

## Part II: Healthy Adolescent Sexual Development

### ADOLESCENT SEXUALITY

#### Developing Self-Esteem And Mastering Developmental Tasks

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President of the SIECUS Board of Directors

**H**ealthy adolescent sexual behavior is just one aspect of overall healthy adolescent development. The key question about what constitutes healthy adolescent sexuality is not so much the extent of conformity to traditional demands for sexual abstinence, but the extent to which adolescent sexual behavior fosters or impedes the development of healthy self-esteem and the concomitant mastery of a teenager's developmental tasks. Such behavior should be respectful and not exploitive of others, and it should not endanger the physical or mental health of the participants.

#### De-Satellizing

Adolescence is the span of time from dependence in childhood to autonomy in adulthood. A *child* exists in the orbit of the parents. At puberty, s/he seeks to "de-satellize," to leave that orbit.<sup>1</sup> Since total autonomy is unrealistic at that time, the *teenager/adolescent* "re-satellizes" around a peer group, staying within its orbit until s/he again de-satellizes and seeks to establish his or her identity as an *independent adult*.

Increasingly, adolescent sexual behavior is becoming one of the key breaking away/de-satellizing issues. And, like other age-related and maturity-dependent behaviors — such as drinking alcohol, driving an automobile, or making school and work decisions — the pleasures associated with this freedom must be balanced against the responsibility to behave in a manner that maximizes personal and interpersonal rewards and minimizes various risks to oneself, to others, and to society.

This article will examine adolescent sexuality from two important perspectives, that of self-esteem and that of developmental tasks.

#### Self-Esteem

Freud, in seeking to identify the characteristics of a healthy, mature adult, was most concise. He identified the characteristics as love and work. The healthy adult was one who could both give and receive love and had the capacity to find satisfaction in his or her work, however that work was defined. Sidney Simon has translated these two critical components of self-esteem into the wonderful: I Am Lovable And Capable (IALAC).<sup>2</sup> Simon posits that we all wear IALAC signs, and that our daily experiences increase or diminish the size of those signs — our feelings of self-esteem. To the extent that self-esteem is the critical variable in healthy adolescent development, it is important to examine how adolescents seek to develop and maintain their feelings of, and the balance between, being lovable and capable.

#### Developmental Tasks

Almost four decades ago, Robert Havighurst introduced the concept of "Developmental Tasks of Adolescence" in his book, *Developmental Tasks and Education*.<sup>3</sup> While I believe his dozen or so tasks are still key, it seems to me that they can be clustered together into four broad categories: identity, connectedness, power, and hope/joy.

**Identity.** Most would agree with Erickson that the central task for an adolescent is the development of a sense of identity.<sup>4</sup> It is essential to determine and to define one's boundaries — "Who am I and who am I not?" and "What is it that makes me uniquely me?" — and to begin the process of separation from one's parents.

**Connectedness.** But, since total autonomy is far too daunting a goal to be achieved all at once, the teenager will re-satellize around a peer group. Stated in another

manner, achieving a sense of identity is necessary, but it is not sufficient. It must be accompanied by connectedness — “Who are *you*?” and “How are we different?” The biblical sage, Hillel, acknowledged the importance of this identity/connectedness duality when he stated: “If I am not for myself, who will be for me? But If I am only for myself, what am I?”<sup>5</sup>

**Power.** This critical developmental task is too frequently overlooked — and often at considerable cost. Young people who feel powerless are those most at risk to attempt suicide (adults too, but it is so strikingly clear with teenagers). The suicide attempt is an acknowledgment that one feels hopelessly helpless, powerless, to exert control over one’s life. This experience of powerlessness is so intolerable that it impels behavior aimed at terminating life or at least the pain of a powerless, out-of-control life. The need to “pull their own strings” is a prime characteristic of adolescents.

**Hope/Joy.** This sense of optimism derives from the successful accomplishment of the three previous tasks: developing a positive sense of who one is, rewarding relationships with others, and the wherewithal to control one’s life. Success in these three enables one to believe that good things will eventuate and that one will have reasonable opportunities to pursue life, liberty, and happiness.

### Relationship to Healthy Sexual Development

When viewed from the above perspective, the importance of adolescent social and sexual activity is clear. The structure of contemporary society makes it increasingly difficult for teenagers to feel capable. Families do not *need* teenagers. Indeed, they are frequently depicted by society as primarily consumers of disposable frivolities, minimum wage employees, and nuisances. The rise of programs such as Outward Bound — designed to help adolescents and adults develop a belief in their own capabilities — testifies to the difficulty of finding enough means to measure one’s competence within the framework of day-to-day existence.

It is interesting to note that the two principal illicit drugs of the disenfranchised class of our society are heroin and cocaine (including crack). The former acts to sedate and to narcotize against the pain of a harsh and minimally rewarding life, while the latter artificially stimulates feelings of power, mastery, control, and success. It is not a coincidence that this behavior most frequently begins among teenagers. And, of course, one need not be in a disenfranchised group to commence harmful drug usage. All that is necessary are feelings of low self-esteem and frustration in resolving developmental tasks in a productive manner.

The increased difficulty in feeling capable necessarily places a greater emphasis on the need to feel lovable. However, the adolescent’s normal need to de-satellite, combined with the decreasing number of intact families and the increasing number of families with both parents working outside the home, all make the family a less likely or available source of such support. Having already de-satellized to his or her peer group, it is not surprising that the teenager may seek to confirm his or

her lovability there, also.

In earlier generations, many teenagers postponed sexual involvement for a variety of reasons. Among these was the warning that the girls would “hate themselves in the morning” (i.e., such behavior would diminish their self-esteem). Virginity was often the sole differentiation between “good girls” and “bad girls.” With little peer support for those who dared contravene the standards, it was not too surprising that the prophesy often became self-fulfilling.

In fact, this continues to be the case with early adolescent/middle-school girls. Orr et al found a positive correlation between the early age of initiation of intercourse and diminished self-esteem for girls.<sup>6</sup> The authors appropriately caution that this correlation does not imply causality from either of the two variables. It is not clear whether low self-esteem encourages early intercourse or

## SIECUS Report

Vol.18 No.1  
October/November 1989

Sex Information and Education Council of the U.S.

Executive Director, Debra W. Haffner, MPH  
Editor, Janet Jamar

The *SIECUS Report* is published bimonthly and distributed to SIECUS members, professionals, organizations, government officials, libraries, the media, and the general public.

Annual membership fees: Individual \$60; Student (with validation) \$30; Senior Citizen \$40; Organization \$100 (includes two bimonthly copies of the *SIECUS Report*); Library \$60. *SIECUS Report* subscription alone, \$55 a year. Outside the U.S., add \$10 per year to these fees (except Canada and Mexico, \$5). The *SIECUS Report* is available on microfilm from University Microfilm, 300 North Zeeb Road, Ann Arbor, MI 48106.

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Library of Congress catalog card number 72-627361.  
ISSN: 0091-3995

vice versa, or whether a third variable causes both. My own findings are similar, albeit more anecdotal. They tend to confirm that girls, whose first intercourse was prior to 10th grade (age 15), often feel that it was premature. However, this does not seem to be the case with girls whose first intercourse experience commenced at age 16 or later; the vast majority report that intercourse took place in the context of a caring relationship, and they express few regrets. Also, while they often suspect that their parents might disapprove, they feel secure that their peers see such behavior as normal and appropriate.<sup>7</sup> For boys, both the Orr study and my own note a positive correlation between intercourse and self-esteem; sexually-experienced males tend to feel good about it and about themselves.

### Conclusion

Given their developmental and self-esteem needs, and in light of the structure of contemporary society, it is not surprising that normal, healthy adolescents seek out sexual socialization. It appears to meet many of their needs: their *identity* is validated through their *connectedness* to another person, which provides a sense of *power, joy, and hope*. They feel *lovable*.

Adolescence, of course, covers a significant age range. No one would responsibly assert that what is appropriate behavior for the 20, 18, or 16 year old is necessarily appropriate for the 13 year old. As is true with most things in life, the initiation of sexual behavior involves both pleasures and pitfalls, and as one increases in age and experience — in physical, cognitive, and emotional growth, in personal and interpersonal understanding, and in the ability to understand and to behave in accordance with ethical principles — the ability to make good decisions increases apace. There is no magic age to commence or to cease intimate conduct. What is critical is whether the behavior advances or retards an adolescent's self-esteem and his or her successful completion of developmental tasks.

The responsibility that we bear as adults — as parents and professionals who care deeply about our young people — is to help educate and counsel them as they go about their sexual decision-making process. Teenagers need assistance in assessing alternative sexual behaviors (from masturbation to all forms of partner sexual expression) and the attendant consequences (from pregnancy and AIDS/STDs to personal and interpersonal joys and pains). They need help in maximizing their own and their partner's pleasure and safety, while minimizing the various risks inherent in sexual expression.

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## Male and Female Adolescent Developmental Needs

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**P**Psychologists and education researchers have identified several developmental tasks of adolescence that are commonly reported in the literature. Among these are the need to rebel in order to establish one's identity, the testing of limits in order to experience one's power, and a number of cognitive and moral reasoning tasks. In discussing these developmental tasks, most often females and males are grouped together as "adolescents." In contrast, however, we point out the differences between the genders in regard to the physiological changes that occur during puberty, in rates of growth, and in the societal roles expected of them. Psychologists also have attempted to document brain chemistry differences between males and females that lead them to perform spatial relations activities and verbal tasks somewhat differently. Whether these differences are innate or environmentally determined is not particularly relevant in this brief discussion. What I would like to emphasize here is that although it is important to focus on the common developmental tasks of adolescents as a group, it is of critical importance to address specific gender developmental issues as well.

For example, after years of teaching adolescents, I have become convinced that the two genders hear the words our society employs differently. In human sexuality classes, we often use such words as love, pleasure, pregnancy, and responsibility. In these coed classes, where shared communication is emphasized, students frequently speak with one another and use the above mentioned words with very different meanings. They will conclude that intercourse should be between people who love one another and are willing to share responsibility, but when pressed to define exactly what they mean, females will talk about trust, intimacy, and commitment to the relationship, while males will use completely different behavioral terms, such as "I care about you," "I am being responsible, because I'm not cheating

on you," and "I'll pay for an abortion if anything happens." The meanings assigned to the words come from their specific life experiences. For instance, in response to viewing a film in which a young high school senior holds his newborn, talks about how the pregnancy has changed his life, and discusses what he feels are his responsibilities for his child and his teenage wife, male viewers frequently comment that the film is designed for teenage girls and not for them. They observe — *in contrast to what the male in the video is stating and is demonstrating by his behavior* — that the male is just babysitting the child and that he is financially, not emotionally, responsible for the child.

The need for touch is another rarely addressed male/female developmental issue. For years, professionals have supported the concept that everyone needs touch and that our healthy survival is based on the fulfillment of this need. However, we encourage and promote the acceptability of different types of touch for each of the genders, and we generally stop touching males years earlier than we do females. Needing touch in adolescence, males seek out and use the touch they have learned is appropriate for their gender — a sexual touch. Females, however, long-accustomed to the touch of friends and family, often experience the initial, and subsequent, sexual touching as less pleasurable than males. Adolescent females can frequently be heard exclaiming, "My boyfriend is always all over me," and may express their discomfort with sexual touching by blaming males for always "being horny."

Readiness for a relationship is also a developmental task experienced differently by females and males. Adolescent females more readily talk about relationships, and see themselves in relationships, than do adolescent males. When creating collages depicting their futures, both females and males include pictures and words that show careers, money, cars, and houses. However, few 11th-grade males, in contrast to almost all females of the same age, place marriage and children in their futures. It appears that males and females get different messages from society about where their emphases should be. The media tends to give females strong messages that they should be in a relationship, should be part of a couple, and should be able to communicate with males. At the same time, it presents males with the challenge to be strong loners, emphasizing that real bonding happens with males, not females, and that sexual conquests are to be sought, not equal partnerships with females.

As educators, I believe it is important to help young people develop a happy and healthy sexuality, by understanding both their particular and their general needs and experiences, and by adapting our teaching strategies and information base to include these. Using the above examples, this would mean that when we employ particular words in discussions with students, we offer them the opportunity to use these words in dialogue with one another, so that they can express their different perceptions and experiences. We also should encourage them to continually ask, "What do

you mean by that?" They then need to understand how what they say translates into behavior. Today, most sexuality education classes do not like to deal with touch and pleasuring, but students need to be able to talk about what kinds of touch feel good to them and what kinds of touch give them pleasure. In addition, we need to have classes where males and females, together, have the opportunity to talk about the qualities of good relationships and to discover what the word relationship means to each at this stage in his or her life.

Other developmental tasks, where it is clear that adolescent males and females take different paths, could be mentioned, however that would be beyond the scope of this article. Hopefully, readers will be encouraged by these few, brief examples to explore, more extensively, what has been said, and educators will begin to incorporate these ideas in their educational methodologies. Adolescents need to be able to explore both their commonalities and their differences, if they are to become healthy and happy adults.

## **Promoting Healthy Sexual Development For Adolescents with Developmental Disabilities or Chronic Illnesses**

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**A**ll too often, adolescents with developmental disabilities or chronic illnesses<sup>1</sup> are viewed as nonsexual beings by professionals, peers, and parents. Consequently, issues of sexuality are ignored at a time when the need for these adolescents to see themselves as sexual beings is great.

Human sexuality refers to a broad spectrum of issues and experiences, including an individual's self-concept; physical and social maturation; development of relationships with the same or opposite gender; the physical expression of one's sexuality; and planning for the future (e.g. marriage, contraception, childbearing, and childrearing). Adolescence is the particularly challenging time when most youth experience concerns regarding these developmental issues. This period offers further complications for adolescents with disabilities and chronic illnesses, however, because of their need to integrate their disability or illness.

People with disabilities must have the same basic sexual rights as all people. Today, these rights are beginning to be recognized through legislation, education, and pub-

lic awareness. Rights to privacy, information about human sexuality, nonexploitive sexual behavior, counseling services, learning materials adapted to needs, and knowledge of the laws regulating sexual behavior are critical for youth with disabilities. Yet, due to their legal status as minors, many of these areas are problematic for adolescents.

However, by providing appropriate education, training, and support services, it will be possible for youths with disabilities to acquire the skills and knowledge they need to develop a positive sexuality and to reduce their risk of sexual abuse. Social experiences between youth, with and without disabilities, also must be an integral part of their everyday life if healthy peer interactions are to occur. It is through such experiences that youth with disabilities will develop positive self-images, increase their self-esteem, and experience less self-consciousness.

What we want for youth with disabilities is what we want for all youth: we want them to be able to develop to their fullest and to be part of their communities. To assure that adolescents and young adults with disabilities will develop satisfying relationships, and will integrate successfully into the mainstream of society, it is essential to pay attention to sexuality issues across the lifespan. Sexual development is a life-long process, in which each stage of life presents a different phase for learning sociosexual behavior. Although early life experiences for youth with disabilities may be similar to that of their nondisabled peers, as adolescence approaches life experiences may differ. However, despite differences in abilities, the timing of puberty, the visibility of a handicap, and life expectancy, the normative tasks of sexual maturation are quite similar for all adolescents.

Some significant differences do exist, nonetheless. Most teenagers learn about sex from their peers. This is less likely to happen for an adolescent with mental retardation, who has a limited vocabulary and has limited access to social or recreational activities. Formal learning opportunities that present sex education in a comprehensive way are limited for all teenagers, but are even more so for youth who cannot read or for whom basic information will not suffice (e.g., teenage girls with certain health conditions that preclude taking oral contraceptives or adolescents with spina bifida who are unsure of their fertility status). In addition, achieving tasks of sexual development for youth with disabilities is made more difficult by their increasing awareness of, and concern with, physical differences; by their continued dependence on adults for physical and/or medical care; and by their potential social isolation from activities with peers. Moreover, it is important to note that society's attitudes toward those with disabilities is often more of a hindrance to an adolescent's sexual development than any limitation of the condition itself.

In order to promote healthy sexual development, structured sexuality education classes are needed for adolescents with disabilities. These classes could include basic information about anatomy, reproduction,

sexual development, birth control, and sexually transmitted diseases, as well as an opportunity to learn and practice social skills, teaching of appropriate touch, affection, and love. Opportunities to discuss and role-play appropriate, interpersonal responses in same-gender and heterosexual settings, to affirm positive behaviors, and to avoid potentially abusive situations might also be part of a comprehensive curriculum. The information provided in these programs should be developmentally and cognitively appropriate and take into consideration any limitations that the disability might pose for an adolescent in an educational setting. Teaching strategies also need to be individualized to accommodate varied learning styles.

Parents can be a major source of support to adolescents, but may not feel comfortable or knowledgeable enough to carry out, alone, a sexuality education program with their teenager. The health professionals and educators, who work with these adolescents, could play an important role in providing appropriate sexuality education and support for their families. Not surprisingly, though, many professionals need to become more sensitive and need to participate in educational experiences that will increase their own comfort and knowledge about sexuality.

A comprehensive and integrated approach to providing training and support around issues of sexuality — across the lifespan — has yet to be developed for all individuals with disabilities, let alone adolescents. Such an approach should include individual and group educational opportunities for the adolescent, continuing education for professionals, and parent-to-parent support networks for families. The goal of such efforts should be the development of a healthy sexuality for adolescents with disabilities and their achievement of full integration into society.

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1. In this article, the term "disabilities" is used to refer to both developmental disabilities and to chronic illnesses.

*Susan Heighway wrote this article under the auspices of The National Center for Youth with Disabilities. The Center works to expand the knowledge and involvement of individuals, agencies, and programs providing services to youth with chronic illnesses or disabling conditions.*

**Part I, of this two-part series on "Healthy Adolescent Sexual Development," appeared in the May-July 1989 (Vol. 17, No. 5) issue of the *SIECUS Report*.**

## ADOLESCENT SEXUAL BEHAVIOR IN THE EIGHTIES

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**D**uring the 1970s, a great deal of data was produced concerning adolescent sexual behavior. Reports by Drs. Melvin Zelnik and John F. Kantner of Johns Hopkins University, for example, provided substantial insight into the sexual and contraceptive experience of American teens. While research on adolescent sexuality has continued into this decade, the studies have been largely individual efforts and have been relatively narrow in scope. The result has been a vast amount of potentially important findings that require much time and effort to access. Unfortunately, most of these studies have focused on teenage contraceptive behavior, pregnancy or fertility, and information on adolescent noncoital activities has been scarce.

What are "post-sexual revolution" teenagers doing? In what ways has the AIDS epidemic affected how adolescents behave sexually? How has adolescent sexual behavior changed over the past 10 years, and in what ways has it remained the same? The following summary of the research findings of recent studies on adolescent sexual behavior may help to answer some of these questions.

### **Noncoital Behavior**

Most research on adolescent sexual behavior has been fertility-based and has emphasized intercourse, contraception use, and unplanned pregnancy. A limited amount of information exists on noncoital sexual behavior among teens.

One study of 13 to 18 year olds from throughout the country found that 85% of American teens have had a boyfriend or a girlfriend. Forty-five percent had one at the time the study took place.<sup>1</sup> In the same study, 88% of those polled reported that they had kissed someone of the opposite sex — the majority of them (97%) by the time they were 15 years of age. Females tended to have their first kiss at a younger age than males.

Adolescents also engage in various forms of petting behavior. At age 13, 20% of males report that they have

touched a girl's breasts, while 25% of 13-year-old females have had their breasts touched.<sup>1</sup> By age 14, 54% of males have engaged in breast-touching, but only 31% of females have had their breasts touched. Overall, 58% of males and 49% of females report manual breast play, while 38.3% of males have kissed a girl's breasts, and 38.1% of females have had their breasts kissed. When asked about vaginal play, 23% of 13-year-old males and 18% of 13-year-old females reported having participated in this activity.<sup>1</sup> By age 18, the gap between males and females has almost disappeared: 61% of males and 60% of females report having experienced vaginal play. Overall, 43% of teens have participated in vaginal play and 40% have experienced penile manipulation.<sup>1</sup>

A significant number of teenagers report having participated in oral sex. The results of one survey of American adolescents indicated that 41% of 17- to 18-year-old females had performed fellatio and 33% of the males had performed cunnilingus.<sup>1</sup> In other research, 69% percent of sexually-experienced, male and female high school students reported giving and receiving oral-genital stimulation.<sup>2</sup> Twenty-five percent of virgin males and 15% of virgin females reported either giving or receiving oral sex. In any case, both sexes are more likely to have participated in cunnilingus than in fellatio, and 80% of nonvirgins have participated in at least one type of oral sex. The results of this same study also indicate that slightly more teenagers have given or received oral sex than have had intercourse (53% *v.* 50% for males, 42% *v.* 37% for females). The researchers concluded, based on these data, that: "Boys are more likely to have had intercourse than to have given oral-genital stimulation and are more likely to have given oral-genital stimulation than to have received it. Girls are as likely to have received oral-genital stimulation as to have had intercourse and are more likely to have done either than to have given oral-genital stimulation to a boy."<sup>2</sup>

Many adolescents also report that they masturbate. One study of 13 to 18 year olds found that 46% of males

and 24% of females have masturbated.<sup>1</sup> For males, the percentage increases with age; it does not appear to be age-linked for females. Most teenagers (90%), who masturbated during their teen years, began doing so before age 15.<sup>1</sup> Close to one third (31%) of those who had masturbated reported feeling no guilt. Those adolescents who reported they had masturbated were also more likely to have had intercourse.<sup>1</sup>

### **First Intercourse**

As the following statistics indicate, a significant share of American adolescents have experienced sexual intercourse. Surveys of American adolescents have found that the overall, average age of first intercourse ranges from 16 to 16.9 years,<sup>3,4</sup> but some teenagers begin to have intercourse shortly after puberty.<sup>5</sup>

Researchers have consistently found that the proportion of sexually-experienced teens increases with age.<sup>6,7</sup> One study reported that 4% of 12 year olds in the United States have had intercourse at least once.<sup>5</sup> Recent studies have found that 14% to 76.4% of 7th to 12th graders, from across the country, have had intercourse on at least one occasion.<sup>4,5,7,8,9,10,11</sup> Additional studies have discovered that 29% to 55% of middle and junior high school students have had sexual intercourse at least once.<sup>6,11</sup> One study found that 20% of 9th graders were sexually experienced.<sup>12</sup> A study of Canadian adolescents indicated that by ninth grade close to one third (31%) of the males, and more than one fifth (21%) of the females, had experienced intercourse at least once.<sup>13</sup> Moreover, a study of Midwestern teens found that 7% of 7th to 9th graders reported having intercourse about once a week.<sup>6</sup>

Many adolescents see their first experience of sexual intercourse as a conscious, personal choice. In one study, most of the teenagers questioned (87% of the males, 64% of the females) reported feeling no pressure to have intercourse the first time.<sup>14</sup> More than half of the teenagers in another study said that they had discussed their first sexual experience with their prospective partner prior to having sex;<sup>1</sup> this was true more often for females than for males. In the same study, 35% of the males and 72% of the females felt sorry or ambivalent about their first experience with sexual intercourse, while 60% and 23% (respectively) were happy about it. A nationwide study of 8th and 10th graders indicated that many adolescents, 62% of the males and 43% of the females, believe that sexual intercourse with a steady partner is acceptable for young people their age. Most, 76% of the males and 94% of the females, also believe it is okay to say "no" to sexual participation.<sup>15</sup>

By high school, the numbers increase. More than half (50% to 57%) of high school teenagers have had intercourse at least once.<sup>4,5,6,9,11,16</sup> One nationwide study of high school students found that 33% engaged in sexual intercourse at least once a week.<sup>4</sup> In Canada, by the 11th grade, 49% of Canadian males and 46% of females have had sexual intercourse.<sup>13</sup>

Surveys of college students indicate that the number of individuals having intercourse continues to rise. Between 80% to 91% of unmarried college males and 70%

to 79% of unmarried college females have engaged in sexual intercourse;<sup>3,4,7,8,17</sup> 52% have engaged in intercourse at least once a week.<sup>4</sup> In Canada, by the first year of college, 77% of the males and 73% of the females have had intercourse at least once.<sup>13</sup>

At all ages, males are more likely to report having had intercourse than are females.<sup>6,9,12</sup> In some areas of the country, they are, perhaps, as much as three times as likely to have had intercourse.<sup>18</sup> And, in a summary of several studies conducted across the country, it was noted that 15.1% to 42.6% of adolescents, 13 to 18 years of age, have had three or more sexual partners.<sup>10</sup>

### **Same Gender Sexual Behavior**

In some instances, sexual activity in adolescence includes same-gender, sexual behavior. Findings from one study indicated that 5% of 13 to 18 year olds have participated in some type of same-gender, sexual activity during adolescence.<sup>1</sup> Another report noted a higher incidence of homosexual behavior among male adolescents. Past research has described a 17% to 37% incidence of homosexual activity to orgasm, on at least one occasion, among young American males.<sup>19,20</sup> In a survey of Canadian college freshmen, however, only 1% of the males and 1% of the females described themselves as homosexual.<sup>13</sup>

### **Sexual Behavior and Self-Esteem**

Adolescent sexual experiences have an important impact on how teenagers view themselves. A study of junior high school students found that self-esteem scores overall were lower for females than for males.<sup>6</sup> In this age group, while sexually experienced and inexperienced males did not differ in levels of self-esteem, sexually experienced females had lower self-esteem than those who were sexually inexperienced. Among those who were sexually inexperienced (males and females), no difference was discovered. Also, while a history of sexually transmitted disease appears to be correlated with a lower level of self-esteem, pregnancy does not.

Another study of 13- to 15-year-old students from Arkansas found higher levels of "school self-esteem" (one's own evaluation of one's academic performance) in those who had not yet had sexual intercourse.<sup>21</sup> No other significant relationships were found. Among Canadian adolescents, having had sexual intercourse was consistently related to higher self-esteem and better mental health scores in males and in older adolescent females.<sup>13</sup> However, consistent with American findings, sexual experience among younger females was related to lower self-esteem and mental health scores.<sup>13</sup>

### **Contraception Use**

Many adolescents, who have had intercourse, report regular contraception use. More than one third (33% to 39%) report contraception use every time they engage in intercourse.<sup>4,5,16</sup> By college, 58% report using some form of contraception every time they have intercourse.<sup>4</sup>

However, a large number of sexually experienced teenagers use contraception irregularly. According to one report, 40% of adolescent females use contraception only

sometimes.<sup>17</sup> Another study found that 42% of teenagers, who have had intercourse (male and female, ages 12 to 17), do not use contraception or use it only sometimes.<sup>1</sup> Other researchers have found that 27% to 32% of teens use no birth control at all during sexual activity.<sup>5,16,18</sup>

Many teenagers do use contraception at first intercourse. The results of one study indicated that 40% of teens reporting sexual experience used contraception at first intercourse.<sup>1</sup> Another study found that 37% of the males and 47% of the females, who had intercourse, had used birth control the first time.<sup>14</sup> This means, however, that nearly two-thirds (61%) of males and one-half (50%) of females used no contraception at first intercourse.<sup>14</sup>

Also, when contraception is used, the method of choice is not always the most effective one. In one study, of those who reported using contraception at first intercourse, 18% used withdrawal as their method of choice to prevent pregnancy, and 3% used the rhythm method.<sup>1</sup>

Teenagers, who have had intercourse, express a preference for birth control pills over condoms as their primary means of contraception. Forty percent of all teenagers (63% of the females), surveyed in one study, said that they preferred to use the birth control pill for contraception, while 32% (53% of the males) preferred the condom.<sup>5</sup> However, a study of 12- to 14-year-old, inner-city, junior high school students found that 47% of male and female contraception users actually used condoms and only 12% used birth control pills.<sup>18</sup> Another nationwide study of adolescents, ages 12 to 17, showed that 10% of males and 38% of females used pills, as compared to 47% of males and 25% of females who used condoms.<sup>5</sup> Other research offers conflicting findings, however, reporting that 62% of sexually active female adolescents use the pill, 22% use the condom, and 6% use the diaphragm.<sup>17</sup> Still other findings indicate that condom use by 17- to 19-year-old males, who said they used contraceptives during last intercourse, has more than doubled in the past nine years, increasing from 21% in 1979 to 58% in 1988.<sup>7</sup>

A number of factors appear to be related to effective contraception use. Males, for example, have been found to be less consistent contraception users than females.<sup>9</sup> One study found that sexually-experienced teenagers, whose parents have been involved in contraception education, were more consistent contraception users.<sup>1</sup> Of adolescents who learned about birth control from their parents, 91% regularly practiced birth control. However, only 28%, of this same group, used contraception at first intercourse. One-half of those whose parents told them nothing were regular contraception users. Sixty-three percent of the adolescents, whose parents had taught them that sex was normal and healthy, practiced birth control regularly.<sup>1</sup>

### **Risk of Pregnancy**

Inconsistent contraception use among teens is reflected in the number of adolescent pregnancies in the United States each year. In 1984, there were 233 adolescent pregnancies per 1,000 sexually-active, 15 to

19-year-old females.<sup>17</sup> In 1985, more than one million (1,031,000) teens became pregnant (109.8 per 1,000 women, ages 15-19), which resulted in 477,710 live births.<sup>22</sup> One study of Midwestern junior high school students, grades 7 to 9, revealed that 7.8% of young adolescent males and females had previously been involved in a pregnancy.<sup>6</sup> Another study found that 16% of sexually-active girls, 13 to 18 years of age, had been pregnant (31% of 17-year-olds, 22% of 18-year-olds).<sup>1</sup> One report states that more than one in ten women get pregnant each year, with 40% of all women becoming pregnant before they turn 20.<sup>16</sup> Moreover, more than one-half of births to teens occur outside of marriage.<sup>17</sup>

A large share of adolescent pregnancies end in abortion. In 1985, 416,170 induced abortions were performed on pregnant teenagers — more than 40% of all adolescent pregnancies.<sup>22</sup> Abortions to teens account for 26% to 30% of all abortions in the United States each year.<sup>17,22</sup> One study found that 56% of high school students and 50% of college students felt abortion was the best solution to unintended pregnancy.<sup>4</sup> In this same survey, 12% of high school students and 18% of college students said they would get married and keep the child, while 16% of all students polled said they would carry the child to term (or encourage that it be carried to term) and put the infant up for adoption.

### **Sexually Transmitted Diseases**

Sexually transmitted diseases are a common consequence of poor or inconsistent contraception use among adolescents. One in seven teens contracts a sexually transmitted disease each year.<sup>8</sup> In fact, nearly one-half of all people treated for STDs are younger than 25.<sup>8</sup> A recent study of Midwestern junior high school students found that 6% had, or were suspicious of having, a sexually transmitted disease.<sup>6</sup> Results of a Canadian study indicated that 7% of heterosexual male college freshmen and 8% of heterosexual female college freshmen have had a sexually transmitted disease, with 22% of the males and 37% of the females having been tested for some type of STD.<sup>13</sup>

Acquired Immunodeficiency Syndrome (AIDS), now epidemic in the United States, has become a prominent concern for adolescents in the 1980s. Many believe that adolescents are at an increasingly high risk of infection with the Human Immunodeficiency Virus (HIV) because of poorly protected sexual experimentation. While relatively few cases of AIDS have actually been reported among adolescents ages 13-19 (352 as of the end of February, 1989),<sup>23</sup> more than one-fifth of people with AIDS are in their twenties.<sup>8,15</sup> Because of the long incubation period of HIV, many of them were likely to have become infected when in their teens.<sup>8</sup> Most adolescents know that HIV can be transmitted sexually between males and females,<sup>4,10,15</sup> and by sharing IV drug needles,<sup>10,24</sup> but many still have misconceptions about how HIV can and cannot be transmitted.<sup>8,10,15,24</sup> Though most adolescents know that condoms are an effective way to avoid HIV infection (60% to 86%),<sup>8,15,24</sup> and 91% of adolescents in one study said that they believed people their age should use condoms if they have sex,<sup>15,24</sup> only



15% to 26% of high school and college students report that AIDS has caused them to change their sexual behavior.<sup>4,8</sup> In a study conducted among Massachusetts' teenagers, only 20% of those who reported changes in their sexual behavior, as a result of AIDS, used methods which are effective in preventing transmission of HIV.<sup>8</sup> On the other hand, another recent study found that condom use among sexually-active males, ages 15 to 19, rose from 21% in 1979 to 58% in 1988.<sup>7</sup> A survey of Canadian adolescents found that AIDS is a lower priority concern than is pregnancy.<sup>13</sup>

Adolescents participate in a number of behaviors that are considered high risk for HIV infection, including unprotected sexual experimentation and drug use.<sup>25</sup> In one study, 5% of adolescents reported having participated in some sort of same-gender, sexual activity.<sup>1</sup> In another study of urban teens attending an outpatient clinic, 26% said they had participated in anal sex.<sup>26</sup> Of these, two-thirds did not use condoms. Close to 6% of 13- to 18-year-old males, in one study, had sexual intercourse with a prostitute.<sup>1</sup> Intravenous drug use is also an important concern. Studies have found from 1.1% to 6.3% of adolescents, between the ages of 13 to 18, have injected heroin, cocaine, or other illegal drugs.<sup>1,8,10,13</sup> Some have estimated that as many as 200,000, or more, American teens have used IV drugs.<sup>8</sup>

### Conclusion

In summary, today a sizeable portion of teenagers in the United States are sexually experienced. Some had their first experience with sexual intercourse shortly after puberty. Unfortunately, a significant number of teens who engage in sexual intercourse fail to take effective measures to protect themselves against unwanted pregnancy, sexually transmitted diseases, and the transmission of HIV. Adolescents express varied feelings related to their first and subsequent sexual experiences. For some who have had intercourse, particularly younger females, the experience has had a negative effect on their self-esteem. However, for many others, the experience has been a positive one or, at least, a neutral one. As society continues to fluctuate and change, and as new generations of adolescents emerge, it will continue to be important to study adolescent sexuality. In this, the age of AIDS, many lives may depend on a better understanding of adolescent sexual behavior. Healthy, satisfying, adult sexuality also may depend a great deal on the earlier years of sexual development — especially those that occur in adolescence.

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*This article was prepared by Mark Bigler, while on staff at SIECUS as a graduate assistant working with SIECUS' Mary S. Calderone Library.*

# “GOLDEN OPPORTUNITIES” For Raising Sexually Healthy Adolescents

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## How Does One Raise Sexually Healthy Adolescents?

For months, I have pondered one of the most difficult assignments posed to me in my 20+ years as a sexuality educator: How does one raise sexually healthy *adolescents*? I am not talking about *infants* or *children* now. I am talking about individuals who have managed to mature to puberty and for whom — now at the peak of their sexual unfolding — a master plan is being sought to initiate or augment their sexual health. Never mind that their foundation is the one laid down since birth or that what has already been done cannot be undone. The mission is to begin *now* — with the person as she or he is, *now* — and with what they have and know, *now*.

Does this sound difficult? For me, it quickly became analogous to a fourteen- or fifteen-year engineering endeavor that has produced a uniquely individualistic building. The discovery is made, however, that it may be necessary to remove or redesign the midsection of the building, and to realign the building with the existing foundation, as it is “at risk” of collapse. There is an interesting aside: the building appears to be stable; it could defy all odds, adapt to its defects, and become a “Leaning Tower of Pisa.”

Experience has taught us that certain adaptations will shore-up a building, just as we know that certain qualities will enhance an individual's sexual health. As educators and counselors, we are familiar with the formulas that when initiated at birth are calculated to produce sexually healthy children — and we readily employ buzz-words like positive role models; trust and security; nurturing touch; relaxed; consistent; nonverbal and verbal communication; honesty; self-pleasuring; positive body image; gender identity; assertiveness; rational decision-making; sensitivity awareness; androgyny; kindness; compromise; and, of course, the most magical one of all, self-esteem. In my book, *Raising Sexually Healthy Children*, I provide a treasure-trove of “golden opportunities” for creatively integrating such buzz-words of sex-

ual enrichment into a child's everyday experiences. The world abounds with golden opportunities for the sensitive caregiver who recognizes the infinite expressions of a child's sexuality. But, what about the child who has grown to adolescence deprived of such golden opportunities? In search of the answers, I went directly to the source. I asked classes of secondary school students — ranging from the academically-gifted to those assigned to The Center for Special Instruction — to join me in this search.

## Attaining Sexual Health as an Assurance of Present and Future Happiness

Our first task was to define sexual health. The definitions offered by the students ranged from “Not getting ‘knocked-up’ unless you are using protection,” and “Feeling comfortable with your body and all of its good and strange feelings” to “Being caring, honest, responsible, respectful, and proud of yourself.”

One student questioned: “If a person possesses all of the virtuous qualities associated with being sexually healthy, but is a homosexual, is that person still considered sexually healthy?” A short discussion ensued about current theories related to homosexuality, with the group concluding: this lifestyle may be considered healthy if it is a satisfying way for a person to express his or her sexual affection. Cultural variances of acceptable sexual behavior were raised, and aberrant or unhealthy sexual encounters were described as those that are physically and emotionally harmful, exploitive, and forced upon another against their will.

All of the students shared the common goal of attaining sexual health as an assurance of present and future happiness. They valued sexual knowledge as a means of increasing their self-esteem and for avoiding an unplanned pregnancy. STDs and AIDS were not a primary concern. They concluded that being sexually healthy would allow them more time to concentrate on “finishing school, getting a job, and making ‘alotta’ money” — their most frequently expressed goals. In addition, they

viewed sexual health as a means to having more fun, and to being a better lover and future parent.

Parents — followed by the media and peer pressure — were held most responsible for an adolescent's sexual health status. However, students felt that their parents were too preoccupied with their lives and careers, and that conversations at home were, most often, fleeting, goal directed, and demeaning: "Hi, I'm eating out, dinner is in the oven"; "Clean up your room"; "Don't be so stupid!" Generally, the students felt unappreciated, and few remembered the last time their parents had paid them a compliment. Countering this, they said: "When I'm a parent, I will talk to my children about how they are feeling."

The desire to please parents was unanimous. However, few of the students considered disappointing a parent a primary deterrent in avoiding an unplanned pregnancy — interrupting their education and their freedom took precedence. Students also scoffed at their parents "Do as I say and not as I do" lifestyles. Some girls spoke, with pride, about the open relationship they shared with their mothers, but few girls or boys expressed sharing such a relationship with their fathers. Discipline by parents was interpreted as a sign of caring by most students in the group. It was almost as though they vied for the distinction of having the most restrictive parents. In fact, they ridiculed parents who neglected to carry out their dictums: "If my parents stuck to a curfew it would be easier for me to say, 'Not now.'" Many of the students indicated that they sought surrogate parental advice from other family members and friends, caring teachers, and assorted school personnel.

Gathering the facts from teenagers themselves, can we develop a dynamic master plan that will allow adolescents to get on with the job of becoming sexually healthy — one that differs from the multicollaborative, community models that have been designed by adults to increase teens' basic and technical skills, earning capacity, and life options? The answer is, "*Maybe.*"

### "Golden Opportunities"

Although grand-scale models — laden with incentive grants, interagency task forces, and the merging of public and private sectors — are bound to make a difference, *maybe* the master plan is simply you and me. We can make the real difference by listening carefully to young people and by transforming the everyday events in their lives into "golden opportunities" — golden opportunities such as the following:

#### Example I:

Scott has been late for school three days in a row. This unacceptable behavior has earned him five days of detention in a dingy, congested room, where conversation is prohibited. His teacher has the option of abiding by the edict to maintain silence or s/he could transform this experience into a golden opportunity for caring communication. Perhaps Scott has been late for school because there is a conflict at home or because he has a

night job now. Or possibly his girlfriend is pregnant, and he is consumed with fear, guilt, and anxiety.

*Maybe* if the teacher utilizes this detention time in a creative fashion, this ordinary everyday experience will be transformed into a valuable sexuality education opportunity.

#### Example II:

Jamie is achieving academically. His passion is to help people, but he is certain that his career choice of nursing is a clear indication that he is gay.

If his college advisor or career counselor senses this golden opportunity, when Jamie asks about the gender breakdown for his career choice, *maybe* Jamie will finally be able to air his concern about sexual orientation.

#### Example III:

Brenda refused to return for a three-week checkup after her abortion because her doctor had scolded her for her carelessness.

If her physician had acted emphatically, and utilized the abortion as a golden opportunity for positive learning, *maybe* s/he would have been able to help Brenda focus her energies on achievable goals and would have thereby reduced the risk of a subsequent unwanted pregnancy.

#### Example IV:

The pharmacist was able to transform Jerry's embarrassment at buying condoms into a golden opportunity, when s/he complimented Jerry on his brand of choice and candidly explained the virtues of adding nonoxynol-9 to his chosen method of protection.

#### Example V:

Uncle Stan recognized Billy's refusal to attend school socials as a golden opportunity to tell Billy about his own adolescent fears and successes, including the time his penis became erect in church for no apparent reason, and the time that he had to masturbate to relieve his sexual tension after viewing an X-rated video.

#### Example VI:

Judy felt that she might not be able to mend her best friend's broken heart. Her best friend also indicated that she could not approach her divorced parents for comfort.

Judy utilized her ineptness in providing consolation as a golden opportunity to borrow some books from the library that she thought might provide her friend with new insights and courage.

#### Example VII:

Jose is not an academic achiever, but his parents have used his low academic scores as a golden opportunity for providing positive affirmation and for encouraging Jose to develop achievable skills that will compensate for his low academic status. Jose has become the captain of the football team, which carries with it responsibility and prestige, and whether he chooses to go to college or

not, he is learning to become a good carpenter like his dad. Jose likes himself and feels secure about his future plans. He also has decided not to become a parent just yet; he is having too much fun and is not ready to give up his freedom nor his future just for a "quickie without a rubber."

**Example VIII:**

And then there is Debbie. Debbie is a teen who has basically raised herself without the love and guidance afforded sexually healthy children. Debbie is the "Leaning Tower of Pisa" who has learned to adapt to her defective foundation.

Debbie has decided that she is going to be a doctor, with or without her parent's interest or financial support. She knows a lot about sexuality: about how to compromise and to be competitive, assertive, decisive, goal-oriented, eclectic, realistic, and playful. She has transformed her parents neglect into a golden opportunity to tap her resources and talents. She will let nothing come between her belief in herself and her ability to succeed — not a momentary thrill, an unplan-

ned pregnancy, or pressure from her peers.

**The Answer to the Question**

The world abounds with golden opportunities for those who are motivated by their inner voices and/or by outer influences to have a dream or to attain a particular goal. Adolescents can redesign their sexual destiny — no matter what their legacy — with our help. This help can be initiated with a kind word, an outstretched arm, and/or the sensitivity and willingness to help a young person recognize the golden opportunities they have to create new dreams, hopes, and realities.

*Maybe* the answer lies within each of us as we look to the adolescent not as a relentless problem but as a valued solution. Personalizing our approach to raising sexually healthy adolescents requires respectful time-sharing, sonar sensitivity, and the confidence and commitment that we each do make a difference. Clearly, the answer to the question — "How does one raise sexually healthy adolescents?" — lies within them and within you and me. And, certainly, the time to begin this mission is now.

## **Robert Selverstone Becomes President of the SIECUS Board of Directors**

Robert Selverstone, PhD — a psychologist with a private practice in Westport, Connecticut and a teaching and consultancy career — has become the president of the SIECUS Board of Directors

Selverstone has been a teacher, counselor, and administrator in public secondary schools since 1961. He currently teaches courses on such subjects as values, human sexuality, personal growth and interpersonal relations, drug education, adolescent development, and group process. A nationally recognized authority on sexuality education, Selverstone's presentations combine a therapist's skill, in providing a comfortable environment in which to consider difficult issues, with an educator's ability to foster meaningful learning. He has been presented with the Connecticut Education Association's "Human Relations Award" for his contributions to the education of children in human relations, and the human sexuality course, which he developed for Staples High School, has been designated as one of the exemplary sexuality education courses in the nation.

Selverstone has offered hundreds of workshops and presentations in professional and community settings. Among these have been invited sessions for the Connecticut Association of Boards of Education, the National School Boards Association, and the National Association of Student Councils.

Selverstone has consulted on a number of awardwinning educational filmstrips concerned with adolescent sexuality, teen suicide, family crises, and drug abuse; has been featured on local and national radio and television shows; and has been quoted in publications ranging from the *Journal of Research and Development in Education* to *Family Circle*, *Cosmopolitan*, and *Parade* magazines. Recently, he collaborated in the production of a SIECUS training program for the New York City Department of Mental Health to enable therapists to communicate more easily with their clients about sexual issues as they relate to AIDS prevention.

## **SIECUS AND ABORTION RIGHTS**

**Debra W. Haffner**

I am frightened and I am angry. The recent Supreme Court decision in *Webster v. Reproductive Health Services* lays the groundwork for the ultimate reversal of legalized abortion services for all women in the United States. It portends returning to a time when well-to-do women traveled great distances for abortions, when less well-off women sought out illegal abortions at great cost and danger, often risking their lives, and when poor women were forced to try dangerous self-abortion procedures or bear unwanted children.

It is important to remember that the Supreme Court has not overturned *Roe v. Wade* — yet. I find little comfort, though, that of the four Justices defending reproductive rights, three are men who are in their eighties. In my darkest thoughts, it seems altogether possible that the right to an abortion will no longer be available when my daughter becomes a teenager during the next decade.

The Supreme Court decision gives the states new authority to restrict and regulate abortion services. Specifically, the *Webster* decision upheld a Missouri law that physicians must use medical tests to determine the viability of a fetus whenever a woman is more than 20 weeks pregnant, and that state funds, employees, and hospitals may not be used to provide abortions or to encourage or counsel women about abortions. The Court chose not to rule on the section of the Missouri law which declared that “life begins at conception.”

The Supreme Court also agreed to decide three additional cases this term. Two of the cases, *Hodgson v. Minnesota* and *State of Ohio v. Akron Center for Reproductive Health*, involve laws that require minors to notify parents or a judge before abortions. A case from Illinois, *Turnock v. Ragsdale*, tests a law that requires abortion clinics to meet the same costly building requirements as hospitals, which, in effect, is an attempt to outlaw free-standing abortion clinics. These cases, to be decided during the current term, are likely to further restrict women's access to safe and legal abortion services.

Moreover, there is likely to be a burst of legislative

activity to restrict abortion around the country during the next legislative session. Florida has already held a special legislative session on abortion, and Louisiana legislators have introduced bills to reinstate pre-1973 abortion laws on their books. Several elections this November will feature contests between anti-choice and pro-choice candidates.

I am somewhat optimistic, however, that these recent threats to reproductive freedom are causing a new groundswell of activism to protect reproductive rights, and that politicians are beginning to respond. For example, this summer the House of Representatives voted to overturn the existing law and permit the District of Columbia to use its own funds to subsidize abortions for poor women by a vote of 219-206. The vote marked the first time in a decade that the House has allowed public funds to be used to fund abortions. According to a report in the Alan Guttmacher Institute's *Washington Memo* (August 22, 1989), a major undercurrent of the debate was the political climate following the *Webster* decision. They report Representative Les AuCoin, a Democrat from Oregon, as saying, “All across the country, a newly energized pro-choice movement is going to say to supporters of amendments like this, ‘If you are anti-choice, when the voters go to the ballot box, we won't choose you.’” Recent decisions against the nefarious actions of Operation Rescue also help to support access to abortion services.

The SIECUS Board of Directors has voted to make the protection of reproductive rights a major component of SIECUS' advocacy program during the coming year. A central part of the SIECUS mission statement is to protect the right of individuals to make responsible sexual choices. The right to a safe and legalized abortion is a critical component of sexual rights, which include the right to information, the right to family planning services, the right to affirm one's sexual orientation, and the right to sexual lives for the young, the disabled, and the elderly.

SIECUS has had a long standing policy in support of reproductive rights. Our position statement on abortion reads:

***“SIECUS deplors any attempts to undermine women’s reproductive health rights. SIECUS believes that every woman, regardless of age or income status, has the right to obtain an abortion under safe, legal, confidential, and dignified conditions, and at a reasonable cost. SIECUS supports the 1973 Supreme Court decision which affirmed the constitutional rights of a woman to seek and obtain an abortion, and advocates that no one be denied abortion services because of age, inability to pay, or other economic or social circumstances. When making a decision to continue or terminate a pregnancy, SIECUS believes a woman is entitled to have full knowledge of the alternatives available to her and to have complete and unbiased information and counseling concerning the nature, the consequences, and the risks both of the abortion procedure and of pregnancy and childbirth.”***

The anti-abortion national constituency are also the leaders in fights against the right of young people to receive sexuality education. The National Right To Life, the American Life Lobby, Concerned Women of America, and the Eagle Forum (several of whom pay memberships to SIECUS) are all anti-sexuality education as well as anti-abortion. In a recent book published by the American Life League, *Killers of Children*, sexuality educators are viewed as pushing abortion on children: “The callous persuasiveness used to teach students about abortions has so desensitized students to abortion that should a sexually educated girl become pregnant she submits to having these psychologically mutilating operations with about as much concern as having a manicure.” Several anti-choice leaders have admitted publicly that they are against the pill and the IUD, because they may be perceived as having abortifacient properties. When asked what advice she was giving to *married people*, one leader said, “self-restraint.” Indeed, it often appears that anti-choice representatives would prefer to have sex go away entirely, or at least restricted to a few times during one’s life for procreation purposes only.

SIECUS has joined a broad-based coalition of health and advocacy organizations, formed following the *Webster* decision. The coalition is concerned about the decision’s impact on the availability of reproductive health services and about the overall ramifications for public health. It will coordinate advocacy efforts around legislative and electoral activities at both national and state levels. SIECUS staff will serve on the public health strategy task force and will assure that calls for reproductive rights include calls for sexuality education, contraceptive services, and health care services for low income people.

I call on all SIECUS members to become actively in-

involved in protecting reproductive rights. You have an important role to play in this struggle at the local, state, and national level. We hope that many of you will join us on November 12, 1989, National Mobilization Day, either in your state or in Washington, D.C. It is essential that you know the opinions of your representatives on sexuality education, birth control, and abortion services, and that you let them know that you will be voting on these issues. Your national representatives need to hear from you regularly on the bills and issues facing them that support reproductive rights. A recent bill, introduced by Congresswomen Pat Schroeder and Olympia Snowe, calling for funding for contraceptive research, needs support now. We encourage you to become involved with local organizations fighting for reproductive rights. Many of you, because of your professional affiliations, can play a critical role in providing testimony at legislative sessions and in advocating for broad support for sexual rights.

All of my family participated in the April March on Washington. I explained to my four year old, who proudly helped carry the SIECUS banner, that we were marching because no woman should be forced to have a baby if she does not want one. I recently spoke at an abortion rights rally in my home town. Over 500 people from this small town congregated on the village green to demonstrate support for reproductive rights. My daughter’s comment was, “Are more people trying to force women to have babies?” My answer was, “Yes. We are going to stop them.” SIECUS is committed to playing an important role in protecting reproductive rights in the coming years. Join with us to protect these rights for everyone — ourselves, our wives, sisters, friends, loved ones, and for our young daughters.

# SIECUS NEWS...

**SIECUS RECEIVES BEQUEST:** In June, SIECUS was notified that it had been left a large bequest from the estate of Miss Myra Bauer. Miss Bauer, a supporter of SIECUS since 1967, often wrote SIECUS over the years about her concern for sexuality education. Never married, she felt that the negative messages her mother had received about sexuality, and the early lack of sexuality education in her home, had caused her problems for much of her life. In 1983, she wrote a letter to us, saying "maybe there should be a law that everyone who wishes to get married should be able to pass a test as to how well grounded they are in the ability to give good sex education and how wholesome their attitude toward sex is." Miss Bauer died at the age of 91. SIECUS is grateful to Miss Bauer for her generosity and commitment to promoting sexuality education. This bequest will allow us to develop a Board-designated reserve fund for future planning. If you are interested in discussing planned giving, please contact Executive Director Debra Haffner.

**MEMBERSHIP SURVEY:** Almost 700 members responded to this summer's membership survey. We are very appreciative of all who took the time to complete it. A report on the survey will appear in the December/January issue of the *SIECUS Report*.

**SIECUS JOINS NATIONAL PRO-CHOICE COALITION:** SIECUS has joined a national coalition of health, education, and civil rights organizations to develop strategies in light of the recent Supreme Court decision. SIECUS is a cosponsor of National Mobilization Day, November 12, 1989, and asks all members in New York, New Jersey, Pennsylvania, Maryland, Virginia, and the District of Columbia to join with us in Washington, D.C. Call Executive Assistant Elena Deutsch for more details.

**AIDS TRAINING WORKSHOP:** On October 13-15, more than 100 professionals from New York City participated in the first SIECUS' CDC-funded workshop designed to assist health and mental health professionals in developing necessary skills for counseling clients on the sexual aspects of the HIV epidemic. Topics covered included sexual attitudes assessment, cultural issues and communication about sexuality, motivating IV drug users to adopt safer sex techniques, counseling clients who are HIV positive about sexuality issues, and pregnancy counseling for women who carry the virus. Plans are underway to repeat this workshop in Indianapolis (January) and in Atlanta (December or January). SIECUS plans to repeat this

workshop in five additional communities in 1990. Let us know if you are interested in cosponsoring this workshop in your area. Call AIDS Program Associate Carolyn Patierno for more information.

**SIECUS TRAVELS:** Executive Director Debra Haffner traveled to Atlanta, Kansas City, Minneapolis, and Seattle this summer to present workshops and keynote speeches on sexuality education and AIDS prevention. Upcoming speeches and workshops are scheduled this fall for Chicago, Idaho, Pennsylvania, New York, and Connecticut. Consider SIECUS as you plan your next annual conference or meeting.

**NEW SIECUS BROCHURE:** SIECUS has developed a new brochure describing the organization and its services. Please let us know if you would like copies to distribute at conferences, meetings, training workshops, and classrooms. Help us get the word out about SIECUS membership!

**REDUCED JOURNALS NOW AVAILABLE TO SIECUS MEMBERS FROM THE SOCIETY FOR THE SCIENTIFIC STUDY OF SEX:** The Society for the Scientific Study of Sex has extended the opportunity to SIECUS members to subscribe to its publications at a reduced fee. The excellent *Journal of Sex Research* is now available to SIECUS members for only \$37. The Society newsletter is \$10 for SIECUS members. Please direct your request to Nora Christensen, SSSS Subscription Services, PO Box 208, Mount Vernon, Iowa 52314. We are delighted to offer this service to our members.

**DON'T LEAVE HOME WITHOUT IT:** SIECUS is pleased to offer the option of American Express credit card purchases of SIECUS publications and computer searches. We can now process your requests with your American Express card over the telephone.

**FAX:** You can now fax your requests to SIECUS for library services, technical assistance, announcements of meetings, and new materials. Our fax number is 212/998-5132.

**THE SIECUS REPORT NEEDS YOU:** Do you look at new materials on a regular basis? Would you like to write book or audiovisual reviews? Do you have an article you would like to write on a sexuality issue? Please call or write the Director of Publications Janet Jamar for more information on how you can be published in the *SIECUS Report*.

# TALKING WITH YOUR CHILD

## About Sexuality and Other Important Issues

A SIECUS Annotated Bibliography for Parents

**S**IECUS affirms that parents are, and ought to be, the primary sexuality educators of their children. Many parents hope that their children's most important sexual education will happen, not in a classroom or on the playground, but at home. They, therefore, seek educational materials that will help them teach their children about the physical, emotional, and social aspects of sexuality as their children reach each new stage of development, from infancy through puberty to late adolescence. The books listed here cover the entire range of topics that parents may wish to discuss with their children, from early physical development to the dilemmas of late adolescence.

Both parents and children are concerned with anatomy, puberty, sexual behavior, love relationships, marriage, pregnancy, and sexually transmitted diseases. Some parents choose to discuss these subjects in a relatively factual, value-free manner; others seek materials that support particular religious, moral, or ethical values. Fortunately, both types of materials are available. SIECUS urges parents to seek resources that reflect their family's values.

If the listed resources are not available in your local bookstore, they may be able to order them for you. If they are unable to do this, contact the publisher, whose address and phone number is provided after each listing, directly.

SIECUS does not sell or distribute any of the listed publications, other than SIECUS publications. However, all of the materials listed are available for use at SIECUS' Mary S. Calderone Library.

Copies of this bibliography can be purchased from SIECUS' Publication Department at the following costs: 1-4 copies/\$2.50 each, with a stamped, self-addressed, business-sized envelope; in bulk, 5-49 copies/\$2.00 each and 50+ copies/\$1.25 each, plus 15% postage and handling (p/h). SIECUS, an independent nonprofit organization affiliated with New York University, is located at 32 Washington Place, Room 52, New York, NY 10003; 212/673-3850.

This bibliography was prepared by Daniel M. Donohue, SIECUS Librarian, with the assistance of Arno Karlen and Maureen Buja, October 1989.

### TALKING WITH YOUR TEENAGER: A BOOK FOR PARENTS

*Ruth Bell & Levi Zeiger Wildflower*

A highly recommended book for parents that deals with the challenge of raising teens to be healthy, responsible adults. While covering life changes from puberty through adolescence, it addresses teenagers' emotional health and sexuality, and the communication skills parents must have to cope with their children's dilemmas and decisions. 1982, 127 pp., \$8.95.

*Random House, 201 E. 50th Street,  
New York, NY 10022; 212/751-2600,  
800/638-6460.*

### THE FAMILY BOOK ABOUT SEXUALITY (Revised Edition)

*Mary S. Calderone & Eric Johnson*

First published in 1981, this straightforward, comprehensive guide to human sexuality has been expanded and thoroughly updated to contain new information on AIDS, adolescent sexuality and pregnancy, homosexuality, and the sexuality of older adults. Contains a reading list, arranged by age group. 1989, 288 pp., \$18.95.

*Harper and Row, 10 E. 53rd Street,  
New York, NY 10022; 212/207-7000,  
800/242-7737.*

### TALKING WITH YOUR CHILD ABOUT SEX: QUESTIONS AND ANSWERS FROM BIRTH TO PUBERTY

*Mary S. Calderone & James W. Ramey*

Designed for parents to use with children from birth through puberty, this book presents an overview of each stage of development, the questions children are likely to ask during each stage, and the answers for those questions. 1982, 154 pp., \$2.95.

*Ballantine Books, Division of Random  
House, 201 E. 50th Street, New York, NY  
10022; 212/751-2600, 800/638-6460.*

### STRAIGHT FROM THE HEART: HOW TO TALK TO YOUR TEENAGERS ABOUT LOVE AND SEX

*Carol Cassell*

A practical guide for parents on how to help their children become healthy and sensible sexual persons, this book includes a section entitled "Practical Sessions," where parents can compare their responses to various situations with the author's. 1987, 254 pp., \$6.95.

*Fireside Books, 1230 Avenue of the  
Americas, New York, NY 10020; 212/698-  
7000, 800/223-2336.*

### THE INTIMATE CIRCLE: THE SEXUAL DYNAMICS OF FAMILY LIFE

*Miriam Ehrenberg & Otto Ehrenberg*

A theoretical and liberal book that explores the sexual dynamics of family life and how they affect children's sexual development. Also discusses and clarifies sexual feelings that exist in families and the sexual messages parents send to their children. Includes interviews that provide insight into how families deal with these issues. 1988, 335 pp., \$8.95.

*Fireside Books, 1230 Avenue of the  
Americas, New York, NY 10020; 212/  
698-7000, 800/223-2336.*

### A PARENT'S GUIDE TO TEENAGE SEXUALITY

*Jay Gale*

This guide discusses the role of parent and family in an adolescent's sexual education, and it provides guidelines on how to communicate with teenagers. Covers the biology of maturation, sexuality, and the special situations and needs that confront adolescents. 1989, 242 pp., \$18.95.

*Henry Holt & Co., 115 W. 18th Street,  
New York, NY 10011; 212/886-9200.*



**SHOW ME YOURS:  
UNDERSTANDING CHILDREN'S  
SEXUALITY**

*Ronald and Juliette Goldman*

This book is designed to help make adults more aware that children are sexual beings and to alert them to the educational opportunities and problems in this developmental area. The first two sections present studies that support the idea that children are sexual; the third section provides practical ways to help adults and children feel comfortable with their sexuality. 1988, 268 pp., \$7.95.

*Penguin Books, 40 W. 23rd Street, New York, NY 10010; 212/337-5200, 800/631-3577.*

**HUMAN SEXUALITY: THE FAMILY SOURCEBOOK**

*Sharon Goldsmith*

This sexual reference tool for the whole family, presented in a question-and-answer format, covers the various issues that arise for people at different stages in their lives. The first section focuses on the sexual concerns of adulthood; the second, on those of childhood. 1986, 385 pp., \$15.95.

*C.V. Mosby, 11830 Westline Industrial Drive, St. Louis, MO 63146; 314/872-8370, 800/325-4177.*

**RAISING A CHILD CONSERVATIVELY IN A SEXUALLY PERMISSIVE WORLD (Revised and Updated)**

*Sol Gordon & Judith Gordon*

Written with warmth, concern, and intelligence, this new edition includes chapters on accepting one's sexuality, becoming an askable parent, self-esteem, the role of schools in sex education, and the questions most frequently asked by parents and children, with suggested responses. 1989, 241 pp., \$8.95.

*Fireside Books, 1230 Avenue of the Americas, New York, NY 10020; 212/698-7000, 800/223-2336.*

**CHILDREN AND THE AIDS VIRUS — A BOOK FOR CHILDREN, PARENTS AND TEACHERS**

*Rosemarie Hausberr*

Accompanied by black-and-white photographs, this text, written in large print for younger children, with in-depth discussions for older children in smaller print at the bottom of the page, explains facts about HIV/AIDS and its transmission. 1989, 48 pp., \$4.95.

*Clarion Books, 52 Vanderbilt Avenue, New York, NY 10017; 212/973-1190.*

**PUBERTY: AN ILLUSTRATED MANUAL FOR PARENTS AND DAUGHTERS**

*Angela Hynes*

A readable book, designed to help

parents create and maintain good communication with their daughters. Explains basic physiology and physical changes through puberty. The closing section contains short situational stories that may serve as catalysts for communication between parents and daughters. 1989, 147 pp., \$12.95.

*Tor Books, 49 W. 24th Street, New York, NY 10010; 212/741-3100, 800/221-7945.*

**SEX EDUCATION FOR TODDLERS TO YOUNG ADULTS: A GUIDE FOR PARENTS**

*James Kenny*

A sex positive guide for parents — written from a Catholic point of view — on how and when to offer education on the physical aspects of human sexuality. Presents Catholic values on contraception, abortion, and homosexuality, and urges parents to accept and love their children regardless of their choices. 1989, 65 pp., \$4.25.

*St. Anthony Messenger Press, 1615 Messenger Street, Cincinnati, OH 45210; 513/241-5616, 800/325-9521.*

**SPEAKING OF SEX: MOTHERS AND DAUGHTERS**

*Carol Kleiman & Catharine E. Kleiman*

This candid look at female sexuality, written by a mother-daughter team, offers insights on the many basic and sensitive issues associated with sexuality. 1987, 212 pp., \$14.95.

*Bonus Books, 160 E. Illinois Street, Chicago, IL 60611; 312/467-0580, 800/225-3775.*

**RAISING SEXUALLY HEALTHY CHILDREN: A LOVING GUIDE FOR PARENTS, TEACHERS, AND CAREGIVERS**

*Lynn Leight*

Designed to help parents discuss their values when educating their children about sexuality, this guide provides a sexuality inventory for parents and explains the sexual development of children from infancy to adolescence. 1989, 284 pp., \$17.95.

*Rawson Associates, 115 5th Avenue, New York, NY 10003; 212/614-1400, 800/257-5755.*

**HOW TO TALK TO YOUR CHILD ABOUT SEXUALITY**

*Planned Parenthood*

This practical, comprehensive, no-nonsense guide to enhancing communication between parent and child is divided into three major sections: general concerns of parents; the basics of biology and sexuality of children of different ages; and the special situations, such as sexual abuse, that may confront parents and their children. 1986, 201 pp., \$7.95.

*Doubleday, 245 Park Avenue, New York, NY 10017; 212/765-6500-X479.*

**DOES AIDS HURT?**

*Marcia Quackenbush & Sylvia Villareal*

The authors' intention in writing this book was "to offer hope in a world that has

no guarantees" and "to support parents, teachers and others in guiding children through life with one less fear." They stress that a basic understanding of human sexuality is essential in learning about AIDS and suggest the means for facilitating this understanding. 1988, 149 pp., \$14.95.

*Network Publications, A Division of ETR Associates, PO Box 1830, Santa Cruz, CA 95601-1830; 408/438-4081.*

**TALKING WITH YOUR CHILDREN ABOUT LOVE AND SEX**

*Leon Somers & Barbara Somers*

Developed to help parents become comfortable talking with their children, this book traces children's sexual development, from birth through adolescence, and offers guidance and information, in dialogue form, on how to educate children about sexuality. The SIECUS staff found some of the sections objectionable, but the overall content well-balanced. 1989, 178 pp., \$16.95.

*New American Library, a division of Penguin Books, 40 W. 23rd Street, New York, NY 10010; 212/337-5200, 800/631-3577.*

**PARENTS TALK LOVE: THE CATHOLIC FAMILY HANDBOOK ABOUT SEXUALITY**

*Susan K. Sullivan & Matthew A. Kawiak*

This handbook is recommended for Catholic parents at home and for discussion groups in parish settings. Each of the nine chapters concludes with a list of questions for discussion. 1985, 164 pp. \$7.95.

*Paulist Press, 997 McArthur Boulevard, Mahwah, NJ 07430; 201/825-7300.*

*Pamphlets*

**OH NO! WHAT DO I DO NOW? MESSAGES ABOUT SEXUALITY: HOW TO GIVE YOURS TO YOUR CHILD**

*SIECUS*  
Eight hypothetical situations are offered to help parents analyze their feelings, formulate their responses, and become more relaxed in discussing sexuality issues with their children. 1983, 23 pp., \$2 for single copies, plus 15% p/h. Spanish edition available.

*SIECUS, 32 Washington Place, 5th Floor, New York, NY 10003; 212/673-3850.*

**HOW TO TALK TO YOUR CHILDREN ABOUT AIDS**

*SIECUS*  
Designed to help parents talk with their children about AIDS, this pamphlet offers basic information about AIDS and guidelines appropriate for specific age levels. 1989, 16 pp. Single copy free with a self-addressed, stamped, business-size envelope.

*SIECUS, 32 Washington Place, 5th Floor, New York, NY 10003; 212/673-3850.*

# THE FINAL FRONTIER

## Other-Gender Friendship

Carol Cassel, PhD

Director, Institute for Sexuality Education and Equity

### Uncharted Territory

Can men and women really be just friends? That is the tricky and timeless question the movie, *When Harry Met Sally...* has posed once again. Part of the reason this issue never seems to be put to rest is that while the idea of man and woman as lovers may be fertile ground for sociologist, songwriter, and poet, it is undeniably familiar turf. However, the concept of man and woman as friends, pals, buddies, and chums is still uncharted territory. It might well be the final frontier in human relationships — the one realm of social experience where few people of either sex have gone before. Women and men cherish the ideal that friends are there for each other, even when it is not convenient, fair weather or foul, but they usually think of friendship as something comfortable and tame compared to the uncertainty and unpredictable fires of romantic passion. Although most people say they agree about the value of other gender friendships, most alliances seem to dwindle off some-time after kindergarten.

Discussion of female/male friendship is certainly missing from the sexuality education of most young people — both at home and at school. Yet female/male friendship could be one of the most important aspects of healthy sexuality. Friendship between men and women could break down the obstacles of sex-role stereotyping and could become the basis of a wonderful new way for the sexes to deal with each other — as equals. Unlike sex, which can be pressured, or love, which can be unrequited, friendship is founded on mutuality and thrives on equality. When women and men are friends, they violate traditional norms of dominance and passivity and sabotage the segregation of fraternity and sorority.

Most studies about friendship argue that, at all ages, both sexes prefer same-gender friends and get less help, loyalty, intimacy, stability, and support from their other-gender friendships. However, there is another point of view. Sociologist Nan Lin, in researching what makes people mentally healthy, found that the people who have close friendships are less anxious and depressed than those who do not — and that those with the fewest negative symptoms have a confidant of the other

sex. Lin says that other-sex friendships are beneficial because: "Women are usually better at communicating than are men, and so when their male friends are depressed they are more likely to get the men to express their feelings than are men's male friends. When men are depressed, they go out and do things, which is what they tell their depressed women friends to do."<sup>1</sup> Clearly, women learn something from men that they cannot learn from other women, namely, what it is like to be a man and men learn something from women they cannot learn from other men, namely, what it is like to be a woman.

With all of these advantages, why do male/female friendships remain dark, vaguely disturbing, and largely unexplored ground? Many men and women hesitate to develop a friendship with someone of the other sex because, hidden under their contemporary, upbeat attitudes about equality in sex roles and relations, there still lurks a menacing suspicion about male and female friendships.

### Conscious Barriers

Is it *sexual jealousy*, the ancient green-eyed monster, that makes the path toward female/male friendship a rocky road full of barriers, pitfalls, and emotional conflict? True enough. Men may be jealous of their female lover's intimacy with her woman friends, and certainly women can be jealous of their male lover's male camaraderie, but none of these emotions holds a candle to the anxieties that are aroused by a male and female friendship. There appear to be two reasons for such sexual jealousy. First, the heady, but fragile, sense of being Number One in the life of the person one loves is feared to be jeopardized by any other emotionally intimate bond that one's mate may experience. Second, there is the fear that one's mate may get swept away in physical intimacy with the friend. In short, the possibility that friendship could lead to something else or that it will cause sexual jealousy are most frequently cited as the reasons why friendship between men and women will not work or cannot work.

Another barrier to men and women becoming friends is the concept of the *"Intimate Pie."* According to this notion, love, a.k.a. intimacy, is finite. There is only so much

to go around. If too much gets taken by a friend, there will not be enough left for one's "primary" relationship. So, some people put their energy into their spouse/lover exclusively, as indicated by the oft-repeated: "My spouse/lover is my best friend." This statement may or may not be completely accurate, but it usually seals each of the partners off from the possibility of having other friends — even those people who might not become another "best" friend, but might become a "good" friend, nonetheless. In one study, for example, all of the single men, and three out of four single women, said that they had at least one friend of the other sex. But, among the married people studied, 47% of the women and 33% of the men had *no* other-gender friends other than their spouse. Although married people may have couple friendships, one-half of all husbands and wives do not have even one primary friend — of either sex — independent of their spouse.<sup>2</sup>

When you combine a person's fear of losing his or her fair share of a partner's attention and affection with sexual jealousy, you have a formidable obstacle to friendships with people of the other sex.

### **The Subconscious Underbrush**

A first step on the path toward female/male friendship is to clear away the subconscious underbrush of prickly messages that exist about the nature of such relationships. Most people grow up inundated with war stories about "*The Battle of the Sexes*" — examples of defeat and victory from a stockpile of old wives' and husbands' tales and, too often, real life adventures. Men and women learn to behave like actors in the morning soaps — always plotting clever ways to best each other. Uncountable numbers of jokes, movies, and television sitcoms — from yesteryear's *I Love Lucy* to the trendy *Cosby Show* — follow the same script. The sexes are opposite. Relationships between men and women are a contest of nerves, a game based on the law of the urban jungle: "Do unto others before they do it to you."

At the same time, with a deft sleight of hand, people are solemnly taught the "*Noah's Ark Lesson*." A man minus a woman, and vice versa, is unfulfilled, one-half in search of a whole. Women and men are meant to be lovers, destined to walk two-by-two, to wed, and then to have children. This emphasis on the biological destiny of "couples" fuels the widely held assumption that all relationships between men and women must include mating to be meaningful.

Overall, a major hurdle for men and women to overcome in quest of friendship is the persistent notion that all female/male interactions are about seduction. Thus, a *platonic male-female relationship* is automatically regarded with misgivings. Society assumes that past puberty any transaction between the genders has to be linked to sex for males, and romance, which might lead to sex, for females. Ironically, society puts great store, especially during our "wonder years", in the virtue of boys having what are called "*girlfriends*" and girls having "*boyfriends*."

*Same-gender friendships* are socially acceptable up to

a point. Children's best friends are supposed to be of the same gender. As they grow older, however, homophobia tends to dampen these same-gender friendships before they become "too intense." For adults, friendships between the "girls" or between the "guys" are common and acceptable, as long as they are clearly auxiliary — secondary to committed heterosexual relationships.

Granted, there are some indications of change. The social rule book of today now includes a chapter on male and female relationships where they are not mates or lovers. Yes, a woman and a man, even if they are married, but not to each other, can be friends, spend time together, and "hang out" with each other. But do read the fine print: the friendship between a woman and a man is acceptable, and even encouraged, *if* they work together, are in the same professional field, or are "networking." Having a discussion at the office, over lunch, or at a McDonald's on the way home from work is acceptable; taking in a movie, going out to an upscale restaurant, or skipping out for a ride to the mountains is definitely not. It is assumed that if a man and a woman share mutual interests and/or have a mentally-close relationship, something physical is bound to develop. This means that many men and women, who genuinely like each other, will hesitate to spend too much time together, as it may give others the wrong impression. Pat Curtis, an editor of *Network* magazine, put it this way: "Imagine yourself chatting at a cocktail party. You mention that Sally is your best friend. Everyone smiles and thinks that's nice. If you say your husband is your best friend, that's even better. But, if you announce that Sally's husband is your best friend, be prepared for raised eyebrows and more than a few 'tsk tsk's'"<sup>3</sup>

Beyond the parameters of what others in their social circle or business world may think, a woman and a man who are friends at the office are often under scrutiny by each other's "significant other." The intimacy of such a female/male friendship may be viewed as a threat to the balance of mutual dependency that is shared by the spouses/lovers. The "business" friend may be seen as a rival. And, even when the rules for acceptable and off-limits behavior are strictly followed, feelings of jealousy, competition, anger, and insecurity can, and often do, arise.

### **The Sexual Aspect**

One possibility that may have to be faced, by all involved, is that the sexual aspect of an other-gender friendship may very well exist. It may, in fact, be the foundation upon which the friendship is built. Most relationships do start because of a spark of sexual chemistry.

What seems to distinguish male/female platonic friendships, however, from male/female sexual relationships is not so much the absence of sexual attraction, but rather *the decision not to become sexually involved with each other*. There are countless reasons why people may choose to be friends rather than lovers, including differences of temperament or lifestyle and the fact that one or both parties may already have a romantic involvement. The addition of sex might add uncomfortable complica-

tions to the relationship or destroy it altogether. However, to deny the existence of sexual attraction is not only unhealthy but foolish. Most male and female friends are able to recognize and appreciate their mutual attraction without feeling compelled to act on it. Moreover, although the sexual chemistry in a friendship may always be strong, the feelings usually do peak, subside, or go into low gear.

However, there is another twist in the theme of other-gender friendship: *the man-woman friendship that does include sex*. "Feelings that arise in a sexual friendship may not be the eternal love sworn by married couples, but these emotions are nonetheless real," states psychologist Richard Walters. "They range from genuine liking, tenderness, and fellowship, through various degrees of romantic fusion, all the way to love. A sexual friendship may be most erotic, or it may involve intense emotional, even spiritual ties."<sup>4</sup> The particular problem with such a relationship is that, at some point, either of the partner's expectations may change: they may decide they want romance or they may read something into the relationship that is not there.

#### **Nonsexist Friendships Raise Provocative Human Sexuality Issues**

Another provocative aspect of the new alliances formed between women and men is that they mean a shake-up of the old order of society's sexist gender roles. Undoubtedly, the prospect of men and women being unabashedly intimate friends — platonic or erotic — raises provocative issues in the study of healthy sexuality and relationships. In the public arena, as *Ms.* editor, Letty Cottin Pogrebin, observed, "When men and women stop being 'just' their roles and start seeing each other as people...sexism had better hang onto its britches."<sup>5</sup> These changes could give rise to uncertainties and anxieties. Pogrebin emphasizes, "*Your* wife might meet a man who is not 'just' the butcher, a neighbor, her boss, or a man on the make; she might meet a man who knows her as a person. *Your* husband might meet a woman who is not 'just' his secretary, the kids' pediatrician, a neighbor, or a cocktail waitress; he might meet a woman who interests him as a person."<sup>6</sup>

In this post-sexual revolution/women's movement/affirmative action era, men and women have become partners at home, in school, and at the office. But can they become true friends? In the end, the movie's (*When Harry Met Sally...*) answer is, "no." Outside of Hollywood, the answer may be "yes." Male/female friendships are feasible and may even become prevalent.

However, once the issue of friendship is resolved, another matter will loom on the horizon. When traditional gender roles cease to dictate which half of humanity are one's potential friends and which half are one's potential lovers, one is then faced with a new dilemma — how does one combine mutual respect and admiration, chemistry, commitment, and trust to make love, love, and friendship, friendship? And, are they the same or are they different?

#### **References**

1. Pogrebin, L.C. Among friends. New York: McGraw-Hill, 1987, 335.
2. Rix, Henri. Fears, taboos, sex can thwart male-female friendships. *Albuquerque Tribune*, August 1, 1989, C-1.
3. Curtis, P. Forbidden friendships: Are they worth the risk? *Network*, May/June 1987, 29.
4. Walthers, R. Sexual friendship: A new dynamics in relationship. San Diego, CA: Libra Publishers, 1988, 29.
5. Pogrebin, 335.
6. Pogrebin, 330.

## **AIDS EDUCATION ASSISTANCE AVAILABLE FROM SIECUS**

Through a cooperative agreement with the Centers for Disease Control, SIECUS is now conducting several AIDS education assistance projects. SIECUS staff — Debra Haffner, executive director, Diane de Mauro, director, program services, and Carolyn Patierno, AIDS associate — are available to provide technical assistance and to aid in the design, implementation, and evaluation of HIV/AIDS education programs and educational resources. The staff may also be reached by phone or mail to informally discuss and answer questions concerning HIV infection, AIDS and sexuality.

In addition, SIECUS will provide, on request, computer searches on various AIDS-related topics; back issues of the *SIECUS Report* that have focused on AIDS; and SIECUS' annotated AIDS bibliographies for lay audiences and professionals.

Feel free to call our office at 212/673-3850, between the hours of 9:00 a.m. and 5:00 p.m. EST. We look forward to working with you.

# Books • Books • Books • Books

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## **STRAIGHT FROM THE HEART: HOW TO TALK TO YOUR TEEN- AGERS ABOUT LOVE AND SEX**

Carol Cassell, PhD  
New York: Simon and Schuster,  
1987, 254 pp., \$16.95.

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Given the choice of participating in a workshop or reading a book, many people would choose the workshop because of the interaction involved. In *Straight from the Heart*, they can have both as the author brings the personal involvement of a workshop to the printed page. Moreover, Cassell has the ability to see, and to project, both the serious and the humorous side of love and sexuality, which makes this book in addition enjoyable and informative reading.

*Straight from the Heart* is a guide for parents and all adults who care for teens. It provides facts, for those who lack accurate information; ways to initiate discussions, for those who cannot seem to find the time and place; and practice sessions, for those who become tongue-tied at the thought of talking about love and sexuality with teenagers.

Cassell acknowledges the parental dilemma of wanting sons and daughters to feel comfortable about their sexuality, but not wanting them to be involved with sex too soon. She also presents parents with opportunities to answer some of the sticky questions teens ask, and to compare their answers with her answers, which are straightforward and nonjudgmental.

She counsels parents on how to define sexuality and deal with the pain of an ended intimacy, and in the chapter focusing on homosexuality, counsels parents of gay children while also providing a lesson on prejudice and tolerance. In addition, she speaks candidly, and sadly, of the many teens who have become involved in sexual relationships and have chosen to risk pregnancy rather than raise the topic of contraception with their parents.

Most useful, however, may be the tips she offers for easing into a discussion with teens who do not want to talk with parents about sex because they have learned that it sets off a lot of adult embarrassment, anxiety, and sometimes anger. Tips on when to open the subject of sexuality — while driving somewhere, reading the Sunday newspaper, or watching soap operas on TV. And, tips on how much to say and how personal to make the discussion. Teens will adore her admonishment to parents: "Discuss, don't dictate."

*Straight from the Heart* also is an excellent guide for the younger generation. Cassell's many years of experience as a sex educator have kept her in tune with the issues which genuinely concern today's teens. These are not "sperm-and-egg" issues, but "How do I know I'm in love?" and "When am I ready for sex issues?"

All families with teens or preteens would do well to make room on their coffee tables or, better still, at their dinner tables for *Straight from the Heart*. It is a four-star print workshop.

*Reviewed by Janet Alyn, BA,  
AASECT-certified sex educator and  
sexuality education consultant.*

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## **HOMOSEXUALITY: A PHILOSOPHICAL INQUIRY**

Michael Ruse  
New York: Basil Blackwell Inc.,  
1988, 299 pp., \$19.95.

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*Homosexuality: A Philosophical Inquiry*, by Michael Ruse, should come with a warning label: This volume contains explicit accounts of how *they* think *we* got *this way*. Lesbians, gay men, and feminists should turn directly to page 173, where the book states: "It matters not how the orientation was caused..." Ruse starts off with a recap of the major arrested-development schools, including psychoanalytic and adaptational analysis. Then he reviews post-Freudian extensions and replacements, with particular attention to social learning and cognitive development theories. Ruse does not stop and wonder, however briefly, whether Freud was sexist, and unfortunately ideas of heterosexism per se are never directly introduced.

From there, it is on to endocrinology, the similarities between humans and hormone-manipulated rats, and photos of external genitalia of androgen-insensitive "genetic males" before and after estrogen therapy. This "descriptive analysis" ends up with speculation on what might be known about sexual orientation from Darwin and other important pioneers of sociobiology. When Ruse says, "our conclusion is — must be — that we know depressingly little," any reader who has managed to plow through the first half of the book

by then knows why...chapter and verse. (And you thought John Boswell's *Christianity, Social Tolerance and Homosexuality* was a tough read!)

The remainder of the book charts the roots of modern philosophy and [un]ethical concerns about homosexuality. Critical thinking, about biological nature, utilitarianism, disease and illness, the Jews, the Greeks, Aquinas, Kant, and the rights of society and individuals, has been argued better elsewhere. Ruse has written a valuable synopsis of these perennial debates, however.

For anyone grappling professionally or personally with the whys of human sexual diversity, this is essential, dangerous reading. Rarely, can all this particular information be found in one book, laid out so painstakingly by one author. However, for folks already familiar with the twin threats of "causal determinism" and "reductionism," *Homosexuality* sheds more light on knee-jerk bias than it does on homosexuality.

The book is dangerous because the author summarizes extensively his subjects' frequently bogus logic and flawed science. Matter-of-fact use of phrases like, "It is not implausible to assume...", "Let us not forget...", and "It could be...", pages on end, make this book a literary minefield for the neophyte or superficial reader. Ruse carefully qualifies research, points out inconsistent logic after he sees it, and makes known his own bias, but without reading the book cover-to-cover one could pick up more than a few bad ideas. These affectations would not be necessary if this book were called *The Genesis of Homophobia*. Ruse is shackled by his subjects' persistent view of homosexuality as a deviant phenomenon.

To discuss the commonality of hundreds of millions of people as though they were somehow collectively unusual is reductionist in the extreme. That point of view inherently defines us — instead of society's treatment of us — as the problem.

*Reviewed by Rodger McFarlane,*

*executive director of Broadway Cares, Inc., former director of the AIDS Professional Education Program for the New York City Department of Mental Health, Mental Retardation & Alcoholism Services and former executive director of Gay Men's Health Crisis, Inc.*

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### **THE BATTLE AND THE BACKLASH**

David Hechler

Lexington, MA: D.C.Heath and Company, 1988, 376 pp., \$19.95.

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There are many books on sexual abuse of children, most of which fall into the categories of social science, pulp, or popular literature. *The Battle and the Backlash*, however, presents a new angle on this serious problem. David Hechler's style of research and writing offers a fascinating picture of the many contradictory forces that exist in the area of child sexual abuse.

The three sections of the book — The Battle, The Backlash, and Conclusions, Solutions and Future Directions — trace the development of our country's awareness of the problem. The style of author as investigative reporter — interweaving interviews, case studies and comments — gives the book a fresh, interesting appeal.

The Appendix contains verbatim excerpts of interviews with an incest survivor; a representative of NAMBLA (North American Man/Boy Love Association); an offender therapist; a detective; and a defense attorney. There are a relatively large number of references for a nonscientific book, but there are some omissions; for example, there is no reference to Gene Abel, who is a well-known writer in the field. Not a scientific treatise, *The Battle and the Backlash* has something for almost everyone. Well-researched and well-written, the book is worthwhile reading for people interested in the subject.

*Reviewed by Peter T. Knoepfler, M.D., clinical professor in the Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle: AASECT-certified sex therapist and sex therapy supervisor, and president of SSSS/Western Region. He also*

*is a member of the editorial boards of the Journal of Sex Education and Therapy and Adolescent Psychiatry.*

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### **OFTEN INVISIBLE: COUNSELING GAY & LESBIAN YOUTH**

Margaret S. Schneider

Toronto, Ontario M5B 1L2: Central Toronto Youth Services, 27 Carlton Street, 3rd floor; 1988, 135 pp., \$8.50.

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In the 1970s, social service providers in the Province of Ontario began to openly address the needs of lesbian and gay youth. Testimony from experts agreed that these youth were not receiving the same quality of care as that available to heterosexual youth. In the 1980s, the Ministry of Community and Social Services funded the Sexual Orientation and Youth Program to provide social service personnel with research, training, resources, and case consultation for lesbian and gay youth. Research coordinator for the program, Margaret Schneider, has written this book to fulfill part of the program's mandate. Those who work in the areas of education and social services for lesbian and gay youth may be familiar with Schneider's writing as she has conducted workshops and written articles over the past several years.

Part I, "Understanding Homosexuality," provides the overall conceptual framework for the book. It covers such topics (those often discussed in other publications) as: definitions of homosexuality, gender roles, and stereotypes; lesbian and gay lifestyles and relationships; and homophobia. However, Schneider expands the usual discourse on homosexuality with a chapter on adolescent development and the coming-out process, and with a chapter by A. Damien Martin on the stigmatization of the gay or lesbian adolescent. The authors have written on these topics in other places, but here their writings are placed within a context of understanding homosexual identity development.

Part II describes "Counseling Strategies and Issues." Schneider cautions that sexual orientation is not always the issue that brings young people into counseling. She describes a two-step strategy for evaluating whether sexual orientation has any bearing on a young person's problems and then discusses situations in which sexual orientation may be the main focus of attention: the adolescent who is distressed at being lesbian or gay and wants to be heterosexual; the adolescent who is confused about his or her sexual orientation; and whether an adolescent should come out to the family. She offers sensitive and helpful suggestions for handling these complex issues and illustrates the problems with case examples. The final chapter of the book discusses the implications for workers and administrators who are delivering social services to lesbian and gay adolescents. The book concludes with a reading list and glossary.

This book is important reading for professionals who work with lesbian and gay adolescents, as it provides a clear guide for dealing with complex developmental and counseling issues. The book is not the first of its kind, but it is a big step forward in providing a resource for counselors. It brings together, in one place, a more comprehensive and detailed examination of the issues than has been attempted before.

*Reviewed by Robert Schaecher, MSW, CSW, Health Coordinator, The Calhoun School, New York.*

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**A LIFELONG LOVE AFFAIR:  
KEEPING SEXUAL DESIRE ALIVE  
IN YOUR RELATIONSHIP**

Joseph Nowinski, PhD  
New York: Dodd, Mead & Company, 1988, 244 pp., \$17.95.

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This relationship, self-help book, like most others, deals with intimacy, honesty, trust, power, self-esteem, body image, and fantasy. It is aimed with high expectations toward today's readers'

market. That is, people who already have, and want to sustain, true equality in committed, monogamous relationships. The author promises that "although love may change, it will remain." He repeatedly claims that after the reader learns how to break down intimacy barriers, "the spark of sexual passion and desire will be forever present in your relationship."

As a seasoned sex therapist, I usually issue a "Caveat reader!" warning for books that make claims based on over-idealized possibilities. I see many clients who think they are seriously flawed, deficient, or "sick" simply because they are normally unable to live up to the idealized model held up by the books they have read. Nevertheless, once the publishing hype is laid aside, authors like Nowinski do offer good ideas and insight. Joseph Nowinski, who also wrote *Becoming Satisfied: A Man's Guide to Sexual Fulfillment*, is a clinical psychologist, currently affiliated with Elmcrest, a private psychiatric hospital and treatment center in Portland, Connecticut.

*A Lifelong Love Affair* assumes the principal causes of low sexual desire and alienation are based, not on personal deficiency so much, as on relationship inequality. His central thesis is that nothing turns a partner on better than being treated as an equal.

In Part I, "Falling Out of Love: Problems of Intimacy and Sexual Desire," Nowinski establishes the current post-sexual revolution context of cautious, at times fearful and even paranoid, thinking. He then describes how couples, from every walk of life, fall out of love and how this problem can be prevented or cured.

Nowinski lists the many reasons people give for having sex, simply acknowledges that there are many motives for sex, and lays the matter to rest by the eighth page. He makes the important distinction that couples set themselves up for conflict when the partners try to use sexuality for incompatible purposes. That is, when one partner is looking for intimacy, gentle affection, and love, while the other is wanting intensity and release. For this author, the problem is not nonsexual sexuality, but the ruse of sexuality for different purposes at different times or using it for several different purposes at the same time. He says, "All that re-

ally matters is what sex means to you, how it fits into your relationship, and what you and your partner use it for. Are your motivations compatible, and if not, why? When are you looking for the same things from sex, and when are you not? He asks, how else, besides sex, can you satisfy some of your needs?" Therapist readers will identify with Nowinski's very human, first-person approach to his therapy examples: "I decided not to trifle. I look at Jack. I felt my pulse quicken." About a client's attractive wife, he candidly states, "Looking into her violet eyes, I felt my heartbeat quicken just a little." He describes therapy as a "mystery story where the clues change depending on who's uncovering them."

Always returning to his theme that true intimacy depends on open, playful, unguarded intimacy, equality and acceptance, he uses exercises to demonstrate how feelings of powerlessness come from being one-down. He discusses gender-role conflict (distinguished from sexual orientation conflict) as a problem, not of gender, but of being out of touch with sexuality and describes how the person with a very obvious problem often acts as a shield for a partner too insecure for self-examination.

For many readers, chapter four will be worth the price of the book. It immerses the reader in an innovative participatory exercise, moving a coin from one end to the other of a drawn line on the page. The coin's position represents the reader's location, at different times, along a philosophical continuum between juxtaposed contradictory quotes from two influential psychotherapist/writers — Erich Fromm, who says our deepest need is to overcome separateness, and Frederick Perls, who says, "I do my thing and you do your thing."

Part II, "Working on Love," begins with the assumption that one's relationship with others is similar to the nature of the relationship with oneself. Readers can work alone, and/or together, drawing time line, stress management, and sexual interest graphs.

Part III, "Getting in Touch," in-

cludes sexual fantasy and body image exercises. Part IV, "The Heart of Love," is about self-esteem and trust. Part V, "Liberating Passion and Intimacy," returns to the central theme of egalitarian relationships as the promised land of true liberation.

This book falls into the relationship enhancement category. It is recommended for those who already have good relationships and want more.

*Reviewed by Joan Nelson, EdD. (See the following review, also written by this reviewer, for biographical information).*

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### HOW TO PUT THE LOVE BACK INTO MAKING LOVE

Dagmar O'Connor

New York: Doubleday, 1989, 222 pp., \$16.95.

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Dagmar O'Connor, Director of the Sex Therapy Program, Department of Psychiatry, St. Luke's-Roosevelt Center, New York, translates the language of clinical sex therapy into the language of love. Her first book, *How to Make Love to the Same Person for the Rest of Your Life* focused on how to keep sex alive. She says that *How to Put the Love Back into Making Love* is the flip side and examines why we separate love from sex, how we suppress our emotions to "get through" sex, and how we use purely genital sex to avoid loving feelings. She states, "People are sexually adept but emotionally hungry. The equipment still works. It's making love that's the heart-breaking problem."

Like many other authors, O'Connor says that all the books on super orgasm, G-spots, sexual focus, erotica and "technica" cannot put sex and love back together again. The missing ingredient in the recipe is, of course, intimacy. Whereas other post-liberation/age-of-AIDS authors have backed off from the hands-on approach to sexual intimacy in favor of a new climate of verbal candor, O'Connor continues to (strongly) recommend physical (sensual as op-

posed to sexual) exercises. In fact, she says her step-by-step, seven-week regime is just about guaranteed to put the love back into making love.

Anticipating reader resistance to actually committing to the regime, she uses the whole book to defend and promote hands-on homework. She describes her out-and-out salesmanship as deliberate overcompensation for years of cultural numbing. To minimize reader "yes-but"-ing, she ingeniously engages in two simultaneous conversational dialogues, one with the reader and one with imaginary therapy clients. She asks both, "Are you doing sex or making love?" The secret to making love is to "shut up and let your bodies make friends." The key is that one touch is still worth a thousand words. The magic lies in taking the focus from the genitals to the feelings, thus opening up a whole spectrum of sensual and emotional experience — the stuff that love is made of.

However, since we are not equipped to handle real closeness, the exercises also evoke the "Help-I-feel-too-good feelings" that scare us. This "love anxiety" is what dissociates love from sex, and leads to one-note sexuality. The exercises, like real-life experience, stimulate unconscious memories of the closest we have ever felt to another human being. We are like sensuous infants vulnerably merging with our mothers. The unconscious fear (for men and women) is that this ultimate feminine essence will engulf or abandon us, stripping us of our independent power and identity, or that we will lose control of our emotions.

In stressing the need for seemingly pointless, do-nothing pleasure, she pokes fun at the goal-oriented, having-it-all mentality of our society that has squeezed the feeling out of relationships. She says we run so fast "because we yearn to lie still; we are living lives of superindependence because we yearn to be endlessly stroked and comforted like a child." And, we are afraid that if we ever give in to all these yearnings, we will never be able to live independently again.

Her refreshing approach to gender myths, old and new, is centralized under the headings, "Tough Guys Don't Smooch" and "Liberated Women Don't Have Heartthrobs." Here, she decries demeaning, self-serving theories that

men hate women or are incapable of loving them. She says, Don Juan's sexual, all-doing, little-feeling bravado is a smokescreen for his own fears. Even before puberty, he learned to fear giving or receiving tender affection, because culture taught him to fear feminine feelings in himself or in his partners. Today's woman is the product of the sexual revolution, which may have been *by*, but not necessarily *for*, women. Today's woman has become the yuppie equivalent of the time-honored, old-fashioned, nice girl, show girl, or timid little girl, all of whom are frightened of intimacy. She is allowed to feel her powerful sexual desires, but she is forced to choose between men as sexual objects or as prospective marriage partners, but not both. Like men, women are now suffering from controlled emotions, controlled or fraudulent orgasms, and heart attacks (not of the romantic kind). Both men and women are starved for affection, and they are frightened of their own healthy aggression.

Whether the issue is feminism, childhood masturbation, commitment and fidelity, or safe sex, the secret of *How to Put Love Back into Making Love*, according to O'Connor, lies in the kind of "pointless pleasure" she teaches in her Sexual Expansion Workshops for normal, functioning couples. She is talking about going back to a straightforward, Masters and Johnson-based, primordial, experiential approach. As a seasoned sex therapist, using similar techniques, I am convinced she is right. I only hope therapists will read her book, nonjudgmentally and nonpolitically, and that couples will be seduced by her innovative, minimize-the-resistance "yes-but" dialogue to actually follow her powerful recipe. I regret that the book limits itself to committed couples. I have used similar exercises to help the lonely singles who need it most.

*Reviewed by Joan Nelson, EdD, who is a sex educator/therapist in private practice in San Francisco and conducts Life, Love, and Intimacy Skills Workshops for singles and couples.*



## Conference/Seminar Calendar

**THE IX WORLD CONGRESS ON SEXOLOGY**, *December 3-8, 1989*. Caracas, Venezuela. Plans are also being made for the Xth World Congress of Sexology in Holland in 1991 and the XIth World Congress of Sexology in Brazil in 1993. Contact: Organizing Committee, IX World Congress of Sexology, PO Box 17302, Caracas 1015-A, Venezuela, South America.

**STD '89, "CLINICAL MANAGEMENT OF AIDS,"** *December 4-6, 1989*, Newark, New Jersey. Contact: Newark STD/Prevention Training Center, 110 Williams Street, Newark, New Jersey 07102, 201/643-0666.

**NASPAG FOURTH ANNUAL CONFERENCE ON PEDIATRIC AND ADOLESCENT GYNECOLOGY**, *January 12-13, 1990*. Sponsored by the University of California, Irvine, Department of Pediatrics and Department of Obstetrics and Gynecology, with Drew University of Medicine and Sciences, King-Drew Medical Center, Department of Obstetrics and Gynecology, and the North American Society for Pediatric and Adolescent Gynecology (NASPAG). Red Lion Hotel, Orange County Airport, Costa Mesa, California. Contact: Center for Health Education, Memorial Medical Center, 2801 Atlantic Blvd., Long Beach, CA 90808, 213/595-3811.

**HEALING THE WOUNDED CHILD WITHIN, "METAPHORS TO HEAL BY,"** *January 24-25, 1990*. A seminar for mental health professionals designed to build on the skills required for healing the wounded child within and to introduce epistemological metaphors in the wider context of adult therapeutic problems. White Plains, New York. Contact: David Grove Seminars, 20 Kettle River Drive, Edwardsville, IL 62025, 800/222-4533.

**XXII ANNUAL AMERICAN ASSOCIATION OF SEX EDUCATORS, COUNSELORS AND THERAPISTS (AASECT) MEETING, "PROMOTING SEXUAL HEALTH IN AMERICA: THE AASECT PRACTITIONER,"** *February 15-19, 1990*. "AASECT practitioners represent many fields and touch a wide range of disciplines as they provide information and therapy." Will cover gynecology and family planning; urology; disability; family and marital therapy; religion and the clergy; education of normal and special needs populations; research of paraphilias and addictionology; philosophy as it addresses problems of love and intimacy; sex research; gender dysphoria and homosexuality; sex therapy aids; and the political impact of AIDS. Crystal Gateway Marriott, Arlington, Virginia. Contact: David G. Lister, Executive Director or Cynthia A. Larson, Administrative Director, AASECT, 435 N. Michigan Avenue, Suite 1717, Chicago, IL 60611, 312/644-0828, FAX 312/644-8557.

**THREE-DAY TRAINING SEMINAR: SEXUAL ASSAULT. "The Assessment and Treatment of the Juvenile Sex Offender,"** *February 21, 1990*; **"The Male Victim of Sexual Assault,"** *February 22, 1990*; **"Parole and Probation — Supervision of Sex Offenders in the Community,"** *February 23, 1990*. Sponsored by Forensic Mental Health Associates; cosponsored by the Mental Health Association of Dallas County, the Dallas Child Guidance Clinic, and the Dallas County Rape Crisis Center. Scottish Rite Hospital, Dallas, Texas. Contact: Jan Marie Delipsey, Treatment and Evaluation Services, 5499 Glen Lakes, Suite #200, Dallas Texas 75208, 214/369-4282 or Dianne Trombley, FMHA Coordinator, 813/786-5576.

**FOURTH NATIONAL FORUM ON AIDS AND CHEMICAL DEPENDENCY**, *February 21-24, 1990*. Miami, Florida. Con-

tact: American Society of Addiction Medicine, 12 West 21 Street, New York, NY 10010, 212/206-6770.

**SOCIETY FOR RESEARCH ON ADOLESCENCE THIRD BIENNIAL MEETINGS**, *March 22-25, 1990*. The society is an international, multidisciplinary, nonprofit, professional association whose goal is to promote the understanding of adolescence through research and dissemination. Invited presenters will be from a variety of fields. In collaboration with the Society for Adolescent Medicine, which is also meeting in Atlanta that weekend, they are organizing an afternoon of eight symposia on current topics in adolescent health and development (March 23), which will be followed by a joint reception. Special invited speakers are Felton Earis, Harvard School of Public Health; Norman Garmesny, University of Minnesota; Carol Gilligan, Harvard University; and Rainer Silbereisen, University of Giessen, West Germany. Contact: Dr. Dale A. Blyth, 719 Green Brier Terrace, Crystal Lake, IL 60014, 312/645-5540.

**1990 10% OF THOSE WE SERVE CONFERENCE**, *April 6, 1990*. Cosponsored by more than 15 treatment and advocacy groups that deal with alcoholism and other substance abuse in the lesbian and gay community. Training will center on family issues in addiction treatment. John Jay College, New York. Contact: William J. Feldman, c/o Arms Acres, 1841 Broadway, Suite 1011, New York, NY 10023, 212/399-6900.

**12TH ANNUAL GUELPH CONFERENCE ON SEXUALITY, "SEXUALITY: POSITIVE APPROACHES,"** *June 18-20, 1990*. Contact: Division of Continuing Education, University of Guelph, Guelph, Ontario, N1G 2W1, 519/824-4120 x3956, FAX 519/767-0758.

**THE THIRD INTERNATIONAL LESBIAN AND GAY HEALTH CONFERENCE AND EIGHTH NATIONAL AIDS FORUM, "DEVELOPING STRONGER NETWORKS,"** *July 18-22, 1990*. Sponsored by the National Lesbian and Gay Health Foundation and The George Washington University Medical Center and cosponsored by other organizations including the Whitman-Walker Clinic, host for the conference. More than 1500 people are expected to register for this year's conference. The Washington Hilton Hotel and Towers, Washington, DC. Contact: Michael Weeks or Ellen Ratner, NLGHP, 1638 R Street NW, Washington, DC 20037, 202/797-3708.

**XIX INTERNATIONAL CONGRESS OF THE WORLD FEDERATION OF HEMOPHILIA, "A NEW DECADE: HOPES AND CHALLENGES."** *August 14-19, 1990*. Hosted by the National Hemophilia Foundation. Will feature scientific symposia and "special state of the art lectures" that are "designed especially for the sociomedical, national member organization and patient communities." Will include the topics, "AIDS in Hemophilia" and the "Impact of HIV Infection on Hemophilia Care." Omni Shoreham Hotel, Washington, DC. Contact: Betty Brandel, The National Hemophilia Foundation, 110 Greene Street, Suite 406, New York, NY 10012, 212/219-8180, FAX 212/966-9247.

**5TH LATIN AMERICAN CONGRESS OF SEXOLOGY AND SEX EDUCATION AND THE 5TH COLOMBIAN CONGRESS OF SEXOLOGY**, *October 13-16, 1990*. Cartagena, Colombia. Contact: Octavio Giraldo, Apdo. Aereo 3441, Cali, Colombia, South America.

# Recommended Resources

## AIDS

Publications from the **American College Health Association** (1988, 4x9 *foldover pamphlets*): **THE HIV ANTIBODY TEST** discusses what the test is; what results of the test, positive and negative, mean; where one can be tested; whether one should be tested; the importance of pre- and posttest counseling; and what happens with the test results. The overall information is important and accurate but the format is somewhat nonengaging and confusing. **WHAT ARE SEXUALLY TRANSMITTED DISEASES?** defines STDs and discusses specific STDs such as chlamydia, genital herpes, genital warts, trichomoniasis, pubic (crabs) lice, gonorrhea, syphilis, and AIDS; interrelated STDs; and safer sex. Also includes STD, AIDS, and herpes hotline numbers. The above noted reservation also applies here. **WOMEN & AIDS** is an excellent, sensitively-written pamphlet that offers lots of information and a list of hotlines that will help fill in the gaps. It discusses transmission of the virus; the HIV antibody test; sexual decisions that reduce risk; guidelines for safer sex; relationships; pregnancy; and protection. It also addresses, nonjudgmentally, both straight and lesbian women. *American College Health Association, 15879 Crabbs Branch Way, Rockville, MD 2085, 301/963-1100. Prices: all pamphlets are the same price. Nonmember prices are 1-99/\$.50; 100-499/\$.30; 500-999/\$.25; 1000/\$.20 (no mixing).*

Publications from **Gay Men's Health Crisis: LOVING, SHARING, CARING** (1989, 3<sup>5</sup>/<sub>8</sub>x8<sup>1</sup>/<sub>2</sub>, *foldover pamphlet*) written by Craig G. Harris, designed by Alex Smith, photography by Viqui Maggio. "AIDS has taught us a lot about caring. We have seen how caring people can be those who are ill. At the same time we have also learned that if we are to stop the spread of AIDS, we must care for ourselves, our loved ones, and our community." This excellent pamphlet, with sensitive photos and an esthetically pleasing format, will be useful by itself or as a companion piece with other HIV/AIDS information materials, as it discusses those aspects that may be overlooked by individuals and organizations when dealing with HIV/AIDS — loving, sharing, and caring. **THE SAFER SEX**

**CONDOM GUIDE: For Men and Women** (1987, 12-panel *foldover pamphlet*). This adult-oriented, very explicit pamphlet (actual photographs are used to demonstrate how to put a condom on a man's penis) describes, in seven steps, exactly how to carefully place a condom on the penis; when to wear one and how to get used to using them; what to do after sexual intercourse; how to choose condoms; how long they can be kept; and what lubricants/spermicides should be used. **10 MINUTES THAT CAN CHANGE YOUR LIFE** (1989, 3<sup>3</sup>/<sub>4</sub>x8<sup>1</sup>/<sub>2</sub>, 20 pp. *booklet*) written by Stephen de Francesco, concept and layout by Peter Napolitano, photography by Charlie Pizzarello (incorporates dancer/models and set designs for artistic appeal and not as further elaboration of the text). "By now, nearly everyone has heard of AIDS. And everyone seems to have something to say about AIDS. Some of this information is correct. Some of it is just plain wrong. But most of it is so clouded with prejudice, moral judgment and fear that it is simply useless. Yet the facts about AIDS are very simple. These facts, which everyone should know, can stop the fear and help save lives. Education is our most powerful weapon against the spread of AIDS. So take about 10 minutes now to learn this basic information." Explains what AIDS is; what causes it; how HIV infection occurs; who can get it; and what safer sex is. It also emphasizes that the above topics only take care of the sex part — one must also keep one's body in top shape to keep one's immune system strong, "eat right, get plenty of rest, exercise and avoid alcohol and drugs, including cigarettes! Don't get stressed out or spend time worrying about getting sick. A positive mental attitude is worth a pharmacy full of medicine." Also, testing is discussed and what to do if you know someone with AIDS — "The most important thing you can do for a person with AIDS is to be a friend. Treat him or her exactly as you would want to be treated under the same circumstances." Useful are the hotline numbers given throughout the text for the specific information noted. The booklet is dedicated to the memory of Joseph M. Leonte III, Coordinator of Publications 1986-1988. *Gay Men's Health Crisis, Inc., 129 West 20th Street, New York, NY 10011, 212/807-7517. Prices: all pamphlets are \$.30 each, with a 15% discount on \$200 or more.*

Pamphlets from **Network Publications/ETR Associates** (1988, 3<sup>3</sup>/<sub>4</sub>x8<sup>1</sup>/<sub>2</sub>): **AIDS: Am I at Risk, A Checklist for Modern**

**Lovers**, text and drawings by Eric Berg explain how to talk to one's partner about AIDS "even if it seems embarrassing." Although the "modern" cartoon characters appear not too intelligent and some phrases seem a little cute, the overall pamphlet is concise and the checklist of questions, to ask to see whether one is at risk and the checklist of "do's" and "don'ts" for "modern lovers," are to the point and useful. **WHAT YOU SHOULD KNOW ABOUT THE AIDS ANTIBODY TEST**, written by Lucas Strang, explains what the test is; how it works; what negative and positive test results mean; whether they are always right; who does the testing; whether the results are confidential and how to assure that they will be; counseling; the advantages and disadvantages of taking the test; and who should consider having a test done. Overall, the pamphlet offers clearly presented, useful information and a well-considered explanation of the ELISA test, which is designed to be followed, after a second retesting, by the Western Blot or IFA in order to obtain accurate results. *Network Publications, PO Box 1830, Santa Cruz, CA 95061-1830, 408/438-4080. Prices: 50/\$14; 200/\$48; 500/\$100; 1000/\$170, plus 15% p/h.*

## Prevention Programs for Youth

**SMART MOVES** (1988, *A Program Kit from Boys Clubs of America, with loose-leaf binders and additional materials*). "Fact: By 12th grade, 80% of all young people in the nation are periodic drinkers. Fact: Almost two-thirds of high school seniors have tried illicit drugs. Fact: By age 17, 57% of all teenagers have had sexual intercourse, and this year more than one million teenagers will become pregnant." To address these issues, Boys Clubs of America developed and tested a comprehensive new program for the prevention of drug and alcohol use, and early sexual activity. Aimed at youth, 10 to 15 years old, *Smart Moves* uses a team approach, which involves staff, members, parents, and the community, in teaching young people to master the skills that are needed to identify and resist peer, media, and social pressures. The kit includes:

**A Guide for SMART Operators** (41 pp.), which provides an overview of the program and describes prevention strategies.

**Start Smart** (102 pp.), a 10-session, skills-based curriculum for 10 to 12 year olds in which group members acquire accurate information; talk about peer pressure and media influences; practice role-playing; and focus on resistance skill training.

**Stay Smart** (127 pp.), a 12-session, skills-based curriculum for 13 to 15 year olds to help them develop social skills for dealing effectively with issues of assertiveness, decision-making, coping with stress, and life planning.

**Keep Smart** (78 pp.), a 4-session curriculum to help parents understand the realities of peer and social pressure, to provide up-to-date information, and to improve communication with their children.

**Be Smart** (90 pp.), an inservice training guide for staff, volunteers, and prevention teams.

**Smart Ideas** (32 pp.), a manual of special events designed to increase community awareness and to foster support for the program. Includes posters, a brochure, program logo "repro sheets," and a promotional videotape.

**Smart Moves National Prevention Program**, Boys Clubs of America, 771 First Avenue, New York, NY 10017, 212/351-5900. Price: \$150 complete, \$50 without videotape, plus \$5 p/h.

**WILL POWER, WON'T POWER: A SEXUALITY EDUCATION PROGRAM FOR GIRLS AGES 12-14.** This program focuses on primary prevention of adolescent pregnancy; offers age-appropriate curricula and activities for girls and young women throughout pre-, early-, and middle-adolescence (ages 9 to 18); and takes a comprehensive approach to helping girls acquire the motivation, information, and skills for avoiding pregnancy during their teen years. **Will Power, Won't Power** (80 pp., \$35) is an activity-based program that provides a resource that young girls themselves have identified as a necessary condition for effective pregnancy prevention — "the ability to say and mean 'no' while remaining popular with both sexes." This 3-year, field-tested, 7-session program includes an introduction; addresses basic assertiveness, identifying pressures, looking at values, the case for abstinence, resisting sexual pressure, and a sister-support system; and then discusses putting it all together. **Grow-**

**ing Together** (86 pp., \$35) has been developed to assist parents of young adolescents in accepting their children's sexuality and to help them communicate sexual information and values in an effective and comfortable manner. This structured, 4-session program includes an orientation for parents; puberty pointers; a discussion of values, stereotypes, and messages about sexuality; and suggestions for initiating conversations and developing communication techniques. *Girls Clubs of America National Resource Center; 441 West Michigan Street, Indianapolis, IN 46202, 317/634-7546. Presently the program is being distributed only within Girls Clubs of America, but they hope to make it available soon to the general public. Call for availability and pricing information.*

### Special Needs

**A WORKBOOK FOR PASTORAL CARE OF INDIVIDUALS AND FAMILIES WITH SPECIAL NEEDS** (September 1988, 113 pp., 6x9 paperback book) compiled and edited by Robert C. Baumiller, SJ, PhD, for the National Center for Education in Maternal and Child Health. "As a geneticist and a priest, I often have to inform parents that their newborn child has or is suspected of having a serious birth defect... There is no easy way to bear such news and no set formulas... This reality cannot be altered, but it can be made more bearable if we only recognize the need for special services and prayers for both those who are born and die from their birth defects and for those who survive. There is the need for special facilities of worship for disabled and handicapped persons. It is in this context that I believe that the clergy have a unique role and mission to fulfill: to begin the process of healing following a miscarriage, a stillbirth or death of a newborn child, by offering special prayers and services at important moments; by providing improved access to church worship for those with impaired mobility, or hearing and sight handicaps; and where appropriate, mobilizing the community to assist families and individuals; and finally, by offering informed counseling to individuals and families confronted with complex decisions about future care and future childbearing in our highly technological society. The purpose of this workbook, therefore, is to assist the pastoral counselor in providing pastoral care to those with special needs. The prayers, services, and articles in this workbook will assist them in their difficult task and present some of the challenging ethical considerations involved in counseling." *Single copies are available at no cost from*

*the National Maternal Child Health Clearinghouse, 38th and R Streets, NW, Washington, DC 20057, 202/625-8400.*

### Women's Health Care

**AN ABNORMAL PAP: WHAT NOW?** (1989, 3<sup>3</sup>/<sub>8</sub> x 8<sup>1</sup>/<sub>2</sub> foldover pamphlet). Provides the facts one needs to answer some of the questions which arise when one has an abnormal Pap Test result. Describes what is detected with a Pap Test (infections and abnormal cell changes); what might need to be done next (a colposcopy and biopsy); how long they may take and how they feel (which may help to alleviate some anxiety); and explains what might be necessary if abnormal cells are found (cryosurgery, laser treatment, or cone biopsy). They emphasize that "many women fear that an abnormal Pap Test means they have cancer of the cervix. This is not always or even usually true. Your Pap Test picks up problems early so they can be treated before they become cancer." *Family Planning Council of Southeastern Pennsylvania, 260 South Broad Street, Philadelphia, PA 19102, 215/985-2600. Price: \$.20 each; 501+/\$.15 each, plus 15% p/h.*

## 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**

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