually introduced through the anterior abdominal and uterine walls into the amniotic sac. This instrument now allows television recordings to be made scanning the entire fetus in the womb. The fetus can be checked for external congenital malformations. Fetoscopy is best done after 18 weeks when the amniotic sac is large enough to allow maneuvering of the fetus and scope. This technique has a higher risk of infection and spontaneous abortion than amniocentesis.

Thermography can be useful in certain prenatal diagnostic situations. Thermography involves a heat-sensitive photographic plate which converts the heat radiating from the mother and fetus into a visual image. The multi-colored plate, which differentiates between the heat levels radiated from the normal and abnormal tissues, can be used to detect placental hemorrhaging. Radiopaque substances, water-soluble in amniography and oil-soluble in fetography, facilitate study of the amnion, the surface of the fetus, and its gastrointestinal tract between 15 and 18 weeks. In 1973, computerized axial thermography (CAT) scanners began adding to our knowledge with three-dimensional, layer-by-layer pictures of the developing fetus.

In ultrasonic imaging or ultrasonography, a probe applied to the skin of the pregnant woman directs high frequency sound impulses at the fetus. A computer analyzes the pulses as they are reflected back from tissues of different densities. The most sensitive scanners have a resolution of less than one millimeter and can reveal structures as small as the pupil of an eye in a second trimester fetus. This test provides the fetologist and obstetrician with important information about the development of the central nervous system and its functioning in the fetus since the fetus can be observed continuously for short periods of time. Unlike X-rays, ultrasound scans are harmless to the fetus.

Once a potentially lethal congenital birth defect is uncovered by fetal monitoring, the next step is treatment. One approach uses semidelivery with fetal surgery. Still an experi-

mental modality despite some startling successes, semidelivery was first attempted with monkey fetuses in the late 1960s. For semidelivery, the pregnant female is anesthetized. This also anesthetizes the fetus. Then a partial cesarean section is begun. After the womb and amniotic sac are slit open, the amniotic fluid is collected and saved. The fetus is carefully removed from the womb and sac, leaving the umbilical cord intact and attached to the placenta in the uterine wall. While the fetus is misted with an antibiotic spray, the surgeon can operate to correct a dangerous defect or insert a catheter in the umbilical cord, wrist, neck, or leg to monitor enzyme, protein, or hormone levels during the rest of the pregnancy. When the work is finished, the fetus is returned to the amniotic sac, the fluid restored, and the sac, womb, and abdominal wall sewn up. With semidelivery, fetologists can insert shunts to drain blocked kidneys and hydrocephalic fetal brains, conditions which would kill the fetus if not corrected before delivery.

Ethical Issues: The primary effect of prenatal monitoring is that it visualizes the fetus, revealing features and behavioral patterns we can recognize as human. A spotlight has suddenly penetrated the darkness of the womb. The impenetrable uterine curtain has been lifted. We can now trace in considerable detail the human appearance of the fetus from the second month to birth. But what does this tell us about its status as a person? About its rights? Detailed descriptions of human features and of fetal behavior—its blinking, crying, coughing, hiccupping, stretching, sleeping, and the like—are used by anti-abortion advocates with great emotional effect. But what do appearances tell us? Theologian and bioethicist Joseph

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Fletcher has asked whether a human appearance is sufficient to justify a philosophical or moral identification of the fetus as a person with full and inalienable rights.

What is called in logic the "error of potentiality" is to confuse what is yet to be or could be, with what is. It supposes that because a fetus [looks human and] could possibly or probably become a person, it is therefore a person now. This "prolepsis" falsifies reality; in its eagerness it slips into thinking that what we want is already possessed, when in fact we are only hoping for it. In fact, a fetus is precisely and only a fetus. (1979, p. 35)

The visual images of prenatal monitoring do not answer the vital question of when the fetus achieves personal status with all the rights thereto pertaining. Even so, we need to explore in a calm way the true implications of the gradual development of human features in the fetus as these may or may not correlate with the emerging personhood of the fetus. This statement, however, implies a premise that most who would outlaw all abortions and some pro-choice advocates as well are totally unwilling to accept, namely that personhood and essence of human life are evolving, developmental processes and not black-and-white, all-or-nothing unchanging essences that appear at fertilization or implantation, or at the end of the second trimester, or at birth.

Prenatal monitoring raises other ethical questions about the rights of the fetus to prenatal treatment. Who gives informed consent for the fetus which obviously cannot consent to a risky treatment whether this be proven therapeutic or experimental? It pushes the relativistic question of the "quality of one's life" into the womb. The fetus cannot offer its opinion on whether life with spina bifida, cystic fibrosis, thalassemias, or any other inborn metabolic disorder or congenital birth defect renders one's life no longer worth living and an abortion preferable.

Artificial Insemination and Gamete Storage

The most widely used reproductive technology, artificial insemination, has been around since 1776. It was experimental and rare until the 1930s when major advances were made in understanding the reproductive cycle and its many hormones. In 1942 human semen was first frozen without damage, though the first infant conceived from frozen semen was not born until 1954. Cryopreservation of semen removed most of the technical limitations to artificial insemination. The husband's fresh semen (AIH) would be used for the insemination or, if he had a low sperm count, several ejaculates could be collected, concentrated, and stored for a single insemination. But donor semen (AID) could also now be easily utilized. By the mid 1980s, commercial "banks" for frozen semen were operating in most large cities. Sperm banks provide a backup for men who, after a vasectomy, are divorced, then remarry and decide to have a child by their new wife. Sperm banks are also used by men with careers in contact sports and chemical industries where testicular damage and sterility, respectively, are not uncommon side effects. AID is popular for couples who, knowing they are carriers for Tay-Sachs, sickle cell anemia, cystic fibrosis, and similar diseases, wish to avoid the risk of passing these defective genes on to their child and handicapping it for life.

In California, Robert Graham has opened a eugenics-oriented sperm bank designed to improve the quality of the human gene pool by providing frozen semen of Nobel Prize winners for AID of very bright women. Artificial insemination is also being used by single women and by lesbian couples who

wish to have a child of their own without resorting to heterosexual intercourse. In one classic case, a lesbian in California was artificially inseminated by her lover with a turkey baster, using semen from the lover's brother. The lover was listed on the birth certificate as the father because she inseminated (impregnated) the mother. Later, when the couple split up, the court awarded the lover "paternal visiting rights."

In the 1980s a growing concern over skyrocketing male and female sterility has added to the popularity of AID. Preliminary studies by biochemist Ralph Dougherty (Florida State University) suggest that perhaps as many as 25% of young males suffer from oligospermia or azospermia as the result of pesticides and toxic chemicals accumulating in the fatty tissue of the testes where they inhibit sperm production. At the same time, there appears to be a parallel increase in female sterility. Increased sexual activity with a variety of partners is suggested as one cause for women developing an antagonistic immune response to semen. Around 1880 Noeggerath showed that gonorrhea could cause infertility. Today, with chlamydia, herpes, and other sexually transmitted diseases at pandemic levels, it is not surprising that increasing numbers of young women are sterile because their fallopian tubes, with canals scarcely larger than the diameter of two human hairs, are blocked by subclinical pelvic infections. Endometriosis and abortions may also contribute to the increase in blocked fallopian tubes, a condition which some report now affects one in three young women.

Attempts have been made to predetermine the sex of the fetus conceived with artificial or natural insemination, using differential sedimentation rates in an albumen column or gelatin plate, migration in a mild electrical field, and centrifugation, or by synchronizing coitus with ovulation. As of 1985, however, no method has been very effective. When an effective method is found, it will undoubtedly be used by couples who want a child of their own but also want to avoid the risk of an X-linked trait in their genetic background, such as hemophilia, Duchenne muscular dystrophy, or Lesch-Nyhan disease.

Ethical Issues: Among the many ethical issues posed by artificial insemination are some serious questions sexual health educators, counselors, and therapists need to consider. For instance, what are the ethics and the social consequences of attempts to predetermine the sex of children conceived by natural or artificial insemination? Serious national surveys suggest that the overall sex ratio would shift slightly in favor of male offspring. However, more important is the evidence that, given the choice, most couples would choose to have a son as a first born and a girl as their second child. (There is some evidence that first-borns have significant biological and intellectual advantages over second-born children.) How do we feel about the selective abortion of an otherwise healthy fetus because it is the wrong gender?

What is the social and personal responsibility of parents who know they are at risk for a serious inheritable disease not to reproduce by coitus, but instead use AID? Do we have a moral responsibility not to add to the genetic burden of the human gene pool? In the past, natural selection prevented most persons with cystic fibrosis, hemophilia, and similar diseases from reproducing. Today, having reduced that natural selection, do we then assume a new responsibility not to increase the incidence of genetic diseases however strong might be the personal need to have "our own" child? Does each of us have an inalienable right to reproduce? Might not these new infertility treatments put social pressure on couples who decide not to have any children? Is infertility a disease?

Should it be treated as a disease? Who owns frozen semen after the donor dies? A French widow recently sued to obtain her deceased husband's semen so she could have a child and heir by him—he died without specifying this in his will.

Should society allow,—or encourage—eugenic selection of semen and AID? What are the social implications of “celebrity seed banks” like that run by Robert Graham? What restriction, if any, can or should society impose on the uses of AID? On the sale of frozen semen? On lesbians or single women seeking AID? Would such restrictions be enforceable? The birth rate for single Canadian women has tripled in the last 10 years. In 1983, unmarried Canadian women, ages 30 to 34, had 3,600 babies compared with 544 in 1975. Among 35- to 39-year-old single women, the birth rate rose from 175 in 1975 to 936 in 1983. Single Canadian women between ages 25 and 29 had almost 10,000 babies in 1983 compared with 1,700 a decade earlier. Commenting on this significant increase, one knowledgeable physician suggested that “the growing use of artificial insemination reflects the growing trend in women to bear children of their own,” without being married.

What are the social implications and personal consequences of the suspected drastic increase in male and female sterility?

IVF, Embryo Lavage, and Transfer

According to the most conservative estimates, one in six American couples is sterile. Solid studies show that sterility has tripled in the past 20 years and that 10 million American men suffer from low sperm counts or total lack of sperm. In the 20- to 24-year-old age group, female sterility is up by 177% since 1965.

Microsurgery techniques to open minor tubal blockages are successful in three of four cases, though the success rate with major blocks is between zero and 20%. Though tubal blockage is the most common cause of female infertility, the failure to ovulate fertile eggs regularly is also important. Four drugs are currently used to treat anovulation: Clomid, Perganol, bromocryptine, and Factrel. While the objective is to induce the anovulatory woman to produce a fertile egg which can then be harvested and fertilized, the average number of eggs produced is 5.8 per patient, with 17 being the maximum recorded. Once the ovulatory drug is working and the time of expected ovulation is monitored by blood tests and ultrasonic scans of the ovarian surface, the woman can be artificially inseminated. If she cannot carry a full-term pregnancy, her eggs may be collected by surgery as they leave the ovary and then fertilized *in vitro*.

In IVF or *in vitro* fertilization, the eggs are matured in a nutrient solution for four to eight hours before being mixed with the husband's or the donor's semen. Within a day 80% of the eggs show signs of fertilization. The developing microscopic embryonic mass is then transferred through the cervical canal into the uterine cavity. A two-week wait follows before the success or failure of the IVF is known. In nature, up to 75% of fertilized eggs fail to implant in the uterine wall. In IVF, 80% of the single fertilized eggs fail to implant. If two fertilized eggs are transferred at the same time, the success rate rises to 28%. With three eggs, it is 38%. For unknown reasons, about one third of the implanted embryos abort spontaneously in the first trimester.

In 1978, Mrs. Lesley Brown, aided by Drs. Edwards and Steptoe, gave us the world's first IVF or “test tube” baby. By the end of 1984, there were 700 IVF babies, including 56 sets of twins, eight sets of triplets, and two sets of quadruplets. By the end of 1985 there will be another 300 IVF babies. Worldwide, in

1985, there are well over 200 IVF clinics, 120 of them in the United States. When the IVF group of Australia's University of Monash opened its IVF clinic in New York City in late 1985, it quoted a fee of \$4,000. The cost of one IVF attempt, however, can run as high as \$6,000.

Advances in IVF, accompanied by new legal and social complications, came with a speed no one expected. At the University of Monash, Trounson and Wood pioneered the use of donor eggs for wives who could not be induced to ovulate. At first, the donor's eggs were fertilized *in vitro* with the husband's semen before transfer into the wife's womb. At the University of California Los Angeles Medical School, Buster succeeded with the first embryo lavage, artificially inseminating the egg donor as she ovulated and then flushing the embryonic mass(es) from her womb five days after fertilization for transfer into the womb of the non-ovulating woman, usually the childless wife.

Partial surrogate mothers, artificially inseminated with the semen of a childless husband, serve as “prenatal wet nurses” and carry children to delivery before handing them over to the childless couple for adoption. In embryo adoption by a full surrogate mother, the wife is naturally or artificially inseminated with the husband's or a donor's semen, and the embryo flushed for transfer to the surrogate mother for the pregnancy. In artificial embryonation, a woman donates an embryo following artificial insemination and lavage, with the very young embryonic mass transferred to the anovulatory childless wife for pregnancy.

In 1984, British and Australian researchers pioneered the use of frozen embryos, keeping hundreds of surplus embryos suspended at the blastocyst stage in liquid nitrogen at -196°F until they can be transferred to other women who will then be spared the trials and risks of induced ovulation and laparoscopy. Also, in London in 1984, Malcolm Whitehead by-passed male sterility due to a blocked vas deferens by aspirating semen from the testes and using this successfully to produce a normal baby.

Ethical Issues: Who should benefit from the relatively expensive reproductive methods of embryo transplant, embryo adoption, etc.? Who should pay for this? In Britain and Australia government health plans and medical insurance cover all or a major part of the cost, while in the United States the couple pays the whole cost. Should the current American restriction that IVF be allowed only for married couples be continued? Or should single women be allowed to use IVF?

Should surrogate mothers be allowed? Should a friend or relative be allowed to serve as surrogate mother for a childless couple out of pure charity, with only her medical and legal fees paid for? Should surrogate mothers be paid? If so, what would be an acceptable fee—\$10,000, \$20,000, \$50,000? The legal status of payment in the U.S. is still being debated. By the time this article appears, Great Britain is expected to have passed a bill imposing a £2,000 fine and three months in jail for paid surrogate mothers. The Australian state of Victoria also outlawed payment for surrogate mothers.

What is the legal and/or moral status of two- to four-day-old frozen embryos? In 1984, a childless California couple left several frozen embryos at the University of Monash clinic and returned to the U.S. after a first attempt at implantation. They were both killed in a plane crash while returning home. Since a million dollar estate was involved, the courts were left with the question of the “rights” of the as yet “unconceived frozen embryos” stored in liquid nitrogen. Should a limit be placed on how long embryos may be frozen?

Should we limit experimentation on embryos maintained *in vitro* to 15 days after fertilization, a month, two months?

Should eggs and sperm of certain individuals be selected because of their socially desirable qualities? Should individuals with less desirable traits be encouraged or required to use the gametes of more desirable individuals? Two couples I know of disturb me greatly. A woman with cystic fibrosis is married to a carrier of cystic fibrosis. They have four children, all with cystic fibrosis, and want several more of their own children. The second couple—a hemophiliac husband who is fertile and a carrier wife—has had three children, all hemophiliac. This couple also wants a large family. Can or should society intervene in such situations to require sterilization?

How do we define the social and emotional roles of the new parents—the genetic father and/or mother who provide the sperm and egg, the biological mother who carries the fetus full term and the biological father who “performs the impregnation,” and the social parents who raise the child, be they two females, two males, or a heterosexual couple? What support and guidance can we offer these various parents as they interact in their new roles? We know how and when parents should tell adopted children about their origins, but how and when should parents explain to their children their use of AID, frozen semen, or the various forms of IVF?

Are the risks some suspect are inevitably associated with IVF sufficient to make any experimentation with this approach to reproduction unacceptable?

What kinds of priorities are we establishing in our delivery of health care when we spend thousands on producing one infant and refuse to invest similar amounts in prenatal nutritional care for those in the lower socioeconomic level of our society?

What kind of contract is negotiated between the childless couple and the surrogate mother? How is that contract enforced? What if the surrogate mother changes her mind? Can she be forced to give up the child, or have an abortion? Can the childless couple claim punitive damages if the surrogate mother violates their contract? Does it matter if the pregnancy resulted from the surrogate’s egg and the husband’s semen, or from an embryo conceived from the egg and sperm of the couple and transplanted to the surrogate’s womb several days later for the nine-month pregnancy?

Conclusion

The technological advances that became part of our lives in the past, such as the automobile, computer, television, and nuclear power, have altered our environment. By altering our ecosystem, these technologies have indirectly forced us to adapt and change our lifestyles and the ways we relate with each other in order to survive. The reproductive technologies surveyed here have a much more immediate effect on our lives. Unlike the external technologies just mentioned, the reproductive technologies radically impinge on our personhood and on the way we experience and view our life as sexual, parental persons. This is why it is most important for sexual health professionals to be aware of and understand these reproductive technologies and their social/personal consequences.

If the above outline is not sufficient to convince us of our need and responsibility to start to deal with these issues, then a brief list of technologies and developments waiting off-stage to make their entrance in the next decade (or two at the latest) should clinch the challenge. Three developments appear feasible by 1990 or 1995: (1) ectogenesis with an artificial placenta-

tion system which will allow a full-term pregnancy in an “artificial womb”; (2) male pregnancy through IVF or embryo lavage followed by implantation in the abdominal wall of a truly liberated male who will carry the fetus for nine months and deliver by C-section, just as over 50 women with abdominal pregnancies have already done in recent medical history; and (3) the use of a subhuman (bovine) surrogate mother for an IVF/transplant human pregnancy. Though cloning (asexual reproduction) is often ballyhooed in the press, I doubt very much that it will be attempted in the human species. However, an attempt to impregnate a chimpanzee with human semen was reported by Chinese scientists several years ago. A successful ectogenesis, male pregnancy, or subhuman surrogate mother, or a successful cross-fertilization of a human with a subhuman primate would pose major new social, philosophical, and ethical questions.

As I mentioned in my opening remarks, these new technologies have become realities much more quickly than any of the experts expected. It is our social adaptations and adjustments to these changes in our sexual ecosystem that are so painful and therefore so much slower in being worked out.

Critics of these reproductive technologies like to create scenarios of a depersonalized, loveless Brave New World in which humans have been driven by Faustian madness to demonic attempts to “play God.” They picture the government issuing licenses for reproduction and putting restrictions on the poor and minorities. They fear a complete separation of sex and reproduction, the creation of a new social class of professional surrogate parents, and enforced genetic screening and sterilization with infanticide of defective newborns. Others anticipate a brighter world in which individuals have expanded choices, a greater personal involvement in creating a more healthy future for the next generation, and a more responsible approach to both sexual intercourse and human reproduction.

Despite the fact that we will bungle, stumble, and make some serious mistakes along the way, my personal belief is that, in the long run, the optimistic scenario will evolve. But for the optimistic scenario to unfold, we will have to dispel the paralyzing fears and dogmatic negativism of those who are convinced that any tampering with the natural bond that justifies sexual activity only in terms of reproduction means the end of human love and morality. If we cannot overcome this paralyzing dogmatism soon, then the desire for fame, the ability to pay, and happenstance will determine our reproductive future. Whether time confirms the belief of the optimists or the pessimists, sexual health professionals have their work cut out for them.

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RESEARCH NOTES

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The Kinsey Institute: From 1947 to the Present

One measure of the relative infancy of our field is the very small number of programs, departments, or institutes whose primary concern is the scientific study of sexuality. For the most part, sexual scientists and practitioners are scattered individually or in tiny bands across the country; like gypsies, we set up temporary camps (we call them conferences or conventions) to share our constructions of the meaning of our sexuality. And like gypsies, we return to our home bases soft-pedaling our professional endeavors among colleagues who still have difficulty taking the study of sexuality seriously. Over a decade ago when I was still in graduate school at Purdue University, I had fantasies of visiting one of our few permanent camps, the Institute for Sex Research at Indiana University in Bloomington. I was a little shy, however, about just arriving on the doorstep of Morrison Hall, where the Institute is housed. Therefore, I was delighted to receive an invitation last spring from what is now called The Kinsey Institute for Research in Sex, Gender, and Reproduction to attend a celebration of the opening of its expanded offices.

The structure and goals of the Institute have changed over the years since 1947 when Alfred C. Kinsey, an Indiana University zoology professor, established the Institute as a not-for-profit corporation affiliated with the University. In addition to collecting and analyzing data on the sexual behavior of approximately 18,000 Americans, a portion of which were published in the famous "male" (1948) and "female" (1953) volumes, Kinsey and his colleagues—including Clyde Martin, Wardell Pomeroy, and Paul Gebhard—began assembling a collection of scholarly materials, art objects, commercial items, and other materials relating to human sexual behavior.

Following the untimely death of Kinsey in 1956 at the age of 62, anthropologist Paul Gebhard became Director of the Institute. After *Sexual Behavior in the Human Female* was published, during the McCarthy era, the Rockefeller Foundation funding for the Institute was withdrawn, but in 1957, under Gebhard's leadership, new sources of federal and private funding were found. During the ensuing years, the Institute concentrated on analysis and publication of the enormous amount of interview data that had been gathered during Kinsey's tenure. It also sponsored research and published a number of books, monographs, and scholarly articles on such diverse topics as pregnancy and abortion, homosexual preference, sex offenders, and sexual nomenclature. The Institute's library and collections were opened during the 1960s to qualified scholars. During the 1970s, with funding from the National Institute of Mental Health, the Kinsey Institute was able to develop an information service. Gebhard and his colleagues also offered

an annual Summer Program in Human Sexuality for professionals working in relevant areas. Paul Gebhard's stewardship of the Institute for over a quarter of a century was recognized at the annual meeting of the Midcontinent Region of the Society for the Scientific Study of Sex in Chicago last June with a very enthusiastic standing ovation.

In 1980, as mandated by the Indiana State Higher Education Commission, a committee of Indiana University faculty and distinguished researchers in the field assessed the current status and future prospects of the Institute. Their recommendations resulted in a reduction in permanent research staff in favor of increased support for non-residents. The Institute was also (briefly) renamed The Alfred C. Kinsey Institute for Sex Research, Inc. at a conference honoring Kinsey's scientific contributions on the occasion of the 25th anniversary of his death.

In 1982, with Gebhard approaching retirement, the Institute's Board of Trustees selected June Machover Reinisch as the new Director. Reinisch is a psychologist known for her work on prenatal influences of hormones and drugs on sexual and psychosexual development. Under her direction and in keeping with the recommendations for reorganization, the Institute's mission was broadened, as reflected in its current name. According to its 1984 brochure, the Institute pursues and promotes research in sex, gender, and reproduction; collects and catalogues scientific, cultural, and artistic materials in these areas; and disseminates information to both the scientific community and the public. "All Institute activities derive from the belief that social policy and personal decisions about sex, gender, and reproduction should be made on the basis of factual information rather than on ignorance. The Institute is committed to providing such information" (The Institute Brochure, 1984, p. 5).

In 1984, renovation of the Institute's facilities was begun to provide more space for visiting scholars and for its scientific and artistic collections. Despite the expansion of its offices from two to three floors, the amount of space it occupies is still very small for the number of activities involved—a review of which shows quite clearly that the Institute is gradually taking on the trappings of a real institution. It sponsors, funds, conducts, and publishes research; it awards fellow status to both senior scholars and relatively youthful researchers. It sponsors conferences, and offers annual cash awards for dissertations. Its library boasts over 64,000 books, journals, and reprints, and almost 30,000 works of erotic art, 70,000 photos, and 5,000 reels of film. The Institute possesses the data bases from a number of large-scale studies, including the data from the 19,000 individuals who made up the Kinsey group's samples between 1939 and 1963. Other populations sampled for which it has data bases

include college students, homosexuals, a national random sample of 3,000 adults, and spinal-cord injured men and women.

The Institute's current emphasis on using a diversity of approaches to particular research topics is exemplified by its Reproductive Cycles Research Project. This project involves an examination of psychological factors associated with normal and abnormal menstrual cycles, male and female attitudes toward menstruation and menstrual distress, male and female attitudes about sexual behavior during the menstrual cycle, and social and physiological aspects of menstrual synchrony. The Prenatal Development Project, another major study, is assessing the long-term consequences of prenatal exposure to hormones and drugs on the psychological, psychosexual, and physical development of offspring. Data collected in Scandinavia through funding from the National Institutes of Health are currently being analyzed at the Institute.

Numerous other projects are planned or underway. In collaboration with the World Health Organization, the Institute's Infant Milestone Development Project involves following the behavioral and physical development of 1,500 Indiana children from birth to age three and comparing their growth with that of third-world nation children. Another upcoming project involves interviewing formerly married lesbian women who have children and also examining the correlation between lesbians' lifestyle and the development of their children. The Institute is currently seeking funding to acquire the National Clearinghouse on Marital Rape collection of thousands of documents because the Berkeley based group can no longer afford to maintain it. Finally, in one of the most exciting Institute projects, attempts are being made to contact and reinterview members of the original Kinsey group samples. This project would, of course, provide data on the sexuality of older Americans, but the comparison of the current description of their sexual histories with the reports they provided up to half a century ago could provide a truly unique study of the limits of retrospective reporting and test/retest reliability. In addition, the study could permit an examination of the relationship between sexual behavior early in life and physical, mental, and sexual health toward the end of the life span.

After I had heard about these and other projects and had toured the library with Doug Freeman, the head of Collections and Information Services, I found myself thinking seriously about spending a sabbatical leave at the Institute. I asked both Freeman and Reinisch how others might obtain access to the Institute for varying periods of time.

If you are a graduate student beginning to think about a dissertation question, you might want to inquire about the dissertation award program. It is designed to attract more students to the study of sex, gender, or reproduction. The Institute gives up to three awards a year for newly completed dissertations, with each winner receiving \$1,000. Winners visit the Institute to present their research to its Science Advisory Board and the academic community. The first two winners received their awards for studies entitled "Sexual Satisfaction, Relationship Factors and Orgasm in Female Heterosexual Responsiveness" (Cynthia Jayne) and "Effects of Estrogen and Androgen on Somatic, Affective, Sexual, and Cognitive Functioning in Hysterectomized and Oophorectomized Women" (Barbara Sherwin).

If you are further along in your professional development and have an interest in one of the projects described above or have other research questions relevant to sex, gender, or reproduction, you might want to explore the possibility of

working out a collaborative relationship with the Institute. Persons seeking fellowship status may need to acquire a grant or other sources of support during the period of affiliation, but the Institute is sometimes able to provide some supplemental support.

The upcoming Kinsey Summer Program, from July 26 to August 8, 1986, will provide another method of becoming familiar with the Institute. This two-week period actually involves three programs in which a large number of distinguished scholars will present research findings and clinical applications. "Human Sexuality: Emerging Perspectives" will be offered during the first week, followed by "The Human Male: Sex, Gender, and Reproduction" in the second week. A Values Attitude Reassessment (VAR) will be given over the intervening weekend. As Reinisch explained it, a VAR is an advanced version of the SAR, designed for professionals and available only for those who participate in one of the week-long programs.

Finally, if you are simply interested in gaining access to the extensive library and are not a resident of Indiana, you will be charged a modest user fee. Additional information on these and other Institute programs may be obtained by writing to: June Machover Reinisch, PhD, Director, The Kinsey Institute for Research in Sex, Gender, and Reproduction, Morrison Hall, Indiana University, Bloomington, IN 47405.

Commission on Pornography

Pointing out that very little information has been published concerning an important ongoing national project, Carol Vance, co-author of the lead article on anti-pornography legislation in the May 1985 *SIECUS Report*, has contributed the following information.

The Attorney General's Commission on Pornography, appointed this year by President Reagan, has initiated a series of topical hearings in selected U.S. cities. Professionals in the sexuality field who wish to testify at upcoming hearings should contact Staff Director Alan Sears at (202) 724-7837 for detailed information. Witnesses who testified at the hearings held in Washington, D.C. (June 19-20) and in Chicago (July 24-25)—particularly speakers from police vice squads and conservative religious and political groups—primarily expressed pro-censorship and anti-obscenity viewpoints. From some of the testimony given, it appears that many of these groups equate a wide variety of sexually explicit materials with obscenity and pornography. The Commission's final report and recommendations will very likely affect sexually explicit materials used by sex educators and therapists, as well as material available to the general public. It is therefore crucial that professionals in the sexuality field present their views and opinions to the Commission for consideration.

Ann Welbourne-Moglia, *SIECUS* Executive Director, and Mary S. Calderone, cofounder and former President of *SIECUS*, were invited to testify at the September 11-12 hearing in Houston, a session devoted to the social science aspects of pornography. Future hearings will be held in the following cities: Los Angeles, October 16-17, on production of pornography; Miami, November 20-21, on child pornography, and New York, January (exact date to be determined), on organized crime.

DO YOU KNOW THAT . . .

Sexual Abuse Conference

A fall conference on "Sexual Abuse: An Interdisciplinary Exploration" will be held October 23-27 in Laguna Niguel, California, under the auspices of the Southern California Neuropsychiatric Institute. For registration information, write to the Institute at 6794 La Jolla Boulevard, La Jolla, CA 92037; (619) 454-2102.

SIECCONN/AASECT Conference

On November 2, 1985, the Sex Information and Education Council of Connecticut and District Seven of the American Association of Sex Educators, Counselors, and Therapists will cosponsor a one-day sexuality conference in New Haven on "Creating the Future Together." Principal speakers will be Michael Carrera, Helen Singer Kaplan, Robert Kolodny, Ann Welbourne-Moglia, and Sallie Schumacher. For further details, contact Anna Schildroth, 501 Crescent Street, New Haven, CT 06515; (203) 397-4183.

Youth and Sexuality Congress

A Congress on the theme of Youth and Sexuality will be held November 22-24, 1985 in Montreal, Canada. Papers will discuss theoretical and empirical aspects of ontogenesis and sociogenesis of sexuality, as well as educational, legal, and counseling interventions with young people (15-30 years). For registration information, write to: Youth and Sexuality, Department of Sexology, University of Quebec at Montreal, P.O. Box 8888, Succ. "A," Montreal, Quebec H3C 3P8, Canada.

Conference on Role of Parents

The Center for Professional Development of the Hunter College School of Health Sciences will sponsor a one-day conference on December 12, 1985, for professionals who work with parents. The theme is "Sexuality of Children: What is the Role of Parents?" and the keynote speaker will be well-known sex educator Michael Carrera. For detailed information, contact the above-mentioned sponsor at 425 East 25th Street, New York, NY 10010; (212) 481-7652.

Resources to Write for . . .

Can Exercise Lead to Menstrual Problems: (15¢ each) and **Talking With Your Partner About Herpes** (20¢ each) are two excellent 1984 pamphlets from ETR Associates. The first, written by Jane Hiatt, discusses eight theories about why female athletes have menstrual problems, research on the reversibility of these problems, and the positive benefits of exercise. In the second pamphlet Kay Clark emphasizes that the way a person with herpes feels about the disease will influence how other people react when s/he tells them about it, and that if a relationship is otherwise solid enough to survive, it will not fall apart because of herpes. Both may be ordered from: Network Publications, P.O. Box 8506, Santa Cruz, CA 95061-8506.

Sex in Christian Tradition: Some Background for Parents is a 23-page pamphlet written for Episcopalians and members of other denominations that share a similar approach in understanding scripture and tradition. The author, Esther Walter, provides background information on the Christian heritage of sexual beliefs, including Old and New Testament messages about sexuality. She then answers such parental questions as: How can I help my child learn about morals? What if my child thinks he or she is gay? What does the church really teach about birth control, sex outside of marriage, abortion, and the roles of women and men? The price for the first copy is \$1.00; for subsequent copies, 60¢ each (includes p/h). To order, write to: Forward Movement Publications, 412 Sycamore Street, Cincinnati, OH 45202.

Child Sexual Abuse Prevention: How to Take the First Steps by Cordelia Anderson of the renowned Child Sexual Abuse Prevention Program and Illusion Theater in Minneapolis is a 30-page booklet in which she shares what she has learned about getting a child sexual abuse prevention program started in a community. She outlines eight procedural steps and includes the names and phone numbers of contact people involved in existing programs. This 1983 resource is available for \$8.50 (plus 15% p/h) from: The Illusion Theater, 304 N. Washington Avenue, Minneapolis, MN 55401; or Network Publications, P.O. Box 8506, Santa Cruz, CA 95061-8506.

Can We Understand: A Guide for Parents Prepared by New York City Parents of Lesbians and Gay Men, Inc., a 14-page booklet, addresses the most frequently voiced questions and concerns of parents who have recently learned that their child is homosexual. Supportive statements about homosexuality from members of the Catholic, Protestant, and Jewish faiths are included. This 1985 booklet costs 50¢ (including p/h) and can be ordered from: New York City Parents of Lesbians and Gay Men, P.O. Box 553 Lenox Hill Station, New York, NY 10021.

"Nobody Told Me It Was Rape": A Parent's Guide for Talking With Teenagers About Acquaintance Rape and Sexual Exploitation by Caren Adams and Jennifer Fay is a dynamic 1984 guide to help adolescents avoid acquaintance rape. Numerous "openers" for parents to use to raise this sensitive topic are given, as well as samples of dialogue. Guidelines are suggested to help the parent and teenage child establish definitions and limits for dating and social behavior. Other chapters cover how to discuss and overcome the negative messages received from the media and how to help teenagers recover from sexual assault. This unique 25-page booklet is available for \$3.95 (plus 15% p/h) from: Network Publications, P.O. Box 8506, Santa Cruz, CA 95060-8506.

Because of production changes, the report on the Alan Guttmacher Institute comparative study of teenage pregnancy in the U.S. and other developed countries, originally scheduled to appear in this issue of the *SIECUS* Report, has been rescheduled for the November issue.

SEXUALITY AND FAMILY LIFE EDUCATION

An Annotated Bibliography of Curricula for Sale

This listing was prepared by Leigh Hallingby, MSW, MS, Manager, SIECUS Information Service and Mary S. Calderone Library. Almost all of these curricula are available for use at the Mary S. Calderone Library, 715 Broadway, Rm. 213, New York University, New York, NY 10003; (212) 673-3850. All are available for purchase from the sources listed after each entry. Prices include postage and handling (p/h) unless otherwise noted.

The curricula are listed without evaluation, in keeping with the SIECUS Position Statement on Sexuality Education in the Public Schools, which states, "Such programs must be carefully formulated by each community in order to respect the diversity of values and beliefs represented in the public school classroom." Although the scope of this bibliography is much broader than K-12 sex education in the public schools, the same principle applies in developing a sex education program for any population or community: that the program must be appropriate in the context of the setting in which it will be taught. There are no model curricula which can be recommended across the board.

For the most part, specific content areas covered in each curriculum are not listed in the annotations. The reason for this is the great overlap of topics, especially from the age of adolescence on. Topics often covered include: sexual anatomy and physiology, reproduction, contraception, abortion, masturbation, homosexuality, sex roles, and sexually transmitted diseases. Many curricula also include sections on: self-esteem, interpersonal relationships, communication, decision making, and values clarification. Virtually all curricula include lists of recommended print and non-print resources.

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. Other SIECUS bibliographies contain pertinent curricula listings. They are: "Sexuality and Disability"; "Child Sexual Abuse Education and Prevention"; and "Bibliography of Religious Publications on Sexuality and Sex Education." Prices for each of these three bibliographies are the same as the ones listed above.

GENERAL

BEYOND REPRODUCTION: TIPS AND TECHNIQUES FOR TEACHING SENSITIVE FAMILY LIFE EDUCATION ISSUES

ETR Associates Training Staff

Topics covered include teaching about decision making, contraception, and pregnancy alternatives; guidelines for selecting learning activities; and facilitation skills in the classroom.

Network Publications (1983, 16 pp.), 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506; \$2.50 plus 15% p/h

A GUIDE TO VALUES CLARIFICATION IN SEX EDUCATION

Jacqueline Pappalardo Dumont

Exercises designed to evoke students' awareness of values, to clarify how these were developed or inherited, and to evaluate their effectiveness, importance, and relevance to the students' lives. Section 1 contains 33 exercises which, when used progressively, will build trust and risk levels. Section 2 contains specific resource material on a variety of human sexuality topics.

Preterm Cleveland (1979, 2nd ed.; 108 pp), University-Cedar Medical Building, 10900 Carnegie Avenue, Cleveland, OH 44106; \$7.50 plus p/h

INTIMACY IS FOR EVERYONE: A SEX EDUCATOR'S GUIDE TO TEACHING INTIMACY SKILLS

Bob McDermott and Barbara Petrich

Although this unique curriculum was developed in prisons, juvenile facilities, and substance abuse treatment institutions, it is intended to be useful to all sex educators looking for a new approach to relationships education. Includes special sections on heart-

ache, hopelessness, and overcoming fear, as well as on survival skills for educators.

Planned Parenthood for Santa Barbara County (1983; 282 pp.), 518 Garden Street, Santa Barbara, CA 93101; \$18.00 plus \$2.00 p/h

PRACTICAL APPROACHES TO SEXUALITY EDUCATION PROGRAMS: PREADOLESCENTS, ADOLESCENTS, PARENTS, AND MENTALLY RETARDED PERSONS

Ann Thompson Cook and Pamela M. Wilson, eds.

For programs with each of the four groups listed in subtitle, provides information and suggestions regarding rationale, program description, special considerations, and selected resources.

Sex Education Coalition (1982; 70 pp.), 1309 L Street, NW, Washington, DC 20005; \$5.50

SEXUAL EXPRESSION: A MANUAL FOR TRAINERS

Carl Hartman, Jane Quinn, and Brenda Young

Contains chapters on desensitization; solo, one-to-one, and small-group exercises; and the interdisciplinary team. Overall emphasis is on developing comfort, both with one's own sexuality and with sexual issues presented by clients and students.

Human Sciences Press (1981; 152 pp.), 72 Fifth Avenue, New York, NY 10011; \$14.95 plus p/h

SEXUALITY EDUCATION: A GUIDE TO DEVELOPING AND IMPLEMENTING PROGRAMS

Ann Thompson Cook, Douglas Kirby, Pamela M. Wilson and Judith S. Alter

Covers building a program, establishing

guidelines for the program, designing the course, selecting and training leaders, implementing programs, linking young people with medical services, and evaluating the course. Also included are fact sheets on such topics as sexual knowledge and behavior of adolescents, parent/child communication about sexuality, and effects of sexuality education programs.

Network Publications (1984; 132 pp.), 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506; \$14.95 plus 15% p/h

SEXUALITY EDUCATION: A HANDBOOK FOR THE EVALUATION OF PROGRAMS

Douglas Kirby

Discusses need for evaluating sexuality education programs; selection of program characteristics and outcomes to be measured; experimental designs; survey methods; questionnaire design; and procedures for administering questionnaires, analyzing data, and using existing data. Appendix contains reliable, valid questionnaires.

Network Publications (1984; 192 pp.), 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506; \$19.95 plus 15% p/h

SEXUALITY EDUCATION: AN ANNOTATED GUIDE FOR RESOURCE MATERIALS

Pamela M. Wilson

Reviews books, films, filmstrips, cassettes, slides, curricula, charts, models, games for use with K-12. Provides discussion of material, as well as distributor, length, cost, and recommended grade level.

Network Publications (1984; 126 pp.), 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506; \$14.95 plus 15% p/h

SEXUALITY EDUCATION AND TRAINING: THEORY, TECHNIQUES, AND RESOURCES
Joan Helmich and Jan Loreen

Includes extensive description of basic teaching techniques, with elaboration on variations, methods of adaptation, and possible effect of each technique; information on planning, delivery, and evaluation in sexuality education; basic theory on how groups function and how to facilitate that process; and suggested games, group exercises, and combinations of techniques developed for specific topics.

Planned Parenthood of Seattle/King County (1979, 2nd ed.; 129 pp.) 2211 East Madison, Seattle, WA 98112; \$8.50 plus 20% p/h

SMALL GROUP WORKSHOPS: SEXUALITY EDUCATION STRATEGY AND RESOURCE GUIDE

Sarah Renner

Based on information and experiences resulting from the Youth Serving Agencies Project, this guide covers research perspectives, a description of successful program models, issues to consider when implementing a program, and recommended resources.

Center for Population Options (1983; 48 pp.), 1012 14th Street, NW, Washington, DC 20005; \$4.00

K-12

EDUCATION FOR SEXUALITY: CONCEPTS AND PROGRAMS FOR TEACHING

John J. Burt and Linda Brower Meeks

The first three sections are designed to acquaint teachers with basic information and concepts related to sexuality. In section 4, detailed teaching units are presented for each of grades 1 through 6, and then for grades 7 through 12 as a whole. The final 100 pages are an "Atlas of Teaching Illustrations" which teachers may remove and use for overhead projection or other visual purposes.

CBS College Publishing (1985, 3rd ed.; 579 pp.), 383 Madison Avenue, New York, NY 10017; \$19.95 plus p/h

FAMILY LIVING INCLUDING SEX EDUCATION: GRADES K THROUGH 12

New York City Board of Education

At every level a series of concepts to be learned is presented, along with strategies. Concepts relate to four basic areas: family living, personal growth, communications, and interpersonal relationships.

New York City Board of Education (1984; 293 pp.), Rm. 613, 131 Livingston Street, Brooklyn, NY 11201; \$10.00 plus 60¢ p/h

SCHOOLS AND PARENTS: PARTNERS IN SEX EDUCATION Public Affairs Pamphlet #581

Sol Gordon and Irving Dickman

Examines why, in the face of overwhelming public support, sex education has not been widely implemented in the U.S.; what school

programs cover; and what the effects of sex education might be. Includes model curriculum of topics and concepts for K-12 sex education program.

Public Affairs Committee (1980; 28 pp.), 381 Park Avenue South, New York, NY 10016; \$1.00

MIDDLE SCHOOL

CHANGES AND CHOICES: HUMAN GROWTH AND DEVELOPMENT FOR CLASSROOM USE

Kathryn Bosch

Provides 14 sessions for use with 5th and 6th grade students, each covering an individual topic. Every session includes an introduction to the topic, followed by a variety of activity options, each with basic objectives, procedures, and discussion possibilities. Suggestions are offered for journal assignments and homework with parents.

Family Planning Council of Western Massachusetts (1982; 107 pp.), 16 Center Street, Northampton, MA 01060; \$12.50

FAMILY LIFE EDUCATION CURRICULUM FOR PRE-ADOLESCENTS

Marcia W. Miller

Covers grades 5-8 with 12 units, each consisting of behavioral objectives, detailed factual material about the topic, vocabulary, lesson plans, motivation, and several suggested activities. Topics progress along three parallel tracks: self, family, peers; physical, emotional, social; and informational, attitudinal, and behavioral.

Family Life Education Program, Mount Vernon Public Schools (1982; 163 pp.), 165 North Columbus Avenue, Mount Vernon, NY 10553; \$15.00

FAMILY LIFE EDUCATION: RESOURCES FOR THE ELEMENTARY CLASSROOM: GRADES 4, 5, 6

Lynne Ann DeSpelder and Albert Lee Strickland

Designed for use by elementary school teachers in conjunction with locally approved curricula. Provides more than 75 examples of activities in five topic areas: self, family, friends, body, and decisions.

Network Publications (1982; 339 pp.), 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506; \$24.95 plus 15% p/h

HUMAN SEXUALITY: A CURRICULUM FOR PRE-TEENS

Jane M. Dodds

For grades 5-8. Contains 12 chapters each of which is divided into five components: introduction to key concepts for class discussion, factual material for class presentation, group exercises and discussion questions, resources, and evaluation resources.

Planned Parenthood of Rochester and Monroe County (1978; 92 pp.), 24 Windsor Street, Rochester, NY 14605; \$15.00

IN BETWEEN: A FAMILY LIFE EDUCATION CURRICULUM FOR EARLY ADOLESCENTS (AGES 10-14)

Focuses on individual and group activities which celebrate the family, encourage healthy attitudes toward pubertal changes, and introduce problem-solving skills in peer relationships. For optional purchase with curriculum is a three-film series entitled *In Between*, designed to stimulate discussion about the new privileges and problems associated with reaching puberty.

Memphis Planned Parenthood (1981; 115 pp.), 1407 Union, Memphis, TN 38104; \$18.00

NEW METHODS FOR PUBERTY EDUCATION: GRADES 4-9

Carolyn Cooperman and Chuck Rhoades

Outlines original lesson plans that explore: the factual aspects of the body changes which occur during puberty; the emotional responses to these changes; how body image affects a person's self-esteem and interactions with other people; and skills for retaining reliable information about the human body. It is intended that teachers will select lesson plans to be integrated into the existing puberty education component of the total family life education curriculum as is appropriate for their individual classes.

Planned Parenthood of Northwest New Jersey (1983; 176 pp.), 195 Speedwell Avenue, Morristown, NJ 07960; \$20.00 plus \$3.00 p/h

PROGRAMS FOR PRE-ADOLESCENTS: SEXUALITY EDUCATION STRATEGY AND RESOURCE GUIDE

Jane Quinn

Based on information and experiences that resulted from the Youth Serving Agencies Project, this guide covers research perspectives, a description of successful program models, issues to consider when implementing a program, and recommended resources.

Center for Population Options (1983, 44 pp.), 1012 14th Street, NW, Washington, DC 20005; \$4.00

HIGH SCHOOL/ ADOLESCENTS

EXPLORING THE PARENTHOOD CHOICE: AN ACTIVITIES GUIDE FOR EDUCATORS

National Alliance for Optional Parenthood

Assumption behind the guide is not that all students will be parents someday, but that all students need to think about what is involved in parenthood and be aware of alternatives in order to make responsible choices. Guide suggests 20 different activities grouped in six sections: Preliminary Activities, Resources for Family Life, Knowledge About Children, The Parenthood Option, The Childfree Option, and The Decision.

Network Publications (1981; 78 pp.), 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506; \$8.95 plus 15% p/h

**FAMILY LIFE EDUCATION:
A PROBLEM-SOLVING CURRICULUM
FOR ADOLESCENTS (AGES 15-19)**

Focuses on activities which strengthen decision-making skills, enhance self-concept, and promote greater awareness of sexual attitudes and roles. Also available for purchase with this curriculum are five trigger films which present typical dilemmas faced by today's teenagers.

Memphis Planned Parenthood (1980; 181 pp.), 1407 Union Avenue, Memphis TN 38104; \$18.00

**FAMILY LIFE EDUCATION:
CURRICULUM GUIDE**

Steven Bignell, ed.

Presents specific 10-session models for programs at both junior and senior high school levels. While both attempt to provide a broad overview of the areas commonly covered within sex education courses, the junior high program tends to focus more on the issue of self-esteem, and the senior high program focuses on problem solving and decision making.

Network Publications (1980; 396 pp.), 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506; \$24.95 plus 15% p/h

**HUMAN DEVELOPMENT SERIES:
A SEXUALITY EDUCATION PROGRAM
FOR ADOLESCENTS**

Joseph Fay and Mary Grace Umbel

Designed to meet the needs of both the beginning sex educator looking for help with course content and the veteran who wants advanced strategies and fresh ideas. Outlines 18 sessions, citing the purpose, rationale, materials, study topics, and suggested activities for each.

Planned Parenthood of Central Pennsylvania (1983, 2nd ed.; 74 pp.), Education Department, 728 Beaver Street, York, PA 17403; \$12.95 plus \$1.00 p/h

**HUMAN SEXUALITY:
A CURRICULUM FOR TEENS**

Jane M. Dodds

Contains 14 chapters which can be presented as 14 or more class sessions. Each session is made up of five components: overview of concepts for class discussion, factual material to be presented, group exercises and homework assignments, resources, and knowledge and attitude surveys.

Planned Parenthood of Rochester and Monroe County (1979; 145 pp.), 24 Windsor Street, Rochester, NY 14605; \$20.00

**HUMAN SEXUALITY: A CURRICULUM
GUIDE, GRADES 9-12**

Martha R. Roper

Outline for a one-semester high school course which meets twice a week.

University City Senior High School (1983, 35 pp.) McKnight Building, 8346 Delcrest Drive, University City, MO 63124; \$5.00

**HUMAN SEXUALITY: A TRAINING
MANUAL FOR JOB CORPS CENTERS**

Jeanette M. Calnek and Steven G. Levine

First half is a 14-16 hour training program for counselors, instructors, medical and recreational personnel, and dormitory staff. Second half is a two-day sexuality education program for Job Corps students aged 16-21, taught from the assumption that many may already be sexually active.

Genesee Region Family Planning Program (1981; 110 pp.), 315 Alexander Street, Rochester, NY 14604; \$4.50

**IMPLEMENTATION OF FAMILY LIFE
EDUCATION CURRICULUM: TEACHING
MATERIALS AND STRATEGIES**

Joan Benesch, Jean Kapp, and
Louise Peloquin

Oriented toward urban sex educators developing programs and materials specific to school objectives and guidelines. Each of the 10 sections reviews a particular content area and includes curriculum objectives, factual materials, and exercises.

Sex Education Coalition (1981; 125 pp.), 1309 L Street, NW, Washington, DC 20005; \$10.00

**LIFE PLANNING EDUCATION:
A YOUTH DEVELOPMENT PROGRAM**

Carol Hunter-Geboy et al.

In Unit I, "Who Am I?" there are chapters on self-esteem, personal and family values, and sex-role stereotypes. Unit II, "Where Am I Going?" covers goal setting, decision making, and parenthood. The final unit, "How Do I Get There?" includes chapters on sexuality, employment, and communication. Designed for junior and senior high students.

Center for Population Options (1985; 251 pp.), 1012 14th Street, NW, Washington, DC 20005; \$30.00

**LIFE STYLES EDUCATION AND
COUNSELING PROGRAM:
CURRICULUM MANUAL**

Pam Sofferin et al.

Provides a multifaceted approach to working in the area of teenage parenthood prevention. Contains 16 units, each consisting of introduction, goals and objectives, optional exercises, overhead transparencies, suggested discussion questions, pre/post tests, and resources.

Lifestyles Program (1984; 375 pp.), Lakeview Center, 1221 West Lakeview Avenue, Pensacola, FL 32501; \$100.00

**POSTPONING SEXUAL INVOLVEMENT:
AN EDUCATIONAL SERIES
FOR YOUNG TEENS**

Marion Howard, Marie E. Mitchell,
and Bette Pollard

Each set—one for young people and one for parents—includes a leader's guide, slides, and a cassette tape. Outlines four one-and-a-half hour sessions on the topics of social pressure, peer pressure, problem solving, and using new skills.

Emory/Grady Teen Services Program (1984; 71 pp.); Grady Memorial Hospital, 80 Butler Street, SE, Atlanta, GA 30335; \$40.00 per set

**SELF DISCOVERY—CARING, LOVING,
AND SEXUALITY: USING SKILLS
TO MAKE TOUGH CHOICES**

Gilda Gussin, Ann Buxbaum, and
Nicholas Danforth

Students review basic facts about reproduction, teen pregnancy, and birth control, and then determine personal rules based on their own and their families' values. Students use self-discovery skills to meet needs for loving and caring without necessarily relying on sexual activity.

Management Sciences for Health (1984), 165 Allandale Road, Boston, MA 02130; \$8.95 (teacher's guide, 113 pp.), \$6.95 (student's guide, 80 pp.), plus 15% p/h. Also available from Network Publications.

**SEX EDUCATION TEACHER'S GUIDE AND
RESOURCE MANUAL**

Steven Bignell

Designed as a companion volume to *Family Life Education: Curriculum Guide*, this manual is an aid to sex educators who are developing classes or enhancing existing programs. Offers extensive teaching techniques and bibliographic material, as well as comprehensive background on topical areas usually covered.

Network Publications (1982, 2nd ed.; 277 pp.), 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506; \$24.95 plus 15% p/h

**SEXUALITY AND THE ADOLESCENT:
A TEACHING GUIDE**

Jerelyn B. Schultz, ed.

The second of a four-part curriculum entitled *Contemporary Parenting Choices*. Major topics addressed are: the decision to parent, sexuality and the adolescent, and caring for children in today's society. Presented in double-page four-column format consisting of: competencies to be acquired by students, possible generalizations, learning activities, and resources.

Iowa State University Press (1981; 260 pp.), Ames, IA 50010; \$16.95

**SEXUALITY EDUCATION: A CURRICULUM
FOR ADOLESCENTS**

Pamela Wilson and Douglas Kirby

Consists of 11 units, each of which has a statement of goals and objectives, an overview of the unit contents, several activities and, where needed, lecture notes and handouts. Based primarily on courses developed and taught at Council Rock High School in Newtown, Pa.; University City High School in St. Louis, Mo.; and George Mason High School in Falls Church, Va.

Network Publications (1984; 450 pp.), 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506; \$29.95 plus 15% p/h

**WE'RE NOT JUST TALKING SEX . . .
A LEADER'S GUIDE FOR TEEN SEX
EDUCATION**

Contains information about group facilitation, program content, teaching methods, evaluation instruments, and supplementary teaching materials. Outlines three complete

programs which can be presented independently or as a series: Health Care for Teens; Values, Decision Making, and Sexuality; and Sexuality and Relationships.

Planned Parenthood of Southeastern Pennsylvania (1983; 130 pp.), 1220 Sansom Street, Philadelphia, PA 19107; \$5.95 plus 90¢ p/h

PEER (ADOLESCENTS)

PEER EDUCATION: A FAMILY HEALTH EDUCATION PROGRAM

Juliette M. Van Putten

Consists of 15 90-minute sessions. Various teaching methods used include lectures, role playing, films, group discussions, and strategies aimed at values clarification. Once the training is completed, the trained students present two to five educational programs to other students in a classroom setting.

Office of Health Education, San Bernardino County Department of Public Health (1982; 350 pp.), 351 North Mountain View Avenue, San Bernardino, CA 92415; \$15.00

PEER EDUCATION: AN ADOLESCENT SEX EDUCATION PROGRAM

Covers methods for starting a peer education program, recruiting students to be peer educators, training them for 30 hours over a 10-day period, and having them present a one-week sex education program via giving lecture/demonstrations, leading exercises, and facilitating group discussion.

Planned Parenthood of Monterey County (1981; 141 pp.), 5 Via Joaquin, Monterey, CA 93940; \$20.00

PEER EDUCATION IN HUMAN SEXUALITY

Louise Peloquin, Jinny Sewell, and Ginny Levin

Designed to give an understanding of the peer education model, a step-by-step guide to initiate and continue a peer education program, and ideas for using peer educators after training. Peer educators demonstrate their skills through public speaking, role playing, salespersonship, individual and group education, and referral techniques.

Planned Parenthood of Metropolitan Washington (1980; 106 pp.), 1108 16th Street, NW, Washington, DC 20036; \$12.00

PEER EDUCATION PROGRAMS: SEXUALITY EDUCATION STRATEGY AND RESOURCE GUIDE

Ling Chin and Marjorie B. Dahlin

Based on information and experiences that resulted from the Youth Serving Agencies Project, this guide presents research perspectives, a description of successful program models, issues to consider when implementing a program, and recommended resources.

Center for Population Options (1983; 42 pp.), 1012 14th Street, NW, Washington, DC 20005; \$4.00

TO BE A LEADER: SKILLS IN GROUP LEADERSHIP FOR TEENAGERS

Teen Advisory Committee and Education Department

Offers advice on characteristics of an effective group leader, preparing for a group, conducting a group on one's own or with others, opening and closing sessions, and handling difficult situations. Suggests "icebreaker" and program activities, and discusses special concerns in peer sex education group leadership.

Planned Parenthood of Southeastern Pennsylvania (1983; 34 pp.), 1220 Sansom Street, Philadelphia, PA 19107; \$1.95 plus 30¢ p/h

A TRAINING MANUAL FOR WORKING WITH ADOLESCENTS AS PEER COUNSELORS

Judith Segal

Includes an overview of the peer counseling program from which this manual evolved, a philosophical and theoretical framework making possible the creation of an atmosphere for both personal and group development; many examples of techniques for team building, trust development, information giving, and skill learning; suggestions for keeping in touch with participants; and administrative considerations.

Pasadena Planned Parenthood (1979; 86 pp.), 1045 N. Lake Avenue, Pasadena, CA 91104; \$10.00

PARENTS

CONNECTIONS

Phyllis R. Goldman

Designed to help professionals with human services background conduct a three-hour workshop for parents of adolescents. Packaged as folder with two pockets of materials—one for instructors and one for parents.

Statewide Family Planning Training Program (1983), Department of OB-GYN, University of Connecticut Health Center, Farmington, CT 06032; \$7.50

FAMILY LIFE EDUCATION: HOMEWORK FOR PARENTS AND TEENS

Nancy Abbey-Harris

Twenty-four assignments, divided into junior- and senior-high age levels, cover a wide variety of issues. Each has an introduction and both a parent and a teen worksheet (sometimes combined). Designed as an adjunct to classroom programs for grades 7-12.

Network Publications (1984; 82 pp.), 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506; \$11.95 plus 15% p/h

GROWING (UP) TOGETHER—SEXUALITY AND COMMUNICATION: A CURRICULUM GUIDE FOR PARENTS AND CHILDREN

Kathryn Bosch

Six units for use with parents and their children ages 10-13, plus a parents' introductory

session. Adaptable for use in a variety of time schedules. Curriculum format includes working with parents and young people together and apart and necessitates a minimum of two facilitators.

Family Planning Council of Western Massachusetts (1982; 54 pp.), 16 Center Street, Northampton, MA 01060; \$8.50

HUMAN SEXUALITY: A COURSE FOR PARENTS

Judith Hunter

Contains objectives, activities, and resource material for eight two-hour sessions. Designed to include information and educational experiences appropriate for any group of parents in almost any setting.

Genesee Region Family Planning Program (1982; 63 pp.), 315 Alexander Street, Rochester, NY 14604; \$4.00

LIVING WITH 10- TO 15-YEAR-OLDS

Gayle Dorman, Dick Geldorf, and Bill Scarborough

A parent education curriculum focusing on parent-child communication about sex, risk-taking behavior of young adolescents, and understanding early adolescence. Can be used to conduct full-scale community conferences or informal parent discussion/support groups. Includes workshop designs for 20 hours of group discussion.

Center for Early Adolescence (1982), Carr Mill Mall, Suite 223, Carrboro, NC 27510; \$45.00 plus \$3.00 p/h

PARENT-CHILD SEX EDUCATION: A TRAINING MODULE

Jean C. Brown et al.

Includes four separate course outlines for mother-daughter groups (girls 9-12 and adolescent girls), and father-son groups (boys 9-12 and adolescent boys).

Parent-Child Experience, Inc. (1982; 106 pp.), 1518 South 18th Street, Saint Joseph, MO 64507; \$18.95

PARENT-TEACHER GUIDE TO SEX EDUCATION PROGRAMS

Jane M. Dodds

Provides information about making a needs assessment in the community; public relations for a parent sex education program; and design, implementation, and evaluation. Sample exercises and lists of resource materials are provided.

Planned Parenthood of Rochester and Monroe County (1978; 46 pp.), 24 Windsor Street, Rochester, NY 14605; \$15.00

PROGRAMS FOR PARENTS: SEXUALITY EDUCATION STRATEGY AND RESOURCE GUIDE

Toni F. Clark and Pamela M. Wilson

Based on information and experiences that resulted from the Youth Serving Agencies Project, this guide covers research perspectives, a description of successful program models, issues to consider when implementing a program, and recommended resources.

Center for Population Options (1983; 55 pp.), 1012 14th Street, NW, Washington, DC 20005; \$4.00

PUTTING THE BIRDS AND BEES IN PERSPECTIVE: A PARENT EDUCATION MANUAL

Barb Cote and Jan Lunquist

Covers how to put together a parent education project; topics in sexuality with parent guidelines; program designs for parents of preschoolers, school age children, and pre-teens/teens; also for single, teen, and adoptive parents; and for parents and children together. Includes file of ideas, activities, and resources.

Planned Parenthood Centers of West Michigan (1982; 239 pp.), 425 Cherry Street SE, Grand Rapids, MI 49503; \$30.00

SEMINARS FOR PARENTS ON ADOLESCENT SEXUALITY

Contains detailed outlines for four seminars, including overall goals, suggested agenda, techniques for encouraging discussion, and background reading and information. Additional seminar outlines are also provided for parents wishing to explore particular topics in more depth. This is part of a larger educational program entitled "Starting a Healthy Family."

Education Development Center (1978; leader's guide, 147 pp.; parent packet, 141 pp.), 55 Chapel Street, Newton, MA 02160; curriculum alone, \$13.95 plus p/h; curriculum plus four audio-tapes, \$31.95 plus p/h

SEXUALITY EDUCATION: A CURRICULUM FOR PARENT/CHILD PROGRAMS

Jean Brown et al.

A revised expanded version of *Parent-Child Sex Education: A Training Module* (see entry above). Consists of suggested course outlines; activities, supplementary teacher resource sheets, and handouts; and appendices on resources and evaluation.

Network Publications (1984; 212 pp.), 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506; \$24.95 plus 15% p/h

SEXUALITY EDUCATION: A FAMILY LIFE EDUCATION CURRICULUM FOR PARENTS AND YOUNG ADOLESCENTS

Memphis Association for Planned Parenthood

Developed from a research program that compared and evaluated five different approaches to training parents and young adolescents to talk comfortably about sexuality. Extensive program materials included.

Planned Parenthood Federation of America (1984; 105 pp.), 810 Seventh Avenue, New York, NY 10019; \$9.45

SEXUALITY EDUCATION FOR PARENTS OF YOUNG CHILDREN: A FACILITATOR'S TRAINING MANUAL

Sally A. Koblinsky

Section 1 provides overview of program from which this manual was developed and presents rationale for offering sexuality education program to parents of children from infancy to age eight. Sections 2 and 3 deal with organization, management, and curriculum for training of facilitators. A model for

designing, implementing, and evaluating programs for parents appears in Section 4. Final two sections include informational summaries for sexual topics covered in both the facilitator and parent training programs, plus appendices, bibliographies, and resource lists.

Ed-U-Press (1983; 296 pp.), P.O. Box 583, Fayetteville, NY 13066; \$11.95 plus 15% p/h

TEACHING PARENTS TO BE THE PRIMARY SEXUALITY EDUCATORS OF THEIR CHILDREN

Judith S. Alter, Pamela Wilson, and Ann Thompson Cook

Part of a five-volume study done by MATH-TECH for the U.S. Department of Health and Human Services. Volumes II and III are for parents of children of all ages.

Superintendent of Documents (1982), U.S. Government Printing Office, Washington, DC 20402; Vol. II: Guide to Designing and Implementing Multisession Courses, 129 pp., \$4.00, Stock #017-023-00151-5; Vol. III: Curriculum Guide to Course for Parents, 208 pp., \$6.00, Stock #017-023-00152-3; Vol. IV: Curriculum Guide to Courses for Parents and Adolescents Together, 200 pp., \$7.00, Stock #017-023-00153-1

WHAT SHOULD WE TELL THE CHILDREN: A CURRICULUM GUIDE FOR PARENTS

Kathryn Bosch

A 10-hour curriculum which provides information on myths and facts, communication skills, and peer pressures. Includes exercises and resources for parents of children of all ages.

Family Planning Council of Western Massachusetts (1982; 40 pp.), 16 Center Street, Northampton, MA 01060; \$8.50

PROFESSIONAL

COMMUNICATING ABOUT SEXUALITY—PARENT AND CHILD: A GUIDE FOR TRAINING FAMILY LIFE EDUCATORS AND COUNSELORS

Anne Wuerscher and Phyllis R. Goldman

Course will enable professionals to attain the knowledge and skill they need to foster better communication about sexuality in the homes of parents of adolescents.

Family Planning Training Program (1981; 174 pp.), University of Connecticut Health Center, Farmington, CT 06032; \$10.00

FAMILY LIFE EDUCATION: TEACHER TRAINING MANUAL

Ellen Wagman, Lynne Cooper, and Kay Rodenberg Todd

Written for those wishing to prepare school personnel to teach family life education to junior and senior high school students. Organized around the steps of needs assessment, objective writing, training, management, design, delivery, and evaluation. Uses

concrete examples and sample activities, designs, forms, and instruments to clarify each step.

Network Publications (1981; 525 pp.), 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506; \$29.95 plus 15% p/h

HOW TO BE A TRAINER

Terry Beresford

Subtitle: A Self-Instructional Manual for Training in Sexual and Reproductive Health Care. Text covers how to design training sessions, deliver training effectively, think like a trainer, and deal with common group management problems. Resource section contains more than 50 exercises for staff training in communications, assertiveness, contraception, abortion, and sexuality.

Planned Parenthood of Maryland (1980; 142 pp.), 610 North Howard Street, Baltimore, MD 21201; \$12.50 plus 15% p/h

SEX COUNSELING SKILLS WORKSHOP: A TRAINER'S HANDBOOK

Robert R. Wilson

Outlines three phases: sex attitudes awareness (3 days), sex counseling skills (3 days), and case studies (1 day). Stresses first phase because of its innovative design of relying not on explicit films as primary catalyst, but instead on specific sexual images of past and present which participants recreate prior to each session.

Carolina Population Center (1977; 77 pp.), University of North Carolina, University Square 300-A, Chapel Hill, NC 27514; \$2.00 plus 85¢ p/h

SEX EDUCATION FOR THE HEALTH PROFESSIONAL: A CURRICULUM GUIDE

Norman Rosenzweig and F. Paul Pearsall, eds.

A compendium of articles covering curriculum design; teaching methodology; courses for special target audiences such as gynecologists, urologists, and nurses; and some sample programs.

Grune and Stratton (1978; 336 pp.), 111 Fifth Avenue, New York, NY 10003; \$39.00 plus \$2.00 p/h

TEACHER TRAINING IN FAMILY LIFE EDUCATION

Jean Klein-Falzalore

Four six-hour training agendas on self-esteem, enhancing effective communication, the process of valuing, and self-directed decision making. Format of each consists of training objectives, overview of schedule, pre/post tests, ground rules, structured learning activities, lectures, and film presentations.

Office of Health Education (1982; 292 pp.), San Bernardino County Department of Public Health, 351 North Mountain View Avenue, San Bernardino, CA 92415; \$15.00

TRAINERS' RESOURCES: HUMAN SEXUALITY

Margarct B. Dollar, ed.

Includes activities for: assessing trainees' feelings, attitudes, and knowledge; values

clarification; communication skills; and helping consumers with sexual problems.
Regional Training Center for Family Planning (1977; 92 pp.), 100 Edgewood Avenue, NE, Rm. 802, Atlanta, GA 30303; \$3.50 plus 15% p/h

SEX ROLES

AS BOYS BECOME MEN: LEARNING NEW MALE ROLES

Doug Cooper Thompson

Activities for junior and senior high school students cover definition of the male role stereotype, images of men in the media, men's attitudes toward work, competitive sports, communication styles and language, emotions, fathering, and relationships with other males and females.
Irvington Publishers (1985; 81 pp.), 740 Broadway, New York, NY 10003; \$9.95 plus \$1.75 p/h

BEING A MAN: A UNIT OF INSTRUCTIONAL ACTIVITIES ON MALE ROLE STEREOTYPING

David Sadker

For use with junior high students. First section provides background information about the issue, and second section contains classroom strategies and lesson plans intended to help students identify, analyze, and evaluate the male sex-role stereotype in particular and sex-role stereotyping in general.
Superintendent of Documents (1980; 64 pp.), U.S. Government Printing Office, Washington, DC 20402; Stock #017-080-01777-6; \$5.00

EXPLORING CONTEMPORARY MALE/FEMALE ROLES: A FACILITATOR'S GUIDE

*Clarke G. Carney and
Sarah Lynne McMahon, eds.*

A collection of activities, instruments, and readings intended as a resource for facilitators working with any group of individuals who may wish to clarify their sex-role identities and/or who are struggling with other people's sex-role expectations for them.
University Associates (1977; 276 pp.), 8517 Production Avenue, San Diego, CA 92121; \$8.95

WHEN I GROW UP

Michelle Kavanaugh

Subtitle: Structured Experiences for Expanding Male and Female Roles. Volume I: The Early and Middle School Years, 206 pp. Volume II: High School and Beyond, 183 pp. Exercises are for all students at all developmental levels from pre-kindergarten through late adolescence and for the adults who work with them.
Humanics (1979), P.O. Box 7447, Atlanta, GA 30309; \$14.95 each vol.; p/h: \$3.60 for both, \$2.60 for one

YOUNG MEN

IMPLEMENTING A YOUNG MEN'S SEXUALITY EDUCATION PROGRAM: A HOW TO GUIDE

Andre Watson and Debra W. Haffner

Based on an innovative program for male teens, conducted by PPMW in conjunction with Big Brothers of the National Capital Area.
Planned Parenthood of Metropolitan Washington (1982; 16 pp.), 1108 16th Street, NW, Washington, DC 20036; \$2.50 plus 15% p/h

PROGRAMS FOR YOUNG MEN: SEXUALITY EDUCATION STRATEGY AND RESOURCE GUIDE

*Douglas Beckstein, Marjorie B. Dahlin,
and Dinah Wiley*

Based on information and experiences that resulted from the Youth Serving Agencies Project, this guide covers research perspective, a description of successful program models, issues to consider when implementing a program, and recommended resources.
Center for Population Options (1983; 48 pp.), 1012 14th Street, NW, Washington, DC 20005; \$4.00

MISCELLANEOUS

DEMISTIFYING HOMOSEXUALITY: A TEACHING GUIDE ABOUT LESBIANS AND GAY MEN

Human Rights Federation

Includes classroom techniques, lesson plans, questions, answers, and discussion about the lifestyles, concerns, and sexuality of lesbians, gay men, and bisexuals. Lists community and educational resources.
Irvington Publishers (1984; 175 pp.), 740 Broadway, New York, NY 10003; \$12.95 plus \$1.75 p/h. Also available from Network Publications.

EDUCATORS HANDBOOK

Debra Haffner, ed.

Includes modules for presentations on contraception, STDs, male sexuality, and parents as sexuality educators. Also contains guidelines for working with the media, marketing education programs, and generating revenue.
Planned Parenthood of Metropolitan Washington (1984; 160 pp.), 1108 16th Street, NW, Washington, DC 20036; \$12.00

FOUNDATIONS FOR DECISION MAKING: A VD TEACHING GUIDE

Thelma King Thiel and Newton Richard

For the lower grades, teaching units are limited to providing students with a basic

understanding of germs and communicable diseases. For the middle grades, students are introduced to some of the sexually transmitted diseases. For the upper grades, emphasis is on prevalence of STDS, modes of transmission, and personal responsibility for prevention.
American Council for Healthful Living (1979; 112 pp.); 439 Main Street, Orange, NJ 07050; \$6.50

SEXUALIDAD HUMANA Y RELACIONES PERSONALES

René Jaimes, ed.

A series of essays by several authors who express their own views on human sexuality themes. Sections arranged developmentally from early and later childhood through adolescence and adulthood. Also includes sections on teaching methodology and a bibliography of over 300 works available in the Latin American region. (Text in Spanish)
International Planned Parenthood Federation/Western Hemisphere Region (1981, 2nd ed.; 362 pp.), 105 Madison Avenue, New York, NY 10016; \$20.00

TEACHING HUMAN SEXUALITY IN CARIBBEAN SCHOOLS: A TEACHER'S HANDBOOK

*Allison Y. Lewis, Selwyn Ragoonanan,
and Rosalind Saint-Victor*

Covers ages 9-19. Written to meet the need for sex education materials relevant to the Caribbean experience. Universal application of teaching method suggested will also make it of benefit to other sex educators.
International Planned Parenthood Federation/Western Hemisphere Region (1984; 295 pp.), 105 Madison Avenue, New York, NY 10016; \$15.00.

WORKING TOGETHER: A GUIDEBOOK FOR COMMUNITY-BASED FAMILY LIFE EDUCATION

Jacqueline S. Walker and Sheila Essig

Based on three model programs in communities of different sizes and needs, this guide illustrates innovative ways to expand the range of topics, audiences, and settings for non-traditional family life education. Evaluation materials included.
Planned Parenthood Federation of America (1984; 196 pp.), 810 Seventh Avenue, New York, NY 10019; \$9.45

WORKING WITH CHILDBEARING ADOLESCENTS

Linda Barr and Catherine Monserrat

Subtitle: A Guide for Use with Teenage Pregnancy: A New Beginning. Assists adults from a variety of backgrounds to improve their effectiveness in working with pregnant teenagers and teenage parents. Builds lesson plans around an accompanying textbook for pregnant adolescents.
New Futures, Inc. (1980; 154 pp.), 2120 Louisiana, NE, Albuquerque, NM 87110; \$10.00 plus \$2.00 p/h

BOOK REVIEWS

New Conceptions: A Consumer's Guide to the Newest Fertility Treatments. Lori B. Andrews. New York: St. Martin's Press, 1984 (325 pp.; \$14.95).

Making Babies: The New Science and Ethics of Conception. Peter Singer and Deane Wells. New York: Charles Scribner's Sons, 1985 (246 pp.; \$14.95).

Reproductive Ethics. Michael Bayles. Englewood Cliffs, N.J.: Prentice-Hall, 1984 (141 pp.; \$10.95).

Test-Tube Women: What Future for Motherhood? Rita Arditti, Renate Duelli Klein, and Shelley Minden, eds. London and Boston: Pandora Press, 1984 (482 pp.; \$8.95).

Reviewed by Robert T. Francoeur, PhD, ACS, Department of Biological and Allied Health Sciences, Fairleigh Dickinson University, Madison, N.J.

Fifteen years after science writers first warned of an impending revolution in human reproductive technologies the public is finally becoming aware of the mushrooming use of these advances in medical treatments. For the most part, however, the emotional and social consequences these techniques inevitably bring remain buried. Four recent books tackle these crucial issues head on from a variety of perspectives.

In *New Conceptions*, Andrews—a law professor, contributing editor for *Parents Magazine*, and the attorney in the first law suit in the nation to help couples gain access to *in vitro* fertilization (IVF)—provides a uniquely valuable guide for both the infertile couple and the health-care professional. Her opening chapter contains a clear summary of the incidence and types of infertility and the remedies available or soon to be available, as well as an outline of the emotional, physical, societal, and religious problems involved. Subsequent chapters expand in fine detail on the many causes of infertility, the practical and psychological aspects of male and female fertility tests, the technical and

personal sides of genetic screening and counseling, and the emotional effects of infertility. Andrews describes the medical procedures of IVF, artificial insemination, surrogate motherhood, embryo freezing, and embryo transfer in lay language without distortion or misleading generalization, and with warranted caution about the success of these treatments.

Andrews' pragmatic advice on the medical and legal complications culminates in a final chapter dealing with the post-birth experiences of a couple who made a successful expedition into the new fertility technologies. She discusses the birth and the danger of overprotection, answers questions IVF parents commonly ask, gives some solid parental pointers about telling the child of its origins, and explores relationships with the biological parent in a new form of expanded family. Forty pages of useful appendices cover terminology, trade names, resources, centers offering new conceptions, and selected readings on medical, legal, and ethical aspects. *New Conceptions* is a superb guide for both the specialist and the consumer faced with an infertility problem.

Singer, Director of the Centre for Human Bioethics at the University of Monash in Australia (a hotbed of reproductive research), and Wells, a member of the Australian Parliament, survey much the same territory in *Making Babies*, but their approach is different. They analyze IVF variations, surrogate motherhood, sex selection, ectogenesis, and genetic engineering as these have developed in medical centers around the world, and they quote extensively from the work of Australian pioneers Carl Wood and Alan Trounson, the British team of Robert Edwards and Patrick Steptoe (who gave the world its first test-tube baby), and a number of American researchers, Clifford Grobstein among others. They also weave into their technical accounts personal reactions and views of several American and Australian couples who have gone through IVF

clinics, some successfully, some without success. These personal accounts illustrate in part the desperate emotions that often drive infertile couples to pursue these experimental remedies despite cost and inconvenience.

In a thorough critique of the ethical pros and cons of these technologies, Singer analyzes and responds to the dogmatic positions of the Roman Catholic hierarchy which leads the moral opposition to the new conception modes. Wells tackles the problem of how we might achieve consensus on these perplexing issues and manage them within a representative democracy with a minimum of government interference and legislation. I have not found a better presentation or a more practical conclusion on this point elsewhere. Adding to the richness of the Singer and Wells book are data on public opinion polls in Australia and the U.S. and an appendix of official statements and committee reports.

Bayles's *Reproductive Ethics* is more of a standard text, with an academic, philosophical approach. It is ultimately an unsatisfying and disturbing book, however, because of the deceptively precise, rational, and definitive "answers" it provides for every dilemma others debate concerning the ethics of contraception, artificial insemination, embryo transplants, frozen embryos, IVF, surrogate mothers, genetic screening, abortion, compulsory C-sections, home birth, the management of seriously handicapped newborns, cloning, fetal engineering, and ectogenesis. After dismissing as "trivial," "irrelevant," and "irrational" the positions maintained by others, Bayles offers his own solution which he considers patently logical. Never mind the emotions, desires, feelings, or religious convictions of others; they are merely distracting. If something is possible, and probably safe medically, then it is ethical. If the medical researchers are doing it, and you cannot stop them with a law, then it is ethical to let them continue. This overly polemic

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

approach limits the book's usefulness, although some of Bayles's views and insights do make it at least worth skimming.

Test-Tube Women is also a polemic work, but much more challenging and provocative. Its feminist editors—an Argentinian-Jewish-American molecular biologist, a Swiss neurobiologist, and the editor of the Coalition for Responsible Genetics newsletter—urge some challenging remedies and survival techniques to counter alleged patriarchal biases in reproductive medicine. I enjoyed reading the many short chapters, though personally I found some intriguing twists stretched beyond the point of credibility.

Questions are posed about who controls the new technology, who benefits from increased technological interventions and manipulations of conception and childbirth, and how much real freedom of choice reproductive technologies offer women. The reasoned passion and depth of the arguments found in *Test-Tube Women* are evident in the chapter titles, e.g., *The Meanings of Choice in Reproductive Technology: Egg Farming and Women's Future; From Mice to Men? Implications of Progress in Cloning Research; Designer Genes: A View From the Factory; Inside the Surrogate Industry; Teenage Oppression and Reproductive Rights; Sterilization Abuse; Male Sex Selection in India; Children by Donor Insemination: A New Choice for Lesbians; Who Is Going to Rock the Petri Dish? and For Feminists Who Have Considered Parthenogenesis When the Movement Is Not Enough.* **A, PR**

[The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs by Gena Corea, recently published by Harper & Row, will be reviewed by Dr. Francoeur in the November issue of the SIECUS Report. —Ed.]

Recovery: How to Survive Sexual Assault. Helen Benedict. New York: Doubleday, 1985 (289 pp.; \$15.95).

Reviewed by Carolyn M. Byerly, *journalist; former administrator, Thurston County Rape Relief Program, Olympia, Wash.; author, The Mother's Book: How to survive the Incest of Your Child (1985).*

Hardly anyone concerned about sexual assault these last 15 years has sat still. From the early feminist voices that

brought the experience out of hiding and made it a public issue, to the academics who painstakingly collected and analyzed the data, countless numbers of survivors and professionals in the field have contributed to what has become a dense and increasingly rich body of knowledge on sexual assault. We can now speak and act with greater certainty regarding this loathsome phenomenon.

Helen Benedict's new book *Recovery* is the latest resource for people who are trying to cope with the aftermath of sexual assault. The book's subtitle, "How to Survive Sexual Assault for Women, Men, Teenagers, Their Friends and Families," points out the broad audience for whom she has written, and the nine lengthy chapters and a section on resources further testify to the work's completeness.

When Benedict, a British journalist who had become interested in the subject of rape, moved to the United States, she took training as a rape crisis counselor at a New York hospital. She bases *Recovery* on her own interviews with survivors and those close to them, as well as on the works of recognized leaders in the sexual assault field—Burgess and Holmstrom, Medea and Thompson, Diana Russell, Nicholas Groth, Gene Abel, and more. The book follows a fairly consistent feminist analysis in its presentations, and offers information about the mythology surrounding sexual assault, both short- and long-term traumatic effects, reporting, medical care, finding support, giving support, and self-defense. In the sections written for her various target audiences—women, men, teens, gays and lesbians, older persons—she intersperses the factual portions with short case histories to keep the reader in touch with the reality of the issues.

Recovery is especially commendable for its chapter on "Rape by Husbands," a common but still largely dismissed rape experience among women, and for "Men Get Raped, Too," an acknowledgment that needs to be made. Both wife rape and male rape have been hidden problems full of taboos and denials, and few resource books speak directly to either.

Because of its length and vocabulary (one subsection addresses "Factors that Exacerbate Your Reactions"), *Recovery* might be best suited for the survivor working with a counselor or rape crisis advocate who can help decipher terminology and further explore the emotional reactions described in the book.

For professionals themselves, the book provides a compendium of information—facts, stories, blueprints for action—plus an overview of current literature on sexual assault. Two shortcomings worthy of mention are its dearth of hard data, making parts of the presentation a bit too general, and its lack of specific information for an important group—women and children of color. On the whole, however, the book provides a practical, sound, and supportive guide and resource book on recovering from sexual assault—one which is unique in its combination of theory and "how to" information. **A, P, PR**

Bisexual and Homosexual Identities: Critical Theoretical Issues. John P. DeCecco and Michael G. Shively, eds. New York: Haworth Press, 1984 (174 pp.; \$22.95).

Reviewed by Robert O. Hawkins, Jr., *MEd, PhD cand., Associate Professor and Associate Dean, School of Allied Health Professions, Health Sciences Center, State University of New York at Stony Brook, N.Y.*

In this book DeCecco and Shively, as editors and contributors, have accomplished their goal, at least with regard to homoeroticism: to "[delineate] assumptions and problems inherent in the idea of sexual identity and, in the process, provide new theoretical directions for inquiry into sexual relationships." Their early suggestion that the focus of discourse on sexual identity be shifted from individuals to "an inquiry about the structure of sexual relationships" is a noble one but there is still room to consider both, in spite of the many problems this can create, as highlighted in the book. Sexual identity does not disappear in a relationship and may even restrict one's options for relationship partners.

Hoffman's "Vices, Gods, and Virtues" compares the polytheistic and monotheistic views toward homosexual activity, providing an excellent base for examining cross-cultural data. Paul's "The Bisexual Identity: An Idea Without Social Recognition," an appropriate beginning for much-needed discourse and research on the concept of ambieroticism, suggests that the ambierotic person can best be examined through the concept of marginality, primarily because of the lack of social recognition from either the homoerotic or hetero-

erotic communities. Paul points out that bisexuals "may be able to construct new forms of [relationship] intimacy and to place new values on such constructions."

The second article listed under the heading "Bisexual Context" is Murphy's "Freud Reconsidered: Bisexuality, Homosexuality, and Moral Judgement." It is regrettable that there are so few chapters on bisexuality (two, to be exact) and that one of them is devoted to yet another analysis of Freud's writings. This is not to suggest that Murphy's chapter is in any way less than scholarly. It is simply a criticism of the editors' choice of topics. Freud's writings on women and on any orientation other than heteroeroticism are filled with moral judgment, and it is now time to relegate to Freud the same amount of space and roughly the same citation that we finally have learned to give to Bieber et al. and their infamous, highly subjective report of analysands. To paraphrase a comment from the movie *Pink Triangles* (Cambridge Documentary Films), the writings of Freud have as much relevance for the homoerotic and ambierotic populations as *Gone With the Wind* has for people of color.

The remaining six chapters of the book focus on homoeroticism, with several excellent critiques of identity issues. Richardson, through a summary of literature on the essential characteristics that comprise homosexuality, pleads for a cessation of the homosexual-heterosexual dichotomy in discussions of the essentiality of sexuality. However, she does not discuss the potential place of bisexuality in this essentiality, the inclusion of which could have added positively to this volume. Minton and McDonald attempt to place various theories of homosexual identity within Habermas's theory of ego development. Cass provides a general review of the literature on homosexual identity, pointing out the chaos in definitions that exists in the literature and suggesting the need to utilize already existing theories of identity development. She discusses the differences between sexual identity, homosexual identity, and gay identity and says that it is "necessary to keep distinct the cognitive, behavioral, and emotional changes" in identity development theory. That there is no chapter suggesting a theory of ambierotic identity development reflects perhaps an awareness that clear-cut parameters have not yet been determined for many of the issues involved.

Shively, Jones, and DeCecco present an excellent chapter on the problems faced in defining sexual orientation in research, and Hoult provides a critique of the poorly researched, often cited biological perspective, including a section on "The Enigma of John Money." In Hoult's estimation, Money's writings have been contradictory with regard to biological and learning perspectives, and he cites several examples of such contradictions.

Futuyma and Risch's "Sexual Orientation, Sociobiology, and Evolution" provides a scholarly criticism of several theorists who espouse a sociobiological approach to homosexual behavior and homosexuality. The authors suggest that explanations for homosexuality are only as necessary as explanations for preferences for "blondes or brunettes or for music or sports" and if widely enough read, their article in combination with Hoult's could be effective in defusing the growing and almost obsessional preoccupation with finding a biological cause for homoeroticism or homosexual behavior.

While it does not provide a significant amount of information on bisexuality or ambieroticism, focusing primarily on

homoeroticism and homosexual activity, this book is an essential resource for anyone doing research centered on sexual orientation. **PR**

Treatment Interventions in Human Sexuality. C. C. Nadelson and D. B. Marcotte, eds. New York: Plenum Press, 1983 (488 pp.; \$42.50).

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

This is the 11th volume in the highly successful series, *Critical Issues in Psychiatry: An Educational Series for Residents and Clinicians*, edited by Sherwyn M. Woods. In this reviewer's opinion, all of the previous 10 volumes have been sharply focused statements on the state of the art of their individual subjects, but can also be characterized as clinically oriented, highly practical, provocative, and readable. This volume is no exception.

Editors Nadelson and Marcotte have assembled 24 authors and obviously instructed them to fill a need well known to anyone who has attempted to establish sex education curricula in U.S. medical schools. One of the major problems in attempting to educate and train medical students and members of the medical profession in the practical skills necessary to deal with patients' sexuality concerns has been the difficulty in providing such patients. The organization of this book is highly clinical and attempts to provide both clinical information and specific case material to illustrate the problems and the dilemmas in dealing with these sexual concerns. It offers over 400 pages of broad coverage on the widest variety of both common and unusual sexual issues encountered in practice, followed by four concluding appendices devoted entirely to the practical problems involving patient management.

The book begins with the traditional considerations of sexual history-taking and problems of sexual functioning, and goes on to cover sexual concerns of childhood, gender identity, and sex-role stereotyping. Instead of the commonly encountered dry discussions seen in many textbooks, however, the writing everywhere in these early chapters is enlivened by the provision of numerous case reports and actual taped or exemplary conversations with patients and, in

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the case of childhood concerns, tapes of actual encounters between parent and child. This is a general style encountered in all of the 18 chapters, fulfilling an editorial promise to provide case examples along with the practicalities of diagnostic and therapeutic thinking built around them.

To the great satisfaction of this reviewer, many subjects are covered that are not ordinarily provided in books in this field. For example, there are excellent chapters on sexual counseling in student health, and of particular note a chapter on premarital counseling by James Groer. This is a timely and necessary offering since, in these days of persistently high divorce rates, engaged couples are seeking premarital counseling in increasing frequency even after the wedding date has been set. It is apparent that their fear of not being able to handle problems which could lead to separation and divorce has motivated young couples to try to prevent destructive patterns from developing. It is particularly satisfying to note that in this chapter counseling is discussed in terms of the sexually inexperienced couple, the sexually experienced couple, couples who are already expecting a child, midlife men and women planning to marry, as well as those planning to remarry. Counseling strategies necessary to help disabled couples planning to marry are also discussed.

A unique contribution is the chapter on human sexuality and the American minority experience. The four authors—a black American, a Chinese American, a Cuban American, and a Puerto Rican American—offer broad coverage of the culture in the American minority experience in terms of black sexuality, the psychosocial issues in Asian cultures, and the problems of the sexuality of Hispanic Americans. The “culture of poverty” discussion is highly informative. Eugenia Gullick’s chapter, “The Marital Relationship: Adapting an Old Model to Contemporary Needs,” is extremely well crafted and, for a difficult subject, highly readable and should be of interest to anyone in the field of marital therapy. Chapters on two long-ignored topics deserve mention: a chapter on alcohol, medications, and other drugs, which offers in summary form contemporary information on this field; and Nanette Gartrell’s highly informative “Gay Patients in the Medical Setting.” The four final appendices cover practical problems in regard to: helping the patient’s parent to understand and com-

municate with the children of the family; the spinal cord patient; the nursing home patient; and the patient with prostatitis. These are designed in the traditional physician/patient interaction mode set up to allow the reader to follow directions through a structured management decision test wherein the reader reacts as one would in an actual clinical situation.

Overall this is a useful, highly recommended book for clinicians, particularly those in direct front-line contact with patients. **PR**

Connections Between Sex and Aggression. Dolf Zillman. Hillsdale, N.J.: Lawrence Erlbaum Associates, 1984 (257 pp.; \$29.95).

Reviewed by Meg S. Kaplan, MA, Research Scientist, Sexual Behavior Clinic, New York State Psychiatric Institute; PhD candidate, Human Sexuality Program, New York University.

Through a compilation and analysis of the theoretical and research developments in various scientific disciplines, this book reviews the state of the art concerning the study of interdependencies between sexual and aggressive behavior. For this report, the author defines aggressive behavior as “any and every activity by which a person seeks to inflict bodily damage or physical pain upon a person who is motivated to avoid such infliction.” (This definition does not include sadomasochistic behavior.) Sexual behavior is defined “as copulatory behavior and as any and every activity that stimulates such behavior and that produces the physiological concomitants of copulation in full or in part.”

The opening chapter reviews the principal theories of relationships between sex and aggression, such as fighting for sexual access, sex-related fighting among intimates, and sadomasochistic activities. Chapter Two covers the interdependencies in different species, including preliterate and literate humans. The focus in Chapter Three is on research on neurophysiology, with an emphasis on theories of the structure of the brain and how this structure mediates both aggression and sex. In his ensuing discussion about the commonality of sympathetic excitation in aggressive and sexual behaviors, the author provides a diagram to illustrate both sympathetic and parasympathetic input, but he neglects to point out in the text that sexual

behaviors such as erection response also require parasympathetic mediation.

Chapter Four reviews connections in endocrinology. Here Zillman presents evidence relating testosterone levels and aggression, but while most of the studies he cites support this connection, he is careful not to make broad generalizations. Pertinent research on psychological and sociological theories of sex-aggression connections is discussed in Chapter Five, reviewing motivational and drive states as well as research on interpersonal attraction and sex appeal. In the final chapter, the author develops a theory of sex-aggression interaction—the excitation-transfer paradigm—and presents research findings in support of his theory.

Since this book presents a thorough review of the literature of sex-aggression interdependencies, it is more appropriate for professionals with a background in this field than for newcomers. While the author tends to make generalizations which link sex and aggression more closely than would seem to be warranted by the literature, he also notes that other interpretations are possible. **PR**

Lifting the Curse of Menstruation: A Feminist Appraisal of the Influence of Menstruation on Women’s Lives. Sharon Golub, ed. New York: The Haworth Press, 1983 (156 pp.; \$19.95).

Reviewed by Jane Quinn, ACSW, Director of Program Services, Girls Clubs of America.

Editor Sharon Golub deserves praise for this latest contribution to our collective understanding of the important topic of menstruation. Its considerable merit rests on the breadth of issues covered, in the consistency of its central theme, in the review of current research data, and in the presentation of useful recommendations for future study.

As in her earlier work, *Menarche* (reviewed in the November 1983 *SIECUS Report*), Golub has provided both a cogent introduction and a well-written chapter of her own. This new work’s eight chapters consider the menstrual cycle from menarche to menopause, and attend to such current issues as premenstrual tension syndrome, toxic shock syndrome, and clinical treatment of dysmenorrhea (painful menstruation). One of the more interesting discussions is Nancy Reame’s chapter on

menstrual health products, practices, and problems. Readers may be as surprised to learn as I was that menstrual hygiene products were not commercially available to women until the early 1920s. In fact, several writers note that researchers' attention to menstrual health and pathology is a relatively recent development, attributing earlier disinterest (in the words of one contributor) to "unexamined assumptions about women, the cycle, and the conduct of research which operate within modern scientific medicine."

This notion is the central thesis of *Lifting the Curse of Menstruation*. As its subtitle implies, a feminist perspective is woven into the fabric of each chapter. Statistician Randi Daimon Koeske takes on the challenge of explaining what this outlook is and how it relates to menstrual research: "What does the feminist perspective entail, then? In essence, it challenges the view that science is disinterested, and looks for linkages between beliefs about women and the social and political forces affecting women's lives. It strives to understand the hidden justification for power differences contained in scientific medicine's assumptions about what is normal or proper for women, for the cycle and for the conduct of research. The feminist perspective should not be viewed as an effort to explain biomedical 'facts' by reference to cultural rather than biological forces. . . . Instead, the feminist perspective should be recognized as a challenge to the very distinctions—mind/body, cognition/emotion, trait/context, doctor/patient, expert/layman — which provide the basis for modern medicine. Viewed in this way, the feminist perspective represents one pathway to a more complex and interactive (i.e., biosocial) approach to menstrual cycle study and health care."

This strong language in Dr. Koeske's lead chapter provides a solid prelude to the analyses that follow. Each subsequent writer reviews and critiques existing research on a selected aspect of menstruation and offers suggestions for future study. Although some of the entries are quite technical, the presentation throughout the monograph is, for the most part, clear and well-written. A notable exception is Anthony W. Clare's chapter on the relationship between psychopathology and the menstrual cycle, which contains useful material but is badly in need of editorial assistance.

This book, which was published previously as a volume of *Women and*

Health (Summer/Fall 1983), should be a welcome addition to the literature on girls' and women's health, particularly for researchers interested in the multifaceted topic of the menstrual cycle. **A, PR**

Are You Still My Mother? Are You Still My Family? Gloria Guss Back. New York: Warner Books, 1985 (256 pp.; \$7.95).

Reviewed by Ray Whalen, MSW, ACSW, Assistant Director, Lenox Hill Senior Citizen's Service Center; psychotherapist in private practice in New York City for the National Federation of Parents and Friends of Gays, Washington, D.C.

In a decade which has certainly produced a plethora of self-help books, it is refreshing to come upon one that leaves you with the feeling that it was written for ordinary human beings and not for superpeople. *Are You Still My Mother? Are You Still My Family?* by Gloria Back is just such a book—about very real people. Directed especially to parents and families of non-heterosexual persons and others who love and care about them, it is the personal story of an extraordinary mother's emotional journey which began with the painful disclosure of her son's homosexuality and culminated in a deep and resourceful commitment to others who are faced with the same situation.

As a professional social worker and family life educator, Back is known for having designed and presented under the sponsorship of the YWCA a series of family sexuality workshops throughout the New York metropolitan area. In this book she shares an overview of the countless families who find themselves totally unprepared to deal with or accept a family member's variant sexuality.

Sometimes the first to suspect and often the last to know, parents of homosexuals are ridden with fear, blame, and guilt, and hampered by a great deal of misinformation. Because they are extremely reluctant to acknowledge or discuss such a personal matter with anyone, their family relationships often suffer severely from the emotional and psychological stresses that develop. In this candid, reassuring, often humorous look, the author takes us into the world of such parents and describes their participation in the family sexuality workshops she conducted. The reader becomes privy not only to the self-narrated stories of the parents and of the

gay children themselves in all their poignancy, but also to the important and helpful process that evolves through peer-counseling support groups.

Social work is a profession unique in its primary commitment to the intrinsic interrelationship between individuals and the social environment, a commitment which involves helping individuals (and/or families) to correlate and deal with various aspects of their lives which are stressful. On the basis of this concept, the author has designed and used her workshops to deal with homophobic societal attitudes, dispelling misinformation and many of the false stereotypes and myths that surround homosexuality. Her writing clearly depicts a diversity among homosexual persons that, in terms of character, personality, talent, and ability, is equal to the diversity among the heterosexual population.

Gloria Guss Back suffered a massive stroke in June 1985 and died before *Are You Still My Mother? Are You Still My Family?* was published, but through this vibrant and sensitive book, her ministry to parents, families, and friends of gay persons will continue. **A, P, PR**

Homosexuality and Social Work. Robert Schoenberg and Richard S. Goldberg, eds., with David A. Shore. New York: Haworth Press, 1984 (156 pp.; \$19.95 hardcover, \$12.95 paperback).

Reviewed by Audrey I. Steinhorn, CSW, Clinical Social Work Psychotherapist; Chairperson, Task Force on Lesbian and Gay Issues, American Orthopsychiatric Association.

This well-intentioned book was designed to assist social workers and social service agencies in helping lesbians and gay men deal with the problems they face in their lives. This reviewer feels, however, that the collection falls short of its desired goal.

Part of the difficulty lies in both the presentation and the tone of the material. For example, Harvey Gochros's article, "Teaching Social Workers to Meet the Needs of the Homosexually Oriented"—an excellent overview of many personal and professional issues facing social workers and clients—ends the book instead of introducing it. This article would have been helpful as initial background material for readers from any discipline. Also, the random intermingling of clinically focused articles

with practice-based pieces describing programs of different agencies was very distracting.

As a feminist, I was offended by the book. Although the editors state quite openly that they have chosen to exclude such groups as women, racial minorities, lesbian mothers, and gay fathers, they have thereby ignored an important segment of the population they supposedly want to help. In addition, the need for non-sexist literature on homophobic assault is clearly demonstrated by Ted Boehm's lengthy article on "Homophobic Violence: Implications for Social Work Practice," the tone of which was unnecessarily sexist.

Some of the articles warrant particular mention. Beverly Decker's well-written and well-researched piece on "Counseling Gay and Lesbian Couples" discusses the problem of establishing respected boundaries in same-sex relationships. In "Homophobia: A Study of the Attitudes of Mental Health Professionals," Teresa A. DeCrescenzo makes many positive points in favor of a specific component on homosexuality in social work education. This is another article that should have been moved further toward the front. By the time I reached it I was so saturated by all the previous references to homophobia that, had I not been reviewing the book, I might have skipped it.

Despite the above-mentioned shortcomings, I would recommend this collection to those looking for positively presented information on homosexuality. But how much more exciting and valuable a book this might have been had the editors been as sensitive to sexism, racism, and parenting issues as they were to homophobia! **PR**

Pleasure and Danger: Exploring Female Sexuality. Carol Vance, ed. Boston: Routledge & Kegan Paul, 1984 (462 pp.; \$25.00 hardcover, \$11.95 paperback).

Reviewed by Barbara S. Kane, CSW, psychotherapist in private practice; doctoral candidate, Human Sexuality Program, New York University.

In *Pleasure and Danger* editor Carol Vance shares with us a much-needed discussion among feminist scholars. It focuses on how to evolve an understanding of potential opportunities open to females in expanding the range of sexual pleasure in their lives without denying the realities of various dangers

which they face. The "dangers" addressed come under three headings: (1) physical: sexual abuse and sexual violence; (2) social: stigma and ostracism; and (3) personal: inhibitions and shames with which females consciously and unconsciously struggle.

This collection is derived from a 1982 conference held at Barnard College—the ninth in a series entitled "The Scholar and the Feminist." Following an excellent overview of the general topic in the introductory chapter, there are 37 presentations which embody extraordinary insights, analyses, and expectations, all of which reflect an unusually broad range of female experience. They cover, for instance, historical comparisons with situations concerning women over the last 100 years, as well as research on women of differing age groups, socioeconomic status, ethnic backgrounds, and degrees of physical ability. The impressively documented papers are supplemented by poems, photos, and personal anecdotes.

It is important to know that these presentations were oriented to an audience of feminist scholars; therefore, the discussions here presume a knowledge of the workings of male-dominated societies, an acceptance of the fundamental struggle for the equality of the sexes, and a belief in the precedence of cultural over biological understandings of gender differences. (This last assumption proved controversial as there is now a sub-group of feminists arguing for biological superiority.) Because of this general orientation, the book's rhetoric may at times appear overly academic or politically strident, but I suggest that the reader not be put off. There is much here to be learned. As the editor suggests, people concerned with the validation of human erotic needs must be able to respond more articulately to the growing trend in this country toward the glorification of traditional family arrangements in which female sexual pleasure is not a factor and in which needs for security are given precedence over needs for pleasure and individuality.

In a key article, Mary S. Calderone explains: "Of sexuality's three components—gender identity, gender role, and eroticism—it is the erotic that gives us the most trouble, especially in America. . . . It is almost impossible to contemplate the role of the erotic with composure and rationality." She, of course, proceeds to do exactly that in a penetrating discussion of the eroticism of very young children. And this same

composure and rationality are inherent in the approach taken by most of the well-trained scholars whose work appears in this book.

While space limitations preclude describing every article, a number of them deserve special mention. In the introductory portion, Vance clarifies the implications of a biological understanding of sexual responsiveness contrasted with the cultural approach. Gordon and DuBois elucidate in depth the reasons why asexuality and even restrictive anti-sexual attitudes were once appealing choices for the 19th-century feminist—given the belief in a biologically uncontrollable male lust and the need for protection from physical violence, disease, and pregnancy. The anti-sexual attitudes that evolved then as part of the female struggle for autonomy have, however, left complex residuals in our own 20th-century thinking, not the least of which is their influence on anti-pornography ideology. Historical perspective helps us to understand the intensity of this movement.

Spiller's article on the lack of attention given to the black female experience serves as a reminder to sexologists of the tendency to create norms through researching the experience of a limited, white population. A number of other contributors (e.g., Allison, Espin, Galler) explore the impact this can have on females whose personal experience does not match up with that of the so-called normal group and who thus tend to either distort their own experience or remain silent. Some surprisingly frank discussions emerge in succeeding articles, dealing with, for example, the conflicts surrounding the question of whether or not to be a sex object, a voyeur, a masochist, etc.—in other words, exploring the forms sexual desire may take without being limited by a label that supposedly implies "what or whom you want in bed." In fact, the idea that sexual desire may be an entirely separate category from gender role and identity, though just as culturally influenced, emerges as perhaps the book's most innovative contribution.

This theme is repeatedly impressed upon the reader's consciousness through the second half of the book. One gets a sense of how little we know about the difficulties teenagers have in separating issues of sex and romance and in developing useful strategies to address these concerns; about Jewish prostitutes, Asian lesbians, Hispanic daughters; about why some "liberated" feminists

are turned on by *The Story of O*. The research raises questions about the effect of symbol and image on the experience of desire (Silverman). A delightful piece by Newton and Walton, "The Misunderstanding," in its quiet way is a microcosm of the book. Ostensibly a discussion between two best friends on why they are not attracted to one another, it presents a concept of "erotic identity" that cuts across gender lines, clarifying why sexual desire cannot be predicted by appearance, class, age, race, or gender preference, and also pointing out the range of personal discoveries to be made as a socially acceptable language of sexuality is evolved. The need for an appropriate language to use in exploring both prejudices and potentials is most successfully researched by Rubin in "Talking Sex." As she argues for an awareness of the effects of social stigma on the creation (or not) of sexual identity, she explicitly presents a concept of the acceptability of "benign erotic variation." While all of the contributors recognize that this "liberal" hope for the realization of sexual individuality is continually one that is endangered, they do not lapse into naive proselytizing. All agree, in good scholarly spirit, that the truth as it emerges in the investigation of actual human experience is its own justification.

This anthology is a valuable resource, offering readers the opportunity both to widen the areas of sexual inquiry and to gain hitherto unobtainable information in a controversial area. It will be a supportive resource for those seeking to respond in a thoughtful way to the mood of fearfulness in our current political scene. **A, PR**

Incurably Romantic. Bernard Stehle. Philadelphia: Temple University Press, 1985 (243 pp.; \$29.95).

Reviewed by Karen Comiskey, RN, MEd, ACSC, Psychotherapist and Sex Therapist, Lourdes Regional Rehabilitation Center, Camden, N.J.

I have just discovered an important resource for anyone who works with or cares about disabled people. Bernard Stehle spent four years taking pictures and interviewing the residents of a total-care institution in Philadelphia, known formerly as the Philadelphia Home for Incurables. The result is this book of 130 black and white photographs of disabled men and women, along with

excerpts of interviews regarding their love lives. The title, *Incurably Romantic*, is especially apt.

The book is about the real lives of men and women who courageously defy cultural and institutional pressures to be asexual. It is "permission giving" in the best sense and goes a long way toward overcoming the tendency to infantilize the person in a wheelchair. It also makes me see how far we still have to go as a society in acknowledging the rights of the physically disabled.

As we learn in the introduction, Stehle began to meet the people in the book while teaching them a college course in English Composition. At the outset, he knew little about physical disabilities. In fact, he describes his own surprise at the range of sexual experiences these men and women recounted initially during a wonderfully spontaneous classroom discussion. As a poet and photographer, he gradually learned a great deal more about these men and women by using his own natural curiosity as a sort of lens, looking at their lives and world through the eye of the camera. He allowed them to focus and define themselves in pictures they arranged and words they used. Their stories have been told as

they wished them to be told. And they are telling us they are lovers.

There is no attempt to hide the disfigurement and limitations of these lovers. The pictures startle, shock, amaze, and ultimately touch each of us in a special way. We learn something about our own sexuality and about our humanity. I found myself alternately studying the pictures in this book and then putting it aside to pick up again later. The book disturbs and challenges, but in reality it is one of the best educators I have discovered about the "differently abled" because it allows the reader to digest its messages about disability at an individual pace—to stare at and study faces and bodies without self-consciousness.

After 18 years of knowing and working with disabled people, I am struck that so much of what I read about sex and disability is so negative, so focused on the losses and limitations. This book is exceptional in reporting that love can survive—even thrive—when one or both partners are severely disabled. So much for the pervasive myth that sex is for the young, the beautiful, and the healthy.

The full range of experience is portrayed, from the woman who said, "I knew our marriage was over when I heard the sound of my neck breaking," to the couple celebrating their golden anniversary, with one partner in a wheelchair for many years. There are couples where one partner has no obvious disability and couples where both are disabled. There are men and women who are not in a relationship and one young man, a poet, who whimsically shows us his special relationship to his typewriter. The pictures speak of hope, frustration, dependency, caring, and love.

There is an excellent afterword to the book, written by Joseph Schneider, a noted medical sociologist. The questions he raises and the sense he makes of the issues around disability and sexuality are a valuable addition to Stehle's work.

There is an economy of text but the pictures here are "worth a thousand words" in the truth they tell. They confirm my own sense that human beings are infinitely capable of loving and being loved, even under the most adverse circumstances. Most of the subjects may not be considered attractive according to the standards of a culture preoccupied with youth and conditioned by media images of beauty. Yet they are lovers, incurably romantic. **A, 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.

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AUDIO-VISUAL REVIEWS

Members of the SIECUS Audio-Visual Review Panel for this issue were: Carmen Reyes Aviles, MEd, SIECUS Hispanic Parent Learning Project; Sara Avni, graduate student, Human Sexuality Program, New York University; Martha D. Calderwood, MA, University of Medicine and Dentistry of New Jersey; Rita Cotterly, MEd, MRE, doctoral candidate, Human Sexuality Program, New York University; Neal Fawcett, sexuality educator and consultant; Leigh Hallingby, MSW, MS, Manager, SIECUS Information Service and Mary S. Calderone Library; Mimi Katzenbach, graduate student, Human Sexuality Program, New York University; Jean Levitan, PhD, Assistant Professor, Health Science, William Paterson College; Alex Sareyan, President, Mental Health Materials Center; and Linda Schwarz, Education Department, Planned Parenthood Federation of America. The reviews were written by Leigh Hallingby.

Silent Pioneers. 1985, 16mm or video, 45 min. Purchase, \$650 (16mm), \$575 (video); rental, \$65. A 30-min. version available in video format. Filmmakers Library, 133 East 58th Street, New York, NY 10022; (212) 355-6545.

This pioneering film about older lesbians and gay men is also a film about being old, being in an intimate relationship, being alone, being discriminated against—and especially about being oneself and accepting oneself, the keys to a meaningful life. Without a narrator, *Silent Pioneers* focuses on a number of people, including a black lesbian great-grandmother who is interviewed along with her daughter and granddaughter; a male couple together for 54 years and obviously still very much in love; a spunky “widowed” ex-waitress who sings some wonderful songs she wrote about being older and gay; and a former monk, now in his 80s, who lives a fulfilling single life as a rancher in Arizona. These people who share their lives with us represent an impressive blend of

gender, ethnicity, geography, religion, living situations, relationship status, and health.

Other scenes in the film include some pro and con comments from people in the street about homosexuality in general and older gays in particular, shots of a social gathering at Senior Action in a Gay Environment (SAGE) in New York City, and hope-giving comments about old age directed at today’s younger gays by SAGE’s Executive Director, Ken Dawson.

Two drawbacks deserve brief comment. Several panel members felt that the film could have been shorter without sacrificing its spirit and messages. Second, the credits given at the film’s conclusion were blurry and required speed-reading. As one panel member remarked, she loved the film so much that she “wanted to savor the names of every individual and organization involved.”

This film should be seen by everyone, young and old alike. It will warm hearts, raise consciousness, and inspire great admiration for these “silent pioneers” who, in the words of one of the participants, “could teach John Wayne the meaning of ‘true grit’” **ET, LT, A, P, PR**

Alone Together: New Ministries for Singles. 1984, 16mm or video, 26 min. Purchase, \$525 (16mm), \$475 (video); rental, \$55. Filmmakers Library, 133 East 58th Street, New York, NY 10022; (212) 355-6545.

This film is about special ministries for single people developed by three Christian churches in San Francisco, a city in which over half of the adult population are single. It primarily addresses the spiritual needs of single people and focuses both on the ministers leading the programs (including two women) and on the single people involved. The panel felt that, as an educational and discussion-provoking film, *Alone Together* would be more appropriate for pastors and lay church leaders than for consu-

mer groups. If it were to stimulate more people in positions of religious leadership to reach out to meet the needs of single people, it would serve a very worthwhile purpose. **PR**

Another Half. 1985, 16mm or video, 27 min. Purchase, \$475; rental, \$50. Bill Wadsworth Productions, 1913 West 37th Street, Austin, TX 78731; (512) 478-2971.

Rob and Scott have been friends since childhood. Rob has always had a deep love for music, while Scott’s more traditional interests have tended toward sports, football in particular. In the boys’ late adolescence, these interests come into conflict. When Rob experiences intense pressure from his father, his football coach, and his peers to try out for the football team, Scott finds himself unable to be supportive of his friend’s need to be different. Then a serious crisis occurs. Scott is informed by a girl with whom he had a “one-night stand” that she is pregnant. When he refuses to provide any assistance, her brothers provoke a fistfight with Scott. In trying to help his friend, Rob ends up in the hospital in critical condition. The film ends with Scott visiting the recovering Rob and it is clear that Scott now has a new awareness of the male sex-role bind and a new willingness to accept alternative expressions of masculinity.

Generally speaking, the panel reacted favorably to *Another Half*, the title of which comes from an excellent song presented at the end of the film. It is, however, overly long. (Please, filmmakers for adolescents, limit your films to 20 minutes!) Also, some panel members found it somewhat trite and contrived, and some were confused initially by the use of flashbacks to Rob’s and Scott’s boyhoods. The film definitely has both a regional and white middle-class orientation but, as one person pointed out, an apt facilitator can indicate that this football-oriented lifestyle is very representative of certain parts of the country and that strong peer pressure to con-

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

form to some kind of norm is fairly universal among adolescents.

On the positive side, the production values and acting are excellent, with the kind of slickness and sophistication to which today's teenagers are accustomed. The film is open-ended, providing many potential avenues for discussion among male and female adolescents and their parents. It is a valuable contribution to the library of films dealing with adolescent sexuality. **ET, LT, P, PR**

Are You Listening: People Who Have Struggled With Abortion. 1985, video, 29 min. Purchase, \$300; rental, \$50. Audio cassette purchase only, \$30. Martha Stuart Communications, P.O. Box 246, 2 Anthony Street, Hillsdale, NY 12529; (518) 325-3900.

This fine videotaped discussion is one of the last such programs produced by the late Martha Stuart on subjects ranging from boys with long hair, to welfare mothers, to Palestinians. Ms. Stuart sits (for the most part very unobtrusively) at the center of a group of people she has brought together from all over the United States—a physician, a legislator, a theologian, a nun, a woman's rights organizer, a teacher, a rabbi, a former abortion counselor, a black activist, a student, and a nurse. The group is an excellent mixture in terms of religion, ethnicity, age, profession, etc.

As the reasoned, noncombative discussion of the potentially incendiary topic of abortion progresses, some compelling moments occur. A former New York legislator tells how, after years of adamant opposition to abortion, he was moved by horror stories of women mangled in back alleys to break the deadlock on the legalization of abortion through his pro-choice vote. A Catholic laywoman changed her position on abortion after having a child with a genetic disease. A nun became pro-choice after working with women living at a poverty level. A doctor describes his early experiences of seeing women dying of illegal abortions while their children sat in the hospital waiting room. A young man whose girlfriend had an abortion talks about the great sorrow he felt, despite his knowing that this was the best decision.

This video is definitely pro-choice, as no one in the group appears to hold the opposite view. However, the complexities and pain of the abortion issue are by

no means glossed over, and the issue is portrayed as a complicated one. The review panel recommends this film to all those from late teens on up who are concerned not only with the specific issue of abortion but also with the whole process of making a moral, ethical decision. **LT, A, P, PR**

In Due Time. 1985, 16mm or video, 14 min. Purchase, \$340 (16mm), \$310 (video); contact distributor regarding rental. ODN Productions, 74 Varick Street, New York, NY 10013; (212) 431-8923.

This excellent film features an appealing, articulate, and candid black adolescent girl named Pat Bradley. In some shots Pat is shown walking down the street while her comments are presented in a clever and engaging voice-over, with each sentence slightly overlapping the next. In other scenes she talks directly to the camera. The film is divided into topical segments, a real advantage for sex educators, giving them the option of stopping it for discussion after each segment. Topics covered include: why Pat does not want

to become a teenage mother, how she handles her boyfriend's desire for a baby, her first sexual experience, obtaining and using contraceptives, and the importance to her of her job.

Pat is a wonderful role model for other young women. She is upbeat, sensible, and oriented to her future—without appearing to be a "goody-goody." She does an especially fine job of cutting through the teenage fantasies which portray having a baby as a glamorous and prestigious experience. *In Due Time* deserves the widest possible distribution to reach adolescents at risk of teenage parenthood. The panel members were unanimous in their praise of this unusual trigger film. **ET, LT, PR**

Can We Talk? 1984, video, 10 min. Purchase, \$85; contact distributor regarding rental. University of Connecticut Health Center, L-4071, Farmington, CT 06032; (203) 674-3525.

Three teenage girls are spending the evening together listening to music and talking about boys and sex. Meanwhile, the girls' mothers are downstairs playing cards and their conversation also turns to sexual issues. The women admit that they should be able to talk with their own daughters about sex, yet none has been able to do so. When the hostess uses the intercom to ask the girls to lower the volume of their music, the girls inadvertently hear their mothers discussing sex and sneak undetected downstairs to listen to the rest of the conversation. The film ends with the girls back upstairs discussing their unexpected experience.

Unfortunately, neither the plot nor the acting is believable. This video seems more like a soap opera than a sex education tool. Therefore, it was the unanimous opinion of the review panel that *Can We Talk?* is not recommended for any audience.

Sex and Decisions: Remember Tomorrow. 1985, 16mm or video, 29 min. Purchase, \$525; rental, \$55. Perennial Education, 930 Pitner Avenue, Evanston, IL 60202; (800) 323-9084.

A teenage couple set out to meet the boy's cousin at the latter's beach house to spend the day there. When the cousin's plans change unexpectedly and he cannot make it, the couple find themselves alone in this idyllic setting which

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includes a large, red waterbed. The young man is interested in having sex, and the young woman is reticent. After some discussion, they go out to purchase condoms, but when they return, they ultimately decide not to make love. At the very end, when the film crew is shown putting away the equipment, the couple leave the set and talk directly into the camera about how they faced an important decision and chose abstinence.

Sex and Decisions makes some good points: The boy admits that this would be his first sexual experience and that he is frightened. The couple decide to use contraceptives. The girl chooses not to be pressured into sex. And both young people make sincere though awkward efforts to communicate with each other. The panel felt, however, that these plusses were outweighed by the negative points. The socioeconomic level portrayed is very high (the young man drives a Mercedes convertible). Perhaps more important is the fact that the film creates a generally pained, labored, and joyless feeling about the couple's relationship and their efforts to communicate. The issues are certainly real, but they are addressed in a more entertaining and educational way in such a films as *Running My Way* and *First*

Things First. Therefore, it was the unanimous opinion of the review panel that this film is not recommended for any audience.

Sex and Pregnancy. 1984, video, 20 min. Purchase, \$170 (¾"), \$150 (½"); rental, \$40. Glendon Associates, 2220 South Beverly Glen Boulevard, Los Angeles, CA 90064; (213) 552-0431.

This video is an attempt to fill a complete void in audio-visuals available on this topic for use by sexuality professionals. Unfortunately, it is for the most part a disappointing effort. Aside from its overall amateurish quality, there are a number of problems with the structure and content. To begin with, more care should have been given in the selection of the pregnant women and their husbands to be interviewed. The comments of some of these people are often more confusing than helpful. In addition, the group consists entirely of white, middle and upper middle class couples and the men are always referred to as "husbands," thus limiting the appropriate audience for the film. The panel also disliked the use of traditional models of male authority figures (a male obstetrician/gynecologist and a male psycholo-

gist) as narrator and commentator giving women information about women. Particularly offensive were the comments by the psychologist to the effect that women dislike their pregnant bodies and transfer these negative feelings to men, causing them in turn to adopt the same dislike. There is no attempt here to recognize that our society so glorifies being thin that women tend to see their pregnant bodies as fat and hence develop a negative body-image during pregnancy. Oddly enough, the negative comments seem to be refuted by the very lovely photographs of nude pregnant women.

Despite these drawbacks, *Sex and Pregnancy* does contain some reassuring information (about contractions of the womb during orgasm, for example) and helpful commentary. It should, however, be used with women early in their pregnancy rather than at the child-birth classes which typically occur in the last trimester. Educators working with pregnant women and their partners should preview this film carefully to see whether they feel comfortable using it as a trigger for discussion. A skilled facilitator will surely be needed to give the topic of sexuality and pregnancy a more upbeat and less sexist coverage than it gets in this video. **P**

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