

AIDS: AVOIDING WITCH-HUNTS

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AIDS (Acquired Immune Deficiency Syndrome) is a serious matter to those of us in the field of human sexuality. Not only is there the potential for an epidemic, but the fears aroused by the threat of AIDS may lead to many kinds of drastic public actions. If past history is any judge, epidemics or the threat of epidemics often cause society to do irrational things. For example, during the Bubonic Plague of 1347-1351, anti-semitism increased and Jews were victimized because they were perceived by many as the major cause of the plague. The London Plague of 1665 found no Jews to blame (they had been banned from England), and so dogs and cats were put to death because it was believed that they were somehow associated with the transmission of the disease. In this century the Influenza Epidemic of 1918-1919 brought on mob violence and the refusal of many health care professionals to deal with those who were believed to have the disease.

The potential of ill-considered public reaction to AIDS is further increased by the fact that it is sexually transmitted, and there is still tremendous ambivalence about sexuality among Americans. Sex, particularly if not associated with procreation, is still regarded as base and evil by many segments of society. This outlook reflects the 19th century campaigns for purity and abstinence based upon the mistaken association of the result of third stage syphilis with sexual activity. Though syphilis itself was later identified as the major culprit and not sexual activity per se, the basic message of the campaign did not change. Sex itself was seen as dangerous because syphilis transmitted through sexual promiscuity was passed on to innocent women and children. Much of the efforts of sex educators of the past 40 years has been spent trying to undo the harm done by the exaggeration resulting from the anti-sex campaigns of earlier generations.

Another indication of the potential public backlash can be seen in the hostility that the issue of sex education has often aroused. Inevitably, individuals opposed to us, who believe the only solution to sexuality is a return to purity and abstinence, have seized upon AIDS to regain public attention. Jerry Falwell, always the consummate self-publicist, proclaimed AIDS as God's punishment to the sexually wicked. Fred Schwarz, the physician and director of the Christian Anti-Communism Crusade, argued that since the spread of AIDS is through homosexuality, true believers should renew their fight against homosexuality and lifestyles that spread AIDS.

Bubbling beneath the surface are others ready to jump on a new bandwagon of opposition to sex education professionals

and advocates, those who view sex among adults as a personal matter, those who emphasize freedom of choice in the issue of abortion, and those who have worked toward removing many of the legal prohibitions against sexual activity among consenting adults. Many of the constituencies of the pro-life movement have already extended their activities from campaigning against abortion to campaigning against dissemination of contraceptive information. And if current trends continue, it is not too difficult to foresee that they might begin publicly attacking those they hold responsible for raising consciousness about sex, including therapists, sex researchers, and sex educators. They will be aided by those people who cannot distinguish between their realities and their fantasies and who tend to divide the world into good and evil, with themselves as good and the rest of us evil.

This does not mean to imply that victory will belong to the Falwells, the Schwarzes, or the anti-sex people. It does mean that we must take positive steps to avoid the threat of public hysteria. As sex professionals, we need a united front of the friends and allies of SIECUS to join us in pointing the way, in taking leadership.

Any plan of action to avert public hysteria about AIDS should contain the following elements, along with the concerns and safeguards specified with them.

1. Support and encouragement of AIDS victims and their friends and loved ones. A good example of what can be done is the SHANTI project in San Francisco, which has contracted with the San Francisco Department of Public Health to help meet the needs of AIDS victims. Volunteer counselors have been trained to work with persons who have AIDS and their loved ones, and they provide such non-counseling assistance as providing transportation, shopping and housekeeping, and finding low-cost housing for those who have been displaced. Similar positive efforts should be and are being developed around the country.
2. Health care professionals must be educated about AIDS. The headline refusal of some professionals to deal with AIDS victims adds to the panic in the public mind, and most of these reactions stem from ignorance. In spite of their professional training, many health care professionals are entirely ignorant about AIDS, and all of us in the sex field should encourage, participate in, and initiate such educational programs.
3. Research into AIDS and other sexually transmitted diseases

(STD's) should be increased. One of the difficulties we are facing is the historical reluctance of agencies to support the kind of research into STD's that has existed for other diseases. The only vaccine we have developed for an STD is the one for Hepatitis B, although currently work is being done on a vaccine for gonorrhoea. Past failures in attempts to deal with the STD's predict difficulties in dealing with AIDS. We need more and better research in the whole sex field, and the tokenism that foundations and government agencies have given in the past must be vastly expanded.

4. We must mount a widespread campaign to promote greater use of prophylactics. The gay community has already started this in San Francisco, New York City, Los Angeles, and other areas. But as long as we single out gays, the problem will not be solved. AIDS poses dangers to heterosexuals as well as homosexuals. The widespread use of condoms could lessen the threat of AIDS. What is needed is new and more effective ways to publicize this and make condoms more widely available. It has to be a positive rather than a negative campaign.
5. The use of contaminated blood should be eliminated by blood banks. This is now possible and is being done now that we are able to identify the antibodies to the AIDS virus. New donors should also be tested. These procedures, however, raise problems of which we should be aware. We must make absolutely certain that those whose tests are positive for the AIDS antibody have their identities protected. There is far too much hysteria out there and the threat of witch-hunting is too great. If we violate the implied promise of confidentiality, AIDS just becomes that much

more difficult to control. Obviously, the person who tests positive should be made aware of the fact even though we do not yet know the full implication of this. Undoubtedly many people will experience false positive tests.

6. We also have to attend to those who have tested positive to AIDS. They will not only need counseling and support, but encouragement to put limitations on their lifestyles until we know far more about the contagious phases of the disease. The disease can only be conquered if many of those designated as having the virus participate in experiments or allow themselves to be checked periodically. This problem will become more difficult as we enter more and more into the unknown. Support groups should be organized, and professionals should be encouraged to give them all the support they can.
7. Those still classified as belonging to groups most likely to get AIDS should take special precautions. The gay community in San Francisco has already made special efforts to change the lifestyle of the groups at greatest risk. Baths have been closed and special precautions have been advised. Even though the number of diagnosed AIDS cases in that city is increasing, the incidence of anal gonorrhoea has declined significantly, indicating considerable success in impressing the need to take precautions. Far more has to be done along with the support of the gay community. Similar actions are now taking place in New York City and elsewhere, and with the present knowledge of the disease, it is extremely important that those willing to be identified as gay or acceptable to the gay community take leadership roles.
8. Sex professionals should encourage action on other fronts that impinge on the campaign to deal with AIDS. One step we might advocate—and which I personally advocate—is making presterilized needles widely and inexpensively available. If drug users are becoming infected with AIDS through unsterile injections, we should take steps to overcome this source of infection. The lack of presterilized needles does not prevent substance abuse, but making such needles more available will decrease the threat of AIDS. We should also encourage the improvement of those living conditions associated with transmission of AIDS in Africa and perhaps in Haiti by encouraging the adoption of better sanitation in areas that appear to be susceptible.
9. The various sex organizations should take steps to work together more effectively with various AIDS task forces, with the Center for Disease Control, and with the World Health Organization, which has also committed itself to the task of fighting AIDS. As Fakhry A. Assaad, chief of WHO's Division of Communicable Diseases has emphasized, "AIDS is not only an American problem."

Most of the recommendations entailed here require information gathering and dissemination, education, and political action. SIECUS is in a unique position to take a leadership role in each of these areas. Though the media is now devoting a lot of publicity to AIDS, like most media issues, this issue will probably also pass, but the problem will remain. What is needed is not the defensive reaction, such as that the Falwells and their followers would like to impose upon us, but a positive program. AIDS poses a challenge to all of us in the sex field. If we can mobilize ourselves and deal with the real issues instead of the smoke screens thrown up by opportunists, and calm the growing hysteria, we can go a long way in implementing effective sex education in the United States. If we fail to do this, all that we have accomplished in the past few decades might be undone in a new wave of hysteria.

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The Shanti Project: Support Services for People with AIDS and Their Loved Ones

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Due to the erosion of traditional support systems for persons with life-threatening illnesses, there is a need for a distinct new form of support to fill the gap. The immediate presence and potency of the biological family have been diminished by increased mobility, resulting in great geographical distances between family members. The clergy plays a smaller role as more people find themselves uncommitted to a religious affiliation. The rise of medical specialties has contributed to the loss of the general practitioner as a source of patient and family support. Moreover, medical sophistication has resulted in a prolonged period of dying; that is, an individual who might have died quickly in the past may remain in the category of chronically ill for many years. This extended period of time may be of value in providing the dying person and those he or she loves with a renewed time to be together. Since our culture teaches us to deny and camouflage dying and death, few of us—patients, family, friends, and medical personnel—are able to use this time constructively. The emotional and financial burden of this prolonged period of dying is also without medical precedent. New forms of medical intervention (i.e., chemotherapy, radiation, and surgery) may debilitate the patient severely. Powerful emotional reactions for both the patient and family in response to such treatments are the norm rather than the exception. Shanti Project has attempted to fill this gap.

The Shanti project is a non-profit support service organization for persons with AIDS, and their loved ones. Shanti was formed in 1974 to deal with the psychosocial aspects of persons facing life-threatening illnesses. In 1982, as the number of people diagnosed with AIDS began to reach epidemic proportions, Shanti turned its focus primarily to persons diagnosed with AIDS.

Shanti is divided into a seven part comprehensive series of programs for people with AIDS: Emotional Support, Practical Support, Residential Support, San Francisco General Hospital Ward 86 (Outpatient) and Ward 5B (Inpatient), Information and Referral Program, Support Group Program (4 groups for people with AIDS; 1 group for families, friends, and lovers; and 2 groups for the bereaved), and a Recreation Program.

Emotional Support Program

During its 11 year history, Shanti Project has developed a comprehensive and intensive volunteer training program designed to develop counseling skills on a non-judgemental, empathic, peer-counseling basis. The training has been modified to reflect the Project's focus on AIDS. The 44 hour training utilizes both academic and experiential methods to teach volunteers to counsel effectively and assist those with AIDS, and their loved ones. Qualified physicians teach basic AIDS medical information, including the symptoms, the progression of the illness, and its transmissibility. The psychosocial aspects

are addressed by people with AIDS and trained counselors on Ward 5B and Ward 86 at San Francisco General Hospital. Grief and death visualizations are an important part of the training. The emphasis of the last two days of training is on role playing, with trainees doing actual active listening and counseling under the close supervision of trained facilitators. Not all volunteers are accepted into the training program, nor does it follow that once they have completed the training they will be automatically accepted as counselors. Many leave for a variety of reasons, mainly, they cannot deal with the debilitating process of the illness. Upon completion of training, volunteers are asked to make a six-month commitment with a time participation of six to eight hours per week. Two of these hours are spent in weekly volunteer support/supervision groups. Groups consist of six to eight volunteers, two of whom have been trained by staff in group facilitation and leadership. Group members report on the status of each client and receive appropriate guidance, recommended intervention, and support from the group. Volunteer coordinators rotate through the support groups on a regular basis and talk with group leaders on a weekly basis to assure necessary client follow through and interaction.

With the steadily increasing number of AIDS diagnoses in San Francisco, the need to provide emotional support, patient advocacy, and counseling grows more critical. A diagnosis of AIDS is very frightening. The newly diagnosed person has many issues that he or she needs to process and come to terms with. Among these issues are treatment options; reactions by employers, family, and friends; sexual behavior modification; depression or suicidal feelings; community fear and ostracism; financial hardship; physical deterioration; dependency; and finding the emotional support while living with an AIDS diagnosis. A diagnosis of AIDS does not constitute a diagnosis of mental illness. Since there is no known cure for AIDS at this time and because of its epidemic proportions, high morbidity, and considerable social fear and rejection rate for those diagnosed, the need for emotional support and counseling is paramount. The goal of the Emotional Support Program is to train professional and non-professional community volunteers to provide free counseling services to this population.

Shanti counselors support their clients in living their lives, whatever time span that involves and within their chosen treatments or perspectives. For the person with AIDS who seeks to regain and maintain wellness, these counselors support hopes the client may have and provide a safe place in which to share those hopes. For the person who is suffering from grief or fear, the counselor provides a safe place for the client to process the fear without being concerned about being judged. For the grieving person, volunteers offer on-going grief counseling for as long as the client and counselor believe that it is beneficial.

For AIDS victims facing impending death, the volunteer counselor offers a caring presence that helps to relieve the stress and loneliness throughout the dying process. Volunteers are available on a 24-hour basis for emergencies.

At this time Shanti has over 300 Emotional Support counselors serving 650 people with AIDS; adding the friends and families of these clients, the total client list is well over 2,500. Many of the volunteers carry as many as five clients—each client-counselor relationship is one-on-one. The counselor of a person with AIDS may not counsel anyone in that immediate support group of the client, thereby insuring the trust and confidentiality of the client.

Practical Support Program

A diagnosis of AIDS leaves one physically debilitated. Normal chores, such as cooking, shopping, house cleaning, laundry, and transportation, become major chores and obstacles to maintaining a healthy environment. AIDS illnesses can occur without warning, leaving one impaired for a long duration. Many people with AIDS, in the terminal stage of the disease, cannot rely on traditional family support to assist with their many practical needs. The Practical Support Program recruits, trains, and supervises community volunteers to assist AIDS patients and their significant others in the execution of these basic, everyday needs.

Drawing from the Emotional Support training, the Practical Support Program has developed an equally comprehensive training designed to sensitize and educate volunteers on the needs of persons with AIDS and their loved ones. This training is completed in 22 hours. The training includes basic medical information, death and grief visualization, comprehensive training on body mechanics involved in lifting and physically assisting compromised persons, group dynamics, assessment of suicidal and substance abuse issues requiring referral, and role playing that is designed to develop social interactions necessary for fulfilling the practical needs of clients. Some applicants do not clear through the interview process, and others fail the training for a variety of reasons. Many are simply not able to deal with the tragedy of the debilitating process of the illness.

Residential Program

The Residential Program is designed to provide low-cost, long-term housing for displaced people with AIDS who live in San Francisco. It is a city-funded program administered by Shanti Project that consists of group homes in private residences. The only residents in the houses are people with AIDS. Staff meet with residents on a regular basis to process problems that may arise in the houses. Drug and alcohol abusers must be in a rehabilitation program before they are considered possible residents.

The living situations are three- to six-bedroom houses or apartments in residential areas. Each person has his/her own bedroom and shares the kitchen, bathroom, and living room facilities with the other residents. The locations of the houses are kept confidential to protect the privacy of the residents. The houses are maintained and utilities paid by the Residence Program. Rent is approximately 25% of a person's income. Criteria for the program include having a CDC diagnosis of AIDS, being a resident of San Francisco, needing a place to live, and being willing to live cooperatively with other people according to the admission agreement. Each house is cleaned weekly by Shanti Practical Support volunteers, and each bathroom is cleaned and disinfected weekly by a Shanti staff person.

Although we do not view the Residence Program as a hospice situation, many of our residents do opt to die in their homes. Because they have their own Emotional Support counselors, Practical Support volunteers, and 24-hour hospice care people, the complete support system is established, making the passage of life easier.

At the present time, Shanti has eight residences housing 36 people, including both men and women. We foresee adding six additional houses within six months.

San Francisco General Hospital Counseling Program

Over 90% of the AIDS patients in San Francisco are gay men between the ages of 25 and 45. Many AIDS patients experience painful consequences when entering a healthcare system designed for and administered by a predominantly heterosexual population. Negative attitudes and judgements regarding gay lifestyles are not uncommon and may inhibit patients from freely giving and receiving affection from loved ones. Visiting rules such as "immediate family members only" do not recognize gay relationships. Shanti Project staff counselors provide those diagnosed as having AIDS and their loved ones with individual counseling to cope with these issues.

Fear among hospital staff can result in decreased quality of care to AIDS patients. Patients have reported hospital staff refusing to give bedside care, and housekeeping attendants refusing to clean their rooms. Some workers have gone to their unions to demand exemption from having to care for AIDS patients. It is important to provide support for hospital staff so that fear need not lead to abandonment of AIDS patients.

San Francisco General Hospital staff counselors work closely with hospitalized clients' individual volunteer counselors and/or professional therapists who play a key role in the client support system. Staff counselors also assist in discharge planning to the Shanti Residence Program or other appropriate facilities.

The program provides trained counselors eight hours per day, seven days per week to AIDS patients, visitors, and hospital staff. They provide crisis counseling in patients rights and in death situations.

Although these problems of patient care do not exist on Ward 5B (which is an AIDS ward), they do exist in wards that are not exclusively for people with AIDS. On Ward 86 (Outpatient) the counselors are there to deal with the trauma of the person newly diagnosed.

Information and Referral Program

With the ever increasing number of cases of AIDS, Shanti Project Information and Referral staff find themselves inundated with requests for speakers, educators, and instructors who are knowledgeable about the psychosocial ramifications and questions of transmissibility and anxiety that surround people with AIDS and their loved ones.

The staff of this program have had to adapt themselves from 1,500 AIDS related calls per month to 2,500 calls per month since January 1985. Although many of the calls are referred in-house, at least six per day are out-of-state calls from concerned persons requesting information on how to establish Shanti-like projects in their own geographical locations. At least four calls per day are from abroad, requesting the same kind of information. These calls all usually followed by personal visits, which require hours of orientation by trained staff. While we concentrate on the psychosocial aspects of AIDS, questions relating to the actual physical care of our clients are requested due to the fact that our Emotional Support, Practical Support,

and Residential Support programs deal with the clients who are often long-term cases and afford us the first-hand knowledge of the ravages of the illness. When possible, Shanti staff refer callers to other AIDS organizations through proper channels. However, since Shanti is known worldwide, there are people who prefer Shanti's peer-counseling model approach and refuse to go elsewhere. The Shanti staff, therefore, takes the time to impart whatever information we have acquired through experience.

Due to the excellence of service for which Shanti is so well known and the fact that we are not perceived as an exclusively gay organization, the project has the ability to reach communities and people who would otherwise shun our services.

Support Group Program

There are four support groups for people with AIDS. They meet once a week on various evenings to accommodate our clients. There are two anticipatory grief groups and one bereavement group for families, friends, and lovers. The groups require no sign-in sheets. Clients come on an as needed basis to exchange information, receive peer support, and understand the hectic roller coaster trauma of AIDS, for not only the person who has been diagnosed, but also anyone closely involved with the AIDS victim. Close relationships often form in these groups, which continue long after the person with AIDS has passed on. The groups provide a safe place to share the anger, tears, and fond memories that each individual feels in experiencing a loved one leaving life.

Authors Note: I am the Director of Development of the Shanti Project. I knew about Shanti when I was the chairman of the AIDS Resource Center Board of Directors in New York City and working with the Gay Men's Health Crisis in that city, with an acute sense of frustration. Working for Shanti is an experience I never expected. To function within an organization that does, indeed, make a difference in the lives of people with AIDS and to be part of an organization where staff are involved with their own clients (staff and board of directors members are Emotional and/or Practical Support counselors) on their own time and are supportive of each other, particularly in times of great stress, is an experience I could not possibly have imagined. Jim Geary, the executive director of Shanti, instills that loving motivation during trainings (which are mandatory for staff) that enables each of us to deal with our clients as individuals, each on his or her own merit. The reward of being part of the Shanti family is in learning to let go of the fear of death—of understanding and imparting the sure knowledge that death is only a part of life—and that what one does with one's life span, regardless of its length, is what matters.

New SIECUS Manager of Publications

In November 1985, Anne Backman, who served as Manager of Publications for seven years, resigned to pursue other horizons. Her dedication and effort in producing high quality SIECUS publications is greatly appreciated.

This issue of the *SIECUS Report* introduces our new Editor and Manager of Publications, Sharon Edwards. Ms. Edwards is a graduate of Rutgers University and the New School for Social Research. After receiving her masters degree in psychology, she worked in the mental health field before pursuing a career in publishing. Her editorial experience includes the positions of Project Editor of college textbooks at St. Martin's Press and Editorial Production Manager at *Graphic Arts Monthly*, as well as other freelance positions.

The staff and board of directors of SIECUS are very pleased to have Ms. Edwards join us, and we wish both Sharon and Anne the best of luck.

AIDS INFORMATION

For more information about AIDS and for referrals to AIDS-related organizations and services around the United States, please contact the following organizations:

AIDS Project Los Angeles
937 North Cole Avenue Suite 3
Los Angeles, California 90038
(213) 871-2437
(800) 922-2437 (Southern California Only)

Gay Men's Health Crisis
Box 274
132 West 24th Street
New York, New York 10011
(212) 807-6655

National Gay Task Force
80 Fifth Avenue Suite 1601
New York, New York 10011
(800) 221-7044
(212) 807-6016 (New York City Only)

San Francisco AIDS Foundation
54 Tenth Street
San Francisco, California 94103
(415) 863-2437

United States Conference of Mayors
1620 Eye Street, N.W.
Washington, D.C. 20006
(202) 293-7330

DO YOU KNOW THAT...

Group Therapy Conference

The American Group Psychotherapy Association will have their annual meeting and three-day conference on February 12-16, 1986, in Washington, DC. The conference will provide the fundamentals of group therapy for beginning practitioners, as well as new insight into the current theories and research for those who want to expand the scope of their clinical practice. AGPA is accredited by the Accreditation Council for Continuing Medical Education and the American Psychological Association. For further information please contact: AGPA, 25 East 21st Street, 6th Floor, New York, NY 10010.

Treating Sex Offenders

Forensic Mental Health Associates will present a two-day workshop entitled "Assessment and Treatment of Juvenile and Adult Sex Offenders: A Medico-Legal Approach" on March 27 and 28, 1986, in Seattle, Washington. The workshop will address the topics of informed consent, right to treatment, working with involuntary clients, confidentiality, use of Depo-Provera, and criminal justice services. For further information, please contact: Dorothy Molis, 29 Linwood Street, Webster, MA 01570.

RESEARCH NOTES

A Silver Lining in an Ominous Cloud

Sharon R. Edwards, MA
Editor, SIECUS Report

In September 1985 a new foundation was formed to promote AIDS research by soliciting private donations to award grants to researchers investigating possible modes of treatment and prevention of AIDS. This new foundation, the American Foundation for AIDS Research, was created by Elizabeth Taylor, Dr. Michael Gottlieb, and Dr. Mathilde Krim through a merger of two well-respected foundations: the AIDS Medical Foundation in New York, chaired by Dr. Mathilde Krim; and the National Aids Research Foundation in Los Angeles chaired by Dr. Michael Gottlieb.

According to Ms. Taylor, who has assumed the role of National Chairman, "We plan to muster the talent and energy of America's brightest scientific and medical researchers to solve the mysteries of AIDS. We are prepared to do what it takes to find a cure. The silver lining to this ominous cloud may be significant advances already made that guarantee hope, not only to those afflicted with AIDS, but also to those who are afflicted by other disorders of the immune system."

Initial contributions to the foundation include a \$250,000 start-up grant from Rock Hudson and proceeds from his anticipated autobiography, as well as other private donations. Another source of funding, announced by Elizabeth Taylor, will come from the profits of a new recording by top entertainers entitled "That's What Friends Are For." This recording will feature Dionne Warwick, Elton John, Gladys Knight, and Stevie Wonder. The profits made by Arista Records as well as a portion of the singers' and writers' profits will be donated to the foundation. According to Ms. Taylor, "This is only the beginning of our national effort to fund research. We have already received commitments from major entertainers to stage a concert in the spring of 1986 at Hollywood Park in Los Angeles to benefit the cause."

Dr. Mathilde Krim and Dr. Michael Gottlieb will co-chair the foundation; and William J. Misenheimer, formerly executive director of AIDS Project Los Angeles, was named Executive Director of the foundation.

Dr. Krim was educated in Geneva, Switzerland, where she received a PhD in genetics in 1953. She then worked at the Weizmann Institute of Science in Israel from 1953 to 1959, focusing first on human genetics and later on cancer-causing viruses. When Dr. Krim moved to New York, she pursued her research at Cornell University Medical School and later at Sloan-Kettering Institute for Cancer Research, where she is now an associate member and head of the Interferon Laboratory. Since 1970, Dr. Krim has taken an active interest in interferon for treatment of viral infections, certain chronic diseases, and cancer. As interferon treatment proved effective in a form of cancer common in AIDS patients, Dr. Krim became involved in research on AIDS.

Dr. Gottlieb, a graduate of Rutgers University and the University of Rochester School of Medicine, is credited with

the recognition of AIDS as a new disease in 1981. Dr. Gottlieb currently serves as Assistant Professor of Medicine, Division of Clinical Immunology and Allergy, Department of Medicine at the University of California, Los Angeles. He is also a Visiting Professor at the University of California, San Francisco. Since 1983, Dr. Gottlieb has been director of the UCLA AIDS Clinical Research Center. His published work provides valuable resources in AIDS research for the field of medicine and organizations seeking greater understanding of the disease.

William J. Misenheimer, who held positions in corporate finance for 16 years, has been actively involved in the AIDS issue for the past three years. As Executive Director of AIDS Project Los Angeles, he expanded the annual budget of \$350,000 to a funded budget of more than \$2.5 million dollars within two years. Mr. Misenheimer has also worked with the State of California Task Force on AIDS, the Los Angeles City/County AIDS Task Force, and the Board of Natural History of AIDS. He has provided public testimony, and, most recently, was instrumental in the development of the first antidiscrimination ordinance for AIDS patients.

Several research projects have been approved for funding. Some of the topics covered are: drug treatment studies involving both anti-viral therapy and regulation and modification of the immune system; the role of antibodies in response to AIDS; determining susceptibility (on the cellular level); ethical implications of AIDS research; detection and transmission of the HLV-III virus; predisposing factors for susceptibility; and replication and identification of AIDS-associated viruses through genetic engineering. Grant proposals should be addressed to: Dr. Michael Gottlieb and Dr. Mathilde Krim, 40 West 57th Street, Suite 406, New York, New York 10019.

The foundation has also recently compiled a partial list of drugs being developed by pharmaceutical companies for treatment of AIDS. The information in this directory has been drawn from published literature and reports of the U.S. Public Health Service, pharmaceutical companies, and individual researchers. The purpose of the directory is to assist physicians caring for patients with AIDS and AIDS Related Complex (ARC) to obtain current information concerning clinical trials of experimental treatments. Individual clinicians who have information about new treatment trials are asked to contact: Terry Beirn, American Foundation for AIDS Research, 40 West 57th Street, Suite 406, New York, New York 10019.

The American Foundation for AIDS Research is a non-profit national organization. Individuals interested in contributing to the work of the foundation or seeking further information may write to: American Foundation for AIDS Research, 9601 Wilshire Blvd., Mezzanine Level, Los Angeles, California 90210 (western U.S.); and American Foundation for AIDS Research, 40 West 57th Street, Suite 406, New York, New York 10019 (eastern U.S.).

American Foundation for AIDS Research Statement on the AIDS Crisis in the United States

Mathilde Krim, PhD.
Co-Chairman, American Foundation for AIDS Research

AIDS is a condition caused primarily by a transmissible virus (LAV/HTLV-III) that progressively destroys the body's ability to fight off infections and cancer. Because many of these diseases are uncontrollable the syndrome kills. Once infection with HTLV-III has occurred, it is, to date, incurable. AIDS is difficult to diagnose and cannot be prevented medically. The facts are:

1. Cases of deadly AIDS have doubled in number each year. There were 2,000 cases reported in 1982, 4,000 in 1983, 8,000 at the end of 1984, and officials of the Centers for Disease Control now predict a total of 40,000 cases by the end of 1986.

2. AIDS has broken out of the original "high risk" groups and is a potential threat to all sexually active people, men and women, and—through infected mothers—infants. We do not say such a thing lightly. We know this because a test was developed that detects infection with the causative virus. This test has now been used for several months in surveys of different groups. As a result, taking New York City as an example, we know that an undetermined, but significant, percentage of New York female prostitutes, 90% of the New York abusers of intravenous drugs, and over 70% of hemophiliacs—as well as many sex partners of all the above—have already become infected. These are mostly heterosexual individuals. Statistics for other major urban areas in the United States are similar. Many of these individuals, including—in the New York City area alone—more than 150 babies of infected mothers have died or are dying of AIDS.

3. We know that although most infected people develop an antibody against the virus, this antibody is insufficiently protective. Disease develops despite it. In addition to having dire implications regarding the possibility of developing a vaccine, this means that once infected, people are carriers of infectious virus. The virus is not only in their blood, but in other body fluids. They are contagious carriers, even while they may, for months on end, appear in good health. Fortunately, there have been no clearly documented cases of transmission through casual contact. This makes it possible to reassure the public with regard to transmission through purely social interactions. Infection can be prevented through avoidance of sexual contacts that involve exchanges of body fluids.

4. The Public Health Service now estimates, conservatively, that over 1,000,000 people nationwide are already infected with LAV/HTLV-III. No one knows how many will actually develop the fullblown syndrome of infections and cancers, but there are reasons to believe that, in the long run, a very significant portion of them will.

5. The public is just becoming aware that AIDS is not a "gay disease." Of course, it never was. Antibody to the HTLV-III virus has been detected in 6 per 10,000 apparently perfectly "healthy" blood donors. Authorities should have stressed this fact—rather than focusing only on gays—because in Central Africa, where it originated, and in the Caribbean Island, AIDS is a sexually transmitted disease that equally affects men and women.

6. An Office of Technology Assessment (OTA) report* points out that the federal government has almost completely neglected public education on how to prevent the disease from spreading. It has also neglected research on treatment, particularly early treatment, of the causative underlying viral infection with LAV/HTLV-III. To date, almost everything remains to be done in these two most important areas.

7. No plans are being made in a rational, concerted fashion at the national, state, or municipal level on how our health care delivery system and the financial institutions that support it can cope with the ever growing crisis in the future.

Summary

If the spread of AIDS remains unchecked, and the public remains misinformed about what risks are real and what is unfounded fear, much of the fabric of American society will come apart. The American economy as a whole is changing; it is becoming a service economy made great and rich by its service industries, its arts, its fashion, its restaurants, its theatres, its universities. AIDS endangers this kind of economy because uninformed, frightened people will no longer patronize it. Unless the public can be made to understand that gay men, like everyone else, are victims, not villains; that there are effective ways for people to protect themselves from infection; and that vigorous therapy-orientated research does offer hope to the afflicted, our country will be robbed of much of its talent and we will be deeply hurt both spiritually and economically. . . .

Twentieth century biology can and will defeat AIDS, the only question is when. We must succeed in our efforts soon, however. If we fail—if America's citizenry and institutions fail to do what is needed—this country will face an unprecedented catastrophe for its people, its civil liberties, and its economy.

*Review of the Public Health Service's Response to AIDS (Washington, D.C.: U.S. Congress, Office of Technology Assessment, OTA-TM-H-24, February, 1985).

SPEAKING OUT

This issue of the *SIECUS Report* introduces a new focus in our effort to provide readers with important information about sexual health issues. The Speaking Out section of the *SIECUS Report* will now address advocacy concerns. Why are we doing this? One of the very unique aspects of SIECUS is its clearinghouse function. Through our Information Service and the Mary S. Calderone Library, we gather information about the most current developments and issues affecting sexual health. At the same time, consumers, professionals, legislators, and media representatives call us asking for information about specific topics. Because of this clearinghouse role, SIECUS is in the unique position of knowing what is happening, what is available, and what is needed related to sexual health and education issues. Sharing this information with all who seek it is one of our primary goals as an organization.

Another equally important SIECUS goal is to be an advocate for healthy, responsible, and well-informed sexuality. Over the past months we have become increasingly concerned about the type and range of activities developing across our country that can seriously limit the availability and quality of comprehensive, age-appropriate sexual health, education and care. The Commission on Pornography,

legislation to stop the teaching of secular humanism, the banning of curricula and books about sexuality are but a few examples which are of concern. Equally, important, however, is the need for those concerned and affected by these activities to be informed. What we have been finding is that there is not a central source of information about these type of issues. In other words, there needs to be an advocacy information clearinghouse. Well, now there is one. The purpose of this column will be to provide you with current information about activities that are having or could have an impact on sexual health policies and programs.

We are most fortunate that Ronald Moglia, Ed.D., Associate Professor in the graduate human sexuality program at New York University has agreed to help us by serving as author for the next few issues. We are pleased to have his expertise and energy for this important project.

Your reactions, suggestions, and any information you think our readers might like to know about are very welcome. Please write to us so we can serve you better!

—Ann Welbourne-Moglia, PhD
Executive Director, SIECUS

Sexual Science and Public Policy

Ronald Moglia, EdD
Associate Professor
New York University
New York, New York

“Thus do the blind blind the blind.”

Russel Baker describing the vote by the entire House of Representatives to eliminate the braille edition of *Playboy* from the Library of Congress (*New York Times*, July 24, 1985).

The profession of human sexuality has always been concerned that the public view sexuality as a normal life activity. It is because so much has been accomplished in public acceptance of this idea that the area of sexuality is so often discussed by the media, the political realm, and, unfortunately, also by forces that are in opposition to the findings of sexual scientists. These groups now realize the importance that sexual information has on our lives, and they are bombarding the public with issues and policies that will affect our profession and our personal sexual lives.

What is disturbing is that some people in positions of public power are drawing their opinions on crucial issues from information that is often based on fear, myth, and ignorance rather than available scientific information. These influential people of the press and judiciary and legislative branches of our society need our assistance in determining what is scientific and what is not. Furthermore, it is only with our united support that they will be able to gather public support to turn our scientific information into public policy. If we don't meet this challenge, we will lose the chance to mold a sane, healthy sexual society based on scientific information, and those who favor the denial of any scientific information that is contrary to their predetermined opinions will take over.

The forces opposed to scientifically based sex information

are already better organized and financed than we, and are having a dramatic impact on our field. Their political influence is powerful, as exemplified by the photographs of President Reagan and Attorney General Meese, among others, adorning their brochures.

Another example of the political clout of these groups is that of Phyllis Schafly, president of the Eagle Forum, whose brochure has a prominent picture of her sitting with President Reagan discussing “national strategy.” Her organization advocates a wide range of positions from anti-sex education in schools, to pro-Star Wars expenditures. The most interesting thing in the positions taken on all these issues is that there is only one stance to take if you wish to join the “70,000 men and women who share traditional values . . . of faith in God and in America, and hope in the future, based on freedom and opportunity for all (Eagle Forum Flyer).

The National Association of Christian Educators provides “in-depth coverage of the Christian Perspective in the modern world of education . . . through articles on secular humanism . . . updates on NEA/ACLU tactics destroying our Christian heritage. The ultimate goal of NACE is to reach America's 50,000,000 students through representation to government bodies, publications, conventions with training in the academic skills, and the life-changing moral and spiritual values

they need to live a rewarding, successful life" (NACE flyer).

The American Coalition for Traditional Values has as its goals providing a united voice in the electoral process for the 45 million people they represent and reestablishing traditional values as public policy in the influential agencies of our country. Through their coalition of "110,000 Bible-believing" churches, radio, TV, and letter campaigns, they have established a "network" of city chairmen in 300 cities (in all 50 states) to facilitate the distribution of their materials and distribute their "calls-to-action" (ACTL flyer).

It is becoming increasingly clear that professionals in the field of human sexuality must become nationally organized and networked so that the next step can be taken, that is, to influence public policy. The role will be to advocate policy-making based on scientific information rather than ignorance and bigotry.

SIECUS is not alone in the pursuit of these new public issues. The Society for the Scientific Study of Sex is so concerned about how sexual scientific knowledge is used to affect public policies that they decided to establish a standing committee to address the issue. The purpose of this Committee on Scientific and Professional Affairs is not to advocate any particular issue but to bridge the gap between public policy and knowledge in the sexual sciences by informing the public and legislative and judiciary branches of government of the findings of sexual science and their implications for enacting policy.

This section of the *SIECUS Report* will attempt to keep professionals informed about publications, movements, and political maneuvers that will affect public policy and the dissemination of information about human sexuality. A primary step in combating any onslaught of ignorance and prejudice is to keep professionals in touch with each other's experiences, research, and activities. You are invited to write to this column and tell us what is happening in your area. We will publish concerns, victories, and losses for our readers in order to increase our communication and our successes.

This issue of the *SIECUS Report* featuring AIDS gives some examples that illustrate how public policy is being made on many levels based upon ignorance, myth, and fear rather than established scientific fact. Indeed, the scope of these decisions go way beyond established information and have the potential to influence our profession and lives to a much greater extent than we imagine.

The following summary gives some illustrations, but for a thorough review of the issues the reader should consult the bibliography on AIDS or the organizations listed in this issue.

Public Policies Based on Hysteria

Employment: There have been many cases of people who have been fired from their jobs because they have AIDS or are thought to have AIDS. There have even been cases where people were fired because they have a friend who has AIDS. One secretary mentioned to colleagues that two of her friends, both homosexual men, were suffering from AIDS, and the personnel department demanded that she take a blood test to prove she did not have AIDS (*New York Times*, 8/30/85). Depending on state laws, it may be illegal to fire someone for being gay or sick. Check with a lawyer or the American Civil Liberties Union (ACLU) for your state employment discrimination laws.

Life Styles: Dr. Helen Singer Kaplan, head of the Human Sexuality Program at the New York Hospital-Cornell Medical Center stated, "If you're a single woman, remember no casual sex ever again. Wait until you know the other person. Know

your partner. Know whether he's had a homosexual experience or used injected drugs in the past eight years" (*New York*, 10/7/85).

Life Insurance: Recently the ACLU of New York was asked to take the case of a single, heterosexual male, employed as an interior decorator in Manhattan, whose insurance premiums had risen 150% after he had submitted a dermatology bill for a skin rash. The ACLU decided not to take the case because discrimination could not clearly be proven. However, recently a spokesman for the American Council on Life Insurance and the Health Insurance Association said that the views expressed in a memorandum from the Lincoln National Life Insurance Company are typical of the industry. The memo advised underwriters to flag applicants "if lifestyle, habits, or medical history suggests a person is in one of the AIDS risk groups." It described the value of having the applicant undergo a blood test as well as using age and residence to screen single and divorced men (*New York Times*, 10/7/85).

HTLV-III Blood Tests: The issue of the HTLV-III blood test is very convoluted. First, there is the problem of the accuracy of the blood test. There have been many cases of false positive results. People taking the test must be informed about the accuracy of the test and what a positive result may or may not show (Lambda Legal Defense and Education Fund).

Secondly, there is the issue of test results. Who should be privy to this information? The Red Cross has already received a request from the military for a list of all the people who tested positive for AIDS in the process of screening blood donors. The military is doing their own testing of all new inductees and all personnel being shipped overseas. Against the objections of the ACLU, the Colorado Board of Health has tentatively agreed to begin keeping a list of people who have been exposed to the virus, as determined by the antibodies associated with AIDS in the blood system. The ACLU objections stem from the fact that only 5-20% of those people exposed will get AIDS. Yet, everyone on the list is vulnerable to discrimination (*New York Times*, 8/24/85). On the other hand, in California and Wisconsin the legislatures are attempting to declare the use of the test unlawful.

Thirdly, there is the issue of when the test should be given. There are currently attempts in a number of municipalities to make the test mandatory in all public Sexually Transmitted Disease (STD) Clinics. This may reduce public participation in these clinics and, ultimately, result in an increase of STD's (Lambda Update).

Press Coverage: The press, commenting on media coverage of AIDS, stated, "If AIDS didn't exist, yellow journalism might have invented it. The story has every ingredient: sex, drugs, death, and panic." Two examples of the kind of headlines being used for gaining public attention to the AIDS crisis are *Life* magazine's July 1985 headline, "Now No One Is Safe From AIDS"; and the *New York Post* headline, "Tragic Faces of Caged AIDS Tots" (*Newsweek*, 9/23/85). As stated by William Clark in the *Hastings Center Report*, "The concerns of the media and public health officials are not always the same. When there is a conflict, few papers or TV or radio stations will put the public good (as perceived by a public health employee) ahead of their own private good" (Clark, *Hastings Center Report*, 9/85). It is up to professionals to provide accurate, scientific information, because facts written in a simple, straightforward manner do not attract as many readers and viewers as the catchy, sensationalist headlines, however pertinent and inaccurate they are.

DO YOU KNOW THAT...

Resources to Write for . . .

Public Health Education: The Los Angeles Cares program has tried to eroticize safer sex practices. The group printed 10,000 copies of *Mother's Handy Sex Guide*, with steamy photos and three explicit scenarios describing erotic, but safe, sex between gay men. One local county supervisor reportedly called it "hard core porn" (*New York*, 10/7/85).

Civil Liberties Implications: The potential exists for laws to prevent homosexual relations between adults and to deny gays their right to organize or to win custody of their children (*Newsweek*, 9/23/85).

Public Policy Victimizing the Victims: Ambulette companies normally help reduce medical bills for outpatients who must make twice weekly trips to the hospital to \$50 a trip. Now, however, ambulette companies are refusing to transport AIDS patients. This means that the cost for AIDS outpatients is increased to \$250 a trip through the use of hospital ambulances. Many nursing homes are not accepting AIDS patients (*New York Times*, 8/30/85). The New York State Department of Health admitted that people with the disease receive "erratic" treatment in some hospitals (*Newsweek*, 9/23/85). Finally, to add to the tragic way these victims are being treated in the final stages of their lives, upon death, many funeral homes are demanding more money for AIDS victims—as much as \$1,000 more (*New York Times*, 8/30/85).

Professional Confidentiality: Recently a budget analyst for Boward County, Florida, took time off from work to visit his dentist. He informed the dentist that he had AIDS, so that special provisions could be taken during the dental work. When the man returned to his office he found the custodial staff spraying his office with disinfectant, and he was informed that he was fired! The dentist had informed his employer immediately after his appointment. This breach of professional confidentiality is a serious problem in the military and with corporate physicians. Future research in this field must place confidential safeguards to protect all subjects. Currently the federal government only requires voluntary informed consent of the subjects (*Lamda, AIDS Legal Guide*).

SIECUS POSITION STATEMENT ON AIDS

AIDS (Acquired Immune Deficiency Syndrome) is a major public health concern with the potential to affect all segments of our population. SIECUS calls upon our society to give this crisis sufficient attention and to provide funds and strategies to combat this pandemic. Therefore, SIECUS strongly urges the following:

1. Immediate and increased government and private support for research on prevention and treatment.
2. Provision of adequate medical, financial, and social service resources for persons with AIDS and their loved ones.
3. Educational programs to enlighten the public about the scientific facts as they become available in order to allay unwarranted fears.
4. Education about the transmission of AIDS and how to prevent such transmission.
5. Reaffirmation of our society's commitment to the civil rights of persons diagnosed with AIDS or thought to have the LAV/HTLV-III virus.

This position statement was adopted by the SIECUS Board of Directors in 1985.

Life Planning Education: A Youth Development Program, a unique curriculum integrating sexuality and employment education, is designed to help teenagers understand the relationship between future aspirations and the avoidance of premature childbearing. Written by Carol Hunter-Geboy and four other authors, this 250-page, notebook-style curriculum was published in 1985 by the Center for Population Options. In Unit I, "Who Am I," there are chapters on self-esteem, personal and family values, and sex-role stereotypes. Unit 2, "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. To order this exciting new resource, which has been successfully piloted in cities all across the United States, send \$30.00 (includes p/h) to: CPO, 1012 14th Street, NW, Suite 1200, Washington, DC 20005.

A Special Book: Sex Education for the Developmentally Disabled by Nancy Genn is meant to be read by or to adolescents with mental and/or physical handicaps. Written and illustrated in simple fashion, this 71-page book covers the male and female sexual and reproductive systems, masturbation, public and private places, puberty, friendship, disability, dating, love, sexual intercourse, and sexual abuse. To order this 1983 publication, send \$10.69 (includes p/h) to: Association for Retarded Citizens of Greater New Haven, One State Street, New Haven, CT 06511.

Answers for Boys About Circumcision (1984) is written for elementary-age children and for their parents who may have questions about this subject. The nine-page booklet by J. C. Jensen explains what circumcision is and why some boys are circumcised and others are not, and concludes that either way is okay. Single copies are available, for 55¢ plus a 22¢ stamp, from: Intact Educational Foundation, 4521 Fremont Street, Bellingham, WA 98226. Bulk rates are available.

Recovering From Rape: Healing Your Sexuality describes the sexual difficulties that may occur following rape and outlines remedies which can aid in the process of healing. Single copies of this eight-page 1985 pamphlet, written for women and their partners, are available free to agencies and individuals who send a stamped, self-addressed, business-size envelope to: Seattle Institute, 100 NE 56th, Seattle, WA 98105.

The Kinsey Interview Kit is a two-volume work compiled by Joan Scherer Brewer and published in 1985. Volume I (131 pp.) contains the code sheet, questions, and instructions for recording responses used by Alfred C. Kinsey et al. in interviewing over 18,000 men and women for their landmark studies published in 1948 and 1952. Volume II (not paginated consecutively) is the "Code Book" containing the key to retrieving the original data from the computer file into which it has been entered and where it is available to qualified researchers. The set is available for \$50.00 from: The Kinsey Institute for Research in Sex, Gender, and Reproduction, Morrison Hall 416, Indiana University, Bloomington, IN 47405.

Nine Reasons Why Abortions Are Legal, a 1985 brochure from the Planned Parenthood Federation of America, deals with reproductive freedom, supporting the right of women to achieve political and economic equality, and the sexism and contradictions within the anti-abortion movement. A companion brochure, **Five Ways to Prevent Abortion (And One Way That Won't)** discusses the need to reduce unintended pregnancies through developing alternative approaches—e.g., intensified education efforts, better access to contraception, new birth control methods, responsible male involvement, and greater sensitivity to the needs of young people—rather than through making abortion illegal. These brochures may be ordered for \$1.00 per set from: PPFA, 810 Seventh Avenue, New York, NY 10019.

The Kegel Bibliography by John D. Perry is an annotated listing of 104 works related to Arnold H. Kegel, the Kegel exercises to strengthen the pubococcygeus muscle, and the Kegel perineometer to measure the strength of vaginal musculature. This 31-page publication also includes an eight-page introduction to pelvic muscle research. It is priced at \$10.00 (postpaid) and is published by: Biotechnologies, 757 Congress Street, Portland, ME 04102.

Is There Sex After Marriage? (1985) by Carol Botwin is a highly readable and informative book about sexual function and dysfunction within marital relationships. Illustrating her points through case histories, the author contends that by becoming aware of normal fluctuations in sexual desire and frequency and by opening up the lines of communication, couples can better maintain an effective level of intimacy throughout their life together. Priced at \$16.95, this 288-page book was published by: Little, Brown and Company, 34 Beacon Street, Boston, MA 02106.

Having a Baby Without a Man: The Woman's Guide to Alternative Insemination (1985) by Susan Robinson and H. F. Pizer is a concise and practical handbook designed to help women deal with the medical, social, legal, and ethical issues involved in the alternative insemination experience. After an introduction citing case histories, the ensuing chapters present background material and factual information about various aspects of this method of parenting which is becoming popular with more and more women today. This 191-page guide is priced at \$7.95 and is a Fireside Book, published by: Simon & Schuster, Inc., 1230 Avenue of the Americas, New York, NY 10020.

Long Way Home (1985), as its subtitle states, is "the odyssey of a lesbian mother and her children." Writing in third-person narrative format, Jeanne Jullion tells the story of her long struggle to gain custody of her sons. Her detailed descriptions of the political and legal strategies involved will be of interest to all those concerned about the "right to parent." To order this 263-page book, send \$8.95 (plus \$1.00 p.h.) to: Cleis Press, P.O. Box 8933, Pittsburgh, PA 15221.

Manuscripts Wanted

Down There Press is accepting sex education manuscripts for practical books about sex written for the general public. They are particularly interested in books for women and children. Send synopsis and sample chapter to: Joani Blank, Down There Press, P.O. Box 2086, Burlingame, CA 94010.

Reproductive Technology Conference

The Women's Research Institute of Hartford College, Hartford, Connecticut, will be sponsoring a day-long conference on March 14, 1986, entitled "High-Tech Babymaking: Its Technology and Social, Ethical, and Legal Implications." In-vitro fertilization, amniocentesis, sex-selection, embryo transfer, and surrogate mothering will be the focus of the conference. Attendance is limited, and registration postmarked by February 26th will be \$42.00, after that date, \$47.00. Special student rates are available. For further information contact: Sharon Taffey Shepela, Women's Research Institute, Hartford College for Women, 50 Elizabeth Street, Hartford, CT 06105.

International Rehabilitation

The first International Rehabilitation Week, which will address the needs of those affected by chronic or temporary disabilities, will be held on April 6-9, 1986, in New York City. Former U.S. Presidents Gerald Ford and Jimmy Carter, and N.Y. Governor Mario Cuomo are honorary Co-Chairmen, and Dr. Howard Rush, Sr. is honorary Chairman. The activities include discussions by scientists, physicians, corporate executives, representatives of the arts, and government dignitaries; a media symposium addressing research and clinical advancements in the diagnosis and treatment of disabled persons; and workshops demonstrating the newest technology to assist the disabled. For further information please contact: Emil Tubiana, EJJ Management, Inc., 225 West 34th Street Suite 905, New York, NY 10122.

AASECT Annual Meeting

The American Association of Sex Educators, Counselors, and Therapists will have their annual national meeting on April 16-20, 1986, in Los Angeles, California. For further information regarding the meeting and exhibition space please contact: Donna Wachter, Convention Services Manager, The American College of Ob/Gyn, 600 Maryland Avenue, SW Suite 300E, Washington, DC 20024.

1986 KINSEY SUMMER INSTITUTES

**Human Sexuality:
Emerging Perspectives**
July 26-31 (\$425)

Values Attitude Reassessment
August 1-3 (\$175)

**The Human Male:
Sex, Gender, & Reproduction**
August 3-8 (\$425)

Courses designed for professionals who deal with sex, gender, and reproduction. Internationally distinguished faculty. Limited space.

Apply early:
1986 Summer Institutes
313 Morrison Hall, IU
Bloomington, IN 47405

DO YOU KNOW THAT . . .

Resources to Write for . . .

Homophobia: An Overview (1984; 198 pp.), edited by John P. De Cecco, is Number 10 of the series entitled *Research on Homosexuality*. This collection of articles, originally published as Volume 10, Numbers 1 and 2 of the *Journal of Homosexuality* (Fall 1984), presents theoretical analyses of the concept of homophobia, along with critiques and innovations pertaining to its assessment. Also included is a comprehensive, annotated bibliography of publications of the U.S. Federal Government on the subject of homosexuality. To order this monograph, send \$24.95 (plus p/h) to: The Haworth Press, 28 East 22nd Street, New York, NY 10010.

Alcoholism and Sexual Dysfunction: Issues in Clinical Management (1984; 135 pp.), edited by David J. Powell, is a collection of eight articles concerning sex therapy with alcoholics. Topics dealt with include: treatment of impotence in male alcoholics, special issues affecting the treatment of gay male and lesbian alcoholics, and sexual dynamics of the client-counselor relationship. This monograph was also published as *Alcoholism Treatment Quarterly*, Vol. 1, No. 3. Priced at \$17.95, it is available from: The Haworth Press, 28 East 22nd Street, New York, NY 10010.

Pelvic Exam: Your Key to Good Health is written in a warm, supportive tone for any girl or woman who may be apprehensive about this procedure. This 20-page 1984 pamphlet helps dispel anxiety by factually discussing: how to prepare for the visit; the reasons why the medical history is important; what to expect before, during, and after the exam; laboratory tests; and the special needs of individuals exposed to DES. Single copies are priced at 50¢; 100 for \$18.00; 1,000 for \$150.00. Add 15% for p/h. Orders should be sent to: Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY 10019.

Network Publications has six new 1985 foldover pamphlets which may be of interest to sex educators. **Feel 'n Good! Self-Esteem for Kids, Teen Esteem: Feeling Good About Yourself, and Talking With Your Daughter About Her First Pelvic Exam** are priced at 25¢ each for 1-24 copies, 22¢ each for 25-99, 20¢ each for 100-499, and 18¢ each for 500 or more. **Endometriosis, NGU, and Vaginitis** are priced at 20¢ each for 1-49 copies, 18¢ each for 50-199, 16¢ each for 200-499, and 15¢ each for 500 or more. To order, send payment, plus 15% p/h, to: Network Publications, 1700 Mission Street, Suite 203, Santa Cruz, CA 95061-8506.

How to Talk to Your Child About Sex is a five-page 1985 pamphlet from the National Parent-Teacher Association giving excellent advice to parents of preadolescent children. Copies are available for 10¢ each, or \$8.00 for 100 copies, from: National PTA, 780 North Rush Street, Chicago, IL 60611.

Love Me, Love Me Not: How to Survive Infidelity (1985) is a resource for people who need help in dealing with rejection by a spouse or partner. Authors Daniel Dolesh and Sherelynn Lehman are sex, marriage, and family counselors and, drawing from their professional experience, they provide answers to such questions as: Why do affairs happen? How can I recognize the danger signals? Where can I turn for help? How do I return to the single life? This 192-page book, which sells for \$16.95, was published by: McGraw-Hill, 1220 Avenue of the Americas, New York, NY 10020.

Working Women: The Subterranean World of Street Prostitution (1985) is a frank and compassionate book written by Howard Moody, senior minister of the Judson Memorial Church in New York City, and Arlene Carmen, Judson's program associate, who worked with "professional women in the business of recreational sex" for over eight years. This work began with the establishment of a clinic to meet the women's medical needs and was expanded to a more personal ministry which included providing a mobile unit where the women could relax in a judgment-free atmosphere. The book describes society's misconceptions concerning prostitution and, with the aim of trying to remove the discriminatory effects of the current laws, Carmen and Moody propose a policy of decriminalization of prostitution so that "sex between consenting adults, regardless of the form it takes or whether money passes, would no longer be a crime." This thoughtful and well-written resource (208 pp.) is priced at \$16.50 and was published by: Harper & Row, 10 East 53rd Street, New York, NY 10022.

Sexuality in Islam by Abdelwahab Bouhdiba, originally published in French in 1975, is now available in an English translation by Alan Sheridan. The author, a professor at the University of Tunis, describes the Islamic model of sexuality and the actual sexual practices, and concludes that the ideal has been debased and that the sexual alienation of modern Muslim women is the result of social and economic pressures. This is a useful resource for those interested in the cross-cultural study of human sexuality. It is priced at \$42.50 and was published by: Routledge & Kegan Paul, 9 Park Street, Boston, MA 02108.

Memo to New Readers

The *SIECUS Report* is published bimonthly and distributed to SIECUS members. If you are not already a member and you wish to have continued access, through the *SIECUS Report* and other organizational publications and services, to authoritative, up-to-date information about all aspects of the human sexuality field, please send us your name and address, along with the appropriate fee as shown in the masthead box on page 2 of this issue. Be sure to indicate the category of membership desired.

ACQUIRED IMMUNE DEFICIENCY SYNDROME

An Annotated Bibliography of Print and Audio-Visual Materials for Sale

This annotated listing was prepared by Leigh Hallingby, MSW, MS, Manager, SIECUS Information Service and Mary S. Calderone Library. The citations, which are listed without evaluation, include many books, manuals, pamphlets, and audio-visuals on AIDS available as of December 1985. They may be ordered directly from the publishers and distributors, whose addresses are included in the citations. Unless otherwise indicated, prices do not include postage and handling (p/h). With mail orders it is best to include an extra 15% to cover this cost.

Single copies of this bibliography are available from SIECUS on receipt of **\$2.00 and a stamped, self-addressed, business-size envelope** for each list requested. In bulk, they are \$1.50 each for 5-49 copies; \$1.00 each (plus \$2.00 for postage and handling) for 50 copies or more.

Please note that SIECUS does not sell or distribute any of these publications. Many of the print materials are available for use at the SIECUS Information Service and Library, 715 Broadway, Room 213, New York University, New York, NY 10003; (212) 673-3850.

BOOKS

ACQUIRED IMMUNE DEFICIENCY SYNDROME

Michael S. Gottlieb and Jerome E. Groopman, eds.

Proceedings of a Schering Corporation-UCLA Symposium held in Park City, Utah, February 5-10, 1984. Most appropriate for medical specialists in virology, immunology, epidemiology, etc. (438 pp.)

Alan R. Liss (1984), 150 Fifth Avenue, New York, NY 10011; \$60.00

THE ACQUIRED IMMUNE DEFICIENCY SYNDROME AND INFECTIONS OF HOMOSEXUAL MEN

Pearl Ma and Donald Armstrong, eds.

Covers diarrheal, non-diarrheal, and other STD's; infections and neoplastic complications of AIDS; immunologic evaluation methods and controls; and diagnostic perspectives. (442 pp.)

Yorke Medical Books (1984), 875 Third Avenue, New York, NY 10022; \$39.50

AIDS: A BASIC GUIDE FOR CLINICIANS

Peter Ebbesen, Robert J. Biggar, and Mads Melbye, eds.

Emphasizes clinical and laboratory manifestations of AIDS. Although the book was originally published in Denmark, most of the contributors are from the U.S. (313 pp.)

W. B. Saunders (1984), West Washington Square, Philadelphia, PA 19105; \$49.50

AIDS: ACQUIRED IMMUNE DEFICIENCY SYNDROME

Margot Joan Fromer

An investigation of research on AIDS, as well as the causes, methods of transmission, and symptoms. (273 pp.)

Pinnacle Books (1983), 1430 Broadway, New York, NY 10018; \$3.95

THE AIDS EPIDEMIC

Kevin M. Cahill, ed.

Report of a symposium held at Lenox Hill Hospital in New York City in the spring of 1983. For the general public, medical personnel, and government policy makers. (173 pp.)

St. Martin's Press (1983), 175 Fifth Avenue, New York, NY 10010; \$7.95

THE AIDS EPIDEMIC: HOW YOU CAN PROTECT YOURSELF AND YOUR FAMILY—WHY YOU MUST

James I. Slaff and John K. Brubacker

Covers what AIDS is, how it has spread to all population groups in other countries, why it is likely to follow the same pattern in the U.S., and how to protect both health and individual freedom while controlling the epidemic. (285 pp.)

Warner Books (1985), 666 Fifth Avenue, New York, NY 10103; \$3.95

AIDS: THE MEDICAL MYSTERY

Frederick P. Siegal and Marta Siegal

Analyzes theories of causes of AIDS, as well as diagnosis, treatment, prevention, and politics. Appendices include AIDS service organizations and a record of the epidemic as reported in *Mortality and Morbidity Weekly*. (269 pp.)

Grove Press (1983), 196 West Houston Street, New York, NY 10014; \$19.50 hc; \$7.95 pb

AIDS: YOUR QUESTIONS ANSWERED

Richard B. Fisher

Describes symptoms, risk factors and current research into treatment. Provides statistics about the epidemic in Britain and throughout the world. (126 pp.)

Gay Men's Press (1984), P.O. Box 247, London N15 6RW, England; \$3.95

EPIDEMIC OF ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) AND KAPOSI'S SARCOMA

G. Giraldo and E. Beth, eds.

Based on the first workshop of the European Study Group held in Naples, Italy, in June 1963. (164 pp.)

S. Karger (1984), 150 Fifth Avenue, Suite 1105, New York, NY 10011; \$55.00

PSYCHIATRIC IMPLICATIONS OF ACQUIRED IMMUNE DEFICIENCY SYNDROME

Stuart E. Nichols and Daniel C. Ostrow, eds.

Section on psychiatric aspects includes AIDS anxiety in the "worried well," psychiatric care for AIDS patients, and social and support groups for patients with AIDS. Section on social aspects includes responses of the medical, mental health, and gay communities. (137 pp.)

American Psychiatric Press (1984), 1400 K Street, NW, Suite 505, Washington, D.C. 20005; \$13.95

SEX AND GERMS: THE POLITICS OF AIDS

Cindy Patton

Written from the point of view of an activist closely involved in the individual and political struggles of people with AIDS, this book examines the epidemic of fear and homophobia surrounding the spread of this disease.

South End Press (1985), 116 South Botolph Street, Boston, MA 02115; \$20.00 hc, \$9.00 pb

A STRANGE VIRUS OF UNKNOWN ORIGIN

Jacques Leibowitch

Behind-the-scenes account of the international medical investigation of AIDS. Translated from the French by Richard Howard. (172 pp.)

Ballantine Books (1984), 201 East 50th Street, New York, NY 10022; \$4.95

THE TRUTH ABOUT AIDS: EVOLUTION OF AN EPIDEMIC

Revised Edition

Ann Giudici Fettner and William A. Check

A story of medical detective work and an explanation of the scientific and social context of AIDS. (288 pp.)

Holt, Rinehart, and Winston (1985), 383 Madison Avenue, New York, NY 10017; \$8.95

UNDERSTANDING AIDS: A COMPREHENSIVE GUIDE

Victor Gong, ed.

The author and nineteen other contributors to this book, written for the general public, draw from a wide range of experience in medicine, epidemiology, nursing, psychology, immunology, microbiology, social work, and activism in the gay community. (240 pp.)

Rutgers University Press (1985), 30 College Avenue, New Brunswick, NJ 08903; \$20 hc; \$9.95 pb

BIBLIOGRAPHIES

AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME)

David A. Tyckoson

Includes about 250 annotated references, as well as a research review covering the history of AIDS and the most recent scientific information. (60 pp.)

Oryx Press (1985), 2214 North Central at Encanto, Phoenix, AZ 85004-1483; \$12.50

GAYS AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS): A BIBLIOGRAPHY

Second Edition

Alan V. Miller

Contains hundreds of references from mainstream media, medical journals, and the gay press. (67 pp.)

Canadian Gay Archives (1983), Box 639, Station A, Toronto ON M5W 1G2, Canada; \$3.50 + \$.50 p/h

OTHER MISCELLANEOUS PUBLICATIONS

AIDS HEALTH CARE PACKET

A collection of pamphlets, information sheets, and articles, plus a national directory of AIDS-related services.

National Gay Task Force, 80 Fifth Avenue, Suite 1601, New York, NY 10011; \$7.50

AIDS LEGAL GUIDE: A PROFESSIONAL RESOURCE ON AIDS-RELATED LEGAL ISSUES AND DISCRIMINATION

Developed primarily for attorneys, this guide focuses on New York and federal laws and regulations. However, the guide can be adapted to other jurisdictions and will also be useful to other service-providers working with people with AIDS. (101 pp.)

Lambda Legal Defense and Education Fund (1984) P.O. Box 1899, Grand Central Station, New York, NY 10163; \$25.00 institutions; \$15.00 individuals

CRISIS INTERVENTION AND BUDDY TRAINING MANUAL**GENERAL VOLUNTEER TRAINING HANDBOOK****HOTLINE PROTOCOL**

These three manuals are available to agencies setting up AIDS hotlines and training volunteers to serve as "buddies" to persons with AIDS.

Gay Men's Health Crisis (1983-1984), Box 274, 132 West 24th Street, New York, NY 10011; available at no charge unless ordered in bulk from outside New York state.

DIRECTORY OF AIDS-RELATED SERVICES

National Gay Task Force

Directory is organized alphabetically by state and within each state alphabetically by city. (103 pp.)

United States Conference of Mayors (1985), 1620 Eye Street, NW, Washington, D.C. 20006; \$10.00

EDUCATIONAL PACKET

A variety of informational materials about the medical, legal, psychological, and social aspects of AIDS.

Gay Men's Health Crisis, Box 274, 132 West 24th Street, New York, NY 10011; available at no charge unless ordered in bulk from outside New York state.

HERPES AND AIDS: HOW TO MANAGE THE MANIA

Art Hoffman

A training package aimed at health professionals giving workshops on these two sexually transmitted diseases. Includes agenda, course outline, and single copies of handouts and resources.

Art Hoffman (1983), Title X Family Planning Program, Box 968, Santa Fe, NM 87504-0968; \$5.00 (incl. p/h)

LIVING WITH AIDS: A SELF-CARE MANUAL

Jennifer M. Lang, Judith Spiegel, and Stephen Stringle, eds.

Includes chapters on diagnosis and treatment, related illnesses and infections, self-care techniques, psychosocial aspects, and getting personal affairs in order. Second edition will be published in 1986. (95 pp.)

AIDS Project/Los Angeles (1984), 937 North Cole Avenue #3, Los Angeles, CA 90038; \$7.33 (incl. p/h)

THE OFFICIAL NEWSLETTER OF THE NATIONAL COALITION OF GAY STD SERVICES

The newsletter—consisting of excerpts and reprints from a wide variety of periodicals and other publications—provides a forum for communication among the nation's gay STD (Sexually Transmitted Disease) services and providers. Published about five times per year.

NCGSTDS, P.O. Box 239, Milwaukee, WI 53201-0239; Annual subscription: \$25.00 individual; \$50.00 organization (includes five copies of each issue).

PERSON WITH AIDS SUPPORT PACKET

A collection of pamphlets and information sheets regarding medical, legal, financial, psychological, and social aspects of living with AIDS.

National Gay Task Force, 80 Fifth Avenue, Suite 1601, New York, NY 10011; free to persons with AIDS; \$1.00 for others

PAMPHLETS

ACQUIRED IMMUNE DEFICIENCY SYNDROME: 100 QUESTIONS AND ANSWERS

Questions organized into sections regarding risk groups, transmission, incidence, diagnosis, treatment, prevention, care, risk reduction, human rights issues, and AIDS in children. (20 pp.)

AIDS Institute (1985), New York State Health Department, Empire State Plaza, Corning Tower, Room 1931, Albany, NY 12237; free to New York residents; single copies free to non-residents.

AIDS AND HEMOPHILIA: YOUR QUESTIONS ANSWERED

Thirty-three questions and answers about AIDS. Being revised and updated for publication in 1986. (6 pp.)

National Hemophilia Foundation (1985), 19 West 34th Street, Suite 1204, New York, NY 10001; limited number of copies available at no charge.

AIDS FACTS

Periodic bulletin drawn from many reliable sources, including the U.S. Public Health Service. (2 pp.)

Gay Men's Health Crisis, Box 274, 132 West 24th Street, New York, NY 10011; available at no charge unless ordered in bulk from outside New York state.

AIDS: INFORMATION FOR GAY MEN

AIDS: INFORMATION FOR NEW YORK STATE CORRECTIONAL SERVICES DEPARTMENT EMPLOYEES

AIDS: INFORMATION FOR THE GENERAL PUBLIC

All three of these pamphlets are also available in Spanish. (8 pp. each)

AIDS Institute (1985), New York State Health Department, Empire State Plaza, Corning Tower, Room 1931, Albany, NY 12237; free to New York residents; single copies free to non-residents.

THE FAMILY'S GUIDE TO AIDS: RESPONDING WITH YOUR HEART

Michael Helquist

Developed for relatives of people with AIDS, this booklet includes basic medical information about AIDS, suggestions for caring for the patient and oneself, and a list of community resources. (9 pp.)

San Francisco AIDS Foundation (1984), 54 Tenth Street, San Francisco, CA 94103-1360; up to four copies available at no charge; five or more copies, \$.50 each.

HOOKED ON I.V. DRUGS? YOU SHOULD KNOW ABOUT AIDS

Acquaints intravenous drug users with risk factors in developing AIDS, symptoms requiring medical attention, and means of prevention. Also available in Spanish. (6 pp.)

Beth Israel Medical Center (undated), First Avenue at 16th Street, New York, NY 10003; no charge

HTLV-III

Describes the AIDS virus, the test developed to detect antibodies to the virus, and the ramifications of positive and negative test results. (8 pp.)

The AIDS Institute (1985), New York State Health Department, Empire State Plaza, Corning Tower, Room 1931, Albany, NY 12237; free to New York residents; single copies free to non-residents.

MEDICAL ANSWERS ABOUT AIDS Revised Edition

Lawrence Mass

Spells out basic questions and answers about AIDS, as well as referrals and resources. (25 pp.)

Gay Men's Health Crisis (1985), Box 274, 132 West 24th Street, New York, NY 10011; available at no charge unless ordered in bulk from outside New York state.

RECOMMENDED PRECAUTIONS FOR CARETAKERS OF CHILDREN WITH AIDS

Albert Einstein College of Medicine/Montefiore Medical Center

Makes suggestions regarding activities of daily living, such as feeding and diapering, as well as handling accidents and illness. (6 pp.)

AIDS Institute (1985), New York State Health Department, Empire State Plaza, Corning Tower, Room 1931, Albany, NY 12237; free to New York residents; single copies free to non-residents

WARNING

Informs gay men of risks, such as loss of employment and health insurance, associated with blood test for antibody to AIDS virus (6 pp.)

Gay Men's Health Crisis (undated), Box 274, 132 West 24th Street, New York, NY 10011; available at no charge unless ordered in bulk from outside New York state.

WHAT EVERYONE SHOULD KNOW ... ABOUT AIDS

Basic information about AIDS for the general public. (6 pp.)

American Council for Healthful Living (1985), 439 Main Street, Orange, NJ 07050; single copies free with stamped, self-addressed envelope; bulk orders, \$.10 per pamphlet + \$1.50 p/h.

WHAT EVERYONE SHOULD KNOW ABOUT AIDS

WHAT GAY AND BISEXUAL MEN SHOULD KNOW ABOUT AIDS

WHY YOU SHOULD BE INFORMED ABOUT AIDS: INFORMATION FOR HEALTH-CARE PERSONNEL AND OTHER CARE PROVIDERS

These are part of the Scriptographic Booklet series, noted for easy reading and lively graphics. One for general public also available in Spanish under title *Sobre AIDS*. (16 pp. each)

Channing L. Bete Co. (1985), 200 State Road, South Deerfield, MA 01373; prices vary from \$.15-\$.69 each depending on quantity ordered.

WHEN A FRIEND HAS AIDS ...

Chelsea Psychotherapy Associates

Suggestions adopted to the specialized needs of gay men with AIDS. Also available in Spanish under the title *Cuando Un Amigo Tiene AIDS ...*

Gay Men's Health Crisis (1984), Box 274, 132 West 24th Street, New York, NY 10011; available at no charge unless ordered in bulk from outside New York state.

AUDIO-VISUALS

AIDS: ACQUIRED IMMUNE DEFICIENCY SYNDROME

1985, 52 slides with cassette and guide

Covers clinical, immunological, and pathologic perspectives.

Medcom Products, 12601 Industry Street, Garden Grove, CA 92641; (800) 223-2505; (714) 895-3882 (Calif. only). Purchase, \$115

AIDS AND YOUR JOB

1984, video, 20 min.

For people in occupations that do not require health science training, but that deal with patients and patient specimens. These include hospital support personnel, security guards, police, firefighters, food service workers, and custodial personnel.

National AudioVisual Center, Order Section MK, Washington, DC 20409; (301) 763-1896. Purchase, \$80.

AIDS: CARE BEYOND THE HOSPITAL

1984, video, 45 min. (case management version); 30 min. (attendant care version)

Videotape version of a slide presentation specifically designed as a teaching tool for health care workers who are or will be working in the home with people who have AIDS. San Francisco AIDS Foundation, AIDS Care Video, 333 Valencia Street, 4th floor, San Francisco, CA 94103; (415) 864-4376. Purchase, \$75 each

AIDS: TRACKING THE MYSTERY

1984, video, 20 min.

Designed to provide the general public with information regarding the nature and extent of AIDS, populations at risk, risk reduction, and research in progress.

National AudioVisual Center, Order Section MK, Washington, DC 20409; (301) 763-1896. Purchase, \$80.00

THE EPIDEMIOLOGY OF AIDS

1985, video, 50 min.

Examines the history of the Center for Disease Control's epidemiologic investigation, the risk groups, and the research that resulted in isolation of the AIDS virus.

Audio-Visual Digest Foundation, 1577 East Chevy Chase Drive, Glendale, CA 91206; (800) 423-2308; (800) 232-2165 (Calif. only). Purchase, \$75.00; rental, \$29.95

THE IMMUNOLOGY OF AIDS

1985, video, 50 min.

Presents an analysis of the immune system, its role in preventing infection, and the AIDS attack on it.

Audio-Visual Digest Foundation, 1577 East Chevy Chase Drive, Glendale, CA 91206; (800) 423-2308; (800) 232-2165 (Calif. only). Purchase, \$75.00; rental, \$29.95

KAPOSI'S SARCOMA IN AIDS

1985, video, 50 min.

Dr. Paul Volberding's discussion includes KS presentation, work-up and treatment, and the difficulties and precautions in working with an infectious agent.

Audio-Visual Digest Foundation, 1577 East Chevy Chase Drive, Glendale, CA 91206; (800) 423-2308; (800) 232-2165 (Calif. only). Purchase, \$75.00; rental, \$29.95

SHANTI PROJECT: VIDEOTAPE TRAINING MATERIALS

1984, video, 22 tapes ranging in length from 26 to 61 minutes

Shanti counselors undergo a 45-hour training program, both experiential and instructional, to sensitize participants to issues of serious illness, dying, wellness, and grieving. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling to people with AIDS, their loved ones, and friends.

Shanti Project, 890 Hayes Street, San Francisco, CA 94110; (415) 558-9644. Purchase: 1-5 tapes, \$60 each; 6-10, \$53 each; 11-15, \$45 each; 16-17, \$41 each; complete set, \$780; manual, \$50

VD: MORE BUGS, MORE PROBLEMS

1985, 16 mm or video, 20 min.

An up-to-date review of STD's, emphasizing AIDS and chlamydia. Appropriate for junior high age and up. Personal responsibility is emphasized.

Alfred Higgins Productions, 9100 Sunset Boulevard, Los Angeles, CA 90069; (213) 272-6580. Purchase, \$390; rental, \$44

WHAT IF THE PATIENT HAS AIDS

1984, video, 20 min.

For nurses and others who care for AIDS patients and/or work in institutions that might be expected to receive AIDS patients. National AudioVisual Center, Order Section MK, Washington, DC 20409; (301) 763-1896. Purchase, \$80.00

MATERIALS ON SAFE SEX

FOR OUR LIVES

1984, video, 25 min.

Produced by the Gay & Lesbian Community Services Center, in cooperation with the California State Department of Health Services, this documentary would be most appropriate for gay men interested in reducing their risk of acquiring and/or transmitting AIDS.

Multi-Focus, 1525 Franklin Street, San Francisco, CA 94109; (800) 821-0514; (415) 673-5103 (Calif. only). Purchase, \$225; rental, \$50

GUIDELINES AND RECOMMENDATIONS FOR HEALTHFUL GAY SEXUAL ACTIVITY Fifth Edition

Recommends satisfying, disease-free ways to express one's sexuality. Includes "test" for determining if one is at high, medium, or low risk for developing STD's. (8 pp.)

National Coalition of Gay Sexually Transmitted Disease Services (1986), P.O. Box 239, Milwaukee, WI 53201-0239; individual copies, \$1.00; bulk rates available

GUIDELINES FOR AIDS RISK REDUCTION BAPHR Scientific Affairs Committee

Presents a framework for understanding AIDS as a transmissible disease and suggests risk reduction guidelines based on avoiding direct exchange of body fluids. (8 pp.)

Bay Area Physicians for Human Rights (undated), P.O. Box 14546, San Francisco, CA 94114; write regarding price information

HOT LIVING: EROTIC STORIES ABOUT SAFER SEX

John Preston, ed.

Some of today's best known gay writers contributed to this volume of erotic stories about types of sexual activity that will reduce the possibility of transmission of AIDS (195 pp.)

Alyson Publications (1985), P.O. Box 2783, Boston, MA 02208; \$7.95

AN OUNCE OF PREVENTION: STD AIDS RISK REDUCTION GUIDELINES FOR HEALTHIER SEX

New York Physicians for Human Rights

Eleven suggestions to reduce risk of contracting AIDS and other STD's. (2 pp.)

Gay Men's Health Crisis (undated), Box 274, 132 West 24th Street, New York, NY 10011; available at no charge unless ordered in bulk from outside New York State

AUDIO-VISUAL REVIEWS

Members of the Audio-Visual Review Panel for this issue were: Sara Avni, student in Human Sexuality Program, New York University; Patti Britton, Department of Education, Planned Parenthood Federation of America; Martha Calderwood, MA, University of Medicine and Dentistry of New Jersey; Rita Cotterly, graduate assistant, SIECUS Information Service and Mary S. Calderone Library, and doctoral student in Human Sexuality Program, New York University; Leigh Hallingby, manager, SIECUS Information Service and Mary S. Calderone Library; Pat Criscitiello Murphy, MSW, psychotherapist in private practice and president, Princeton Seminars, Inc.; Alex Sareyan, president, Mental Health Materials Center; Linda Schwarz, Department of Education, Planned Parenthood Federation of America. The reviews were written by Leigh Hallingby.

For Our Lives. 1985, video, 25 min. Purchase, \$225; rental, \$50. Multi-Focus, 1525 Franklin Street, San Francisco, CA 94109; (800) 821-0514.

This documentary examines in a unsensationalized, non-alarmist way, the AIDS crisis and the way in which gay men are taking personal responsibility to reduce their risk of contracting or transmitting the disease. The Gay and Lesbian Community Services Center AIDS Education Project in Hollywood, California, in cooperation with the California State Department of Health Services, produced this video. It includes interviews with a man who has AIDS, a physician, gay men who have changed their sexual behavior patterns, and parents whose baby son died of AIDS contracted from a blood transfusion. Clips are shown of a health education class regarding safe sexual practices, medical testing of patrons in a gay bath, and a monologue from a 1927 play by e. e. cummings about a terrifying disease.

The panel had mixed reactions to *For Our Lives*. On the negative side, we felt that it tried to cover too much and was rather poorly edited, jumping too rapidly from one segment to the next. Also, inevitably, some of the information is already out of date. On the positive side, the panel admired the non-scary approach of the video and felt that it would be best used with gay male audiences interested in enhancing the safety of their sexual practices. **A**

Stale Roles and Tight Buns: Images of Men in Advertising. 1984, 140 slides with cassette, 23 min. Purchase, \$295; rental, \$35. Multi-Focus, 1525 Franklin Street, San Francisco, CA 94109, (800) 821-0514.

O.A.S.I.S., a Boston-based group whose full name is Men Organized Against Sexism and Institutional Stereotypes, is a volunteer community organization founded in 1980 to educate people about male socialization. They produced this slide show, which examines a number of what they perceive to be negative themes in advertisements depicting men. These include the cowboy, who is tough, unemotional, and alone; success, money, and power as the mission of men's lives; the domination of men over women, children and other men; competitive one-upmanship; the superman ideal; violence by men against women; and the "Mr. Universe" muscleman. Many of the advertisements used to illustrate these stereotypes are familiar ones for such products as Marlboro cigarettes, Calvin Klein jeans, Wamsutta sheets, and Coppertone lotion. Although music might have enhanced the narrator's messages, it is not used.

It was the panel's feeling that *Stale Roles and Tight Buns: Images of Men in Advertising* is definitely a consciousness-raising audio-visual piece designed to

educate more than to motivate change and to disturb more than to take action. It needs a follow-up discussion of the repressive aspects of assuming the male roles depicted in the advertisements, as well as a discussion of possible solutions to the problem of sexual stereotyping in advertising. As a consciousness raiser, *Stale Roles* deserves the widest possible distribution among audiences, beginning with young teens. It is very important for women to see it also, as they may not look so carefully at advertisements aimed at men. One flaw in this piece is a couple-of-minute introduction illustrated only by the title slide. Educators might prefer to skip ahead to slide one and save some of the introductory material about sexism and the advertising industry for the discussion afterwards.

One final comment is that *Stale Roles and Tight Buns* is very much the male counterpart of Jean Kilbourne's *Killing Us Softly* about media images of women (see *SIECUS Report* March 1982). The two would make a powerful combination. **ET, LT, A, PR**

Better Safe Than Sorry III. 1985, 16 mm or video, 19 min. Available in Spanish. Purchase, \$395; rental, \$40. FilmFair Communications, 10900 Ventura Boulevard, Box 1728, Studio City, CA 91604; (818) 985-0244.

Stephanie Edwards, a television personality, narrates this film designed to teach adolescent boys and girls how to handle sexually abusive situations. Three dramatized vignettes are presented: Kathy invites a boyfriend to her house to watch television when no one else is home, and a date rape situation ensues; Donna describes how she gradually became involved in an incestuous relationship with her father; Mike and Tim, boys from homes where the fathers

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.

are absent, are befriended by their high school coach who, it turns out, has a homosexual interest in them. Common sense rules for coping with such problems are presented.

The panel did not react enthusiastically to this film due mainly to its being somewhat melodramatic in places and the narrator being a rather saccharine personality who seemed better suited for the film of the same title for younger children. Nonetheless, we felt that *Better Safe than Sorry III* could be used effectively with audiences from early teens up, especially since there are almost no sexual abuse prevention films aimed at adolescents. It does present a good variety of situations and is ethnically mixed as well. The fact that it is available in Spanish is an important plus for which the producers are to be commended. It is hoped that other companies making films for sexuality education will follow suit. **ET, LT, A, P, PR**

Now I Can Tell You My Secret. 1984, 16 mm or video, 15 min. Purchase, \$389 (16 mm), \$292 (video); rental, apply. **Child Molestation: Breaking the Silence.** 1984, 16 mm or video, 20 min. Purchase, \$487 (16 mm), \$367 (video); rental, apply.

Both titles are available together as a package of two filmstrips with cassettes. Purchase, \$75; no rental. Walt Disney Educational Media Company, 500 South Buena Vista Street, Burbank, CA 91521; (800) 423-2555.

Now I Can Tell You My Secret, aimed at children ages 5-10, tells the story of Andrew, who is engaged in a sexually abusive relationship with an attractive young man with whom he shares an interest in baseball. At the same time, Andrew's class is learning in school about child sexual abuse, and through classroom scenes the film transmits the important "say no," "get away," and "tell someone" rules that children need to protect themselves. As a result of these lessons, Andrew struggles believably with the dilemma of betrayal and of getting someone else in trouble. As part of this process he talks with a black girl in his neighborhood, and she re-enacts an incident of running away from a stranger who told her he was sent by her mother to pick her up from school. Ultimately Andrew garners the courage to tell his

parents, portrayed as an intelligent couple who have been concerned about his cheerlessness, his "secret."

The accompanying film, *Child Molestation: Breaking the Silence* is aimed at adults in positions of responsibility for children. Actor Michael Gross of *Family Ties*, who serves as narrator, raises such questions as: What are the symptoms of sexual abuse? Who is the abuser? Why does he/she abuse? Making extensive use of clips from *Now I Can Tell You My Secret*, he answers these questions and also encourages adults in the areas of education, intervention, and reporting.

The panel was generally very impressed with these two films and recommends them for the intended audiences. The production values are the high ones that one would expect from the Walt Disney Company. The story works, and the important messages come across clearly (except for referring to the sexual parts of the body as the "parts covered by a bathing suit"). The panel particularly liked the treatment of the offender as a person in need of help.

The same two titles are also available in filmstrip format. Because the film-

strips inevitably lack some of the smooth flow and drama of the films, the films are more highly recommended. However, the Walt Disney Company has performed a real service to make these praiseworthy materials also available in a less expensive format, and this should help them achieve the wide circulation they deserve. Rental of the films, though not officially available, can usually be arranged. **C, P, PR**

Keep Your Child Safe from Sexual Abuse. 1984, audio cassette with booklet, 25 min. Purchase, \$6.95 + \$1.00 p/h. Briarhill, 1014 Highway 35, Suite 107, Middletown, NJ 07748.

In this time of the increasing ubiquitousness of audio cassette players, there is great potential for people to learn through this medium while they are eating, walking, shaving, etc. Joy Berry's audio tape is a welcome addition to the growing repertoire of child sexual abuse prevention materials for parents. On this tape a male interviewer asks Ms. Berry a number of questions, such as what sexual abuse is, how it happens, who it happens to, how to prevent it, what signs to watch for, how to teach children self-protection skills, what to do if it happens, and where to report it. Her answers are intelligent, sensible, and compassionate.

The panel particularly liked Ms. Berry's beginning the tape by supporting the basic tenets of good sex education, such as that sex education in and of itself helps to prevent child sexual abuse, that parents need to bring up topics that the children do not ask about, and that it is important to teach the proper names of all the body parts. Other good points she makes are that child sexual abuse can vary from exposure to fondling to intercourse to pornography and that the *intent* with which an adult touches a child is the important factor in whether the behavior is abusive. Ms. Berry also emphasizes that the abuser has a serious problem and must be understood and even forgiven in that light.

Keep Your Child Safe from Sexual Abuse is recommended for parents and others responsible for children. It is one of a series that also includes *Keep Your Child Safe from Kidnapping* and *Keep Your Child Safe from Abuse and Neglect*. **P.**

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BOOK REVIEWS

AIDS in the American Mind. Dennis Altman. Garden City, N.Y.: Doubleday, 1985 (228 pp.; \$16.95).

Reviewed by Stephen O. Murray, Ph.D., a San Francisco-based medical sociologist and author of Social Theory, Homosexual Realities.

Although Altman traveled around the U.S. and beyond to write this book, his observations of the responses of gay men and scientific medicine to the "epidemic" of AIDS derive almost entirely from reports in the gay press, supplemented with critical reading of mass media reports. As in his earlier interpretations of gay culture and politics, there is hardly any evidence that Altman is aware of social science literature on gay life or that he talked to anyone. There is also no discussion of his method for choosing illustrative material from the gay press. Certainly, he does not claim to have done anything as formal as "content analysis" (or interviewing, or ethnography), but readers aware of how easy it is to find examples for most any thesis must be suspicious of unsystematic gleaning, however diligent.

Judged as journalism rather than as social science, Altman's book is superior to AIDS coverage in the mass media. But for insight into the politics of AIDS research, Nathan Fain's reporting in the *Advocate* and Jean Marx's in *Science* have been more incisive. Indeed anyone who has followed AIDS coverage in the gay press will feel he or she has already read this book. On the other hand, someone whose conception of AIDS derives from ABC or *The New York Times*, or someone who has just recently heard of AIDS could quickly pick up an overview of the effects of the disease and general fear of contagion on gay life in the 80s from Altman's eminently readable and mostly sensible essays.

Finding some contribution to theory in this book, however, is as difficult as finding its methodology. Although this presumably will not bother the intended

audience, it is nevertheless unfortunate, because a comparison of gay, Haitian, hemophiliac, and intravenous drug user's attempts to be protected from the disease, and/or the stigma of the disease would seem to provide a political scientist with a good test case for resource mobilization theory. The book draws attention to some of the raw material, but interprets gay efforts as if no human grouping had ever previously attempted simultaneously to protect its members and its reputation. Although I find the final chapter a convincing account of what is specifically American in research funding, volunteerism, and recourse to courts, there is something disturbingly uninformed historically about the book as a whole.

As an early ideologist of the gay liberation generation, Altman has, through four books, failed to recognize the continuity between the homophile movement of the 50s and 60s and the "more professional and traditional interest group(s)" that do not share his leftist sympathies, but cannot be explained by the zeitgeist of "Reaganomics." There are discontinuities between homophile and gay organizations, but the romance of Gay Liberation Front zaps is an extremely skewed baseline for a history of gay pressure groups. Recent histories, notably John D'Emilio's *Sexual Politics*, *Sexual Communities*, provide a sounder historical foundation than Altman's earlier experiences of reading the gay press. Similarly, listening to accounts of life "before Stonewall," or reading them (Donald Vining's diaries, Vacha's *Quiet Fire*), should make anyone skeptical of Altman's contention that (the commercialization of) gay liberation invented sex with a rapid succession of partners. The notion that promiscuity is new is nearly as absurd as Altman's contention that sodomy laws date from 19th century medicalization of homosexuality (p. 166).

Although I think Altman's book will be of little interest to those who are professionally interested in AIDS, medicine,

sexuality, or the history of social control, I do not think it is a bad book. Those of us who are enmeshed in medical research and/or the delivery of medical service need to be reminded of how irrational the organization of these areas is in the U.S., and Altman does this effectively. Those of us who live in gay communities need to be reminded that "gay community" is a process rather than a timeless entity. Altman himself does not appear to understand this (managing to argue that there is no such thing as a "gay community" in a chapter entitled "The Gay Community's Response"), but reading his books in chronological order demonstrates the changes both in what we are communing about and striving toward. **LT, A, P**

Sex Therapy: A Practical Guide. Keith Lawton. Oxford, Eng. and New York: Oxford University Press, 1985 (273 pp.; \$12.95).

Reviewed by Bernard Apfelbaum, PhD, Director, Berkeley Sex Therapy Group, Berkeley, Calif.

Although this British volume claims to be an up-to-date manual for the beginning sex therapist and even a helpful resource for the experienced therapist, the approach presented is so outdated as to be largely of historical interest. This version of sex therapy was envisioned as one that could be practiced by a wide variety of medical technicians and paraprofessionals, with a heavy dependence on the home assignments to create a training and desensitizing effect. The therapist is to maintain an attitude of relentless good cheer, glossing over issues and taking the somewhat patronizing position that sexual tensions are quirky, irrational, and counterproductive. (This, of course, is what the patient typically thinks.)

Consistent with this position is Lawton's failure to mention the women's movement or typical issues in male-female relationships. (There is no discussion whatever of homosexuality or of

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.

homosexual relationships.) Also consistent is the author's declaration that "it is totally inappropriate for a person to be in both psychotherapy and sex therapy at the same time." To rule out what is in fact common practice is a measure of both how dependent this approach is on bypassing and how dated it is.

The emphasis on positive thinking results in glossing over failures, skirting real complaints, and even obscuring reasons for termination if they in any way raise questions about issues in the relationship. What little discussion there is of relationship issues is on the level of management, with the whole emphasis being on contracting. Thus, as in all aspects of the therapy, the patient is under pressure to be cooperative and optimistic, just as in sex itself.

Since no effort is made to maintain therapeutic neutrality, the performance demand is inescapable: Negative responses to the assignments are treated as failures; an erotic environment for sensate focus is recommended; oral sex is encouraged as part of sensate focus and as a way to promote erections if they have not happened in the first two or three weeks; and the couple should be prepared not to fumble penetration at the risk of "loss of arousal for one or both partners."

Perhaps what is most depressing about this book is its disposition of failures. Those who fail the whole course of treatment or even the trial sessions are considered to be unsuited for sex therapy rather than as requiring a less procrustean approach. Failures are attributed to the patients' pathology rather than to the narrowness of the method. Sex therapy is treated as a finished modality with few, if any, open questions.

What makes it difficult to review such a book without being partisan is the author's unapologetic, tunnel-vision representation of what sex therapy is. There is no mention of other approaches, even if only to dismiss them. Acknowledgement of other approaches is particularly expected in a work that is so conspicuously aimed at beginning therapists—as shown, for example, in the reader's being told how and when to take notes and cautioned not to conduct the assessment interview "like an inquisition." There also is no mention of the target population, although Lawton's approach would be most likely to work with a non-metropolitan clinic (not private practice) population. One could hardly imagine such a therapy being used in treating colleagues.

Optimism about this simplistic version of sex therapy has become highly guarded and many people in the field have abandoned this approach because it mimics the sex-positive pressures that we all suffer from and is based on the assumption that sex is simple, an assumption now widely recognized as pathogenic. Although the author does not give his initial rejection rate or his own outcome data, we are given no reason to expect that his results justify neglecting the more flexible and more comprehensive interventions now in general use by sex therapists.

Psychoactive Drugs and Sex. Ernest L. Abel. New York: Plenum Press, 1985 (234 pp.; \$27.50).

Reviewed by James S. Woods, PhD, Health and Population Study Center, Human Affairs Research Centers, Battelle Seattle Research Center, Seattle, Wash.

The past decade has seen a proliferation of books and monographs dealing with the subject of the effects of drugs on human sexual activity. Despite this surge of interest, relatively few volumes have

provided a comprehensive perspective of the historical, clinical, and pharmacological issues underlying the selection and use of various chemicals as implements of modification of human sexual functioning and behavior. *Psychoactive Drugs and Sex* provides such a perspective, with specific focus on a number of psychoactive drugs commonly encountered in contemporary society.

The book opens with a historical survey of the human quest for chemicals which modify sexual function, and goes on to provide a useful glossary of related terms and concepts. There then follows an excellent, although perhaps too succinct, synopsis of the physiological reactions involved in sexual functioning. An expansion of the role of cholinergic and adrenergic nervous system processes in the regulation of sexual functions would have been especially useful in relation to further discussions of the mechanisms of drug actions in the enhancement of or interference in sexual functioning. A section on the methodology used in sex research is especially interesting in explaining approaches to the evaluation of drug effects on sexual activities and behavior.

Each subsequent chapter deals with a specific drug or class of drug which has been perceived to have some effect on human sexual functioning. The chapters on alcohol, cocaine, marijuana, narcotics, and tobacco are particularly well documented in regard to their use as sexual stimulants and provide useful clinical and pharmacologic observations of their actual effects in male and female subjects.

The chapter on marijuana is important for its comprehensive review of the pharmacology of tetrahydrocannabinol (THC), the biologically active ingredient in marijuana, especially in regard to the numerous studies conducted on sexual behavior, sperm production, and reproductive organ effects in males. Although less is known of the effects of THC on female reproduction, the discussion of the use of marijuana and the potential interrelation between its nutritional effects and female reproductive capability provides stimulus for further research.

The pharmacology of morphine, heroin, and methadone in relation to the effects of these drugs on male and female sexual functioning and behavior is comprehensively covered in the chapter on narcotics. It reviews considerable research on the effects of these substances on sperm production and male and

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female sex hormone production, and discusses several possible mechanisms for explaining the complex effects of narcotic drugs on various facets of sexual functioning. A comparably thorough review of the pharmacology of nicotine is given in the chapter on tobacco which also contains an excellent discussion on the timely issue of the adverse effects of smoking on female fertility and menstruation.

Considerably less discussion is given to a variety of additional substances. Although the chapter on amphetamines presents an extensive compilation of anecdotal and survey information derived from studies involving interviews of user-subjects, it provides little coverage of the important pharmacologic mechanisms by which amphetamines might affect sexual responsiveness in humans. The chapters on antidepressants, barbiturates, and anti-psychotics are also somewhat vague with respect to the specific pharmacologic effects of these substances on the autonomic nervous system. While the subjective evaluation of the effects of these classes of drugs on sexual performance may depend to a large extent on their action on the brain, the peripherally mediated effects also constitute an important component of their ability to alter sexual performance and capability and deserve more thorough discussion.

Finally, although some consideration of coffee (caffeine), amyl nitrite, and methaqualone with regard to their effects on sexual function is probably warranted given the widespread use and/or abuse of these substances, it is questionable as to whether the book's full chapter on each can be justified in light of the dearth of available information. A single chapter summarizing what is known about these and other miscellaneous drugs might have been more appropriate.

Overall, this book provides an interesting and highly readable perspective on both historical and biomedical issues surrounding the effects of commonly used and abused psychoactive drugs on human sexual functioning and behavior. A detailed table of contents, well-documented reference lists on each drug, and an extensive subject index enhance the book's usefulness as a reference source. An important contribution to the field, this publication should be of considerable value to both non-specialists and practicing professionals seeking up-to-date information on this timely subject. **PR**

How to Make Love to the Same Person for the Rest of Your Life (and Still Love It!). Dagmar O'Connor. Garden City, N.Y.: Doubleday, 1985 (224 pp.; \$12.95).

Reviewed by Daniel N. Watter, EdD, ACS, Assistant Professor of Health Science, William Paterson College, Wayne, N.J.

This is a well-written, highly readable attempt to deal with complaints of sexual boredom. The book is divided into two sections: Part I looks at how we turn ourselves off to sex, and Part II explores the possibilities for turning ourselves on.

O'Connor is currently the director of the Sexual Therapy Program in the Department of Psychiatry at St. Lukes-Roosevelt Hospital in New York City. She draws on 15 years of experience as a Masters and Johnson-trained sex therapist in her exploration of the premise that "lifelong committed sex has the potential to be more thrilling, more varied, more satisfying in every way than any other sexual arrangement you can think of."

Although this book does not offer much new information or insight, it does

draw together many of the concepts that sex therapists and educators would like to pass along to their respective clients and students. For example, O'Connor stresses the importance of assuming responsibility for one's own sexual pleasure on the grounds that this pleasure "is not something that happens to us, but rather something we make happen." Her approach to understanding why people behave as they do sexually is likely to be welcomed by cognitive-behavioral therapists because she emphasizes the importance of positive self-talk as a prelude to satisfying sexual experiences. The author also corrects the misinformation inherent in many popular myths (e.g., sex equals intercourse), and offers many practical suggestions to aid couples in exploring a variety of sexual options, along with clear descriptions of such exercises as sensate focus.

Sexuality professionals would probably find the author's suggestions overly simplistic, but her intended audience—couples interested in enjoying "lifelong committed sex"—may find in them a helpful way of expanding their sexual futures. And any book that reflects the positive potential of sexuality is a welcome one. Of course, if people need special help, no book can take the place of a good sex therapist, and O'Connor encourages couples to seek out qualified professional advice when appropriate. **A**

Innocent Ecstasy: How Christianity Gave America an Ethic of Sexual Pleasure. Peter Gardella. New York: Oxford University Press, 1985 (202 pp.; \$17.95).

Reviewed by Letha Dawson Scanzoni, professional writer on social issues and religion, author, *Sex Is a Parent Affair and Sexuality*, and coauthor, *Men, Women, and Change and Is the Homosexual My Neighbor?*

Those who associate Christianity with sexual repression may be surprised by this book's bold, unqualified subtitle. Perhaps a better, and more accurate, subtitle would have been "Christianity's Role in the Development of an Ethic of Sexual Pleasure." Few would quarrel with the notion that Christian influences in American culture have played a significant part in forming attitudes about sexuality. But giving Christianity the primary credit or blame (depending upon one's viewpoint) for today's

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emphasis on sexual pleasure may be a bit overdrawn. However, in fairness to the author, I should hasten to say that I'm well aware that subtitles are often chosen by publishers, not authors, and that Gardella has not closed his eyes to "the problem of historical causality." He takes care to acknowledge that "the modern attitude toward sex did not result from any single cause."

Still, Gardella's thesis is a fascinating one. He wants us to see the vast network of interconnected ideas, rooted in various traditions and expressions of Christianity, that have made a profound impact on how Americans feel about sexual matters. According to Gardella, Americans have come to expect sexual expression to provide them with an experience that is guilt-free (*innocent*) and at the same time rapturous—an experience of indescribable ecstasy. "Underlying the whole story [of how this came about] is a single theme: the struggle to overcome original sin," Gardella asserts. "From Catholic moralists to Victorian doctors, and from American Methodist women to St. Bernadette of Lourdes, the protagonists of this narrative all believed that human beings came into the world already tainted by sin, and that this disordered condition involved the corruption of human sexuality." By working to overcome or alleviate this corruption in many different ways, the central characters in Gardella's entertainingly written and highly informative historical account helped bring about today's prevailing climate of public opinion in which "all that remains of traditional doctrine on sex and sin is the persistent demand that sex be *proved* to be innocent." At one time, the "force of obligation" was attached to the repression of sexuality; now such a force of obligation is attached to the quest for "innocent ecstasy" or "maximum sex." A religious quality has thus come to characterize the prevailing American sexual ethic.

In stating his case, the author has crammed an amazing amount of information into just over 200 pages. One learns, for example, that a Roman Catholic bishop was the first American writer to issue a directive on orgasm for married couples. The Right Reverend Francis Patrick Kenrick, in a 1843 textbook on moral theology (written in Latin), wrote that husbands who ceased sexual activity before wives reached orgasm were guilty of a venial sin of omission. Wives were considered to be guilty of a mortal sin if they distracted

themselves during coitus to avoid experiencing an orgasm. Further, wives had the right to bring themselves to orgasm "through touches" if they had not climaxed during the sexual activity associated with intercourse. Kenrick's widely used text influenced seminarians and priests and, through them, reached out to Catholic parishioners who frequently came to confession filled with questions and seeking guidance about the sexual aspects of married life. Kenrick's practical instructions were in line with the "natural law" tradition in Roman Catholic moral theology, which sought to uncover the Creator's intentions for the sexual organs so that the faithful could use them properly and not sinfully. Over many centuries, the teaching that passionate marital sex was positive and good had emerged. Kenrick's unwitting contribution to the modern ethic of sexual pleasure actually followed in the tradition of Liguori, a moral theologian whose teachings on sex had been published nearly a full century earlier.

The shocked reactions of American Protestants in the late nineteenth and early twentieth centuries "made Catholic sexual doctrine more famous than

the moral theologians ever intended it to be," writes Gardella. Ministers translated and edited excerpts from works of Catholic moral theology to illustrate what they considered "Catholic corruption" and interest in "filthiness." At the same time, a genre of popular literature emerged that Gardella calls "anti-Catholic pornography"—novels, short stories, and articles detailing seductions and rapes in convents and other alleged goings-on among Catholics. The author provides a good analysis of the bigotry behind the appeal of such sexual sensationalism and anti-Catholic sentiment. He also points out two effects. American Catholic moral theologians, under attack for dealing frankly with sexuality, began writing apologies and taking a more conservative stand on sexual matters than was true of their European counterparts. On the other hand, many Protestants found in the "anti-Catholic pornography" a permissible way to explore their own sexual interests, feelings, and longings, "while reinforcing their sense of righteousness." The end result of this chapter in the unfolding story of American sexual attitudes was an increased openness in talking about sex, and discussing it *explicitly*.

Gardella continues his account by introducing us to such fascinating personalities as Dr. John Harvey Kellogg, a Seventh Day Adventist surgeon who invented corn flakes as part of a dietary regimen to cool sexual passion, and Dr. Sylvester Graham, a temperance lecturer who warned against masturbation and prescribed his special cracker to quell sexual impulses which he considered potentially damaging to the nervous system and physically debilitating. These men were part of a movement among Victorian health writers and medical practitioners (many of whom worked for Christian groups) who virtually made sin and sex synonymous. Gardella argues that "the representation of sex as pathological supported the claim that sex demanded special attention from experts, and the medical profession became the original and most loyal constituency for fearful and repressive perspectives on sex."

In this climate, perfectionist movements arose in both medicine and Christianity, claiming that original sin's devastation could be overcome. A few voices began speaking about "sexual redemption" and sexual enjoyment as God's intention for marital love instead of the requirement of rigorous sexual restraint that was so widely taught and

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