

The Church and its Holistic Paradigm of Sexuality

Wilson Yates

Margaret Sanger, the birth control reformer of the first part of this century, began her books with the sentence: "Sex is the pivot of civilization." Perhaps she was given to hyperbole, but few of us in the latter part of this century would deny that sexuality is a central human force that can exploit and destroy, or enhance and enrich, personal life and the human community. We have come to appreciate Sanger's insistence that the power of sexuality is a profound and ever-present power. Anthony Kosnick, in our own time, also addresses this theme:

Sex is . . . a force that permeates, influences, and affects every act of a person's being at every moment of existence. It is not operative in one restricted area of life (that is, simply physical intercourse) but it is rather at the core and center of our total life response.¹

Precisely because sexuality is such an important part of life, the church (the Christian community) has been expected to deal with its morality and meaning—and this the church has done. It has given shape to sexual ethics and theologies of sexuality down through the centuries. Today, however, the church finds itself in quandary, for the way it has defined and interpreted sexuality in the past is being challenged by forces and groups—within the church and outside of it—and it is being forced to rethink what it has said in the past, what it is saying now, and what it ought to say in, and for, the future. I would like to comment briefly on each of these.

One should move with caution in suggesting what the outcome of that rethinking will be, but we are now at a point where we can see that certain assumptions are being made, that certain new ways of thinking are being set forth that are suggestive of a new paradigm for understanding sexuality. These assumptions have begun to appear in different contexts: the writings of theologians, sexuality study commissions, official church pronouncements, popular religious publications, and Sunday morning congregational forums. They are the subjects of debate, modification, criticism, and acceptance at any given point in the give-and-take of the theological and institutional life of the church, and in that give-and-take they are taking on a shape and significance that clearly points to their power. They are the elements of a new paradigm of thought that, I think, has opened the church, and the world on which it impacts, to a new understanding of sexual health.

The Holistic Paradigm

I wish to call this paradigm a holistic paradigm, in contrast to the more traditional dualistic paradigm to which the church has been wedded so long.² The dualistic paradigm has been marked by assumptions of patriarchy, dualism of body and spirit, a strong procreative ethic, a denial of the relationship of erotic love to divine grace, a strict set of external rules to govern sexual behavior, and a strong condemnation of homosexuality—all of which stand in sharp contrast to a holistic perspective.³

The assumptions of the new paradigm that I wish to elaborate upon include the following:

1. Sexuality should be viewed in light of an egalitarian perspective in which men and women are considered to be equal to one another.
2. The morality of homosexual expression should be judged much as we judge heterosexual expression: in light of whether it enables an individual to realize wholeness.
3. Sexuality, as part of creation, is good.
4. Sexuality should be understood to be related to both body and spirit.
5. Sexuality should be seen as a dimension of the self that is expressed in all forms of love—forms that together constitute holistic love.
6. Sexuality should be seen as a means through which persons can know the grace of God.
7. Rules governing sexual behavior are important to sexual health and wholeness.

As an introduction to the discussion of these assumptions, it is important to define two key concepts of the holistic paradigm: wholeness and sexuality. *Wholeness* is a word rooted linguistically in such *New Testament* concepts as holy, health, unity, and salvation.⁴ It is the experience of well-being, of health, of integration, of trust, of love, of knowing one's self to be autonomous and, as such, a significant part of a greater whole. Wholeness is not limited to peak experiences beyond the process of daily living, but rather includes experiences realized in the midst of daily existence in response to the problems and possibilities that life poses. It is not a continuing state that we achieve, but an experience that is realized in moments of an event or relationship. It is also the experience of a broken life made whole.

Sexuality is a concept that, in religious thought, has been too often limited to genital sexual experience. There is a need, however, for a more encompassing understanding which can be expressed in the following manner: Sexuality is our basic identity as males and females, which expresses itself in our attraction for, in our drive to know, and in our way of relating to ourselves, to others, and to God.

The Foundation of the Paradigm

With these definitions as a backdrop, I would like to turn now to a discussion of the assumptions which form the foundation of this paradigm. **The first assumption** is that we must understand male and female, maleness and femaleness, in egalitarian terms. This egalitarianism is rooted theologically in the assumption that we are all equal in the eyes of God—that we, as persons, are all of equal value. It is rooted sociologically in the proposition that men and women should have equal opportunity to choose the roles they play based on their ability, energy, interest, time and place, rather than simply on gender. Social structures should, in turn, support this possibility. It should be noted that this egalitarian position does not mean that men and women are all alike. What it does mean is that the differences that do exist are differences that do not make one subordinate to the other. Realization of wholeness, then, begins with the assumption that we should recognize and respect our basic equality, one with another.

The second assumption affirms an inclusive stance towards sexual orientation. With this perspective, opposite, bisexual, and same-sex relationships are judged on the basis of whether they enable the individuals involved to realize some degree of wholeness in their lives, rather than on the grounds that a given orientation is intrinsically right or wrong, natural or unnatural. Thus, the theological issue regarding sexual orientation, from this perspective, is not whether one's orientation is moral or not, but whether one is able, within one's orientation, to experience and know wholeness and grace, rather than sexually alienating and destructive behavior.

The third assumption declares that sexuality, as part of creation, is good. "God created them male and female. . . they became one flesh. . . they knew one another. . . they were fruitful and multiplied. . . and it was good," the *Old Testament* affirms. From the beginning, we were created as sexual beings and were invited to express our sexuality in a creative and procreative fashion.

"The Song of Songs," in the *Old Testament*, provides a beautiful testimony to the goodness of love between a man and a woman. In the song, the lovers come to a garden and there, midst an Eden-like world, they speak, touch, and embrace—fully giving to and fully receiving one another. The richness of the song's sensuality speaks for itself:

Oh that you would kiss me with the kisses of your mouth
For your love is better than wine. (1:2)

Oh may your breasts be like clusters of the vine,
And the scent of your breath like apples,
And your kisses like the best wine. (7:8-9)

I am my beloved's and his desire is for me.
Come my beloved, let us go out into the country,
Let us spend the night in the villages.

Let us rise early and go the vineyards;
Let us see whether the vine has budded and its blossoms
have opened,
And whether the pomegranates have bloomed.
There I will give you my love. (7:10-12)

The poet expresses the way sexuality can become a means of knowing, of loving, of realizing union with the other. It becomes a means of knowing the presence of wholeness; of being at one with another in a loving relationship; and of discovering the goodness of creation.

Sexuality is expressive of the goodness of creation by virtue of its procreative powers. Our reproductive capacity links us in a special way, both with the natural world—for it is expressive of our organic, biological nature—and with the

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self-transcending world of feelings and reflection—for it is expressive of the emotional, rational, and cultural aspects of our lives.

Sexuality, then, as a part of creation, is good—and that goodness is expressed in terms of the purposes central to its nature: intimacy and procreation. Scripture does not deny that our sexuality, and its expression, can be a source of alienation. It can become the source of distrust and fear, of brokenness and manipulation. But what it can become in the interest of one's self-centeredness, and what it is created to be, are not the same. The creation of sexuality, and the intentions of that creation, are the key concerns here.

The fourth assumption holds that sexuality is related to both body and spirit. "The Song of Songs" symbolizes this. It is a canticle of sensuality, lifting up and celebrating the beauty and fullness of the bodies and spirits of the lovers: voices speak, eyes behold, lips meet, and join in the joy of erotic communion. As a song of the erotic communion of the two bodies, it also becomes a song of the spirit, of the union of two persons. The lovers, in their very acts of looking, speaking, touching, and reaching out to hold one another, engage in a spiritual act of togetherness, consciously, intimately. Feelings yield thoughts. Touches yield words. They seek to know, to communicate, and they become persons bound together.

The fifth assumption is that body and spirit should be understood in holistic terms. There is no body and spirit dualism. Rather body and spirit are essential, and equal, dimensions of a whole. As the ancient *Old Testament* song suggests, we were created from dust into which spirit was breathed so that we might become human beings. To speak of body and spirit in dualist terms, to speak of them in terms of one being superior to the other, is to speak of them as unrelated realities co-existing, if not struggling against one another. A dualistic approach to body and spirit distorts their relationship to each other and skews an understanding of human existence as an integrated whole.

The sixth assumption is that our sexuality is seen as a dimension of the self that is expressive through all dimensions of love—dimensions that together constitute holistic love. These expressions of love have traditionally been thought of in their classical Greek formulations of *epithymia*, *eros*, *filia* and *agape*.⁵ In the old paradigm, they were separated from one another and treated in hierarchical fashion. What now becomes important is that they be seen as dimensions of a whole: epithymaic love as an inner desire for sexual pleasure; erotic love as the passion that drives us to seek union with the other; filial love as companionate or friendship love; and agapaic love as the love that is manifest in self-giving. All are dimensions of love necessary for love to be known in its fullness. I will comment on each of these.

Epithymia is the inner desire for sexual or sensual pleasure and satisfaction. It is the experience of sexual excitement, and the desire to satisfy the tension which that excitement creates. It is that "spark" that attracts us to another, and

that which is present in the pleasurable sexual feelings we have for ourselves and for others.

The most intense expression of this form of love is the desire for sexual relations. It is wrong, however, to limit epithymia to that act. It is expressed, equally, in the pleasure experienced from looking, touching, hugging, and holding. It is felt in being physically present with another, and in experiencing that presence with anticipation and joy.

Epithymia is present, therefore, in my desire to reach down and pick up an infant; to reach out and hug an elderly friend; and to toss my arm around the shoulders of my son when he beats me in tennis. As such, I am not seeking or desiring to have sexual intercourse. I am desirous of making contact in a pleasurable sensual way, quite removed from genital expression but no less personal and important, no less filled with anticipation and satisfaction.

This form of love contains a self-oriented need that does not necessarily take into account the other person's needs or desires. It focuses on the self, and the self's desires of the moment. If that focus becomes the only basis on which a person finally acts, then love becomes a self-centered, rather than a mutually giving responsiveness.

Eros or erotic love drives us to seek union with that which can provide fulfillment and can give us a sense of wholeness, by reuniting us to that which we long for but of which we are not a part. It is the passion to find, to experience, and to know the other. What eros provides epithymia, therefore, is a power of passion that drives the self toward the other in order to experience and know the other in a meaningful way.

Thus, I desire to have sexual relations with my wife, to enjoy the sensual delight of our bodies. But this desire is more than simply the need to satisfy a sexual urge. I desire to be united, in a meaningful way, so that my satisfaction, my sense of completeness, is more than that of sexual release. My satisfaction comes from giving and being given to, from having a sense of oneness and of integration.

I desire to pick up and cuddle a baby as a meaningful interaction with another person: a person whom I once was like, a person who needs to be touched. In touching, human contact occurs that is fulfilling to both of us. (Birth-giving and breastfeeding are wonderfully erotic experiences, I am told).

Further, my sexuality, as an expression of myself as a sexual person reaching out to the other, is manifest through the third dimension of love, that of *filia*. Filial love is the love of friendship, of companionship. It is love in which a mutual life of giving and receiving is present in an ongoing fashion. It is, or should be, a strong element in sexual relationships. Too often the importance of friendship as a necessary ingredient in the creation of a good relationship is ignored.

Such a relationship involves a genuine interest in another individual: in what they think and feel; in what they do

and believe; and in how they live the way they do. This interest forms the grist of friendship. But the underlying power of erotic love is initiatory and sustaining. Erotic sexuality, therefore, is a part of filial love. As the theologian Norman Pittenger states: "in human relationships as such, of whatever sort, there is a sexual element precisely because those who are party to them are sexual beings."⁶

The final dimension of love is that of *agape*, self-giving love. *Agape* should not be seen as one form of love alongside the other forms, but rather as a love that informs or infuses the others. Paul Tillich sees it as a quality of self-giving that should ground all other forms of love. And the ethicist, James B. Nelson, provides a unified understanding of love in which *agape* "undergirds and transforms" the other modes of love. He writes:

Agape is not another kind of love . . . It is the transformative quality essential to any true expression of any of love's modes. If we define Christian love as *agape* or self-giving alone—without elements of desire, attraction, self-fulfillment, receiving—we are describing a love which is both impoverished and impoverishing. But the other elements of love without *agape* are ultimately self-destructive. *Agape* present with sexual desire, erotic aspiration and mutuality releases these from self-centeredness and possessiveness in a relationship that is humanly enriching and creative. It does not annihilate or replace the other modes of our loving. It undergirds and transforms. And faith knows that *agape* is gift, and not of our own making.⁷

Agape, then, is to be seen as that form of love that should transform all our expressions of love.

A few years ago, a photographic essay was published under the title of *Gramp*.⁸ The authors tell the story of their grandfather and the grandfather's relationship to his family. They include two photographs that, taken together, provide a powerful statement of the character of love that I have been discussing. One picture shows the grandson as a middle-aged man holding his thin and very aged grandfather. The statement is obviously not a statement about "sex" in the narrow sense of that word. It is a statement about love—a love in which the sexuality of these persons is very much present in a rich and meaningful fashion. The grandfather and the grandson, in each picture, stand as persons with a physical presence to each other in their acts of touching and holding. Two persons deeply attracted to one another have reached out and have been drawn close together in a union that includes, yet transcends, simple holding. There is present, both physically and spiritually, the warm mutual love of comradeship, of friendship, of familial devotion.

Thus, the acts of touching and holding are transformed by the inexplicable gift of self-giving that infuses the revealed love. Our sexuality and our love, from the perspective of a holistic vision, are necessarily interwoven. To deny one, or the other, would be to split that which creation and creativity have made into one cloth.

The sixth assumption is that sexuality should be seen as a means through which we can know the grace of God. Our sexuality is a pivotal dimension of human life; it becomes one of the means through which the grace of God is experienced. For through it we encounter, and participate in, the creative, sustaining, and reconciling grace given to us by God.

The expression of our sexuality can become a means of experiencing creative grace insofar as it engages us in creatively using our imaginations in responding to ourselves and to others. Grace comes at that point, when seeking to find a vital way of relating, of touching, and of responding, we suddenly find one that "fits"—one that is appropriate, that moves the relationship to a new level of meaning. We experience a breakthrough to the new. Grace is a gift, a gift we are free to receive.

Another way in which we participate in creative grace is through procreativity. Procreation has biological, emotional, social, and moral dimensions. Beneath these dimensions, we confront a mystery—the mystery of why we are created in such a fashion and how that fits into a cosmic whole. In confronting that mystery, we begin to recognize that the miracle of a life can be experienced as a gift of grace. We know this grace when we become a part of the procreative process. We participate in the miracle of birth.

Sexual expression can also become a means for sustaining grace. As human beings, we know sustaining grace in loving and being loved, in disclosing and discovering. A parent's massaging of a child's back, the holding of a friend in grief, the sexual union of partners—thousands of acts over thousands of days that are acts of physical presence—become the means by which we receive the grace of sustenance and nurture.

Sexual expression can also be a means of reconciling grace. In a broken relationship, sexual expression as an act of reconciliation can become a means of overcoming that brokenness. It may be the one place in a couple's life where they find some type of vital communion together. It may be their way of maintaining touch on the road back to togetherness.

In all of these forms of grace, the experience becomes that of wholeness—of integration, of love, of fulfillment. It is in that experience of wholeness that we know God: to be sexually whole is to know divine grace.

The seventh and final assumption is that norms governing sexual behavior should exist as guides to the realization of sexual health and wholeness. Anthony Kosnick and his colleagues in their study, *Human Sexuality*, have suggested a set of norms that I find indicative of what the new paradigm seeks. They call for sexual relations to be self-liberating, other-enriching, honest, faithful, socially responsible, life-serving, and joyous.⁹ It is important to note that these norms focus on the realization of well-being for persons and community, and on the realization of some experience of wholeness, rather than simply on the right-

ness or wrongness of a particular act. In light of the above, I would like to offer the following norms for consideration:

1. Our sexual expressions should be expressions of loving intimacy in which passion, companionship, and self-giving are all present.
2. The primary context for healthy sexual relations should be within a stable structure—such as a marriage or a union or a primary commitment—in order that continuity and depth may be more nearly realized, and that the relationship of sexual expression to an ongoing life together may be more nearly experienced.
3. Procreative choices should be made in a deliberate and cautious manner in light of whether the best interests of the child, the parents, and the larger community will be served.
4. The expression of our own sexuality should be made in a fashion that is respectful and responsive to the needs for sexual wholeness that the self, the other, and the larger community have, and that God intends for us.

What the church's new paradigm of sexuality will finally look like remains to be seen. However, I think that the assumptions I have set forth are shaping the basic foundation and the form that it will take.

Footnotes

1. Anthony Kosnick, *et. al.*, *Human Sexuality, New Directions in American Catholic Thought* (Paulist Press, 1977) p. 92.
2. This treatment of the holistic paradigm draws on material from earlier articles: Wilson Yates, "Sexuality, Love and Wholeness," in *Engage/Social Action*, November, 1982; "Human Sexuality: Duality and Holistic Paradigms," in *SIECANN Journal*, Proceedings of the Canadian Association for Pastoral Education Conference, Kitchener, January, 1987, Vol. 2, No. 2, Summer, 1987.
3. See James B. Nelson, *Between Two Gardens* (Pilgrim Press, 1983), ch. 5, for a discussion of old and new paradigms in Protestant positions on sexuality and the shift he sees taking place.
4. See James E. Sellers, *Theological Ethics* (Macmillan, 1966) pp. 55-6. In this study, he develops an ethic of wholeness and gives attention to the theological roots of the word.
5. Several theologians have developed perspectives regarding the interdependence of the various forms of love including Paul Tillich, *Love, Power and Justice* (Oxford, 1960), ch. 11; Daniel Day Williams, *The Spirit and Forms of Love* (Seabury, 1975), chs. I, II, and V; Rosemary Reuther, "Misogynism and Virginal Feminism in the Fathers of the Church," in *Religion and Sexism*, Rosemary Reuther, ed. (Simon & Schuster, 1974); and James B. Nelson, *Embodiment, op. cit.* ch. V. Nelson's study provides the most thorough understanding of the interrelatedness of the four dimensions of love and the present discussion draws on his treatment: see ch. V.
6. Norman Pittenger, *Making Sexuality Human* (Pilgrim Press, 1970), p. 30.
7. Nelson, *Ibid.*, pp. 113-14.
8. Mary and Dan Jury, *Gramp* (Penguin, 1978).
9. Kosnick, *op. cit.*, pp. 92-95.

Wilson Yates, PhD, is dean of the United Theological Seminary of the Twin Cities in New Brighton, Minnesota, and professor of religion, society, and the arts.

Debra W. Haffner Joins SIECUS As New Executive Director

The board of directors of SIECUS is pleased to announce the appointment of Debra W. Haffner as its new executive director. Ms. Haffner, a sexuality educator since 1975, was previously director of information and education for the Center for Population Options; director of community services for Planned Parenthood of Metropolitan Washington; and a special assistant for the U.S. Public Health Service, where she directed a national adolescent health program.

Haffner has published over two dozen articles, pamphlets, and monographs on adolescent sexuality and sexuality education. Her articles have appeared in the *Journal of School Health*, the *Journal of the American Medical Association*, the *Journal of Adolescent Health Care*, *Seminars in Adolescent Medicine*, and in several national organizations' journals and newsletters. She has also appeared regularly on national television and radio programs, including "Good Morning America," "Nightline," and "The CBS Evening News."

Haffner is recognized as one of the country's leading experts on AIDS and adolescents. More than 3000 copies of her monograph, "AIDS and Adolescents: The Time for Prevention Is Now," have been broadly distributed. She directed a Centers for Disease Control initiative on AIDS education and has been a keynote speaker on AIDS for the National Education Association, the Association of Junior Leagues, the National Resource Center for Youth, and the Support Center for School Based Clinics.

Human Sexuality Education in Japan

An Interview with Mr. Naohide Yamamoto, Japan Society for the Study of Human Sexuality

In 1987, Mr. Naohide Yamamoto and 35 sex educators from the Japan Society for the Study of Human Sexuality attended a three-day seminar co-sponsored by SIECUS and New York University. At the request of the Society, the seminar focused on sexuality education in the United States. Topics covered were: an overview of the current status of sex education; training of sex educators; sex education at the elementary, junior and high school levels; Latino sex education concerns; public school and health agency programs; AIDS education; teaching materials and audio-visuals. SIECUS board members, Peggy Brick and Bob Selverstone, were presenters, as were SIECUS staff members, Ann Welbourne Moglia (former executive director), Diane de Mauro (manager of educational programs and computer systems), and Leigh Hallingby (former librarian). The editor of the *SIECUS Report*, Janet Jamar, Ann Welbourne Moglia, and Ron Moglia, director of the human sexuality program at New York University, conducted the following informal interview, through an interpreter, with Mr. Yamamoto at lunch.

How do you teach sex education in Japan?

Unfortunately, sex education is very limited in Japan. In our grade schools, fifth grade girls learn about menstruation, and that's about it so far. Ten percent of our high schools provide some kind of sex education.

What topics are taught in high school?

Students learn about how one ejaculates; male and female sexual differences; male and female gender roles; menstruation; sexual intercourse; pregnancy; contraception; abortion; and sexually transmitted diseases.

Why do only 10 percent of your high schools provide sex education?

Human sexuality education is provided in health classes. Only the schools that have teachers who can teach about human sexuality can provide it.

Is that why you are here?

Exactly. The members of this society are all sex educators: some are teachers, some are school nurses, but all have something to do with sex education.

Do most of you teach health education courses?

Yes. However, I teach social science, and in two of my classes—youth problems and human relations—I teach about human sexuality.

Do you feel that all Japanese schools should provide sex education?

I personally wish that by the 21st century each and every school in Japan will have at least one sex education professional. This is my wish but, of course, sometimes wishes never come true. But one never knows.

Why do you believe that accomplishing such a goal is important?

Because I see more and more problems related to sex among Japanese students.

What kind of problems?

Pregnancy among teenagers. Prostitution. Types of rape—forced rape.

And you feel more education will curtail this?

In a way. My primary reason for wanting our programs to expand is similar to what I heard today in two of your lectures. That is, it is my hope that by offering students more information and more education in this area they will have more choices and will be able to decide what they really want. In Japan, we have two other organizations that are similar to ours, but our organization is closest to SIECUS in thinking.

How are teachers now trained in Japan?

Through organizations such as ours and the others I have mentioned. The Japanese Association of Sexual Education also offers seminars.

Are any courses in human sexuality taught in your universities?

Maybe less than ten universities offer a course in human sexuality.

What is the attitude in Japan toward adolescent pregnancy and abortion?

Very negative. According to Japan's Ministry of Welfare, seven out of one thousand teenagers have abortions but, in reality, the figures are three times that number. There are always people who do not report. It has *always* been the case that the actual numbers are three times the official numbers. They do not even acknowledge the facts, and they try not to acknowledge the problem. Of course, to start with, sexual intercourse, itself, is denied. It is not even acknowledged yet as a healthy, positive thing. Ten percent of the male students and eight percent of the female students, within the Tokyo area, have had sexual intercourse. And, of course, the percentages are increasing year by year.

When a young woman becomes pregnant, what happens to her within her family, her community?

First of all, when high school students get pregnant, they generally do not go directly to their parents. They first talk to their friends. Eventually, however, parents find out—they nose around—then two choices are given: get married or have an abortion. The immediate response is that the entire family are criminals, and the parents are made to feel small for a while. A single parent—one whose child is without a

Japan: Declining Fertility Due Mainly to Marriage Trends, Birth Control Use

Marriage patterns and contraceptive practice are the two major factors responsible for the very low fertility levels that have characterized Japan since the late 1950s, according to an analysis of the country's postwar demographic experience. The study finds that although induced abortion played an important role in lowering fertility during the 15 years following World War II, since 1960 the practice has had a steadily diminishing effect on fertility.¹ The country now has a crude birthrate of 12 per 1,000 population, the lowest level in Japan's history. Contraceptive practice is widespread (63 percent of married women use a method), but it consists overwhelmingly of reliance on the condom and rhythm. The pill and IUD together account for less than 10 percent of all method use.²

References

1. N. O. Tsuya, "Japan's Fertility: Effects of Contraception and Induced Abortion After World War II," *Asian and Pacific Population Forum*, Vol. 1, No. 1, 1986, p. 7.

2. Y. Ashino, "Two Children Now Japanese 'Ideal,'" *People*, Vol. 13, No. 4, 1986, p. 26.

Excerpted and reprinted with permission from Family Planning Perspectives, Vol. 19, No. 2, 1987, page 86.

father—is not recognized by other people as a person. It is like a handicap if a single person has a baby. It is as though they are deformed.

What happens to a young woman who decides to give birth to her baby? How does she live? Can she stay with her family?

It is very rare for a teenage girl to have a baby without marrying the father. It has never happened in the high school where I teach—as far as I know. We have no single parents. We have very good doctors, capable doctors, who do operations. It is very simple: just go there, have an abortion, and it's done. (*Editor's note: according to Induced Abortion: A World Review 1986, pp. 12, published by the Alan Guttmacher Institute, no formal authorization for an abortion is required; it is permitted in the doctor's office; and it is de facto available on request.*)

In America, many religious people feel abortions are wrong. Is this also true in Japan?

Some small religious organizations do have similar attitudes toward abortions. However, they do not have as much power as do similar organizations in the United States.

How would you compare what you teach in Japan to what we teach in America?

Still, in Japan, it is *sex* education that is emphasized—children learn more about sex with the ultimate goal of preventing premarital sex and pregnancy. But, I have noticed that in the United States education is provided on human sexuality and emphasizes making choices and decisions, not the suppression of premarital sex and pregnancy. You have a more affirmative attitude toward life. That is the big difference. In Japan, sex education is preventive; in the United States, it is not.

Do you see yourselves moving in a similar direction?

Yes, especially because of the nature of this organization.

You indicated that there were two other organizations similar to yours in Japan, but that you are more like SIECUS. What are the differences between these organizations and your organization?

The other organizations maintain that sexual activities among teenagers should be suppressed. Such activities are wrong, they say. And we, our organization, as I said before, is more like SIECUS. We emphasize that children need to learn more positive attitudes toward life and to make decisions, positively, on their own. As I listened to each speaker in the seminar, I felt as though I was a member of SIECUS, as our thinking is so alike. I felt at home.

How can our two organizations support and help each other?

We can exchange information and human resources, just like this. You can come to Japan. Our members will come here. We offer a seminar, annually, that runs for about three days. About 1000 teachers from throughout Japan attend this seminar.

One Organization's AIDS Policy Statement: A Useful Model

THE AIDS CRISIS: EDUCATION AND POLICY ISSUES

A Statement of American Friends Service Committee Understandings and Plans

AIDS (Acquired Immune Deficiency Syndrome) presents the world with a crisis. To date science has found no cure. Treatment methods are severely limited and costly.

The crisis is spiritual and ethical as well as medical. Faced with a virus against which the best medical technology has yet to find an answer, communities are at risk, as well as individuals.

The human spirit is severely challenged when simple acts of receiving blood or attending an ill person—or the act of love itself—become as much associated with the risk of pain and death as with the joy of life.

AIDS challenges society to respond to this threat in ways that affirm respect for all human beings and strengthen our sense of community. AIDS is preventable. No one should die of AIDS.

The American Friends Service Committee's concern with AIDS grows both out of AFSC's spiritual values and our program experience.

A Quaker organization, the American Friends Service Committee is an expression of Friends' historic conviction that all human life is sacred, that no one is expendable. Indeed, all are equal in the eyes of God. Our organizations's role is to challenge ourselves, our communities, and governments to respect the inherent dignity of all people.

The AFSC is composed of a rich diversity of people from a multitude of backgrounds and experiences who work on our staff and committees. We work in communities across this country and in some 30 nations abroad. We are thus engaged with and led by many of those groups who are or who potentially may be most affected by the AIDS epidemic and the actions or inactions of governments in response to it. Our involvement with people who are poor and with people of color and others in this country—prisoners, undocumented people, farmworkers, lesbian and gay people, minority and nonminority youth—and our work in the Third World obligate us to address the ethical and social issues related to the disease as we understand them. Our competence stems from AFSC's history of work

in defense of the rights of those who are vulnerable to discrimination and our experience in helping communities define and seek solutions to problems that affect them.

We have no certain answers to the enormous dilemmas with which AIDS confronts the world. We do have perspectives on related public policy issues, and this statement represents our best effort to clarify these perspectives so as to inform our own response to AIDS. The statement also provides us a means to share our perspectives and understandings with others. We believe that all people who become aware of AIDS share a renewed sense of their own mortality and are called to identify with those who have been stricken by the disease or are particularly threatened by it.

Four kinds of responses are required.

One, *individuals* can prevent infection by the AIDS virus by avoiding behaviors that put them at risk, specifically unsafe sex practices and sharing of hypodermic needles.

Two, *educational strategies* must provide accurate, explicit, comprehensible and compelling information about "safe sex" practices, the risks of promiscuity and the dangers to drug users from contaminated needles. Special efforts will be needed to reach those communities that are particularly vulnerable and poorly served by information and health care systems.

Three, an extraordinary *scientific effort* is needed to find methods of prevention and treatment.

Four, barriers to the *health care* and the full range of support services needed by persons with AIDS (PWAs) and AIDS Related Complex (ARC) must be removed. The illness must not become an occasion to exclude people or deny our common humanity.

AIDS and drug abuse are often linked, since AIDS can be transmitted by intravenous drug use. But the two threats must also be addressed separately. Confronting drug abuse must be a major priority, quite apart from its connection to AIDS; each is deadly and each causes incalculable human suffering. Eliminating drug abuse will require addressing

the social and economic inequities deeply embedded in United States society. In the meantime, it is essential to make a major commitment of public resources to drug treatment programs.

AFSC Actions

The AFSC feels obligated to take actions of our own in response to the AIDS crisis.

1. We will identify effective AIDS educational materials focusing on prevention and make them available in every office of our organization and at program events organized by AFSC in the United States.

2. We intend to consult with communities of color and language minorities in the United States with whom we are presently engaged to determine the availability and cultural appropriateness of educational materials and to explore what we can do, working with groups already involved with this issue, to help assure the availability of effective materials.

Gay community groups are experienced in devising materials and implementing preventive strategies. In our efforts, AFSC will seek to facilitate and strengthen linkages between gay and non-gay groups so that all can gain from this experience.

3. We are asking our staff working in other countries or with international bodies to determine how governmental and international agencies are approaching AIDS issues and to make recommendations on a role AFSC can play in facilitating responses and sharing information about effective approaches.

4. We will speak out regarding public policy on funding and on testing. We will press for policies which support education, research and health care in response to the AIDS crisis. This challenge will be addressed to federal, state and local governments, educational and correctional bodies and other agencies. Massive public funding is needed for this work in the United States. We oppose singling out whole groups of people for mandatory testing. We support a policy in which voluntary testing is made available to all with guaranteed confidentiality and, where possible, anonymity.

5. We have developed personnel policies to implement principles of confidentiality and nondiscrimination concerning AFSC staff members who may develop AIDS or test positive for the AIDS virus. We have reviewed our insurance coverage to assure that affected employees are covered to the extent possible.

6. We intend to share this statement and action plans with other private and public groups and organizations, encouraging them to take similar actions with us in demanding governmental action. We plan to work together with groups and organizations that are already active in education and public policy efforts consonant with our principles.

Dimensions of the Crisis

The devastating character of the AIDS crisis for the United States and the rest of the world is well documented. It has been underscored by: figures from the Center for Disease

Control (CDC) and the World Health Organization (WHO) on the numbers of persons with AIDS and those infected with the AIDS virus to date; predictions of new cases in the next several years; and estimates of how long it may take to develop a vaccine, much less an effective treatment or cure.

AIDS was initially described as occurring in the United States almost exclusively among certain groups. It has become increasingly clear that the issue is not risk groups but risk behaviors. Evidence suggests that incidence of the disease is growing throughout the United States population.

Black and Latino communities, for whom racism and poverty have meant inadequate health services and a disproportionate toll of almost all diseases and mortality, run great risk of undetected exposure to AIDS. According to the CDC, the incidence of AIDS is far greater for Black and Latino women than for white women. The vast majority of infants with prenatally acquired AIDS are Black or Latino.

Though the facts on prevalence of AIDS in Africa are incomplete, it appears that there is a concentration of cases in the Central African Republic, Ivory Coast, Kenya, Tanzania, Uganda, Zaire and Zambia. The disease is not confined to the United States and Africa. Brazil, France and other European countries and East Asian countries are also feeling the impact of the epidemic.

Challenges to AIDS Prevention

Prevention education makes a difference. Education campaigns by the gay community in some areas are credited with causing behavior changes which have slowed the spread of AIDS in that community.

It is essential that prevention efforts reach those United States communities that are poorly served, if at all, by information and health care systems and are therefore particularly vulnerable to AIDS. These groups include poor communities, men and women of color, prisoners, undocumented immigrants, farmworkers and many young people. Continued and intensified efforts to reach gay and bisexual men are imperative.

Development of education strategies must recognize that there is no single approach that will be tailored to the particular needs of each group if they are to be heard and acted upon. They must be sensitive to cultural differences and delivered through appropriate channels. Efforts will be most effective if those who are part of the various groups are involved in their design.

Prevention campaigns must respect the groups to whom they are addressed, focusing on dangerous behavior and offering realistic alternatives. They must not become efforts to "reform" what some consider inappropriate life styles or be weighted with racial or homophobic stereotypes or sexual taboos.

Barriers to AIDS Prevention

Denial. The assumption that only others—specifically homosexual and bisexual white men and intravenous users—are at risk has led many people to feel unthreatened and to fail to adjust their behavior to protect themselves. In addition, the belief that AIDS was “someone else’s” problem has meant a disinclination to support changes in public policy and allocation of public funds adequate to the challenge of this deadly disease. Some communities, because their members view homosexual and bisexual behavior as unacceptable, refuse to perceive or accept the fact that homosexual and bisexual people exist among them. As a consequence, the need for prevention education is denied, compounding the misinformation and lack of information that can put entire communities at risk. A side effect of such denial is reinforcement of the isolation and rejection of gay men and lesbians in these communities and sanction to stereotyping, threats and physical harm.

Denial takes many other harmful forms as well: some bisexual men deny that their behavior poses threats to their female partners and to themselves; many young people deny that unprotected sexual activity can cost their very lives; school officials in many places refuse to acknowledge that their students are at risk or that they have any responsibility to help them avoid risk; many prison officials deny the prevalence of sexual activity and drug use in their institutions.

In part, denial results from societal discomfort with the subject of sex. We are challenged anew to deal realistically and explicitly with these issues.

Misinformation and Fear. Rumors and misinformation often feed an unfounded fear of casual contact; this in turn has caused discriminatory and inhumane treatment of people who have AIDS or test positive for AIDS exposure, and has been a factor in stimulating demands for punitive measures such as a quarantine of persons with AIDS or testing positive for the AIDS virus. Accurate information and training are particularly essential for those who come in physical contact with people with AIDS.

Societal Barriers. The problem of AIDS is exacerbated by some of the worst tendencies in our society: by homophobia, racism and sexism; by stereotyping, excluding people from decisions affecting their lives and stigmatizing people because of problems they face. These tendencies often pit affected groups against each other; AIDS has intensified this effect.

A few examples of ways in which disregarded groups bear the brunt of this problem: the government, much of the medical establishment and society at large were slow at first to respond to AIDS, which was seen then as a disease chiefly affecting gay men; prostitutes have been scapegoated for a disease contracted from their male clients; prevention information targeted to language minorities in the United

States is available only recently and only in a few places; undocumented people run the risk of deportation if they seek information or medical care.

For women, the achievements of recent years in gaining control over their own sexual behavior are threatened by societal reactions to AIDS. In some quarters, the danger posed by the sexual transmission of AIDS has been used as the rationale for imposing a restrictive behavior code for women. It is important that AIDS prevention efforts offer a positive attitude toward sexual expression. In addition, some women risk condemnation, rejection or violence from partners if they ask them to use condoms or to redirect sexual activities; they may therefore decide not to raise the issue of safer sex, even at the cost of greater risk to themselves and to children they might bear. To serve the interests of women, AIDS prevention efforts must take this reality into account.

Prevalence of Drug Use. It is urgent that the societal causes of substance abuse must be confronted. In the short run, it is imperative that adequate funding be committed to drug treatment programs, which presently have waiting lists of six months to two years. Cutbacks in drug treatment programs are unconscionable, in view of the severity of the problem.

Because intravenous drug use, through sharing of contaminated needles, can be a mode of transmission of AIDS, this practice becomes a deadly one, not only for drug users but also for their sexual partners and their babies.

Special outreach and prevention efforts will be required to reach drug users regarding AIDS prevention. Street counseling programs are being developed in a number of cities to reach those whose continued behavior puts them at risk.

Public Policy Issues

Civil Rights. The AIDS epidemic has accentuated and complicated the on-going controversies in the United States about civil rights protections for lesbians and gay men. Indeed, the AIDS crisis has been exploited to advance the political agendas of those who oppose civil rights protections for gay men and lesbians. Homophobia in some instances has taken a religious cloak: AIDS is described as God’s punishment of homosexuality.

AFSC’s values lead us in a different direction: AFSC supports the freedom of lesbians and gay men to express their affectional orientation and their right to legal protection against discrimination.

Sex Education. Ongoing controversies around sex education have been exacerbated by the AIDS crisis. The question now is not just the right of young people to have accurate information but the absolute necessity of such information for their survival. We recognize that young people will

make their own decisions regarding sexual expression. These decisions are most responsible when informed and uncoerced. Both those who choose abstinence and those who choose to be sexually active must be provided with prevention information.

We are aware that "just say no" to sex is a widely heard admonition to youth in response to the AIDS crises. For some it is a response which fits well with their values and circumstances. For others such a slogan will have little meaning and impact. To insure that saying no is an option and not an order, it is important also to convey a positive attitude toward responsible sexual expression and provide practical information.

Mandatory Antibody Testing. We oppose mandatory testing in which whole groups of people are singled out. Mandatory testing of prisoners, undocumented persons and military personnel, for example, constitutes a clear case of invidious discrimination against groups over whom society has great control; it is not a valid response to a serious public health problem. Less intrusive alternatives, such as voluntary testing and education efforts, exist to meet the legitimate public health concerns.

We do not, however, oppose testing in certain circumstances, such as donations of blood, organs for transplant and semen. Individuals can avoid testing by refusing to participate in these activities. Moreover, the risk of harm if testing is not done overwhelmingly outweighs the difficulties this might have for the recipients or the donors, and there are no less intrusive measures which can be taken to insure safety to recipients.

In evaluating proposals for mandatory testing we must ask:

- What are the real reasons for the testing?
- Are there alternative measures less intrusive than mandatory testing that can provide the necessary protections? How can people be assured of protection against the consequences of false-positive test results?
- Is there a high likelihood of finding a significant number of true-positives, or will the numbers found be small in comparison to the economic costs of testing and the dangers of invasion of privacy and potential interference with individual freedom?
- Will the test results be used as justification for isolation or segregation?
- Will the test results lead to unnecessary economic loss or social stigma?
- Will the testing alienate those who might seek testing on a voluntary basis and drive AIDS further underground?

Until a cure for AIDS is found and available to all, each proposal for mandatory testing must be evaluated separately for its impact on principles of 1) *respect for persons* and their right to decide what will or will not happen to them, their right to privacy and informed consent; 2) *harm* to individuals weighed against *benefits* to

others; 3) *justice*—avoidance of invidious discrimination and assurance of fairness in the distribution of benefits and burdens. We recognize that these principles may conflict when applied to actual cases but they must be evaluated in each case of proposed mandatory testing.

Testing should be made widely and easily available on a voluntary and anonymous basis, with strict confidentiality about results. Supportive counseling should always be provided before and after testing, to cushion the psychological impact.

Quarantine of Persons with AIDS. Quarantine measures fly in the face of clear evidence that AIDS is not transmitted by casual contact. Such deprivation of freedom and human rights can serve only to blame and punish the victims.

Public Funding. Efforts to combat AIDS require funding equal to the magnitude of the problem. Private and institutional sources will be needed. But the magnitude of the crisis requires that governments at all levels make a major commitment of resources for as long as the crisis continues.

The federal government must make a massive commitment of funds to deal with all facets of the need: for the search for a vaccine and a cure; for prevention efforts in the United States and in other parts of the world; and for the medical care needs of persons with AIDS and related ailments. State and local governments must provide substantial resources to support broad prevention efforts and to assure that already overburdened medical systems can meet the needs of persons with AIDS. It is essential that this be new money, not funds diverted from other health or social programs.

Conclusion

The continuing flow of new knowledge about AIDS will undoubtedly change the specific terms of the public policy debate in the months and years ahead, and it will undoubtedly affect AFSC's thinking about the issues. The vaccination and cure for which all people pray would provide a major breakthrough and substantially alter the issues now confronting us.

Certain principles, however, must undergird societies' responses to the AIDS epidemic under any circumstances. They include universal values of compassion, respect for the dignity of individuals and equal treatment of all individuals and groups. These principles alone cannot rid society of AIDS; they can assure that the disease does not attack the bonds of humanity and community.

This statement was approved by AFSC's board of directors on September 26, 1987. It has been reprinted with permission from the American Friends Committee, 1501 Cherry Street, Philadelphia, PA 94121. Free copies are available; 12+ are \$5/100.

Conference/Seminar/Course Calendar

XIII WORLD CONFERENCE ON HEALTH EDUCATION, "PARTICIPATION FOR ALL IN HEALTH," August 28-September 2, 1988. Co-organizers are the Centers for Disease Control, National Center for Health Education, United States Host Committee, and the International Union for Health Education. Co-sponsor is the United Nations Children's Fund. "Health experts from around the world will discuss their strategies for the solution of such critical global problems as AIDS, world hunger, cancer and drug abuse." Surgeon General Everett C. Koop will present the opening address and Dr. H. Nakajima, newly appointed director of WHO, and James Grant, executive director of UNICEF, will address the general sessions. Four thousand health and related professionals from more than 75 countries are expected to attend to exchange information on research, equipment and clinical services, and methods for educating and involving people and communities in their health (over 1200 abstracts have been submitted). Some 30 cities plan to host a variety of activities before and after the conference. Contact: Sarah Felknor, Conference Coordinator (713) 792-8540 or Mary Louise D'Avino, The National Center for Health Education, 30 East 29th Street, New York, NY 10016, (212) 689-1886.

PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND FALL 1988 PROFESSIONAL WORKSHOPS, "Raising Children's Self Esteem," September 23, 1988; "What's Happening to Me: Sexuality Education for Middle School Students," October 7, 1988; "AIDS: A Private and Public Concern," October 19, 1988; "AIDS Education: A Challenge for Schools," October 20, 1988; "Reaching the Boys: Understanding Male Sexuality," November 4, 1988; "Socialization and Sexuality Education for Persons Who Are Mentally Retarded?" November 14-15, 1988; "Getting a Good Start: Family Concepts in the Elementary Grades," December 9, 1988. Contact: Connie Leff, 23 Mansfield Avenue, Burlington, VT 05401, (802) 862-9637.

MALE RESPONSIBILITY CONFERENCE, September 24-25, 1988. Sponsored by the Illinois Male Adolescent Network. Will include workshops on men's reproductive health, fathering, and family planning. Americana Hotel, Chicago, Illinois. Contact: Curt Davies, (217) 782-0554.

"SEXUAL EXPLOITATION OF PERSONS WITH DISABILITIES," a conference course (14 credit hours), September 26-27, 1988. Sponsored by Michigan Medical School, Department of Physical Medicine and Rehabilitation, Kenny Michigan Rehabilitation Foundation. Among the endorsers of the conference are SIECUS, AAASECT, and SSSS. Will discuss issues and develop further strategies for preventing sexual exploitation of disabled persons. Course director is Sandra S. Cole. Among the presenters are SIECUS board member, Frank Caparulo, and Sol Gordon. Michigan League, Ann Arbor, Michigan. Contact: Gayle Fox, Program Assistant, Office of Continuing Medical Education, Towsley Center, Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201, (313) 763-1400.

MIDWEST CONFERENCE ON THE SOCIAL IMPLICATIONS OF AIDS, October 3-4, 1988. Sponsored by Illinois State University, Normal, Illinois. Will deal with "the many social, economic, political, ethical and legal implications of the AIDS epidemic." Contact: Dr. Ann Elder, Acting Director, Community Research Services, Illinois State University, Normal, IL 61761, (309) 438-7771 or 438-5669.

2ND NATIONAL FAMILY RESOURCE COALITION CONFERENCE, "FAMILIES: A NATIONAL RESOURCE, A NATIONAL PRIORITY," October 6-9, 1988. Will include 109 workshops, 7 half-day focus sessions, 10 seminar sessions, program tours, video film theater, exhibits, and a program showcase. The Palmer House, Chicago, Illinois. Contact: Family Resource Coalition, 230 North Michigan Avenue, Suite 1625, Chicago, IL 60601, (312) 726-4750.

FIRST NATIONAL VIDEO TELECONFERENCE ON "RISK TAKING IN CHILDREN AND ADOLESCENTS," October, 1988, 3-5:00 PM ET. Sponsored by the Brown University Child Behavior and Development Letter, and others. Will discuss "how to recognize the antecedents and predictors of high-risk behavior; why teenagers engage in sexual practices that could lead to unwanted pregnancies and life-threatening diseases like AIDS; which cultural conditions are most likely to increase the chances of teens engaging in hazardous activities; and what you can do to intervene." Contact: The Brown University Child Behavior and Development Letter Seminar Division, 80 South Early Street, Alexandria, VA 22304, (800) 336-4776, (703) 823-6966, 751-9345.

THE SEXOLOGY OF AIDS 301—LATEST INFORMATION, SAFE SEX, ENRICHMENT OF INTIMACY TECHNIQUES, MEDIA (course) October 17-21, 1988. SAFE SEX INSTRUCTOR/ADVISOR CERTIFICATE—CURRENT INFORMATION, NEW MATERIALS, TEACHING STRATEGIES (certification program), November 5-11, 1988. Sponsored by the Institute for Advanced Study of Human Sexuality (CME credits available). San Francisco, California. Contact: (415) 928-1133.

NATIONAL AIDS NETWORK SKILLS BUILDING CONFERENCE: FOR COMMUNITY BASED AIDS SERVICE ORGANIZATIONS, October 20-23, 1988. Will provide opportunities to hear from experts and to learn about tools that really work, and to examine case study material and network with people doing similar work. Hotel Inter-Continental New Orleans, Louisiana. Contact: Skills Conference, The National AIDS Network, 1012 14th Street, NW, Suite 601, Washington, DC 20005, (202) 347-0390.

INTERNATIONAL SYMPOSIUM: ETHICS & THE HEALTH PROFESSIONALS' ROLE IN COMMUNICATING HEALTH RISKS, (CME credits available), October 21-22, 1988. Sponsored by the Institute for Health Policy Analysis. Washington, D.C. Contact: (202) 965-0025.

"UPDATE ON SEXUALITY," a symposium sponsored by the National Task Force on Sexuality and Disability of the American Academy of Physical Medicine and Rehabilitation (AAPM&R) and the American Congress of Rehabilitation Medicine (ACRM) during their annual meeting, October, 1988. Upon completion of this symposium, participants "should be able to demonstrate an up-to-date understanding of sexuality in traumatically brain injured, spinal cord injured, and geriatric patients." Will also include a session on "Challenges and Solutions for Sexual Exploration of Disabled Persons." Seattle, Washington. Contact: Nathan D. Zasler, MD, Interim Chairperson, P.O. Box 677, MCV Station, Medical College of Virginia, Richmond, Virginia 23298, (804) 786-0200.

SIECUS Salutes

Hispanos Unidos Contra SIDA/AIDS

For Providing the Hispanic Community of New Haven, Connecticut with Information and Education about AIDS

At a recent SIECUS board of directors meeting, the board voted to honor Hispanos Unidos Contra SIDA/AIDS with a SIECUS Salute. SIECUS Salutes are given periodically to honor exemplary contributions and programs.

The History and Accomplishments of Hispanos Unidos Contra SIDA/AIDS

On June 10, 1987, 30 people from the Hispanic community of New Haven gathered at Centro San Jose to discuss the feasibility of organizing a Hispanic response to the AIDS epidemic that would educate the Hispanic community about AIDS and serve as an advocate for culturally sensitive care for Hispanic people with AIDS. As a result of the meeting, Hispanos Unidos Contra SIDA/AIDS was formed. Prior to its formation, there were no AIDS education efforts in the city that were designed and carried out by Hispanic people for Hispanic people.

Hispanos Unidos Contra SIDA/AIDS has as its goal and mission the prevention of the spread of HIV infection within the Hispanic community. According to the group, New Haven ranks 12th in the nation for the number of people with AIDS per 100,000 population; and out of 126 people with full-blown AIDS in New Haven, 14 percent are Hispanic. To prevent the spread of HIV infection within their community, the organization has taken action to educate the Hispanic community about AIDS: what it is, how it is transmitted, who is at risk, and about ways to protect oneself and others.

Hispanos Unidos Contra SIDA/AIDS is composed of people from diverse backgrounds. There are individuals who work with IV drug users and with the probation process. There are those who provide pastoral care to inmates, who work with adolescents and their parents, (either through a Hispanic human service agency or through the churches), and there are individuals representing the two inner city clinics located in Fair Haven and the Hill. In addition, there is an adult education teacher, an attorney, an AIDS educator, someone who works with the Hispanic elderly, and a person who is active in Head Start. Ninety percent of the group is Hispanic. The organization's diversity and its natural links to the most vulnerable of the community has enabled it to achieve a great deal in a short period of time.

The following are some of the highlights of their achievements during the past year:

They have developed two AIDS brochures in Spanish, one designed to reach IV drug users with information about needles and condoms, the other designed to reach the general public. "The need for educational materials, which are in Spanish and sensitive to the cultural mores of Hispanics, is crucial if changes in 'safe' behavior are desired."

They have visited all of the Hispanic service agencies in the city to give their staff basic information about AIDS to pass on to clients. "Poverty for people in our community means limited access to information and adequate medical care. Our needs are great and we have few resources to educate and care for our people. The need for persons who can provide support and disseminate information about available resources is critical. . . . more Hispanics need to be trained in order to work more effectively with this community."

They have organized a table with AIDS information at the two neighborhood clinics; have held two evening training sessions on AIDS in the Hispanic community and used role-playing with the entire group so they could practice responding to different situations; have distributed AIDS information at a large Hispanic community summer festival; and held a "March for Life Against AIDS."

They have given information and training sessions to ministers and members of the Pentecostal churches in New Haven, and they have met regularly with these ministers to help them develop an educational and support service role for the churches.

They have formed a support group for Spanish-speaking people with AIDS and their loved ones, and have also begun an AMIGOS program in which Hispanics accompany Hispanics with AIDS.

Hispanos Unidos has also formed close ties with the Health Department, with AIDS Project New Haven, and with the Mayor's Task Force on AIDS. The Coordinator of the Mayor's Task Force helped to organize Hispanos Unidos Contra SIDA/AIDS and was recently elected to its board of directors. Four members of Hispanos Unidos sit on the Decision Making Body of the Mayor's Task Force on AIDS and several others participate in various subcommittees of the Task Force.

Congratulations Hispanos Unidos Contra SIDA/AIDS!
SIECUS salutes your good and beneficial work!

News . . .

Degrassi Junior High Goes Into 1988-89 Season

The Public Broadcasting Service 15th annual Program Cooperative has purchased 16 new programs in the Degrassi Junior High (DJH) series to air in Fall 1988. Their new themes will include eating disorders, drug abuse, death of a parent, and truancy. "And, of course, the perennial plagues of early adolescence—peer pressure, emerging sexuality, family relationships, and academic expectations—will continue to be treated with candor and humor."

Patricia Harris of WGBH reports that the show has been extremely successful in reaching its target audience of young teens: "According to Nielsen, 30 percent of the Degrassi audience consists of children under the age of 18—the main target of the series. An additional 40 percent consists of viewers between the ages of 18 and 49," which suggests "that many parents are choosing DJH for family viewing." She emphasized that Degrassi attracted the largest percentage of teen viewers of all public television shows measured by Nielsen in Fall 1987, including *Wonderworks*, *Square One TV*, and *Newton's Apple*. From October to December, "Degrassi's audience increased by over 500,000, bringing the total number of weekly viewers to approximately 3.5 million."

Degrassi Junior High News (Vol. 1, No. 2, April 1988) mentioned that "besides commending Degrassi for its realistic portrayal of junior high school life, teachers point to the fact that the series doesn't moralize about right and wrong. A sixth grade teacher from Michigan emphasized that he doesn't try to preach to kids. 'We want them to

know what's out there and give them information to make their own decisions. Degrassi lets us do that.' " Another teacher from Iowa wrote: "My students viewed the show weekly. . . . Each episode led to great discussions and also allowed the students to express their feelings on the main idea. I feel the show was very realistic and so typical of the life of a junior high student. My students could relate to each situation." One student commented: "There are many reasons I like Degrassi Junior High. One of them is that they deal with teenage problems head on. It doesn't beat around the bush, it lets you know the facts." Moreover, in recommending Degrassi to its 1.9 million members, the National Education Association said that among the aspects of the show most appreciated by their viewers were: "students make choices and take responsibility for their own actions, plots include a broad variety of situations that teens may find themselves in, and a diversity of ethnic groups and socio-economic levels is represented in the casting."

Task Force on Sexuality and Disability Reactivated

"Renewed interest in sexuality concerns of the physically challenged has led to a resurgence of interest in and reactivation of the American Congress of Rehabilitative Medicine's Task Force on Sexuality and Disability," said Dr. Nathan D. Zasler, interim chairperson. He said that the Task Force will be approaching the issue from its medical, social, psychological, and cultural aspects, and that "an interdisciplinary approach to the area of sexuality and disability in physically challenged individuals" would be their focus.

The Task Force has set forth a Statement of Purpose defining their goals. Their key objective is "to provide a forum for the exchange of ideas and information among health care workers and the lay population regarding sexuality issues in physically challenged persons." They plan to provide "information/consultation regarding sexuality issues to local, state, and national organizations who deal either directly or indirectly with the area of disability," and will encourage "definitive, peer-reviewed clinical research in the area of sexuality and disability." They also plan to "forecast important issues and trends" and "foster responsible debate on controversial issues related to sexuality and disability." In addition, they will provide information on educational and research opportunities in the field; promote the incorporation of a "Sexuality and Disability Care Curricula" into the training program of all health care workers in the field of rehabilitative medicine; influence public policies from a local to a national level; and "improve the sexual health and attitudes of those persons with disabilities by elevating the standards of care provided by an informed health care worker community."

National Organization of Black County Officials Receives Grant to Conduct AIDS Education Program

The National Organization of Black County Officials, Inc. (NOBCO) has received a \$100,000 one-year grant from the U.S. Department of Health and Human Services, Centers for Disease Control, to conduct a National Program for School Health Education

to Prevent the spread of AIDS. The project, which is expected to be a five-year effort, will involve the development and implementation of an effective national health education program about AIDS and ARC for black youth, including elementary through college-age youth and out-of-school youth. According to NABCO, "the need for AIDS/ARC education for black youth is especially acute as national statistics reveal that AIDS/ARC victims are disproportionately non-white and young."

The objective of the grant, said NABCO, is to help increase the number of schools, colleges, and other organizations that serve black youth to provide effective education about AIDS/ARC that is locally determined, consistent with community values, and appropriate to community needs. "Effective AIDS education needs to be integrated within a more comprehensive program of health education that establishes a foundation for understanding the relationships between personal behaviors and health."

NOBCO will also "use its organizational capabilities and national network of black community officials in 33 states," whose primary responsibility is the delivery of public health services at the local level, "to help with the implementation and diffusion of this program to black constituencies in localities across the country." They will also work in close cooperation with the Charles R. Drew Postgraduate Medical School/Martin Luther King, Jr. General Hospital in Los Angeles County, California. The King/Drew Center will be the national technical assistance coordinating team for this project. They will collect and review model materials that can be used for educating black youth.

National Campaign to End Homophobia Launched

In 1982, the National Organization for Changing Men (NOCM), presently composed of individuals and groups at community and regional levels throughout the country, was formed "to help bring an end to sexism and

other forms of oppression, and to promote feminism and changes in male roles. Activists, educators, human service providers, and artists," they said, "realized the need for a national forum in which to address masculinity and the need for a change."

The organization now offers "a network of support and resources for men and women committed to positive changes in men's roles and relationships. . . . works in cooperation with other organizations devoted to ending inequality based on sex and sexual orientation in society and advocates changes in policies and institutions which foster unhealthy male behavior."

Members of NOCM's Gay Rights and Homophobia Task Groups, in the summer of 1986—"in the face of the Supreme Court's Harwick decision"—began to explore the possibility of creating a national educational campaign to reduce homophobia. During the following year, they started shaping, in meetings with local activists in cities across the country, what has since become known as "The Campaign to End Homophobia."

In May 1988, the campaign launched its first working conference with approximately 150 leaders in the field of homophobia education. The aims of the conference were to exchange strategies and resources for teaching about and reducing homophobia, to build a base for a long-range coalition, and to make plans for regional and national events. Among the conference's sponsoring organizations were: the Unitarian Universalist Association, Women's Action Alliance, Methodist Federation for Social Action, Vermont Coalition for Equality, National Gay & Lesbian Task Force, American Psychological Association, Goddard College, and The Fund for Human Dignity.

The present goals of The Campaign are "to create a national network in which people can work together in order to develop effective educational resources and strategies for reducing homophobia, to encourage others to examine homophobia in their lives, and to focus attention on the problem of homo-

phobia." The steering committee of NOCM said, "homophobia affects all of us, regardless of gender or race. And homophobia, racism, sexism, and other forms of oppression are interrelated; they reinforce one another." They added: "Often our racism and sexism are unintentional and simply every day expressions of the dominant culture, our whiteness, and for some of us our maleness; while this may be largely true, it also makes racism and sexism more difficult to identify and challenge and therefore makes the task of eliminating them more difficult."

Those who would like to join The Campaign can contact Cooper Thompson, national coordinator of the Campaign, at (617) 868-8280, for the names of regional representatives and for additional information.

New Position Statements from AAPHR

The American Association of Physicians for Human Rights (AAPHR) recently issued position statements on: contact tracing for AIDS; treatment implications of HIV antibody testing; HIV infection in the school setting; HIV transmission during oral-genital contact; continuing high risk behavior in gay men; and a case for reinfection by a second strain of HIV. Copies of a full set of all of their statements, some of which date from June 1987, are available. The following is AAPHR's position statement on contact notification for AIDS:

Contact Notification for AIDS

Contact tracing has not been shown to be either effective or ineffective in slowing the spread of the HIV. AIDS is clearly different from curable diseases where contact tracing is used. Most people at risk of infection with the virus are stigmatized even before they might have been infected with HIV. Therefore, any proposed program of contact tracing must recognize these differences and address them appropriately.

Any program of contact tracing must be part of a community-wide effort to

slow the spread of the virus. This must include widespread education/counseling programs as well as drug programs.

Contact tracing can only be done voluntarily. It is best that people who test positive contact their own prior sexual and drug-use contacts. Required reporting of people testing positive is counter-productive and will likely lead to people avoiding testing or seeking testing in other states.

If health departments have the resources to assist in notification, it is essential that public health officials understand that *improper notification of a possible contact can destroy that person's life*. Guaranteeing confidentiality, beginning with the initial notification process, must be the top priority.

Since there is no need for further Health Department-initiated follow-up after someone is notified, all records of the notification must be destroyed. Guarantees that this will occur must be provided prior to the initiation of any program. It would be appropriate, however, to ask people to participate in a study to determine if the contact tracing was effective in changing behavior.

Opportunities for anonymous testing must be made available to people who are notified of possible exposure.

Emotional counseling must be available to people who are notified of possible exposure regardless of whether or not they decide to be tested. Appropriate counseling, as always, must be available to those who are tested regardless of whether they test positive or negative.

Haffner Brings "AIDS and Adolescents" Issues Before Presidential Commission

Debra Haffner, MPH, the new executive director of SIECUS, testified before the Presidential Commission on the HIV Epidemic that school education programs must educate the nation's adolescents about AIDS and

pointed out the eight elements that she thought should be included in an effective AIDS education program. Among the components she proposed were the following:

"AIDS education programs should be value-based, AIDS education cannot be 'value free' because of its connection with the intimate parts of people's lives. These values certainly include many of the ones promulgated by the Domestic Policy Council, including the values that abstinence is the best method of AIDS and teenage pregnancy prevention and that teens should understand that the only truly safe sexual intercourse takes place within the context of a long-term monogamous relationship. However, almost all Americans would support a value that is not present in many of the materials developed by the federal government — it is immoral to say to the young people of America 'just say no or die.' Sexually active teenagers need access to both information and services.

"AIDS education should be 'sex positive.' Our young people need to know that sexuality is an integral component of their personality, and that the expression of sexuality is a wonderful part of life. In too many programs, we have substituted the 'joys of sex' with the 'dangers of sex.' Teens can be helped to understand that positive sexuality means practicing responsible sexual behaviors, and that for most teens, this means waiting to have intercourse until they are older.

"However, programs must recognize that there is likely to be a wide range of sexual experiences in any classroom or group of young people. Many of the teens in a 10th grade class will have already had heterosexual experiences; some will have had homosexual experiences. Programs need to help sexually active teens identify which sexual behaviors are truly safe, and which can only be considered safer. Teens need to understand that even protected sexual intercourse with a partner whose HIV status is unknown poses some risks, and that there are sexual behaviors that neither put one

at risk of pregnancy, AIDS, or other sexually transmitted diseases.

"AIDS education should be empowering. Numerous studies have indicated that we cannot change people's behaviors through fear. We need to be sure not to portray AIDS as the inevitable result of risky behavior. Teens need to know that they can control their risk of exposure to HIV largely by their own decision making. Until very recently, the people who became infected with HIV were unable to protect themselves because the facts of transmission were unknown. We now know the behaviors that must be adopted to prevent infection. Teenagers can be helped to understand that if they choose to practice safe behaviors they will not be infected."

Legislative & Legal Notes

Lambda Calls for Legislation to Cover AIDS-Related Discrimination

In the Spring, Abby R. Rubenfield, former legal director of Lambda Legal Defense and Education Fund, testified before the President's Commission on the HIV Epidemic that the AIDS medical crisis threatens to cripple the legal system because of rampant, unchallenged discrimination. She called for legislation "not only to clearly cover AIDS-related discrimination, but also to prohibit discrimination based on sexual orientation." Rubenfield emphasized that "the Commission must also acknowledge and respond to the homophobia that underlies most AIDS-related discrimination."

Rubenfield called for "much, much more" education to help discourage discrimination before it occurs, pointing out that the legal system is ill-equipped to deal with "the staggering amount of discrimination and bigotry

that presently exists." She said that "the Commission must encourage more attorney involvement both to avoid discrimination and to represent victims of such discrimination once it has occurred. Funding more legal checks would send the message to employers and others that if they discriminate, they will be called to task." She told the Commission: "We are setting ourselves up for disaster unless changes are made."

Rubinfeld felt that the Commission members were concerned and had been moved by Lambda's testimony. Lambda was joined on its panel by Benjamin Schatz of National Gay Rights Advocates, Mitchell Karp of the New York City Human Rights Commission, and Curtis Decker of the National Association of Protection and Advocacy Systems in Washington, D.C.

Lambda has been in the forefront of the fight against AIDS-related discrimination. They filed and won the first cases of such discrimination under both state and federal handicap discrimination law.

World Health Organization Adopts Anti-Discrimination Resolution

The World Health Organization of the United Nations (WHO) adopted resolution WHA41.24, in Geneva on May 13, 1988, calling "for the avoidance of discrimination in relation to HIV-infected people and people with AIDS," reported Lambda's *AIDS Update* (June 1988). "The policy," they said, "recognizes the need for protection from discrimination as the cornerstone of a successful program to prevent further spread of global HIV infection."

According to Lambda, the four point declaration states: "[Member states are urged], particularly in carrying out national programmes for the prevention and control of HIV infection and AIDS:

to foster a spirit of understanding and compassion for HIV-infected people and people with AIDS through information, education and social support programmes;

to protect the human rights and dignity of HIV-infected people and people with AIDS, and members of population groups, and avoid discriminatory action against and stigmatization of them in the provision of services, employment, and travel;

to ensure the confidentiality of HIV testing and to promote the availability of confidential counselling and other support services to HIV-infected people and people with AIDS.

to include any reports to WHO on national AIDS strategies information on measures being taken to protect the human rights and dignity of HIV-infected people and people with AIDS.

"The resolution calls on the Director-General to take all measures necessary

to advocate the need to protect the human rights and dignity of HIV-infected people, people with AIDS, and of members of population groups' and, when working with governmental and non-governmental bodies, 'to emphasize the importance to the global strategy for the prevention and control of AIDS of avoiding discrimination against HIV-infected people and people with AIDS.' "

Lambda emphasized that "contrary to the above recommendations to protect the public health, the United States—the country with the highest number of HIV-infected persons—has failed to institute a federal policy which would protect its population from baseless discrimination," and thus, they say, "continues to jeopardize the health of Americans, as well as people worldwide."

SIECUS SPEAKERS BUREAU UPDATE

The initial phase of establishing a centralized speakers bureau has been quite successful. Following our announcement of this new and free membership service, we received many requests to be listed, both from potential speakers and from organizations in need of speakers on a variety of sexuality subjects. Encouraged by this response, we are anxious to implement the second phase of our plan to operate as a clearinghouse for speakers for programs, workshops, panels, and conferences. In the near future, we will be distributing standardized questionnaires that will match the need for a speaker to the appropriate individual. Moreover, this questionnaire will specify the needs of the organization for speakers/trainers and will determine the particular expertise of the speaker—as platform speaker, keynote speaker, group discussion leader, panel participant, workshop trainer—within a particular area of sexuality. If you have already forwarded a request to be included as a speaker, you will automatically receive the questionnaire. If you would like to be listed as a speaker or are in need of a speaker, please contact: Diane de Mauro, PhD, SIECUS, 32 Washington Place, New York, NY 10003, 212-673-3850. **JOIN THE SIECUS SPEAKERS BUREAU—LET US HELP YOU ORGANIZE BETTER CONFERENCES AND WORKSHOPS! LET US HELP YOU REACH THOSE WHO NEED YOUR EXPERTISE!**

Book Reviews • Book Reviews • Book Reviews

RE-MAKING LOVE: THE FEMINIZATION OF SEX.

Barbara Ehrenreich, Elizabeth Hess, and Gloria Jacobs. Garden City, New York: Anchor Press/Doubleday, 1986 (228pp.; \$15.95).

In this provocative book, *Re-Making Love: The Feminization of Sex*, Barbara Ehrenreich, Elizabeth Hess, and Gloria Jacobs argue that there has been a genuine revolution in sexual attitudes, and that it was initiated by women—not men. The authors demonstrate—through books, magazines, movies, television, and materials of popular culture—how radically public attitudes towards women's sexuality have changed in the last thirty years. *Re-Making Love* documents how quickly—in only 20-years-time—women have gone from being forbidden to talk about sex at all to our current freedom to speak openly and to think challengingly about sex.

The book contrasts the male medical "experts" of the 50s, who agreed that orgasm was vaginal, to the work of Shere Hite and Masters and Johnson in the 70s which debunked the myth of the vaginal orgasm, and with it the once sacrosanct notion that sexual intercourse was the only proper route to pleasure. The authors trace popular sex manuals from Theodore Van de Velde's *Ideal Marriage* of the 50s, which told women that their role in sex was akin to falling off a log (in fact it was being the log), to *The Joy of Sex* and its energetic lovers having an explicitly wonderful time. The change in the ideal of female passivity in sex is pegged as a benchmark in the sexual revolution.

In one of the most interesting discussions in the book, the authors say that Beatlemania was really an excuse for millions of adolescent girls to indulge their desire to let loose and scream in an orgasmic frenzy. Perceptively, the authors point out that a major contri-

butor to Beatlemania was the new purchasing power of teens: good girls in the early 60s still didn't go very far with the boys they knew, nor were they allowed to express their sexuality in any other way; but they could go all the way buying up the Beatles records, posters and other paraphernalia.

Another important, though slightly disturbing, chapter in the book deals with sadomasochism, a volatile issue that has divided the women's movement for more than a decade. About S/M, they say it "was a bizarre side-trail for a sexual revolution that had begun in women's emerging drive for equality and independence. . . by sequestering sex into a realm of conscious ritual, S/M could be consistent in an only odd way with feminism or any other egalitarian belief system." (p.132) In this context the authors uncover a truly compelling point: "S/M is not only the latest sexual novelty, it is perhaps the ultimately commercial form of sex" (p.123), because it requires an array of sexually specialized equipment and media.

This is an important book, even a brilliant book, yet it leaves this reader with an uncomfortable sense that some turf hasn't been prodded. The authors conscientiously document the change in public discourse on sex, but leave out the private debate within the individual woman. The ranks of bestsellers slated for women today seem to indicate that the sexual revolution may be more of a triumph in the public arena than in the private realm of the heart. I would have liked to see *Re-Making Love* probe a bit deeper into the private psyche of women today, and explain why "the remaking and reinterpretation of sex is something that women both deeply want and deeply fear." (p.198)

After all the positive thoughts about the great strides that woman have made in the last 30 years, it's a little discomfiting to come to the end and

read: "Feminists came to understand that sex and gender are not so easily separated after all. That is, sex as an act or activity is not so easily disentangled from gender as a social arrangement in which women, from as far back as there is history to tell, are equal and inferior." (p.199)

Nevertheless, *Re-Making Love* does a good job of reminding us that in the still unfinished struggle for women's equality, at least in terms of sexual freedom, we've come a long way. And in exposing the hostility to women's autonomy that is behind today's renewed sexual conservatism, it sounds a warning that all of us would do well to heed. As the authors point out, the growing sexual conservatism began long before the current fear of AIDS.

This book should be required reading in any course on human sexuality.

VIRTUE UNDER FIRE.

John Costello. Boston, Toronto: Little, Brown and Company, 1985 (309 pp.; \$17.95).

Virtue Under Fire offers us a complex and fascinating survey of love, sex, and morality during World War II. Writer John Costello shows how men and women in factories, armed forces, and homes, in both the United States and Britain, came through the war with different, and more open, attitudes to sex, homosexuality, and the relative roles of men and women in society. These attitudes were to set the stage for the changes and attitudes that were to come in the post-war decades. Even if some of this liberation was "for the duration only," Costello proves that the effect of World War II on people's lives was so pervasive that it became a powerful catalyst in the process of social change.

In fact, the female work force increased by a dramatic 40% in World War II. In Britain, the ministry of

Labor estimated that over 80% of all single women between 14 and 49; 41% of wives and widows; and 13% of mothers with children under 14 were at work in the uniform of the auxiliary forces. Making up almost a quarter of the total work force, married women outnumbered single women in the workplace for the first time in the United States.

Costello says: "The breakdown of the traditional sex roles of a large section of the allied female population was the most profound sexual consequence of World War II—even though its full impact was to take two decades to manifest itself." (p.264)

Some of the best parts of this book are the photographs from World War II, that were in the popular magazines of the day, and the posters or propaganda posters that were put up to entice women to be part of the war effort. Also compelling are Costello's interviews with the women who were there: the Rosy Riveters of World War II, whose frank recollections give a poignant and insightful look at how women felt during that time. Says one: "While in mixed company, women were submissive and accepted the role men expected them to play. In our barracks we were something completely different. We'd play dangerously and talk dirty. Getting enough sex was all part of the dare the war represented for us women, because it allowed us to express our liberty and rebelliousness from the male set archetypes of loving wife and mother that they had always tried to tie us to. This naturally brought women together and, apart from the prim or religious ones — of which there were quite a few — it enabled women to talk together about men." (p.64)

In the last chapter, "The Seeds of the Sexual Revolution," Costello throws a splash of cold water in our face. Until then, we see upbeat women rattling the cages of patriarchy, but in this chapter Costello tells us that what in the beginning was not necessarily what was in the end. He says, "Something approaching a moral panic overtook church and lay organizations on both sides of the Atlantic. They began calling for firm

and fast action to restore the old moral values of 'the married way' and sexual continence." (p.258) Although women's production had made a critical contribution to the allied war effort, just a year after the war ended, three million American women and over a million British women were laid off or voluntarily left their wartime jobs. Many women were forced out of work, while many more faced redistribution from highly paid wartime jobs, where they had replaced men, to lower jobs in textile manufacturing and food preparation, the traditional female employers.

Costello argues that the reason so many women rapidly embraced the myth of fragile femininity after World War II may have had less to do with the seduction of the so-called "feminine mystique" than with the sheer exhaustion of a large percentage of the female population who were finally able to lay down their wartime burdens.

Still, the steady advance of women, toward full equal economic and social status with men, may well prove to be the most significant social revolution of the 20th century—a revolution that is far from over. Costello concludes: "While many of the woman's wartime economic gains were given up in the retreat to post-war domesticity after 1945, the seeds of a profound sexual revolution had already been sown. They were to germinate and flower two decades later in a movement for female liberation that won many of the rights for which many women in World War II had been fighting." (p.274).

This book, and *Re-making Love* would make great companion pieces. The compelling social history, laced with anecdotes and the personal memoirs of women, lends a poignancy not found in other books that deal with social history.

Both of the above books were reviewed by Carol Cassell, PhD, director of the Institute for Sexuality Education and Equity; former president of the American Association of Sex Educators, Counselors, and Therapists; author of Straight From

the Heart: How to Talk to Your Teenagers about love and Sex and Swept Away; and recipient of the Margaret Sanger Award of the Institute for Family Research and Education.

KAIROS, CONFESSION OF A GAY PRIEST.

Zalmon O. Sherwood. Boston, MA: Alyson Publications, 1987 (139 pp.; \$6.95).

Every gay man and lesbian woman has a story to tell. If recited only to themselves, the account of their life struggle to understand, to accept, and to celebrate their sexual orientation can be a healing exercise. If shared with others, particularly with those uneducated about homosexuality, the story can be enlightening.

Some gay stories of survival are so significant that they should be published. These accounts not only have the basic elements of confusion, alienation, fear, anger, and isolation which are common denominators for most gay people, but they also include important statements about the homophobia of our social institutions. (The story of Leonard Matlovich, the Air Force sergeant who won a chestful of medals in Vietnam and was kicked out of the service because he was gay, comes to mind.)

Zalmon O. Sherwood is a gay Episcopal priest who has a story to tell. He tells that story in his book, *Kairos, Confessions of a Gay Priest*. I'm glad for him that he was able to tell his tale, but I feel this book doesn't enlighten us much about the real issues at hand.

The conflict of a young gay man or woman who feels called by God to serve the world through ordained ministry, but who also feels called by nature to be true to self, is a drama worthy of our attention. Is there a difference between the call of God and the call of nature? Why do gay people seek to serve in a church which condemns them? While some might ask, "Are upfront gay people healthy for the church?"; others might inquire, "Is the church healthy for gay people?"

Though *Kairos, Confessions of a Gay Priest*, does help me to raise these issues here, I feel that it probably can't raise these issues on its own. Nor do I feel that the understanding and sympathy that Zalmon Sherwood, and countless others like him, deserve will come from reading this book. Self-affirmed gay and lesbian Episcopal, Roman, and other denominational clergy generally feel unwanted, unaccepted, and certainly unappreciated, but their pain does not come through, to me, in this account. I didn't feel their confusion, their deep sense of frustration with the closeted clergy, their hurt. Though I admired the seeming gay self-confidence of the storyteller, for me his ambivalence about the ministry, his self-indulgent manner, and his undisciplined hand got in the way of him being a credible witness.

My hope for the author is that this telling of his story was personally healing. My hope for his editor is that he or she will spend more time with their next client. For the readers of this review, my wish is that you will keep your eyes open for a book, which will capture for you, the important issues faced by gay men and women who seek to serve the world through an ordained ministry which forbids them to be self-affirmed. There are plenty of people to tell this important story, but it is not told in this book.

Reviewed by Brian McNaught, freelance writer and educator, and author of the book, A Disturbed Peace (a revised edition has been published under the title, On Being Gay: Thoughts on Family, Faith, and Love). McNaught is also featured in the educational video, On Being Gay.

BOOK BRIEFS

THE GAY BOOK OF LISTS Leigh W. Rutledge. Boston: Alyson Publications, Inc., 1987 (212 pp.; \$6.95).

A collection, meant to be informative and entertaining, "of lists that range from the historical (6 gay or bisexual popes) to the political (17 outspoken anti-gay politicians)." Covers slang expressions; 10 most common explanations for why people are gay; 11 alleged cures for homosexuality; 16 unusual or archaic terms for a gay man;

13 sexual practices and the proper technical terms for each; 15 outrageous acts of censorship in the history of gay people; 12 countries and when each decriminalized homosexual acts between consenting adults; 22 countries in which homosexuality is still specifically proscribed by law; 22 states in which homosexual acts between consenting adults are still a crime; and 17 famous people who supported the idea of homosexual rights before 1930, etc.

IN THE LIFE: A BLACK GAY ANTHOLOGY Joseph Beam (ed.). Boston: Alyson Publications, Inc., 1986 (255 pp.; \$7.95).

"In 1985, we are still radicals. Because of our homosexuality the Black community casts us as outsiders. We are the poor relations, the proverbial black sheep, without a history, a literature, a religion, or a community. Our already tenuous position as Black men in white America is exacerbated because we are gay. We are even more susceptible to the despair, alienation, and delusion that threatens to engulf the entire Black community." This collection "of writings in which 29 Black authors explore what it means to be doubly different—both Black and Gay—in modern America," includes stories, verses, works of art and theater pieces. "The words and images here—by, for, and about Black gay men—are for us as we begin to end the silence that has surrounded our lives. . . ." The material was collected by the editor "after years of frustration with gay literature that had no message for—and little mention of—Black gay men."

PREMENSTRUAL SYNDROME B. E. Ginsburg and B. F. Carter (eds.). New York: Plenum Press, 1987 (436 pp.; \$55).

Explores the interrelationship between the functional and organic aspects of premenstrual syndrome and addresses many of the difficult issues involved in understanding and treating perimenstrual dysfunction. "This entity, with its blurred boundaries, constitutes an interface between biomedical research, clinical practice, social, legal, and psychological concerns, and divergent ethical viewpoints" and "exemplifies the methods and premises of these interconnected fields in relation to the objectives of each. These desiderata, so clearly illustrated in the example of premenstrual syndrome (PMS), apply as well to many other areas. In that sense, the issues addressed in the present volume go far beyond the particular syndrome with which it deals." The book is the product of an international, multidisciplinary think-tank that took place on the topic and included ethicists, legal scholars, clinicians, biomedical researchers, sociologists, psychologists, psychiatrists, feminists, and criminologists. Twenty-three writers cover

the ethical, legal, social, psychological, and biomedical issues surrounding PMS.

EROTIC INTERLUDES: TALES TOLD BY WOMEN Lonnie Barbach (ed.). Garden City, NY: Doubleday & Company, Inc., 1986 (278 pp.; \$15.95).

Pleasures: Women Write Erotica, Lonnie Barbach's first book, broke new ground in exploring the subject of female erotica. With *Erotic Interludes*, the sequel to that book, she offers a new anthology of erotic fiction by 21 women writers—some well-known, some published for the first time—who range in age from 23 to 58. "But whether their tales tell of women young or old, married or single, heterosexual or lesbian, they each joyfully celebrate female sensuality and beautifully reaffirm every woman's right to the pleasures and adventures of sex." Barbach has been active in the field of women's sexuality for the past 14 years. She is also the author of *Women Discover Orgasm: A Therapist's Guide to Orgasmic Response; For Yourself—The Fulfillment of Female Sexuality: A Guide to Orgasmic Response; For Each Other*; and co-author of *Shared Intimacies* and the *Intimate Male*.

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intonations seem unnecessarily grim and patronizing.

The video comes with a *Trainers' Manual* which provides appropriate advice about the qualifications of the educator who must adapt the video to the needs of a particular group. Yet, because this video is dominated by the spectre of AIDS, the reviewers feel that before being exposed to its somewhat scary and explicit, self-protection messages, developmentally disabled young adults deserve, and should receive, positive education about their sexuality and should have an opportunity to discuss their feelings and relationships separate from fear of the disease. We therefore recommend that this video be used only within the context of a comprehensive sexuality education program that has been designed to enhance people's understanding and acceptance of themselves as sexual beings.

Reviewed for SIECUS by the staff of the Center for Family Life Education, Planned Parenthood of Bergen County, New Jersey—Peggy Brick (board member of SIECUS), Hillary Kunins, and Maria Matthews—and written by Peggy Brick.

Audiovisual Reviews • Audiovisual Reviews •

SEXUALITY AND AGING

1988, video, 60 min. GPN, P.O. Box 80669, Lincoln, NE 68501, (800) 228-4630. Price: \$50, plus \$2.50 p/h.

Sexuality and aging is the new frontier of sex education. This video provides important basic information from leaders in the field and models open discussion among elders themselves. Since there is a dearth of resources for helping people learn about the problems and possibilities of sex in the later years, educators will welcome this very useful program.

Produced by the Nebraska Projects Unit of the University of Nebraska-Lincoln Television, the 60-minute program uses a documentary format with veteran actor, Ford Rainey, as narrator. It will be most useful for encouraging discussion and learning when only one of the three segments is shown at a time. The segments are: "Attitudes and Gender Imbalance," which warns viewers that there are five heterosexual women for every unattached heterosexual male over 50; "Female Physiological changes and Menopause," which features a group of women talking openly about their varied experiences; and "Male Physiological Changes, Impotence, and Sex Education," which reveals the equally varied feelings and experiences of men.

Ed Brecher, author of the *Consumer Reports* study, *Love, Sex and Aging*—but perhaps best known for his pioneering role in demonstrating, in the now classic "A Ripple in Time," that elders do enjoy sex—reports that, in spite of early repressive learning today's elders have great interest in things sexual. He reports that those who are more sexually active have more life enjoyment.

However, the video attempts to give a balanced picture, noting the problems as well as the joys that are common for older people, such as not having a partner; ageism, the assumption that it is humorous when an older person shows interests; and the fear of sex, especially during and following an illness.

In the menopause segment, Philip Sarrel and Lorna Sarrel (currently chair of SIECUS' board of directors) present the results of their years of research at the Mid-Life Study Program at Yale. This research led to their advocacy of estrodiol plus progesterone for the majority of women, not only to avoid the immediate symptoms of menopause but to prevent osteoporosis, which for most is a far greater danger than are any of the negative side-effects of hormone therapy.

In the male sequence, Marty Klien discusses the performance pressures that cause anxiety in many older men, and the importance of sex education in affirming the changes in arousal that are normal. In an unusual series of interviews, men tell of the strong feeling of inadequacy that impotence caused—and of the new life that can come with a penile implant. Matter-of-fact descriptions of the tests that identify the cause of impotence, of the three major types of implants, and of "Impotence Anonymous," all seem to normalize the problem and to encourage men to seek help when they need it.

In a final scene, William Stayton (a member of SIECUS' board of directors' executive committee) leads a class of college students as they fantasize their own old age, imaging their sexual futures. This is a good finale: education about sexuality and aging *should* begin in youth!

This useful video is marred by unfortunately long scenes of chipper elders on sunny Miami golf courses—perhaps poor city dwellers have less interest in sex? Even more serious, is the lack of any minority representation among these elders seeking to understand their sexual selves.

With these caveats, I recommend this well-priced video as an excellent tool for educating about the life changes that we all will face—sooner or later! Recommended for late teens (parts), college, general adult public, and professionals.

Peggy Brick is director of education for Planned Parenthood of Bergen County in New Jersey. She has recently hired a new educator to develop a "Sexuality: Midlife and Beyond" initiative.

AIDS: HOW TO PROTECT YOURSELF

1987, video, 17 min. Young Adult Institute, 460 West 34th Street, New York, NY 10001, (212) 563-7474. Price: \$145, plus \$4 p/h.

The Young Adult Institute has produced an amazingly explicit video for training people with development disabilities in how to protect themselves from AIDS. Methodically, using simple graphics, the video presents the basic information needed: people die from AIDS; anyone can get AIDS; people get AIDS from semen and vaginal fluids. Each bit of information is followed by instructions to "stop tape and discuss."

Viewers are told that if they do have sex, they should use condoms; and they are shown exactly how to put one on and take it off. Three scenes show people using condoms when the penis is put into the vagina, the mouth, and the anus. Finally, through role-play, problem situations are demonstrated where people are pressured into having sex without using protection: a woman whose male partner refuses to use a condom; two men disagreeing about whether they should use one; and a woman rejecting a man's suggestion to use one. Each scene models how to resist social pressure and the "stop tape and discuss" instructions ask: "why is . . .?" and "what should . . . do?"

Congratulations to the Institute for its very direct approach to the sexuality of people who are developmentally disabled; for the clear depiction of condom use; for including a homosexual couple among the heterosexual couples; and for having a woman pressuring a man, and the reverse. The reviewers regret, however, the funereal approach of the narrator—whose heavy

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Other Information Resources

AIDS

THE AIDS CATALOG (1988, 15 pp., *catalog*). Includes books, films, audiotapes, pamphlets, some organizations and databases, etc. *AIDS International, P. O. Box 2008, Saratoga, CA 95070, (408) 866-6303.*

AIDS AND THE THIRD WORLD (Revised March 1987, 83 pp., 8½x11, *Panos Dossier #1*), published by the Panos Institute in association with the Norwegian Red Cross. At the time of this report 127 countries of the world's 159 had documented the presence of the AIDS virus in their countries. This report updates a prior report (November 1986), extends the section on Latin America, and contains details of the AIDS strategy developed by WHO. "Most of those already carrying the AIDS virus live in the Third World. . . . in some central African capitals, up to one person in five is infected. Most of them are in their twenties and thirties, as many

women as men. These are their nation's breadwinners, many of them educated professionals. The impact of their gathering death march will scar Africa for a generation. . . . the far less equipped health services of Brazil, Tanzania, Rwanda, Zambia, Haiti, Uganda and Zaire today contemplate a crisis which is several times worse [than the U.S.] . . . The impact of AIDS on Third World development will be profound." John Panos, president of the Panos Institute, stated in the introduction to this report, "effective action is still hampered by the lack of accurate information," but this dossier is meant to be a "contribution toward that education process" and "is the most adequate global review of AIDS yet published." The Panos Institute is "an international information and policy studies institute, dedicated to working in partnership with others towards greater understanding of sustainable development." *The Panos Institute, 1405 King Street, Alexandria, VA 22314, (703) 960-2791.*

The CHANNING L. BETE COMPANY publishes a *catalog* of more than 500 Scriptographic Booklets which includes booklets on AIDS, sexually transmitted disease, growing up, family planning, teen pregnancy and parenting. Among them are: *Why You Should Be Informed About AIDS*, for healthcare and related personnel; *What Everyone Should Know About AIDS* (+ Spanish); *Protecting Yourself from AIDS* (+ Spanish); *What Young People Should Know About AIDS* (+ Spanish); *About AIDS and Shooting Drugs* (+ Spanish); *What Gay and Bisexual Men Should Know About AIDS* (+ Spanish); *HIV & AIDS/ Military*, designed especially for military personnel; *About AIDS in the Workplace*; *STDs* (+ Spanish); *About V.D.*; *About Vaginal Infections*; *About Herpes* (+ Spanish); *Syphilis and Gonorrhea*; *About Chlamydia*; *Contraception* (+ Spanish); *Natural Family Planning* (+ Spanish); *Making Responsible Choices About Sex*; *As You Grow Up*; *As Boys Grow Up*; *Becoming an Adult*; *Infertility*; *Teenage Pregnancy*; *Teenage Parenthood*; *About Rape* (+ Spanish); and *Date Rape*. Booklets can be custom-designed and can be published in almost any language (they provide translators or will use provided translations). *Channing L. Bete Co., Inc., 200 State Road, South Deerfield, MA 01373, 1-800-628-7733, (413) 665-7611.*

EDUCATING ABOUT AIDS (1988, 15 pp., *supplemental catalog*). Includes 27 AIDS

education and other family life education materials, and lists the new revised edition of Marcia Quackenbush's and Pamela Sargent's *Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome* (163 pp., 8½"x11", \$19.95). This guide explains how to use their curriculum, offers teaching plans, teaching materials, and background materials for secondary and college level students (35 additional pages and updated statistics are included). The catalog also includes the following new pamphlets: *AIDS: You Can't Get It Holding Hands*; *What You Should Know About the AIDS Antibody Test*; *AIDS, Think About It* (also in Spanish); *Talking With Your Child About AIDS*; *Teens & AIDS: Why Risk It?*; *What Is Safer Sex?*; *Talking With Your Partner About Safer Sex*. *Network Publications, ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061-1830, (408) 438-4080.*

GUIDELINES ON AIDS IN EUROPE

(first revised edition 1986, 38 pp., 6¼x9½, *booklet*). Incorporates data up to September 30, 1985. Drafted by Dr. H. Zoffman, Statens Seruminstitut, Copenhagen, Denmark, and amended and approved by the participants in the Consultation on AIDS policies in Europe. An international Conference on AIDS was organized in Atlanta, Georgia, with more than 3000 participants from 50 countries. Following this conference, the WHO Regional Office for Europe convened a Consultation on AIDS Policies in Europe with the specific intention of formulating a policy on AIDS control in the European region. One of the recommendations of that consultation was the preparation of guidelines for national public health authorities to provide them with a brief introduction to the problem and to the public health measures that can be taken to reduce the spread of infection. "These guidelines cover the magnitude of the problem in Europe, the virus and its mode of transmission, the major clinical features of the disease, laboratory tests, possibilities of treatment and prophylaxis, the role of blood and blood products, the public health importance of the disease, and control measures. This booklet is essential reading for anyone who needs to become quickly acquainted with the overall AIDS situation in Europe at the present time." *WHO Publications Center USA, 49 Sheridan Avenue, Albany, NY 12210 or the United Nations Bookshop, New York, NY 10017. Price: \$5.*

Choices: In Sexuality with Physical Disability

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

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

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

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



Mercury Productions
7 West 18th Street, 2nd flr
NYC 10011 (212) 869-4073

LIVING WITH AIDS: A GUIDE TO THE LEGAL PROBLEMS OF PEOPLE WITH AIDS (1987, 32 pp., 5 1/2x8 1/2, *guide*).

Written by Trudy Hayden of Lambda "to explain some of the most common legal questions that confront people with AIDS. It is addressed primarily to the layperson rather than the lawyer. It is not intended to replace professional legal advice, but only to give a general description of the statutes, regulations, and court decisions that most directly concern the problems of people with AIDS." Chapter 12, "Where to Go for Help," suggests sources of assistance. *Living With AIDS* focuses almost entirely on federal law and the law of New York State. However, the problems discussed here are relevant to people anywhere in the United States, and their remedies, although described specifically in terms of New York law, will often follow a similar pattern elsewhere." Explains how to get medical services; protect confidentiality of records; put your personal affairs in order; get insurance and financial help; keep your job; and covers housing, schools, military, immigration, and working with people with AIDS issues. *Lambda Legal Defense and Education Fund*, 666 Broadway, New York, NY 10012, (212) 995-8585. Price: \$3.95; 10-49/\$2; 50+/\$1.50.

WHAT KIDS NEED TO KNOW ABOUT AIDS: RESOURCES AND LIFE SKILLS EXERCISES FOR EDUCATORS K-6

(1987, 141 pp., 11x8 1/2, *manual*). Produced by Planned Parenthood of North East Pennsylvania, this compilation of references includes age-appropriate information and materials on anatomy, physiology, sexual health and decision-making, and also factual information about AIDS. Also includes an annotated bibliography, lists of AIDS hotlines and HIV testing centers, and guidelines for evaluating AIDS curricula. *Planned Parenthood of North East Pennsylvania*, 112 North 13th Street, Allentown, PA 18102.

BIRTH/FAMILY

THE BIRTH OF KATE: SLIDES OF A VAGINAL CHILDBIRTH WITH CAPTIONS (23 slides, with an

accompanying text of captions). The step-by-step process of giving birth, photographed and produced by Jim Jackson, with medical advisor Dr. Norman Fertel. Clearly shows all aspects of the birth process, including fluid discharges, the actual delivery, the suctioning of mucus from the baby's mouth and nose, the mother holding the baby with the umbilical cord attached, the clamping and cutting of the umbilical cord, the delivery of the placenta and examining its maternal and fetal sides, injecting anesthesia, and the stitching of

the perineum. *Jim Jackson and Company*, 33 Richdale, Cambridge, MA 02140. Price: \$40, plus \$4 p/h.

HOW BABIES AND FAMILIES ARE MADE: THERE IS MORE THAN ONE WAY! (1988, 52 pp., 7x10 *book*). Written by Patricia Schaffer, illustrated by Suzanne Corbett. This updated facts of life book was created for parents to teach children age 5-9 about their own beginnings and families and about those of their friends. Alternate forms of conception (e.g. artificial insemination, in-vitro fertilization) are acknowledged "so that all children whatever the circumstances of their birth will feel included." Discusses topics such as: sexual intercourse; conception; infertility and alternative ways of conception; twins and multiple births; fetal development; miscarriage and neonatal death; premature babies; caesarean birth; disabilities; and different kinds of families, including biological, stepfamilies and adopted. Thirty, black and white pencil drawings depict people of different ethnic groups, ages and abilities and also help illustrate and explain biological functions. The author suggests that parents may elect to use their own words while using the text and illustrations as reference but she also acknowledges that children should be familiar with proper terminology. *Tabor Sarah Books*, 24419 Jefferson Ave., Berkeley, CA 94703. Prices: 1-4/\$6.95 a copy; 20% discount for 5 or more copies; plus \$1.25 p/h first copy and \$.50 each additional copy.

NATIONAL CENTER FOR EDUCATION IN MATERNAL AND CHILD HEALTH PUBLICATIONS CATALOG (January 1988, 21 pp., *catalog*) The National Center and the National Clearinghouse are sister organizations developed to provide education and information services on maternal and child health. Both are funded by the Bureau of Maternal and Child Health and Resources Development of the U.S. Department of Health and Human Services. The Clearinghouse provides current information through the collection and dissemination of publication on maternal and child health topics and each month distributes a wide range of MCH topics (more than 50,000 publications) to over 2000 requestors nationwide. It makes them available to the public through this catalog which includes a sampling of the specific areas they cover such as: pregnancy, adolescent health; nutrition; child health; genetic disorders/chronic illnesses/disabilities (including AIDS); maternal and child health services and programs. Most of the publications, available as newsletters, bibliographies, directories, proceedings, booklets, brochures, resource guides, and other informational and educational materials, are produced by the Bureau of

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Maternal and Child Health and Resources Development, the National Center for Education in Maternal and Child Health, the National Center for Clinical Infant Programs, and the Healthy Mothers, Healthy Babies Coalition. Some publications from other sources are also available. Most publications distributed by the Clearinghouse are available in limited quantities at no cost. Some are for sale by the Center and are listed in the catalog. NMCHC/ NCEMCH, 38th and R Streets NW, Washington, DC 20057, (202) 625-8410, (202) 625-8400.

MENOPAUSE

UNDERSTANDING MENOPAUSE (1987, 24 pp., 5x7, *Public Affairs Pamphlet No. 651*) written by Nancy C. Doyle. Discusses the reproductive cycle and menopause; the menstrual cycle; physiological changes; the signs; osteoporosis; the pros and cons of estrogen replacement; sex and menopause; alternatives to estrogen replacement therapy; and menopause and woman in literature. Also mentions further reading on the subject. *Public Affairs Pamphlets*, 381 Park Avenue South, New York, NY 10016. Prices: 1-3 copies/\$1; 4-24/\$.80; 25-99/\$.65; 100-499/\$.55.