

Speaking Out About Sexual Norms and Values: Part I

THE TRANSITION FROM THE OLD NORM TO THE NEW

Sexual Values for the 1990s

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With our former restrictive, strictly procreative, sexual norms eroded, controls on sexual intercourse are currently severely weakened. Not yet having consistent guidelines on how to handle sexuality responsibly, we remain tenaciously tied to the old morality or norm that "sex" equals sexual intercourse only. This article suggests that we should broaden our views and focus on pleasuring with or without intercourse as a path to caring, respectful behavior between genders.

When people hear others saying that they are "having sex," that they are "sexually active," "sexually involved," in a "sexual relationship," or are "intimate" with someone, they simply assume that it means they are having sexual intercourse. When they consider male homosexual couples, they take it for granted that there is anal penetration, as it represents for many the equivalent of heterosexual intercourse. Yet, it has been found that anal intercourse is the least common mode of expression between gay men.¹ With reference to lesbians, the feeling is, of course, that they would have to use dildos or vibrators in order to "really" be satisfied. We live in a heterosexist, phallus-focused society.

Last year, an NBC special about HIV/AIDS was entitled "Scared Sexless." The implication was, that since sexual intercourse is a risk in the transmission of HIV, we must entirely give up our sexual lives to avoid becoming infected with the virus.

Moreover, reports abound in geriatric literature about aging males who, when the normal phenomenon occurs of occasional difficulty in achieving erections, worry themselves into secondary impotence,² and whose wives, as Dr. Ruth quips, start thinking that their

husbands "gave at the office." In order to understand our culture's preoccupation with sexual intercourse, it may be useful to take a brief look at our puritanical heritage which has been steeped in the view that procreation is the only legitimate reason for sexual activities.

Our society, in fact, has been characterized as a sexually restrictive one by anthropologists, restrictive meaning one in which adults attempt to deny children any form of sexual expression — a public conspiracy against the acquisition of any sexual knowledge by children.³ We may no longer be as restrictive but, as will be addressed later, we do not yet have a new identity. After examining the history of sexuality in our culture, I have concluded that our norm has been one of denial:^{4,5} a great deal of energy has been invested in hiding the fact that Americans are sexual beings.

AN HISTORICAL PERSPECTIVE

The Old Norm: Denial

The norm of denial, which operated quite successfully before World War II, and in many respects still lingers, can be summarized simply as: **SEX IS BAD**, except in marriage, and then you should not enjoy it too much, especially if you are a woman, **BUT PARENTHOOD IS GOOD**. There are three basic premises that underly this norm:

1. Sex = intercourse *only*.
2. Children and older people are asexual. Because they are not reproductive, their sexuality is particularly denied. Therefore, whenever evidence emerges of any sexual inclination, strong sanctions are imposed.

3. Sexual thoughts, emotions, and fantasies are equally as evil as sexual deeds. One is exhorted to think pure thoughts — to sublimate. Cold showers, reading extensively, sports, and needlework are considered good ways to counteract sexual urges.

In our American sex-for-reproduction, matrimony-linked norm, sexual intercourse is the commodity traded for marriage.

Stereotypically, the concept of sexual intercourse for women is manifested in the commonly accepted *madonna-whore complex*, which suggests that men prefer to sleep with whores but marry madonnas. Women who dare to cross the boundary from madonna to whore risk permanent damage to their reputations. Thus women are exhorted to be "good girls," which means being pure (preserving their virginity) and demure (feminine or submissive). They may act flirtatious and enticing, but they must "withhold sex" until they are married. What is the reward for doing this? They earn the security of marriage. Women promise sexual intercourse to get "love" — and love means that they and their children will be cared for financially.

It is considered unimportant for women to be sexually satisfied, since the pleasuring aspects of sexuality are considered deviant (prolonged sexual play, oral and anal sex, and mutual masturbation, for example) and women are not supposed to enjoy *any* of them — exploratory or otherwise. The acceptance of just straight penetration is what is expected. Women therefore have no expectations of satisfaction in regard to their sexuality, and it is highly suspect for them to admit to sexual desires or to a desire for pleasuring. In essence, women belong to men and are dependent upon their good will and productivity. (This is an attitude that made sense, to some, in an era in which women were not encouraged to develop themselves intellectually or professionally, and were socialized to submerge their identities in the service of their husbands' identities.)

Men are the wooers and pursuers. They are the ones who, after "sowing their wild oats," use sweet words, candy, flowers, and promises of protection (love), when ready to "settle down" in order to entice women to be their wives. In other words, they pledge "love" to "get sex." Model married males work hard, are successful, and are good providers. When men marry, they obtain steady relationships designed to produce children who will carry on their names, loyal, obedient wives who will take care of the whole family, and built-in housekeepers and social arrangers. They expect, and feel they deserve, to have all of their creature needs met. Since marriage is, for the most part, "till death do us part" — and is exclusive for women — they also can stop the wooing after the ceremony. Moreover, they feel that they can also ask for, and in fact demand, sexual intercourse whenever *they* desire it — they *deserve* to be sexually satisfied, at their convenience.

There is no concern about sexual performance, because women do not have to be sexually satisfied. Since sex equals intercourse only, there is also no worry about the wives' enjoyment, and thus there is no reason to make any efforts to improve sexual techniques. Moreover, if they should slacken in their desire or experience

erectile failure, it can be blamed on their wives' "frigidity." Despite their complaints, however, they not only expect inhibition in their wives, but prize it as a sign of purity. This yields another advantage for men: virgins are not able to make comparisons.

Also, because men *deserve* to be sexually satisfied at all times, they have the license to seek satisfaction outside of their marriages. Massage, oral and anal sex, and mutual masturbation may be sought from "bad" or "loose" women, as one would not expect such unseemly activities from one's "pure" wife. Moreover, under the old norm, the phenomenon of sexual dysfunction is, in general, not recognized.

Financial success means power, so males who are financially successful also have power that can easily be abused. If a woman or a child becomes the object of abuse, they have, in most cases, little recourse, as they are the property of men and totally dependent upon them.

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Even today, while there is an increase in pre- and extramarital sexual activities — and far more discussion about it — actual activity is still mainly confined to sexual intercourse. Although certain pleasuring techniques are part of sexual exploration, they still frequently occur under a veil of secrecy and, sometimes, are accompanied by snickering and embarrassment.

The Impact of Social Change

The above stark, stereotypical norm, although its narrow depictions may appear extreme, was generally functional (recognizing that there are always people for whom generalized norms do not fit) until World War II. Almost all institutions and authorities — e.g., parents, churches, schools, and peers — reinforced it. However, after World War II, with rapid, unprecedented social change taking place, the power of such authorities began to wane. This phenomenon is not difficult to understand when it is examined according to Maslow's "Hierarchy of Needs Theory."⁶ When a society is operating at the lowest levels of needs — i.e., of survival and security (which is where ours was prior to World War II) — the greatest effort is expended in simply making a living and keeping hearth and home together. At such times, group cooperation tends to be high and rules and regulations are generally adhered to. When, however, lower-level needs are met — when food, clothing, shelter, and a sense of belonging are present on a satisfactory level — attention can then be given to what individuals need for themselves, that which will fulfill their ego needs.

Our country expended a herculean effort to develop a technology that would win the war and, having succeeded, began to apply this technology to peacetime endeavors. A large middle class was created that enjoyed a level of affluence never seen before in America, and the United States was propelled into an era of unparalleled prosperity. The postwar, baby-boom generation had their basic needs more adequately met than any generation before, and they had the privilege of being reared to address their ego needs directly. As they grew up, what began to emerge was thus the "me" generation — vigorously declaring, "I'm gonna do my own thing!" The ultimate goal — the top of Maslow's hierarchy of needs — was self-actualization. And, in the thrust to reach this, an exhilarating atmosphere of freedom and choice was launched.

Rejection of the Old Norm

In reaching for self-actualization — the quest to be everything one is capable of being — one had to explore new values and risk new adventures. Inevitably, the old norms began to be rejected as too limited and too restrictive — and with this, the power of authority began to erode. Not unexpectedly, the sexual norm was one of the first to be rejected, since sexual drives are strong and are difficult to control even under the strictest conditions. In the climate of "doing your own thing," and in rebellion against delayed sexual gratification, controls were virtually abandoned. With everyone feeling free to taste the new freedoms, the old sexual norm was severely weakened. However, even though *behaviors* changed rapidly, the old, deeply ingrained,

erotophobic *attitudes* lingered. Sex still equalled intercourse only, was still accompanied by shame, guilt, and embarrassment, and with no knowledge of, or training in, how to handle it, unwanted pregnancy and sexually transmitted disease (STD) rates started to climb among youth until they reached an endemic level.

The new sense of choice and exploration affected not only youth, but gave impetus to the civil rights movement, the gay rights movement, and the women's movement. The development of the pill, although not always used effectively because of persistent shame and guilt, provided more "permission" for sexual exploration. As time went on, sexual intercourse was no longer a commodity to be traded for marriage, and so the question arose as to what, indeed, should be the basis of a long-term relationship. If males could sleep with the "good" girls, then why get married? Even though women were becoming more economically independent, they were sexually finding themselves caught between the old traditions and the new freedoms. They wanted choices, independence, and self-development, but they also wanted to legitimize themselves as wives and mothers. Once married, however, they no longer wanted to be "owned," and the rates for divorce and single-mother families began to rise precipitously.

Such phenomena stubbornly remain today. Moreover, the paralyzing fear of HIV/AIDS has been added, which further complicates the picture with issues of "promiscuity," with worries about dating bisexuals, and with concerns about educating children in a time of great change and confusion, et cetera. The changes have been so rapid in fact that there has barely been time to stop and consider the educational efforts needed to handle them.

We have now, at the beginning of this new decade, an even greater acceleration of the "fast lane" on which we embarked some 40 years ago. It is, therefore, no wonder that this is an era of enormous confusion. The old norm obviously no longer works, and the problem is that we have not constructed a new one to take its place. In an effort to cope with the problems, the resulting confusion has led to blaming, fear, and movements to restrict freedoms.

Are We Really Sexually Permissive?

This era may be defined as one of transition in which there are two moralities existing uneasily side by side: one which encourages more sexual freedom; and the other which is characterized by considerable discomfort with being sexual. To call our society today "sexually permissive" (which many tend to do) may thus be a distinct misnomer.

Truly permissive cultures, as identified by anthropologists, have an accepted *norm* of permissiveness (which includes rules and regulations). Our culture, however, is presently without a clearly identifiable sexual norm. While our relatively recent tendency to explore *appears* to be permissive, we are still governed by restrictive attitudes. Consequently, teenagers, for example, do not accept themselves as sexual beings and so do not plan for intercourse — this would be akin to "planning for sin." In addition, our lingering (albeit largely subconscious) sex-for-procreation attitudes continue to devalue other forms

of sexual behaviors. Pleasuring is still suspect! Therefore, engaging in alternatives to sexual intercourse, simply for pleasuring per se, is still thought of only as preliminary foreplay to the "real thing."

This explains a phenomenon that the author has experienced over the years. I often have had the good fortune of being able to address teenage audiences. When I tell my academic colleagues that I will be talking to a group of young people on the subject of sexuality, someone invariably responds, "What do you have to tell them anything for, they already know everything." However, many professionals who work in this field find this response puzzling, since they find that students, and others, are knee-deep in sexual ignorance.

This comment, nonetheless, does address the tenacious persistence of the premise that sex equals intercourse only. It exemplifies the assumption that if young people are "doing it," they must "know everything" already! One impatient father, in a workshop, declared, "What's to know?", implying that sexual intercourse is a simple act — "in and out." Another wonderfully humorous person, emphasizing this point, said, "Boy, in those days it would have been real easy to write a sex manual. It would have needed only two sentences: Thrust in and out. Repeat if necessary."

There is a vocal minority of extremists who have been pressuring for a return to the old norm of sexual ignorance and repression. They maintain that teenagers' "loose" behavior in this country is due to sexuality education. The author's response to this assertion is, "What sexuality education?" A national survey of sexuality education curricula in the U.S. showed that only 10% of today's youth are receiving *comprehensive* sexuality education in the schools.⁷ Most of what passes for sexuality education consists of reproductive anatomy, with some physiology thrown in, and many so-called "courses" are limited to a lecture of an hour or two.⁸

While one can certainly sympathize with the opposition groups' alarm over the many problems that revolve around sexuality, and with the need to introduce some controls, it is both unrealistic and even potentially dangerous to a democracy to advocate the restriction of knowledge and to omit any discussion about healthy sexuality. Freedoms, once gained, are not easily relinquished. Despite the inevitable pain that accompanies rapid change, many would be extremely reluctant to give up the positive gains, such as greater women's rights, the increased potential for emotional expression by men, and more freedom of choice in lifestyles and jobs.

The challenge may be to maintain the freedoms gained and, at the same time, attack the existing problems. Possibly, then, the first step is to conceptualize the goal to work toward, and then to devise the means for implementing it.

THE PROPOSED NEW NORM

At present, with the continuing high incidence of teenage pregnancy, rising numbers of STDs, school dropouts, unhappy young single parents, a high di-

voice rate, and the specter of HIV/AIDS, it is no longer acceptable to tolerate society's ambivalence about sexuality. In order to deal with the gravity of the problems, we must move beyond the considerations of a small community's sensitivities only, to a broader perspective that addresses the greater good of the entire population, as we are dealing with public health issues that call for concerted efforts.

It is now imperative that we work toward a new sexual norm — one that is no longer one of denial, but one that acknowledges that human beings are sexual beings. This requires our moving from sexually negative attitudes to those that are sexually positive, which could be a struggle because of the deeply ingrained messages we carry around from the old norm that cause us discomfort, embarrassment, and even pain. If, however, we can accept the premise that knowledge is not harmful, it could become a challenge to wrestle with the expected value conflicts that inevitably will arise. What might be learned could be exciting and could open up new areas of knowledge — and it definitely would not be boring! It is now popular among students, and teachers too, to declare, "Just say know!"

Conceptualizing the New Norm

The new norm that I suggest may be conceptualized as follows: **SEXUALITY IS GOOD. UNWANTED PARENTHOOD IS BAD.** It should be noted that the word "sex" has now been replaced by the expanded word, "sexuality." The old word, sex, which was restricted mainly to sex equals intercourse only, has been expanded to include all aspects of sexuality, including diverse sexual techniques. Also, in saying that sexuality is good, a climate of acknowledgement, rather than denial, is created. Our sexuality is an inextricable part of our identity. If we learn to celebrate it as something beautiful, pleasurable, and treasured, rather than as something dirty and shameful, we will not allow it to be harmed or used; rather, we will be positively disposed and motivated toward protecting such a wonderful gift.

The second half of the norm, which states that unwanted parenthood is bad does *not* say unwanted *pregnancy* is bad; often an unintended pregnancy can be resolved positively. However, the psychological damage wrought to both parents and children from unwanted parenthood is profound.⁹

There are three major premises encompassed by the proposed new norm:

1. Sexuality is far more than sexual intercourse.
2. Children and older people are sexual.
3. Thoughts, feelings, and fantasies normally occur.
Our focus should be on the *behaviors* that must be monitored, disciplined, or changed.

Premise #1: Sexuality Is Far More Than Sexual Intercourse

Human beings are undifferentiatedly lustful creatures who are susceptible to a multiplicity of sexual stimuli and pleasuring. Throughout history and across cultures, they have engaged in, among other diverse activities, touching and massage, solo and mutual masturbation,

and oral and anal sex. Such activities have often been enhanced by the use of dildos and vibrators, and have been exchanged between same or opposite gender partners. Furthermore, they have engaged in sexual activities in all types of places (e.g., indoors or outdoors, and in cars, telephone booths, bathrooms, etc.), and for various cultural, political, and social reasons.¹⁰ The act of sexual intercourse is only one small part of a smorgasbord of sexual activities, and, in fact, has the potential of becoming a health hazard. Also, the act itself is highly overrated in terms of sustained pleasure.^{11,12}

When I suggest to young audiences that intercourse may be a health hazard, sounds of derision sweep across the room. It is clear that they are girding themselves for another "preachy" lecture on how to say "no." With probing, however, I have elicited from the audience a number of sexual health problems revolving around sexual intercourse that they have become aware of through their own and/or their peer's experiences, and from abundant evidence in the media.

Responding to such evidence, a young 14-year-old female in one of these groups, who had already been sexually involved with two males, stood up defiantly and declared: "Oh yeah, if you're so smart, what do you do if you get hot?" A friend, sitting next to her chimed in, baitingly, "and juicy." The author congratulated them on acknowledging their sexuality and for asking what to do when they become aroused. Asking what to do is the first step toward taking responsibility for one's actions. This may not have been their motive in asking the question, but by affirming their questions, the two became more amenable to listening to the information that followed.

How useful it might be to young adolescents, who are puzzled, excited, and worried about their burgeoning sexual feelings, if we could directly address such questions as "What Do You Do If You Get Hot?" Of the hundreds of written questions collected by the author from teenagers over the years, the overwhelming majority revolve around sexual urges and relationships, and what to do about them. For example, they ask: "How much masturbation is normal?" "How do I know if I am really in love?" "Is it harmful to have oral sex?" "At what age is it okay to have sex?" "When is the safe time?" "Will I lose him if I say 'no'?" "How come boys want sex more than girls?" Amazingly, not one question is ever asked about the fallopian tubes, epididymis, or the vas deferens.

When young people are asked why they have sexual intercourse, most male responses revolve around "it feels good" and most female responses revolve around "love." Moreover, when the author reveals that it is possibly not intercourse that brings the greatest pleasure, that many females do not have orgasms, and that males often have their biggest orgasms when talking about them in the locker room with their buddies,¹³ the audience always expresses recognition with great roars of laughter. Males, of course, do derive pleasure from ejaculation, but *that* can be accomplished through masturbation; the real pleasure comes when *both* partners in a relationship have orgasms. Many males at some level are aware of this, as they frequently ask, "How do I get

my girlfriend to have an orgasm?" In response to why they have sexual intercourse, females frequently say, "for love," because, although they may not always enjoy sexual intercourse, they do enjoy the closeness and the status of having a "boyfriend." The author has heard many adolescent females tell each other: "Get *it* over with — that's what guys want."

Yet, despite the fact that the act of sexual intercourse may be an overrated focal point, and that it can be hazardous to one's health, the reality is that the expectation in a dating relationship is not *whether* to have sexual intercourse, but *when*. About 50% of young people engage in sexual intercourse before they leave high school.¹⁴

If we acknowledge the sexuality of adolescents, we will get their attention. But, do we have the courage to acknowledge that teenagers become sexually aroused and enjoy different aspects of their sexuality, and to help them, at the same time, avoid the risks of unprotected intercourse? Such an approach has made a difference in other industrialized nations of the world where the teenage pregnancy rate is one-half or less than ours. As the Alan Guttmacher Institute has discovered, those countries are trying to wipe out teenage pregnancy, whereas in our country we are trying to wipe out teenage sexual behavior.¹⁵

With current statistics as they are in this country, to tell a sexually healthy teenager to say "no" may be equivalent — as a person in one of my groups said — to telling a depressive psychotic to "have a nice day." When we talk about saying "no," or about "abstinence," we imply that it is best to bite the bullet and avoid any sexual interaction that will be arousing, lest it *inevitably* lead to sexual intercourse. In fact, there now exists a National Chastity Association which has guidelines that include refraining from handholding during courtship.¹⁶ The group's overall recommendations may plunge those who participate back into the old norm of denial.

When we hear, "Just say no," we need to ask, "Just say no to what?" Can we say "no" to intercourse but "yes" to some of the pleasuring activities, *even to orgasm?* For many, this is difficult to entertain, because pleasuring activities were considered deviant under the old norm and they somehow seem much "dirtier" than sexual intercourse only. However, it may be far better to teach about a wide range of pleasuring activities than to incur the higher risks that are involved in just sexual intercourse.

The Principles of Being a Great Lover

Therapists across the country have learned from Masters' and Johnson's work — and from their own work — that teaching people about pleasuring and postponing intercourse may provide them with a basis for becoming "great lovers." The author has discovered that, no matter what titles she gives her talks (even if they have the word, "sex" in them), it is mainly females who attend, perhaps with a few loudly protesting boyfriends in tow. *Many* males will show up, however, if the talk is titled, "How to Be a Great Lover." Why? Usually they are expecting a description of explicit techniques that can be used to enhance their sexual machismo. What I emphasize, however, are the *principles* of being a great lover, not specific techniques.

The principles of being a great lover are based on slowing down and getting in touch with one's *sensuality*, i.e., what "turns you on" and what "turns your partner on." First, exploration is carried on with no genital touching permitted; then, when the genitals are included, sexual intercourse is forbidden. Great orgasms can be achieved when partners concentrate just on bringing pleasure to each other, without an "agenda" of sexual intercourse. Most importantly, however, great rewards occur in regard to intimacy when partners learn gradually how to communicate what their sexual preferences are, both nonverbally and verbally, with one another. The willingness to slow down and do this may be characteristic of a person who can give to another in a truly loving way beyond just sexual expression.

An interesting insight that the author has derived, since introducing the "great lover" concept, is that some skepticism and resistance seems to stem from a deep reluctance to deposit or experience semen on the outside of the body. This may come from our culture's persistent reproductive imperative, but in the author's experience it is also strongly associated with an aversion to *any* of the body's by-products. Semen is considered by many to be "yucky and sticky" and equivalent to other "dirty" bodily excretions, like urine and feces.

Testimony to this attitude comes from two anecdotal sources. One is the experience of an older physician who directs an adolescent clinic of a county health department.¹⁷ Knowing that most teenage pregnancies occur in the first six months of sexual activity, and that seeking contraception typically is delayed from 9 to 12 months after sexual intercourse has been initiated, the doctor became curious about the young clients who were coming to his clinic for contraception and who, although they had been in a sexual relationship for nine or more months, were not yet pregnant. What method were they using, and how had they used it? Instead of merely relying on quickly written responses to the questions on the methods used, he interviewed each of his young clients in greater depth. There was a great deal of reticence in discussing the subject, but eventually he discovered that a substantial number were using withdrawal, despite the conventional knowledge that it is a less than perfect method of contraception. "Well, he pulls out," is what they whispered. "Where does he come?" asked the doctor, and with much embarrassment and discomfort, they would hesitatingly say, on their bellies or lower thighs. Only because they liked and trusted the doctor were they willing to disclose such "pornographic" behavior (semen is generally not shown in explicit sexual media as it is considered pornographic) — one does not talk about that!

This inordinate embarrassment about ejaculating outside an acceptable orifice was also revealed recently during a number of the author's talks in college dorms. Some of the young female students in the audience would linger patiently until everyone departed, and then, with much giggling and nervousness, would start a facsimile of the following conversation:

"I am so glad you talked about alternatives to intercourse! My boyfriend and I are religious and so we have decided to wait until we are married. But, *don't tell*

anyone — we are doing a lot of the things that you mentioned, and (whispering) we use a heavy towel for the semen." (The implication of "don't tell anyone" is that the "other things" are perceived as so much more deviant than sexual intercourse).

"Are you enjoying it?"

"Oh, wow! We have fabulous orgasms."

"Great! You are on your way to becoming great lovers."

"Yes, but we are sort of worried because if we are enjoying the other stuff so much, maybe it will prevent us from enjoying the act of intercourse after we are married?" (Again, the entire focus is on the legitimacy of sexual intercourse only.)

"What difference does it make *how* you enjoy it, as long as you do? You can incorporate these discoveries into a sexual intercourse-related interaction or not. The idea is to have choices, to enhance enjoyment, to communicate, and to increase intimacy."

It is gratifying to see the happiness in the faces of these individuals when alternatives are legitimized!

The ability to appreciate one's sexuality must include recognition of the function and beauty of body fluids, instead of the disgust with which they are presently viewed. Such an example as the above represents the changes that must take place in our perceptions before we will be able to view sexuality as healthy, and body fluids as beautiful and nonoffensive.

The CAR Principle

While further developing the concept of being a great lover, what I have called the **CAR Principle** (caring, attentiveness, and respect) has emerged. This principle, which seems to have a great deal of appeal among young people, has three characteristics:

1. **(C)aring.** Caring people are those who do not take their sexuality lightly but value it enough to take pride in it and avoid harm to themselves and to others.
2. **(A)ttentiveness.** Attentiveness means being interested in and paying close attention to what gives *you and your partner* pleasure, and discussing who both of you are as unique individuals.
3. **(R)espect.** Having respect for yourself and your partner means not doing anything against your wishes and theirs — and not forcing anyone to do anything.

Young people need to be trained in assessing their CAR potential so that they can address the double standard of males who want to "score" and females who feel compelled to submit so as not to "lose him." It is important for young females to know, for example, that although there are responsible young men, a great majority of the males who impregnate females will leave them within a few years, married or not.¹⁸ It is also crucial that males learn that scoring is "stealing"¹⁹ unless three conditions are present:

1. Time is taken to get to know one another so that each can find out if and when *both* are ready to be sexually intimate.

2. They know how to protect themselves against unintended pregnancy and STDs.
3. They are knowledgeable enough to ensure enjoyment for *both* partners.

If the CAR Principle were incorporated into the education of young people from an early age, for example, we might begin to see significant changes in attitudes about sexuality, relationships, and love.

Condoms

Consistent with the CAR Principle, if young people are not willing to consider alternatives to sexual intercourse, then they are morally obligated to use condoms. Here, we must be explicit in our teaching, because it is wrong to assume that young people know how to use condoms, how to get them, and why they are necessary. For example, they need to know about leaving one-half inch on the end (a sketch of an erect penis with a condom on it is very helpful, as is such a demonstration on an anatomically correct model), and the importance of holding on to the condom when withdrawing the penis.

When relevant, the author has suggested incorporating the condom into sexual playing. For instance, many young males enjoy having their partners put the condom on for them. Young females, who often say they are not sure they want to "touch that thing," would benefit, along with the males, from having condoms passed around the room so they can touch and feel them. For some females, this exclamation also means that they are reluctant to touch the penis. Part of their education, therefore, ought to be about the wonder and beauty of an erection!

Premise #2: Children and Older People Are Sexual

The second premise of the new proposed norm contends that children and older people are sexual. The author, and others, have been saying for years: "We are sexual from the cradle to the grave." Recent evidence, however, from observing erections in male fetuses, indicates that the sexual response system is apparent as early as 29 weeks gestation.²⁰ This knowledge has prompted the enlargement of that assertion to: "We are sexual from the womb to the tomb." At a recent conference, a participant suggested a version of this with more of a male orientation: "We are sexual from the sperm to the worm." We do not suddenly become sexual at adolescence — we become reproductive only. Children are as naturally curious and exploratory about sexuality as they are about everything else, and this can continue through life. It is known that older people who have enjoyed sexuality in their younger years will continue to do so later on.²¹ However, the concept of removing the focus from intercourse can be extremely useful as we move into our later years. With normal decline, there is often a lack of erection in males, failure to lubricate in females (which may result in painful penetration), and it may take longer to reach orgasm. Concentrating on other means of receiving and giving sex-

ual pleasure offers opportunities for all of us to enjoy our sexuality at any and all times throughout our entire lifespans. Moreover, for those without partners, legitimizing masturbation would also be wonderfully helpful.

Premise #3: All Thoughts, Feelings, and Fantasies are Normal — It is the Behaviors That Need Monitoring, Discipline, and Control

As human beings, we are capable of all kinds of feelings, thoughts, and fantasies, from the vengeful to the loving, from the jealous to the empathetic, and from the murderous to the sympathetic — all are human. What we need to address, here, are not the thoughts or emotions, but the behaviors elicited that need to be monitored, disciplined, and/or controlled. We *think* and *feel* whatever we like, but we may not *do* everything we like. Learning which feelings, thoughts, and fantasies are appropriate to translate into behaviors is the primary task of becoming an adult. That is what sexuality education should be about: learning about how to live together, respectfully, with other human beings; how to understand our thoughts, feelings, and fantasies; and how to make informed choices about which behaviors are appropriate and which are not. The principle around which this question should revolve is that of nonexploitation — what it means and how we must apply it in everyday living. This is the essence of morality!

Applications for the New Norm

Parents and professionals constantly hear that they *should* be learning, teaching, advising, and counseling young people, patients, and their partners about sexuality. Yet, in this era of uncertainty, without adequate training, people are not comfortable with the subject, and are, therefore, unsure of what to do. For example, although there is ample evidence and information available that masturbation is normal, and that children are exploratory and curious, when parents actually see their children masturbating, checking other children's genitals, or asking blunt sexual questions in public, they panic. Nurses also tell many tales about their utter dismay and ineptitude with hospital patients who masturbate, deliberately expose themselves, or make sexual remarks and passes. The principle that should be explored in these situations is that it is okay to feel aroused and to think sexual thoughts, but behaviors need to be looked at from the standpoint of privacy and exploitation. For example, both children and patients need to be gently, but firmly, confronted and assured that their sexual feelings are good and that masturbation is normal, but that it is also a private behavior and should only be done in a private place. They need to learn that being an adult means to understand the impact of one's behaviors on others as well. In the case of the patients' acting-out behaviors, professionals need training in how to communicate with their clients about their sexual needs and the reasons for them, and they need to make it clear to their clients that discussing such needs is important and welcome. However, their clients also need to be taught that acting on their needs without another's consent is exploitation.

Children's natural curiosity about body parts can be nicely satisfied when siblings or close friends bathe together or if the parents feel comfortable with their own nudity in a child's presence. However, if, as often happens, the child is found inspecting the genitals of other children, they need to have their curiosity acknowledged and be told that it is normal. But they also need to consider other people's values, comfort, and discomfort (sometimes others, even adults, have reactions that differ from ours). They may derive benefit as well from books and anatomically correct dolls that can periodically teach them about body differences and the broader scope of human sexuality. They should know that there are trusted and reliable sources for satisfying their curiosity.

An alarming recent phenomenon is the increasing incidence of date and acquaintance rape in our society.²² It may be that this is an expression of subconscious anger by men, as women's quest for equality threatens their former position of power. It is the author's view that the old norm attitudes are still influencing some males to think they deserve to have sexual intercourse anytime they want it, and now that women are acknowledging their sexuality, the men cannot understand why women will not just "give it to them" on a date. They do not see women as persons with rights but only as "sex objects," who should not object, for any reason, to "going all the way."

Therefore, if a woman objects to having intercourse, the man sees himself as deprived and, especially under the influence of alcohol and other drugs, becomes angry and goes after what he thinks he justly deserves. There he is with a huge erection, and the female says, "No"! It is typical for him to feel disappointed, and even angry, when frustrated in his sexual quest, but the *adult* thing to do is to verbally communicate this and try to talk it out, and not force his date to have intercourse.

These men have not been schooled to see women as full human beings and, like the rest of us, as well, have not had training in what it means to be an adult (for example, which feelings are okay to act on and which are not). Men and women need to be told that no male ever died of an unresolved erection! It can go away by itself, can be resolved by masturbation (which is not yet seen as the perfectly healthy outlet that it is), or if they are in a caring relationship, by mutual masturbation.

CONCLUSION

The fear is sometimes expressed that if we consider sexuality as good, it is equivalent to saying, "If it feels good, do it." This is hardly what is being recommended under the new proposed norm. This norm is based on a view of morality far more encompassing than our former narrowly defined norm. It entails a close examination and an ongoing study of how to develop into healthy, whole human beings, sexually and otherwise, and how to become responsible adults in dealings with others. The exciting potential is that this could lead to greater equality. Basic differences and similarities may be appreciated and respected and, at the same time, by communicating more honestly and seeking *mutual*

pleasure, there may be more cooperation and less jealous competition. Admittedly, it is a long, uphill battle, but a more worthwhile undertaking is hard to imagine.

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SIECUS THANKS AMFAR...

The American Foundation for AIDS Research (AmFAR) has donated a portion of its library contents to the Mary S. Calderone Library. AmFAR collected these materials in order to produce *Learning AIDS: An Information Resources Directory*. The Mary S. Calderone Library now has more 150 HIV/AIDS books in its collection. AmFAR's gift will make it even more extensive. SIECUS would like to take this opportunity to thank AmFAR for its generosity in making this contribution.

"SEXUAL ETIQUETTE 101"

Robert A. Hatcher, MD, MPH

Professor of Obstetrics and Gynecology, Emory University School of Medicine, and Director, Emory University/Grady Memorial Hospital Family Planning Program

Catherine A. Sanderson, Stanford University '90

Katherine L. Smith, Georgia State University '90

Today's sexual world is dramatically different from that of the past. The changes that have occurred during the past 25 years — the sexual revolution, the development of the birth control pill, the legalization of abortion — have resulted in unprecedented sexual freedom. American youth are becoming sexually active with more partners at younger ages: 65% of 19 year olds engage in sexual intercourse.

This sexual freedom has brought about greater acceptance of our sexuality, but it also has created a need for increased responsibility. Recent patterns of sexual behavior on university campuses, for example, suggest that significant problems exist regarding students' consideration of these issues. It is possible that more responsible sexual decision-making may only occur through greater awareness of sexual etiquette, methods of contraception, and sexually transmitted diseases.

Guidelines, therefore, are clearly needed that take into account the fact that all students are sexual beings, that each has individual feelings about sexual intimacy, and that sexual intercourse often has serious consequences. Such guidelines can be effective tools in making responsible sexual decisions.

10 Guidelines of Sexual Etiquette

- 1. Never use force.** It is never appropriate to use force in sexual relationships. Regardless of whether you have previously agreed to have sex, are in a monogamous relationship, or are under the influence of alcohol or other drugs, force is not fun.
- 2. Respect the word "no."** At any point in a sexual relationship, either individual has the right to say "no" to physical contact. When a woman says "no," she does not mean "try harder so I can be swept away." When a man says "no," it is not an invitation to be seduced.
- 3. Avoid potentially difficult situations.** Taking necessary precautions can increase your safety. While attending a party, make sure you have a trusted friend to accompany you to and from the place. Be aware of your alcohol and other drug intake: it can impair your ability to effectively say "no," and reduce your inhibitions to the use of force.
- 4. Be prepared.** If there is a possibility that you will engage in sexual activity, carry a form of contraception. If you are not prepared, do not do it.
- 5. There is shared responsibility in a sexual relationship.** Contraception is a shared responsibility. The consequences of a sexual encounter, pregnancy, or sexually transmissible disease (STD) affect *both* partners.
- 6. Communicate openly about contraception.** Master the art of talking about contraceptives and your sexual history. Talking about these issues shows that you care about your partner's feelings and health. It is difficult, but actively asking questions about contraception, infection, and previous risk factors is essential to your sexual health.
- 7. Sexual privacy should be respected.** It is inappropriate to talk about specific sexual experiences with a third party. Respect for privacy need not, however, restrict communication about sexuality.
- 8. Be considerate of others.** Public expression of sexual intimacy may embarrass or offend other people. Sexual expression is an individual choice. Be sensitive to the feelings of others.
- 9. Sexual harassment is not a joke.** Sexual harassment is intrusive, thoughtless, insensitive, and a violation of personal privacy.
- 10. Most importantly, do unto others as you would have them do unto you.** Treat a sexual partner with the care and respect that you would expect in return.

The above has been excerpted and adapted from A Special Supplement for Contraceptive Technology Update Readers (September 1989) by the same authors. This page only of the SIECUS Report may be reproduced without obtaining permission from SIECUS, the authors, or Contraceptive Technology Update.

SHOULD WE DO IT THE SWEDISH WAY?

Debra W. Haffner, MPH

Imagine a world where:

School sexuality education is compulsory.

Contraceptives are readily available.

Abortion is free until the 18th week of pregnancy.

There is a law that states that "Cohabitation between people of the same sex is entirely acceptable from society's point of view."

Teenage births and sexually transmitted diseases among teens are rare.

Sound too good to be true? That world exists today in Sweden. I have just returned from a one-week study tour in Stockholm, as a guest of The Swedish Institute. While in Sweden, I had the opportunity to visit and meet with professionals at Riksförbundet för Sexuell Upplysning (RFSU), the Swedish Association for Sex Education; Manscentrum, a Crisis Center for Men; Noah's Ark, the Swedish Red Cross Foundation on AIDS; and the Lidingo Youth Health Clinic.

Over the course of the week, I was most impressed by the sense that in Sweden sexuality is truly accepted as a natural and healthy part of living. Young people have a right to their sexual feelings and to sexual education.

In a youth clinic, a government poster, which exemplifies this spirit, depicts a nude young man diving into a lake with a slogan saying, "Enjoy your body and its good feelings." A movie for teenagers, "Sex: A Manual for Young People," counsels, "You are the only one who knows what is good for you" and tells the viewers to "wait to become involved until you are ready"; yet, the film also discusses masturbation, oral sex, and homosexuality in a nonjudgmental manner. In one segment, a picture of a same gender couple is followed by the narrator saying, "the problem is not your love; it may be other people." In addition, Swedish government-funded booklets on contraception and sexually transmitted diseases feature loving illustrations. And, every teenager and young adult, who purchases a rail ticket for European travel, receives a little travel pouch that includes condoms, and a phrase booklet that tells them how to say, among other things, "I love you," "I want to sleep with you, I have condoms," and "a packet of condoms, please," in English, German, French, Spanish, Italian, and Greek.

The debate on teenage sexual behavior so prevalent in the U.S. does not seem to exist in Sweden. The legal age for both heterosexual and homosexual intercourse is 15; few teens are sexually involved before this age; most will have intercourse before they reach 20. Teenagers almost always use contraception when they do have intercourse. For example, when I asked a group of teenagers at a youth clinic, "When might you have intercourse without using contraception?" they were perplexed. One of them answered, "Why would we do that? That would be silly."

In general, we were told that parents do not believe they have the right to interfere with their children's right to sexuality education or sexual health services. Parents may not elect to take their children out of sexuality education classes, because the law states that all children have the right to this information. The government and service providers concentrate on helping young people avoid pregnancy and sexually transmitted diseases. We saw no attempt to control teens' sexual behaviors.

Sweden's liberal approach to sexuality, however, is not without its detractions. My colleagues on the study tour and I discussed our feelings that the progressive attitudes exemplified in the laws and policies did not appear to be manifested in the actual daily lives of the Swedish people. For example, despite expressed recognition and comfort about sexual orientation, a heterosexual assumption seemed to pervade many of the sites we visited. At one site, we were told that services were for heterosexual men only. Further, based on discussions with two psychologists at a men's center, it appears that intimate relationships between men and women in Sweden often parallel the situation in the United States, where divorce is common, sexual dysfunction is high, and misunderstandings about gender roles are still problematical. Also, as a parent I was uncomfortable with the lack of support for parental involvement. Parents appear to have little input into school programs and the state educates young people about values.

Swedish professionals explain that Sweden is a "monoculture," and that the values of the culture are to be accepted by its citizens. Several people spoke to us of the "refugee problem," and of their concern that immigrants quickly assimilate and accept Swedish values. There seems to be little tolerance for diversity outside of the monoculture's stated values.

While on tour, my colleagues and I had many late night discussions about lifestyles in Sweden and lifestyles in the United States. James Freeman, director of the HIV Prevention Program in Atlanta, Georgia, summarized the difference well: "It is a trade-off between liberty and sexuality. In America, we have great personal liberty with little economic or personal security. In Sweden, there is great security with limited liberty." And, although most of us happened to personally agree with many of the values expressed by the Swedish monoculture, we missed the sense of an understanding of the strengths of diverse cultures and values.

As Sylvia Hacker points out in the cover article, the U.S. has experienced dramatic changes in our cultural values about sexuality during the past 50 years and there is a compelling need to address our shifting ethics and values. In Sweden, there appears to be much more stability in this realm. Many of Sweden's progressive laws around sexuality were adopted 50 years ago, and the cultural consensus feels appealing. Yet, I would be most uncomfortable living in a monoculture. One of the true strengths of our culture is that we are able to determine our own values about intimate issues, that we can disagree on fundamental values and still live together, and that we have the right to educate our own children about our personal values. Also, we are increasingly aware of the need for sexuality education programs to be both culturally specific and sensitive.

Shortly after I returned from Sweden, I appeared on both the Phil Donahue and the Today shows, where I debated with opponents of sexuality education. I was struck by the thought that many of the opposition would like America to be a monoculture, although one with values very different from the Swedish culture. On the Donahue show, Dr. William Donohue, affiliated with the Heritage Foundation, suggested that we return to the 1950s when fear kept teenagers from pregnancy. On the Today Show, Dr. William Coulson stated that children should be taught moral absolutes and that education about decision-making may be harmful to children.

I think that most Americans would vehemently disagree. We want our children to learn about different cultures, to develop self-esteem and the ability to make good personal decisions. We want to provide an opportunity for young people to develop their own values and attitudes. The challenge then is moving to a society where sexuality is affirmed, tolerance for diversity is supported, and there is respect for a wide range of values.

SIECUS HAS A NEW HOME

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NATIONAL COALITION TO SUPPORT SEXUALITY EDUCATION FORMED

The Sex Information and Education Council of the United States (SIECUS) has announced the formation of the National Coalition to Support Sexuality Education. Twenty national organizations have joined together to assure that all children and youth receive comprehensive sexuality education by the year 2000. Other organizations are invited to join.

"We are very pleased that so many national organizations are committed to promoting sexuality education," said Executive Director Debra Haffner. "These organizations, through their members, have the capacity to provide sexuality education to more than 20 million of the nation's young people. These organizations represent physicians, teachers, school administrators, allied health care professionals, counselors, researchers, and child development specialists. Their involvement clearly indicates the broad support that exists to assure that all children and youth have the right to receive unbiased information about sexuality in order to make responsible sexual choices."

The coalition's goals are to advocate for sexuality education at the national and state level, to develop strategies for assuring local implementation of sexuality education initiatives and efforts, to counteract the efforts of those who would deny children this needed information, and to provide an opportunity for networking, resource sharing, and collaboration on a national level.

National Coalition to Support Sexuality Education Members

The Alan Guttmacher Institute
American Association of School Administrators
American Association of Sex Educators,
Counselors and Therapists
American Medical Association
American Social Health Association
Association for the Advancement of Health Education
Center for Population Options
The Coalition on Sexuality and Disability
The Children's Defense Fund
ETR Associates
Girls Incorporated
The Hetrick-Martin Institute, Inc.
Planned Parenthood Federation of America, Inc.
National Education Association Health
Information Network
National Family Planning & Reproductive
Health Association
National Organization on Adolescent
Pregnancy and Parenting
National Resource Center for Youth Services
Sex Information and Education Council of the U.S.
Society for Adolescent Medicine
Society for the Scientific Study of Sex

SEXUALITY IN MIDDLE AND LATER LIFE

A SIECUS Annotated Bibliography

Sexuality education is not just for children. People change physically and emotionally throughout life, and so does sexuality. SIECUS sees sexual learning as a process that continues as we meet new rewards and challenges at each stage of development.

Just a few decades ago, the common public myth was that sexuality fades with middle age. Many people, of course, knew better from their own experiences, but there was scant open recognition of sexuality in the second half of life, and people who had questions or problems could find little medical or psychological help.

Now the average life span has increased to roughly four score, and there has been an explosion of knowledge about sexuality in middle life (ages 40 to 60) and later life (after 60). We now know how robust sexuality is for many people through age 80 and beyond. Today health professionals are

able to offer information and treatment that can preserve and enhance sexuality, despite the impact of the aging process, and even despite illness and disability.

The following is a list of books and other resources for general readers, health professionals, and educators. Though not exhaustive, it provides an introduction to the most common sexual concerns of men and women over 40.

Although SIECUS does not sell or distribute any of the materials listed in this bibliography, they are available for use at SIECUS' Mary S. Calderone Library.

Copies of this bibliography can be purchased from SIECUS' Publications Department at the following costs: 1-4 copies/\$2.50 each; 5-49/\$2 each; 50+/\$1.25 each; plus 15% postage and handling (p/h). SIECUS is located at 130 West 42nd Street, Suite 2500, New York, NY 10036; 212/819-9770, fax 819-9776.

This bibliography was prepared for SIECUS by Arno Karlen.

FOR HEALTH PROFESSIONALS AND EDUCATORS

GEROSEX

Robert Gemme & Jean-Marc Samson, Editors

This is *the most extensive* bibliography of books and articles on sexuality and aging to have yet been published. It contains listings of French and English articles from hundreds of American, Canadian, French, and Australian journals (1940-1988), and includes monographs and dissertations. Rudimentary knowledge of French makes the book easier to use, but it will be helpful for those who read only English. The book is updated periodically by the editors, who are associated with the graduate sexology program at the University of Montreal. 1988, 154 pp., \$25.

Robert Gemme, Department of Sexology, University of Quebec at Montreal, Case postale 8888, Montreal, H3C 3P8, Canada.

MEN AND DIVORCE

Michael F. Myers

Most men have trouble coping with divorce, says the psychiatrist author, yet they receive less help than many other people in distress. Myers describes the impact of divorce on men's

sexuality and relationships, and on the people close to them. Although written for mental health professionals, this book, with its wealth of clinical material, will interest serious nonspecialists. Covers divorce at various ages, abandoned husbands, divorcing men who come out as homosexuals, divorced men's relationships with their children, therapeutic approaches, and common themes in treatment. 1989, 286 pp., \$30.

Guilford Press, 72 Spring Street, New York, NY 10012; 800/221-3966.

PRINCIPLES AND PRACTICE OF SEX THERAPY: UPDATE FOR THE 1990s

Sandra R. Leiblum & Raymond C. Rosen, Editors

Most contributors to the revised edition of this highly regarded book are noted specialists in sexual function and dysfunction in fields from urology to psychiatry. A long chapter is devoted to sex therapy with aging adults, and additional information on older patients is scattered throughout the chapters that focus on various problems of men, women, and couples. A detailed bibliography is included. Second edition 1989, 413 pp., \$35.

Guilford Press, 72 Spring Street, New York, NY 10012; 800/221-3966.

SEXUALITY AND CHRONIC ILLNESS

Leslie R. Schover & Soren Buus Jensen

This exhaustive, up-to-date book reviews normal sexual aging and the sexual effects of common medical problems and procedures in middle and later life — diabetes,

cardiovascular illnesses, hormone replacement therapy, arthritis, cancer, chronic pain, etc. It emphasizes the helpfulness of psychological counseling along with medical treatment. It also discusses ethical issues, cooperation by medical and nonmedical personnel, and health-care training. An extensive bibliography is included. 1988, 357 pp., \$35.

Guilford Press, 72 Spring Street, New York, NY 10012; 800/221-3966.

SEXUALITY COUNSELING: ISSUES AND IMPLICATIONS

Estelle Weinstein & Efreem Rosen

The authors aim this pragmatic book specifically at counselors (rather than physicians, psychologists, or sex therapists). Included are chapters on the formerly married, the disabled, chronic illness, aging, and other subjects relevant to middle and later life. The appendices provide references, resources, case studies, and AASECT certification requirements. 1988, 344 pp., \$33.25.

Brooks/Cole Publishing Company, 511 Forest Lodge Road, Pacific Grove, CA 93950-5098; 800/354-9706.

FOR GENERAL READERS

45 — AND SINGLE AGAIN

Mildred Hope Wilkin & Burton Lehrenbaum

An exploration of the emotional and

social tasks facing those who are separated, divorced, or widowed in middle or later life. Both men and women will find here a sensitive discussion of separation, recovery, finding new partners, and adapting to singlehood. Although meant for the general public, this book will be informative for many health professionals and educators as well. 1985, 204 pp., \$15.95.

Dembner Books, 1841 Broadway, New York, NY 10023; 800/223-2584.

GAY AND GRAY: THE OLDER HOMOSEXUAL MAN

Raymond M. Berger

This academic study of more than 100 gay men, ranging from their 40s to their 70s, is not definitive, but it is intensive and informative. General readers may want to skip some of the statistical material, but they will be interested in the in-depth interviews, where older gay men describe their life experiences and ways of coping with aging. 1982, 233 pp., \$7.95.

Alyson Publications, 40 Plympton Street, Boston, MA 02118; 617/542-5679.

HYSTERECTOMY: BEFORE AND AFTER

Winnifred B. Cutler

A detailed book about hysterectomy, menopause, and general health in midlife, with exhaustive references and appendices. Although written for the general reader, it can also be used as a reference for counselors and other nonphysician providers of health care and social services. 1988, 449 pp., \$10.95.

Perennial/Harper & Row, 10 E. 53rd Street, New York, NY 10022; 800/242-7737.

LONG TIME PASSING: LIVES OF OLDER LESBIANS

Marcy Adelman, Editor

More than a score of older lesbians tell their life stories and explain how they have changed as they have passed from youth to old age. Though not a systematic study, this book offers many memorable images, positive and negative, of lesbians adapting to their advancing years. It ends with several appendices about further readings, health, and legal and social supports for older lesbians. 1986, 260 pp., \$7.95.

Alyson Publications, 40 Plympton Street, Boston, MA 02118; 617/542-5679.

LOVE, SEX, AND AGING

Edward M. Brecher

This most thorough and readable book for general readers on sexuality

after age 50 provides extensive information on the physical, psychological, and social influences that affect later-life sexuality. More than 4,000 men and women contributed extensive questionnaire data and personal histories; their first-person accounts illuminate the statistical findings. The book will be helpful to health professionals, teachers, lawyers, and others who deal with human behaviors and relationships and to younger adults who wish to understand middle and later life sexuality. 1984, 441 pp., \$19.95 hc, \$12.95 pb.

Little, Brown & Co., 34 Beacon Street, Boston, MA 02108; 800/343-9204.

MENOPAUSE, NATURALLY: PREPARING FOR THE SECOND HALF OF LIFE

Sadja Greenwood & Marcia Quackenbush

This chatty, encouraging, and positive book about menopause and aging, which emphasizes general health care, exercise, and nutrition, will especially appeal to those with a holistic approach to health care. 1988 revised edition, 202 pp., \$11.95.

Volcano Press, 330 Ellis Street, San Francisco, CA 94102; 209/296-3445.

MIDLIFE LOVE LIFE

Robert Butler & Myrna Lewis

This updated volume includes most of the information contained in the authors' books, *Love and Sex Over 60* and *Love and Sex Over 40*. The book focuses on recognizing and treating sexual problems in middle life, before they become entrenched in later years. It emphasizes the importance of talking about the sexual aspects of medical problems and provides specific questions for one's doctor or counselor. 1988, 209 pp., \$6.95.

Perennial/Harper and Row, 10 E. 53rd Street, New York, NY 10011; 800/247-3912.

OURSELVES, GROWING OLDER

Paula Brown Doress & Diana Laskin Siegal

Written in cooperation with the authors of *The New Our Bodies, Ourselves*, this large, lengthy book covers physical, emotional, social, and sexual health after early adulthood. It offers useful lists of resources about sexuality, love, relationships, and the many social, economic, legal, and lifestyle issues that affect sexuality and intimacy in the later years. Readable and thorough. 1987, 511 pp., \$15.95.

Touchstone/Simon and Schuster, 1230 Avenue of the Americas, New York, NY 10021; 800/223-2348.

THE POTENT MALE: FACTS, FICTION, FUTURE

Irwin Goldstein & Larry Rothstein

A straightforward book on the causes of, and the medical treatment for, erectile dysfunction, which can occur at any age but is increasingly common after early childhood. The authors, a urologist and a medical writer, review the subject in detail

and explain the advantages and disadvantages of various treatment strategies. Resource lists and a bibliography are included. 1990, 210 pp., \$12.95.

The Body Press/Price Stern Sloan, 360 N. La Cienega Blvd, Los Angeles, CA 90048; 800/421-0892.

SEX OVER 40

Saul H. Rosenberg

The author is a psychiatrist, sex therapist, and founder of the newsletter *Sex Over Forty* (see below). His book, basic and conversational, is addressed primarily to married couples over 40 and describes the physical and psychological aspects of aging. It is a satisfactory introduction to the subject. 1987, 267 pp., \$8.95.

Jeremy P. Tarcher, Inc., 9110 Sunset Blvd, Los Angeles, CA 90069; 800/225-3274.

SEX OVER FORTY

E. Douglas Whitehead & Shirley Zussman, Editors

This practical monthly newsletter contains short articles and news items about the health and disease of the sexual and reproductive systems, sexual function and dysfunction, the effects of illness and medication on sexuality, and relationships in middle and later life. Annual subscription, \$72.

PPA, Inc., PO Box 1600, Chapel Hill, NC 27515; 919/929-2148.

SOLITUDE

Anthony Storr

The author, a famous British psychiatrist, ponders the importance and use of solitude. Being and feeling alone occur at all ages, but can have special force in the second half of life. Storr says that our society, which greatly values relationships, often ignores the creative, sustaining, and healing power of solitude. Rich in philosophical observations and clinical insights, this book is tangentially, but importantly, related to relationships and lifestyles in the later years. 1988, 216 pp., \$8.95.

Ballantine/Random House, 201 E. 50th Street, New York, NY 10022; 800/638-6460.

STAY COOL THROUGH MENOPAUSE

Melvin Frisch

Complete and detailed medical information on menopause, in question-and-answer format, by a physician. Glossary and references included. 1989, 276 pp., \$9.95.

The Body Press/Price Stern Sloan, 360 N. La Cienega Blvd, Los Angeles, CA 90048; 800/421-0892.

BOOKS • BOOKS • BOOKS • BOOKS

SEX AND MORALITY IN THE U.S.

Albert Klassen, Colin Williams & Eugene Levitt
Middletown, CT: Wesleyan University Press, 1989, 462 pp., \$35.

Policymakers and educators cannot make informed judgments about how to prevent AIDS, other sexually transmitted diseases (STDs), teenage pregnancy, and other sexual problems unless they know what people do sexually and why they do what they do. Sexual acts and their motives and meanings must be the focus of research on human sexuality. If we continue to guess about what Americans feel and do sexually, how can we accurately identify target populations for safer sex campaigns and other interventions? Policy-oriented research also must have a theoretical underpinning, as sexuality symbolizes a wide range of nonsexual motives and meanings — from love and sharing to power and exploitive control. Moreover, without knowing what sexuality means to specific ethnic groups and social classes, one cannot expect to decrease sexual problems within different groups. In short, without an understanding of the key variables that explain and predict sexual acts, policy and education will remain misguided and ineffectual.

For far too long those responsible for effective intervention strategies have had to rely on Kinsey's now outdated studies (his nonrandom, largely Midwestern samples were collected from 1938 to 1950).^{1,2} Incredibly and sadly, however, the Kinsey studies still offer the most thorough — even if terribly outdated — information that we have with which to compare more recent studies. Even if his samples had been random and representative of adults, there were still many key questions that Kinsey never asked — questions that are critical for the development of reality-oriented policies to control STDs, including HIV/AIDS. Kinsey largely focused on sexual outlets that lead to orgasm and, although his research yielded provocative conclusions about nonmarital sexuality, the networks of sexual partners Americans experience could not be analyzed from his data because the necessary questions were never asked. Yet, today, a network analysis could help to explain and to predict specific sexual

acts. The most useful findings from the 1970 Kinsey study dealt with homosexual attitudes and reported behaviors before HIV/AIDS. Almost 20% of men surveyed reported homosexual contacts and 3% reported engaging in homosexual acts occasionally or fairly often after age 20.³ It is probable that the proportion of men who are actively bisexual is between 1% and 10% — this also remains unclear.

Homosexual and bisexual behaviors are critical areas for current research using national random samples. For example, the proportion of gay and bisexual men, the sexual behaviors engaged in (anal and oral sex), the networks of partners, and the use or nonuse of condoms and spermicides or lubricants with nonoxynol-9 must be determined if we are to accurately gauge the likely spread of AIDS and other STDs among this population. The same principles should be applied to other segments of our population as well.

Sex and Morality in the U.S., a report by Albert Klassen, Colin Williams, and Eugene Levitt on the research funded by the National Institute of Mental Health (NIMH) and conducted by the National Opinion Research Center (NORC) for the Kinsey Institute, is a purely descriptive study of sexual attitudes and behaviors in 1970. A national representative sample of 3,018 mostly married people living in households were interviewed and then given a self-administered questionnaire to assess more delicate reported sexual behaviors. The sample was *not* a random sample, where everyone has an equal chance of being selected and where those not at home are revisited — a bias which is difficult to estimate in magnitude. The interviewers for this study were instructed to fulfill quotas for specific representative groups of adults. The 1970 study involved more structured interviews, but lacked the depth of the Kinsey approach. Kinsey's in-depth interview method for assessing reported sexual behaviors yields richer and more accurate data, but it also depends on highly trained interviewers who are comfortable talking openly about sexuality.

The purpose of this study was to determine whether a sexual revolution had occurred since Kinsey's original studies. In order for a profile of sexual norms to emerge, the study emphasized attitude questions. However, social psychologists have long known that attitudes alone are but one predictor of behavior, which is particularly true of sexual behavior; most Americans go further in their sexual behaviors than their sexual beliefs allow. In addition

to sexual attitudes, social scientists need to ascertain reported behaviors, behavioral intentions, and situational variables in order to be able to predict future sexual acts for specific social groups. Despite limited descriptive data, however, the researchers here have attempted to explain and to predict sexual attitudes and norms. Moreover, the data are already nearly two decades old and do not reflect today's sexual choices. (The main reason for the 19-year publication lag is that the authors were arguing over who should be the first author.) Also, descriptive research cannot provide an adequate basis for predictive models of human sexual behaviors. Such models must be based on both large random survey samples and smaller, more selective samples, collected sequentially to determine variables that affect change in attitudes, behavioral intentions, and sexual acts.

Nonetheless, **the authors have concluded from their research that there has not been a sexual revolution in terms of a significant change in sexual attitudes.** They base their conclusion on the finding that a majority of those interviewed disapproved of prostitution, homosexuality, extramarital sex, and most forms of premarital sex. Almost one-half disapproved of premarital sex, even when a couple is in love, and of masturbation, even though this practice is nearly universal with males and with a growing majority of females. **Although the authors firmly believe that their 1970 data do not support a sexual revolution, their conclusion is not supported by their data, or by other research.** Most recent studies lead us to estimate that 80% of women and 90% of men experience premarital intercourse.⁴ And, when we compare sociologist Ira Reiss' 1963 NORC study with this 1970 NORC study we find that 80% in 1963 disapproved of premarital sex, even when in love, compared to between a third to a half rejecting it, just seven years later, in the 1970 study.⁵ By 1988, the NORC General Social Survey found that only 26% felt premarital intercourse was "always wrong" and 11% said it was "almost always wrong."⁶

A sexual revolution — a rapid and significant change in sexual attitudes and behaviors — did occur between 1970 and 1978. In fact, the peak years were from 1970-1975 — just after this study was completed.

Melvin Zelnik and John Kanter's studies of unmarried women age 15 to 19 show an increase in premarital intercourse over the years. About 30% of teenage women, from ages 15 to 19, were nonvirginal in 1971 compared to 43% in 1976 and 50% in 1979.⁷ In 1979, by age 19, 70% of teenage women and 80% of teenage men were nonvirginal.⁸ The largest increase has been among white teenagers, and not among minorities. Zelnik and Kanter's findings were supported by retrospective research completed by the National Survey of Family Growth in 1982, which indicated that more than 80% of married women had experienced premarital intercourse.⁹ Abortion rates also peaked in 1978, and have remained relatively stable with slight decreases since then. In addition, teenage pregnancy rates peaked, and have gone down slightly since 1974. And, gonorrhea rates peaked about 1976. These trends are additional indicators of a sexual revolution in the early to mid-70s. There is virtually no empirical support for the contention that there has not been a sexual revolution in both attitudes and behaviors.

Sex and Morality in the U.S. will not be widely read by the public. It will be used by other sexuality researchers and by those determined to "prove" that there has not been a sexual revolution — which is an absolute falsehood. Also, some of the writing is awkward and there are laborious paragraphs filled with statistics. More crucial, however, is the fact that the book is outdated and outmoded. The emphasis on orgasm does not allow for an analysis of sexual behaviors; STD transmission and unwanted pregnancy, for example, must be tied to specific sexual behaviors. Additionally, the fact that 90% of those surveyed were married, or had been married, shows little recognition of the importance of including a representative sample of never-married people to determine whether a revolution has occurred.

This report from the Kinsey Institute is too little too late, but it may be a benchmark that can be compared with subsequent research. **Even though there has been a revolution, the authors may be correct that the degree of our sexual liberation may be overestimated.** The abortion backlash, the Adolescent Family Life Act of 1981 (Chastity Bill) passed by Congress, and the current holdup of the proposed national sexuality survey in Congress are blatant indicators of reactionary politics and sexual moralizing. Such a misguided

approach is certain to lead to even more misery and death for countless Americans. Would Congress stifle research on breast cancer or some other nonsexual disease such as Alzheimer's?

Last summer, Congress debated whether to fund the much-needed national sexuality study, which is designed to update our sexual knowledge so we can better understand and effectively prevent AIDS and other sexual crises. Virtually all professional health and science groups have supported the national sexuality survey proposed by the National Institute of Child and Human Development and strongly supported by the Centers for Disease Control. In addition, the National Research Council recently called for more sexuality research to help understand the epidemiology and the spread of HIV, as well as the social processes that are involved in behavioral change. Even though the proposed study would be voluntary and confidential, some members of Congress wrongly claim that all sexuality research is an invasion of privacy. Until Congress recognizes that sexuality has to be public in order, for example, to deal with the private and deadly virus, our sexuality will remain mired in deathly moralization.

Congress and the White House seem to believe that blood test studies are sufficient to track HIV/AIDS. But, this naive position lacks the insight and moral commitment that are required to control this and other sexual health problems. Nonmarital and gay sexuality are also here to stay, and no political body is going to greatly affect the strength of sexual urges. If Congress continues to try to reinforce abstinence and monogamy, rather than take a life-saving stance on sexuality and HIV/AIDS, lives will be needlessly lost. Do Congress and the current administration believe in science enough to separate church and state and fund critical sexuality research? In order to save lives, Congress must respect a range of legitimate sexual choices and must deal fairly with the varieties of sexual expression found in all human societies.

Some policymakers who oppose sexuality research claim that people lie when asked about their sexual lives. Sexuality researchers have long been aware of this potential problem and have designed several effective data collection and analysis procedures to control for any distortions; the direction of bias can be estimated and considered during the course of data collection and analysis. It is particularly difficult to lie, however, when a trained interviewer probes and rephrases similar questions while looking into the person's eyes.

Researchers and policymakers cannot be delicate about sexual issues if they are to have a profound effect on HIV and other serious sexuality-related problems. Relevant education and policy without knowledge are impossible. It is clear that until we are

more rational about sexuality we will not be able to control HIV/AIDS. This is manifested by our heavy emphasis on the promotion of limiting sexual intercourse to monogamous marriage, in the so-called sexuality education programs that were recommended by former Secretary of Education William Bennett, and others. Professors Ira Reiss and Robert Leik of the University of Minnesota have developed probability models that show that the risk of HIV infection increases far more by not using condoms than by having sexual intercourse with multiple partners with condoms. Sexuality education, including contraceptive and STD education, is essential in our public schools, but we will never deal with sexual problems unless we take a pluralistic and realistic view of nonmarital sexuality. Research designed to evaluate interventions, that range from "just say no" to "use a condom if you say yes," is vital if policymakers and educators are to be well informed.

There is much that we do not know about what Americans do sexually and about why they do what they do (what sexual acts really mean). This is true of homosexual, bisexual and heterosexual behaviors. We truly do not yet know enough to predict and alter the course of HIV/AIDS and other STDs. Sexual science offers a critical compliment to epidemiological investigations, and interdisciplinary research and reality-based policy and education offer our greatest hope for a more sexually safe America. Hopefully, our next national sexuality study will be completed, and reported, in far less than 19 years.

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BEING A WOMAN: FULFILLING YOUR FEMININITY AND FINDING LOVE

Toni G. Grant
New York: Random House, 1988, 200 pp., \$17.95.

Remember *The Total Woman* or was it *The "Totalled" Woman* — that book of advice for women by a depressed-turned-happy homemaker, who found the recipe for making marriage work by literally interpreting the Bible and dressing in improvised Frederick's of Hollywood costumes when greeting her husband at the door? Well, sisterhood is indeed powerful. Marabel Morgan's sister went to Vassar for a BA in English and to Syracuse University for a PhD. As a practicing clinical psychologist and radio show celebrity with the name, Dr. Toni Grant, she has written an upscale version of the previous "how-to" book entitled *Being a Woman: Fulfilling Your Femininity and Finding Love*.

There is a not-so-subtle bias in Dr. Grant's fundamental premise: what has gone wrong with modern American women is that they have denied "the reality of their gender, marched into the work force like men, and tried to become their own heroes" (p. 91). This delusion of grandeur, according to the wise Dr. Grant, has been fostered by feminism and the media and, of course, a malcontented mother who "failed to communicate the pleasures of married life to her daughter and instead emphasized the world of achievement and intellect" (pp. 91-92). More sympathetic to men-bashing than mother-bashing, this psychologist further contends that there is a plethora of possible heroes, if only women would stop playing "blemish," that is fault-finding with ordinary but decent men who want nothing more than a soft, feminine woman who does not

express anger over trivial matters. Dr. Grant advises women to "outlast him with love" (p. 179) and to be patient and bite their tongues when disagreements erupt with their husbands or lovers.

The sensationalism in parts of the book rivals that of the *National Enquirer*. To substantiate her assertions about the Amazon woman of today she cites the case of a woman divorced from an attorney. This fact, relating to the woman's former marital partner, may serve as a rationale for the intensity of her vendetta: after strapping on a dildo, she had her lover perform fellatio, then penetrated him anally with the plastic phallus (pp. 50-51); he consequently left her for a 19-year-old virgin from Mississippi. The reader is left with this highly atypical and outrageous example, which supposedly proves the nadir of decadence to which a sexually-liberated American woman will sink.

Thus, the solution to the quandary in which contemporary women find themselves is simple. Employing Jungian archetypes and some Greek mythology with bogus intellectualism, Dr. Grant recommends that Amazon women become Amazon ladies. They should tone down their aggression and ambition, and allow the truly feminine madonna, courtesan, and mother — those aspects that please men and are inherent in every woman — to predominate. It is only then that feminine strength and striving will be integrated and will bring all women the peace, happiness, and love they need, above all else.

Toni Grant's skewed eye views women as wholly responsible for their predicament, and men as poor innocents who have really been given a raw deal. The impact of a patriarchal culture on women's lives and opportunities eludes her; her myopia cannot envision any obstacles to intimate relationships in a sexist society. At best, this treatise on the joy of being a steel magnolia would appear naive if written by someone who did not possess the credentials that Dr. Grant does. But now available in paperback and on the shelves of discount stores across the country, it will likely be read and taken to heart by many vulnerable and not so "educated" women, and will, undoubtedly, contribute to the incidence of iatrogenic emotional distress among them.

It is clear why Toni Grant has become popular in the media. She portrays the sexy superwoman — the prize that upwardly mobile, success-oriented men desire and one who can serve as a role model for her sisters, promoting and perpetuating a revised and updated version of the cult of "The Stepford Wives." This reviewer has trouble supporting such a role model for women.

As a faculty member, who teaches human sexuality at an institution committed to the advancement of women, I would not

merely recommend avoidance of this book. If I believed in book burning, which I do not, this title would be one of the first to be incinerated, if only for this parting gift — these inspirational words of fairy tale wisdom for all womankind:

For it is only in giving that we ultimately receive. Even Hippolyta, who found tremendous happiness as a woman with her own great King Theseus, had to give up much of the life she had known and enjoyed. She never did lose her Amazon ways completely. With her athletic prowess and disdain for female matters, she was considered a bit peculiar within the Athenian community. Nonetheless, she did embrace her femininity and devote herself to her King, bringing new energy and joy to palace life. She lovingly compromised her ways and moved into Theseus' world, bearing him a son and finding great peace and serenity with him. Toward the end of her life, when surrounded by the Amazon Moon Maidens, who shouted, "Hippolyta! Where is your faith?" she responded, "It is here! With my man and my king!" (p. 186).

Reviewed by Bette A. Speziale, PhD, assistant professor, Department of Health Education, Russell Sage College, Troy, New York.

MALE SEXUAL AWARENESS: INCREASING SEXUAL SATISFACTION

Barry McCarthy
New York: Carroll & Graf, 1988, 294 pp., \$9.95.

FEMALE SEXUAL AWARENESS: ACHIEVING SEXUAL FULFILLMENT

Barry McCarthy & Emily McCarthy
New York: Carroll & Graf, 1988, 311 pp., \$9.95.

Professionals in need of reading material to recommend to their heterosexually oriented clients will find *Male Sexual Awareness: Increasing Sexual Satisfaction* and *Female Sexual Awareness: Achieving Sexual Fulfillment* excellent choices. The former volume written by Dr. Barry McCarthy, a clinical psychologist with a practice in marital and sex therapy, and the latter volume written cooperatively with his spouse of 20 years, Emily McCarthy, who holds a degree in speech communication, are companion works. Their express purpose is to enhance the understanding and enjoyment of individual sexuality and promote intimacy and sexual pleasure between partners. To

achieve this end the authors have addressed succinctly and sensitively the common fears and anxieties that men and women have about topics like sexual functioning, gender roles, contraception, pregnancy, masturbation, fantasies, partner selection, sexual exclusivity, marriage, divorce, and the single lifestyle.

An affirming tone permeates the writing and the content rests on a value stance that views sexuality as a vital element of personal fulfillment and interpersonal happiness. Despite the misleading covers — that is, fuchsia lettering on the female volume and teal blue on the male volume — these works are devoid of the sexism that afflicts some other books of the self-help genre. Throughout the chapters, the authors directly confront various manifestations of the sexual double standard that exists for men and women. In the volume on males, Barry McCarthy attempts to eliminate chauvinism from the bedroom and to promote equal opportunity and affirmative action. His discussion of oral sex is noteworthy in this regard. For men, who have no qualms about being fellated by a woman but would never deign to perform cunnilingus, he offers specific suggestions for overcoming learned aversion to female genitalia, while he concomitantly counteracts irrational beliefs about the practice.

Later, in the same volume, in a discussion of erectile inhibition, Dr. McCarthy dispels the myth that women's liberation is responsible for the supposed surge of male impotence when he elaborates on the traditional male adherence to dominant and submissive roles during sexual interaction:

The double standard has led them to believe that it is always the man who is the aggressor in sex and the one who enjoys it more, while women are supposed to be coy and restrained. When a woman is assertive, highly responsive, and multiorgasmic, these traditionalist men feel threatened and may react by losing their erectile confidence. Other men who are more aware and flexible see the new sexual awareness among women as a healthy development, since it means that women are now motivated to become more responsive, take more initiative, and may be more imaginative sexual partners (p. 213).

In the aforementioned, as well as in other passages, the authors elucidate the benefits of non-sexist ideas, attitudes, and behaviors for both men and women. Sections that deal with sexual dysfunction also attempt to cultivate an expanded definition of male

pleasure, and thus encourage bodily exploration with touch, in order to develop men's capacity for, and appreciation, of their own sensuality, in addition to alleviating performance demands and sabotaging competition with the self.

Much more than "how-to-do-it" books, *Male Sexual Awareness* and *Female Sexual Awareness* deal deftly and compassionately with the psychic pain of sexual jealousy, sexual rejection, and the loss of a partner. Their commentary is an aid to cognitive restructuring for those who are reactively depressed. In discussing the thoughts and feelings expected at this stage, the authors will help readers who are divorced and estranged re-establish emotional equilibrium and regain the sexual self-confidence needed to try again in seeking intimate relationships.

On the subject of sexual exclusivity, both books offer a reasoned and balanced discourse on the more volatile topic of extramarital sexual behavior. Each volume includes a chapter entitled "A Cost-Benefit Approach to Extramarital Sex." The authors delineate a typology of "affairs" (e.g., the high opportunity/low involvement encounter, the ongoing type, and the comparison type), discuss the advantages and disadvantages of each, and then allow readers to come to their own decisions. And, while the McCarthys candidly acknowledge their personal preference for a monogamous marital union and their skepticism about the feasibility of alternatives, like open marriage, for the majority of Americans, they do not categorically condemn such options. They also point out that discovery of a clandestine encounter or relationship need not necessarily indicate that the uninvolved spouse is no longer loved and that divorce is the only answer. Instead they caution against immediate and impulsive action, and encourage exploration of the possible motives and meanings of the behavior with a professional therapist. In so doing, the marital dyad may determine other contributing issues, how such issues might be resolved, and what future appears probable for a particular coupling before making any final decisions.

Both volumes contain a chapter on homosexuality that addresses the heterosexual myths prevalent in our society and works toward counteracting homophobia, and the resultant discrimination, against gays and lesbians. There are also chapters on sexuality and aging. However, there is some room for improvement here. The normal changes in human sexual responses that occur with the passing decades are clearly delineated, and the very real impact of ageist stereotyping and the social obstacles that infringe on the sexual expression of older men and women, but given the numbers of older persons living with chronic diseases and disabling or limiting sequelae, the section on sexuality and ill-

ness should have been expanded. One need not write a medical text to provide some fundamental data on the effects of the more prevalent cardiovascular conditions and cancers — especially breast and prostate — on the psychological and physiological sexual functioning of patients and their partners.

There is additional health-related information on STDs and contraception, but the authors do not inundate the reader with technical, biological facts; instead, they offer enough to clarify confusion and alleviate associated anxieties.

One major criticism is the liberal use of undocumented percentages to demonstrate what today are the statistical norms of many behaviors and problems. Although these are not scholarly works, and are not intended as such, it would have been helpful to have cited sources, so that more sophisticated readers could refer to the appropriate research studies if they should desire further enlightenment. On the other hand, the inclusion of vignettes, from actual cases in Dr. McCarthy's therapeutic practice, are illustrative. The reader may readily identify with the dilemmas of particular individuals and couples and acquire some genuine hope and help in learning how others have utilized varying approaches and resources in resolving their sexual problems.

Male Sexual Awareness and *Female Sexual Awareness* are books that can be read with relative ease and comprehension by high school-educated, as well as college-educated, adults. But do not be misled by the simplicity of language and style. The concepts and ideas articulated in these pages have yet to be understood and integrated into the sexual identities and relationships of many adults with advanced academic degrees. The content is substantive and free of the socially ingrained biases and unchallenged assumptions that frequently distort our sexual lives and interactions. These companion pieces will be useful to a wide adult audience. Those of diverse ethnic backgrounds and economic circumstances will gain by deriving concrete, practical information and sensible, realistic guidelines that will foster thoughtful decisions and rewarding behaviors.

In short, *Male Sexual Awareness* and *Female Sexual Awareness* promote sexual self-growth and empathetic equal relationships between the sexes. They assuredly are two of the better selections available to the general public on the current paperback market.

Reviewed by Bette A. Speziale, PhD.
(See the above review for biographical information.)

HIDDEN BEDROOM PARTNERS: NEEDS AND MOTIVES THAT DESTROY SEXUAL PLEASURE

Frank Hajack & Patricia Garwood
San Diego: Libra Publishers, Inc., 1987,
229 pp., \$17.95.

Psychology has made it clear that repressed sexual needs can motivate nonsexual behaviors such as eating or artistic pursuits. This book examines the opposite possibility that repressed nonsexual needs can influence and control sexual behaviors.

Frank Hajack, PhD, and Patricia Garwood, MS, anticipate resistance to their idea, that much of normal sexual behavior may be motivated by nonsexual needs. They compare the anticipated resistance with the fact that society has taken a long time to recognize that rape is not a sexual act, but a crime of violence.

Part 1, Nonsexual Sex, consists of 18 chapters, each describing one hidden emotional reason that takes the pleasure out of the sexual act. These include the nonsexual needs to get affection and to avoid conflict, intimacy, loneliness, boredom, and depression; the nonsexual needs for rebellion, revenge, atonement, dominance, and control; and the needs to safeguard fidelity and to confirm sexuality and self-esteem. The author's hypothesis is that sexuality loses its natural pleasure and satisfaction to the extent that it is divided among nonsexual needs. Also, pleasure and satisfaction are not mutually dependent. Pleasure consists of feelings experienced during sexual activity, whereas satisfaction refers to feelings that follow the act.

Nonsexual sexuality affects couples in long-term relationships primarily by preventing emotional growth; preventing closeness and creating distance; causing jealousy and resentment; and preventing sexual exploration and growth. The theory is that by focusing on sexual intercourse one precludes resolution of the underlying conflict.

Each short chapter includes descriptions of couples who exhibit one of the problems and a few reader-oriented exercises for solving the problem. For example, the chapter "Avoiding Loneliness Through Sex" describes those people who are likely to use sexuality to avoid loneliness as insecure and not comfortable with themselves; as having limited interests or hobbies; as undeveloped in their inner resources and needing to rely on others for entertainment, direction or support; and as never having learned to cope with being alone. The authors suggest basic ways to prevent using

sexuality for dealing with loneliness, such as developing new interests and skills; cultivating outside friendships among peers of the same gender; sharing feelings of loneliness before engaging in sexual activities, rather than after; and adopting a healthy attitude toward loneliness.

The chapters include basic sexuality therapy exercises such as reversing roles to develop a sense of empathy for one another; trying expectations out on oneself before placing new demands on one's partner; and discussing sexual concerns openly, and in detail, including the positive and negative aspects about what one feels, as well as sharing detailed fantasies about what one would like.

Part 2, Understanding Nonsexual Sex, focuses on peoples' lack of awareness that they are abusing their sexuality and are never resolving their conflicts.

Part 3, Discovering Sexual Sex, makes overblown and unsubstantiated claims that, when nonsexual motives are barred from the bedroom, sexual pleasure increases a hundredfold. For example:

All energy and attention is directed toward the same goal: good feelings. There are no distracting conflicts or hidden needs to interfere with the process of letting sexual energy and impulses flow and find satisfaction. Your body and psyche are integrated. It happens the way nature intended, unencumbered by nonsexual baggage... You will feel swept away as your sexual needs press on toward satisfaction — lost in a barrage of sexual feelings and impulses, each bringing more pleasure than the last. At each stage of the act you will feel that your body and mind have exceeded their natural and spiritual capacities; you will explode in a paroxysm of delight. Your body will contract and relax in uncontrollable spasms of pleasure. You will be certain that you have reached beyond yourself, beyond reality, to the end of the universe. Your body and mind will intertwine with your partner's, every muscle fiber and every nerve ending tingling and contracting with pleasure.

The authors provide some cute cartoons, but they fail to provide the promised magic solutions to the interesting problems they describe. Self-help exercises continue to describe the problems without really helping the reader get to what anyone would call really *sexual* sexuality. Toward the end of the book, the grimly unfulfilled reader is advised: "If either partner is not sexually confident, it is usually better to postpone sensitive discussions."

Hajack, a clinical psychologist from West Chester, Pennsylvania, is described on the flyleaf as specializing in self-discovery through creative intimacy. Next time, I hope he writes a book that captures the important, but often elusive, balance between serious theory and the light and playful spirit of healthy sexuality. Mean-

while, as a sexuality counselor, I am afraid that dangerously simplistic promises do a real disservice to the average individual or couple looking for real answers.

Reviewed by Joan Nelson, EdD, sexuality educator/therapist in private practice in San Francisco, who conducts Life, Love and Intimacy Skills Workshops for singles as well as couples.

ADULTERY: AN ANALYSIS OF LOVE AND BETRAYAL

Annette Lawson
New York: Basic Books, 1988, 464 pp.,
\$19.95.

Good old-fashioned, classic, adultery is still, according to sociologist/researcher Annette Lawson, *the* love story of the Western world. Today, in the no-fault, post-sexual-revolution era, this particular breach of the social order goes by less stigmatic names: affairs, involvements, relationships, extramarital sexuality, and infidelity. Whatever we call it, today's undercover, dangerous liaison or fatal attraction remains an adventure story that pulls people with the age-old promise of passion, pain, and guilt — and, today, women as well as men can enjoy sexual intercourse purely for pleasure, separate from marital commitment.

Lawson, an English feminist scholar, is currently affiliated with the Institute of Human Development at the University of California, Berkeley and the Institute for Research on Women and Gender at Stanford University. She brings the time-honored practice of adultery into feminist perspective by outlining social changes in sexual behaviors in terms of history, sociology, literature, and drama, while skillfully interweaving this information into a detailed scientific study of contemporary marital infidelity. Written in a delightfully readable style, the book is replete with computer-analyzed data, and transcripts (recounting 2,500 adulteries) from almost 600 volunteers who completed the questionnaires, were interviewed, or participated in small-group discussions. The comprehensive narrative is supplemented with the study itself, as well as with extensive notes, a bibliography, and an index.

The firsthand case histories are those of white, middle-class people, who are either married or are involved in long-term, live-in relationships. They are faithful and unfaithful, and they conform to or deny marriage vows. Their reasons for adultery include: restlessness; rebellion; seeking to fill gaps in experience; a need for a wider view; a need for, or lack of, control; and a

sense of self-worth. Lawson again brings her feminist perspective to bear when discussing the conflicts between home and work, work and love, and domesticity and economic public activity. She discusses suffering and betrayal, heroism in overcoming obstacles, and the longing to possess the unobtainable, and penetrates even more deeply into such areas as the Indian spiritual discipline of tantric sexuality (a system of controlling sexuality which may include withholding ejaculation); goddess worship; the drama of meetings and separations; and the phenomenon of feeling powerful while simultaneously being overtaken by emotions.

Noting the broad cultural explosion of information technology, Lawson affirms knowledge as the new form of exchange between intimate partners. She also stresses the crucial difference between telling and talking and explains that, in modern times, deceit rather than sexual infidelity is the greater sin. However, although honesty is important, the facts of adultery, she advises, should not be spewed out like vomit. Almost none of the couples in her study sample, who were married before 1960, discussed extramarital sexual intercourse before marriage. After 1970, few did *not* talk about it. The volunteers told their stories for various reasons: to help science, to work through uncomfortable feelings, or to confess or to boast.

Noting that today's proportion of married women with adulterous liaisons is nearly equal to that of men, Lawson sees a merging of male and female attitudes and behavior patterns. On one hand, there is a "feminization of love," in which men are beginning to value communication as a mainline to intimacy. On the other hand, there is a "masculinization of sex," in which adulterous women are finding their partners at work. Women make it clear that they have gained a great deal from the entitlement to make decisions that affect their bodies, and that their sexuality often provides them with enormous pleasure — to say nothing of providing them with a sense of who they are and of their own value. These trends seem to indicate that women's behaviors, thoughts, and feelings are becoming more like men.

Annette Lawson has produced a significant and readable book which makes it clear that there are still substantial gender differences in behaviors and feelings in regard to marriage and adultery. However, she also lets the reader know that adultery is not just about the relationships between men and women; it is also about the nature of our entire society. Moreover, its causes and effects are still shaped by the arbitrary way society holds it.

Reviewed by Joan Nelson, EdD. (See the above review for biographical information.)

THE NEW CELIBACY: WHY MORE MEN AND WOMEN ARE ABSTAINING FROM SEX — AND ENJOYING IT

New York: McGraw-Hill, 1989 revised and updated edition, 226 pp., \$7.95 pb.
Gabrielle Brown, PhD

As we enter a new decade, the political pendulum has once again come full swing. From the sexually permissive "anything goes" attitudes of the 70s, our society has moved toward more traditional, conservative sexual values, leaving many of us more confused than ever. In this new era of AIDS, monogamy, and "just say no," Gabrielle Brown is a voice of reason for those children of the 60s and 70s who may be wavering between their embarrassment over giving up their hard-won sexual freedoms, their fear of sexually transmitted diseases, and their dissatisfaction with sexual promiscuity. In *The New Celibacy*, Brown offers us the freedom to value chastity without returning to the puritan mores or repressive double standards of the past. She does this by acknowledging an age-old truth that we are all too often apt to forget: that sexuality means much more than the physical act of intercourse, that a person may be sexual without having sexual intercourse, and may express that sexuality without physically engaging in coitus.

Brown introduces her readers to celibate men and women of all ages and walks of life, people who are single or married; people who became celibate for a variety of reasons but share a healthy commitment to their own growth as individuals; and people who are happy and comfortable with the life they have chosen for themselves. As I read these interviews, I was struck in nearly every case by the surprising degree of self-assurance and self-esteem expressed by these men and women. Most seemed comfortable with their own sexuality, and also with themselves as people. Far from being androgynous or sexless, they see themselves as fully sexual beings who have consciously chosen to divert their sexual energy towards mental or spiritual goals. Nonetheless, Brown stresses that celibacy can be a positive experience only if it is a conscious choice, not a reaction against sexual desire or fear of sexual expression. Though many of her subjects seem to have chosen celibacy because their promiscuity or sexual desires were diverting them from the true intimacy they valued in their relationships or distracting them from dealing with the other gender as people rather than as objects, most claimed to have had satisfying sexual lives before becoming celibate.

Brown emphasizes that celibacy is not for everyone and that its benefits may be

enjoyed for years, for a month, or even for a week. She stresses that abstinence from sex is never physically harmful to human beings, and briefly explores psychological theory, from eastern mysticism, Freud, and Tolstoy to Masters and Johnston, which links celibacy to creativity and "higher states of consciousness." Although modern sexuality educators, who realize the contribution of a healthy sexual life to a happy, integrated, creative personality (through years of study or personal experience), might disagree with her view that one's sexuality can somehow sabotage creativity or become an energy "drain," Brown's lack of self-righteousness makes such theories much easier to consider.

The New Celibacy is an important book — not only for those who are celibate or considering celibacy as an option — but for those of us who feel the need, in this new age, to expand our definition of a "healthy" and "normal" sexual life.

Reviewed by Carol Cassell, director of the Institute for Sexuality Education and Equity.

DESIGNING CHILD ABUSE PREVENTION PROGRAMS: CURRENT APPROACHES AND A PROPOSAL FOR THE PREVENTION, REDUCTION AND IDENTIFICATION OF SEXUAL MISUSE

James J. Krivacska
Springfield, IL: Charles C. Thomas,
1990, 382 pp., \$57.75.

Lucidly written and logically systematic, this book penetrates the toxic backwaters of victimology and child sexual abuse programs gone wrong, and opens a channel to an enlightened, new program of child sexual protection — PRISM: Prevention, Reduction, and Identification of Sexual Misuse.

The PRISM program is designed to be in step with the age-related progression of children's cognitive and conceptualizing abilities. In addition, and very importantly, it progressively provides children with accurate sexological information prerequisite to a nontraumatizing understanding of the personal significance of sexual abuse warnings. The author quite correctly points out that failure to supply this information allows children to misinterpret warnings with potential traumatic and tragic consequences, as when a child wrongly reports a parent's or grandparent's affectionate or bathtub touching as molestation. The resulting stigma, not to mention legal fees, is certainly not part of the contract of informed consent when parents sign permission for their

child to be given instruction in the prevention of child sexual abuse. If the consent form does not warn of the possibility of such an untoward outcome, it is, therefore, invalid.

This means that school programs for child sexual abuse prevention, as presently designed, may have no legal defense, if they are challenged on the basis of being experiments that do not respect the rights of either the parents or the child to informed consent. They also will have no legal defense if challenged by ex-pupils as having had an excessively negative approach so as to have permanently alienated them from their own sexuality in adulthood.

The author gives a brief history of the politics and ideology of sexual-abuse prevention programs and their rise to popularity on the basis of untested pedagogical doctrines and social-science dogmas. He makes a special point, neglected by virtually all other writers on child sexual abuse, that some pupils in the classrooms of abuse prevention are the very people who are the next generation of child sexual abusers and molesters. Yet, absolutely nothing is done to identify them, and to intervene preventively, so as to put them on the path of healthy sexual development. So it is that prevention programs make a mockery of their own name and purpose!

To bring an end to this mockery Krivacska has written a very important book. It is of great significance for all educators, law enforcement and child-advocacy officials, social workers, sex therapists, pediatricians, and family physicians.

Reviewed by John Money, PhD, professor emeritus of medical psychology and of pediatrics, Johns Hopkins University and Hospital, Baltimore, Maryland.

IN SEARCH OF EVE: TRANSSEXUAL RITES OF PASSAGE

Ann Bolin

South Hadley, MA: Bergin & Garvey Publishers, Inc., 1988, 210 pp., \$34.95, \$12.95.

Some readers may not be familiar with the anthropological concept, *rite of passage*, especially as it is used by Bolin in her examination of 16 transsexuals' experiences in their progress. Generally the rite of passage is an individual's solution of a crisis that arises biologically or culturally from merely existing. In the rite of passage, transitions between statuses are ritualized and people are eased into new positions, while the stress and anxiety

that attend such changes are dissipated.

Rites of passage have three phases: separation, transition, and incorporation. In the two years during which anthropologist Bolin immersed herself in the lives of 16 transsexual males on their way to full womanhood (she was accepted as a participant/observer by the individuals and their support group) she identified transsexual separation from the male role, transition (in which the individual prepares and is prepared for her new status), and incorporation (marked by the surgical conversion):

It became apparent that I was watching a 'tomb to womb' transformation; males died a social death and were reborn as women. This death and rebirth was symbolic and actual as the transsexuals severed themselves from a male past, forged new identities as women, and feminized their bodies through a hormonal management program. The culmination of this process was surgical conversion.

Progress through the transsexual program was not a simple following of medical-psychological policies and guidelines. As individuals, and in support groups, the transsexual individuals added much content and modified the medical prescriptions; medical and mental health professionals were only part of the transsexual interaction field.

Bolin's tone is warm, though scholarly, and is neither academic nor clinical. One can understand how well her basic study method, "hanging out," worked in the University of Colorado (Boulder) community. The book's flaws, such as careless proofreading, are minor aside from the smallness of the study population. *In Search of Eve* is important.

Reviewed by William F. Hewitt, PhD, lecturer and listener at the Los Angeles Sex Information Helpline, a division of the Los Angeles Free Clinic, and author of A Handbook of Human Sexuality.

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Vol. 16, No. 2

(November/December 1987)

Public Policy, Part I: Statewide and National Initiatives. Featured articles include:

The New Jersey Statewide Family Life Education Mandate: The Ongoing Story of One State's Active Leadership Role in Developing and Implementing Public Policy

National Intra-Organizational Policy: A Blueprint for Constructive Action in Program Development, Research, and Advocacy

Empowering Teens: The National YWCA's PACT Program

Vol. 16, No. 3

(January/February 1988)

Public Policy, Part II: Community Initiatives

Impact 88: Dallas' Countywide Plan for Reducing Teen Pregnancy

Restructuring Public Policy Priorities on Teen Pregnancy: A Holistic Approach to Teen Development and Teen Services

Sexuality Professionals: How We Can Influence Public Policy

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AIDS Prevention and Civil Liberties: The False Security of Mandatory Testing

Pre- and Post-Test Counseling for Individuals Taking the HIV Antibody Test

The New York City Approach to AIDS

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(May/June 1987)

Catholic Sexual and Reproductive Ethics: A Historical Perspective

Judaism and Contemporary Sexuality

An Ecumenical Approach to Sexuality: Preparation for the 21st Century

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Latino Culture and Sex Education

Latina Women and AIDS

A Time of Rare Opportunity

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Sex Education Must Be Stopped!

Sex Education Curricula: Selection for Elementary and Secondary School Students

Evaluation of Family Living Sex Education Programs

Teacher Selection for Sex Education

Vol. 13, No. 6

(July 1985)

Censorship: An Elitist Weapon Being Banned

Contraceptive Product Advertising

"Are You Ready for Sex?": Informed Consent for Sexual Intimacy

Publications Department, SIECUS, 130 West 42nd Street, Suite 2500, New York, NY 10036.

Conference and Seminar Calendar

AAPHR'S ANNUAL MEDICAL CONFERENCE, "LEARNING TOGETHER," August 16-18, 1990. Sponsored by The American Association of Physicians for Human Rights. This Symposium will cover recent developments related to HIV, gay and lesbian health issues, and U.S. and Canadian models of health care financing. Chestnut Park Hotel, Toronto, Canada. Contact: Dr. Michael Hulton, AAPHR, 416/962-1200, or Agenda Management Services, PO Box 1303, Postal Station "F," Toronto, Canada M4Y 2V9, 416/962-3332.

SEVENTH ANNUAL FAMILY LIFE EDUCATION INSTITUTE: "Coping with Sexual Pressures," August 20, 1990; **"AIDS Education: Involving Parents For A Successful Program,"** August 23. Sponsored by ETR Associates' Training Department, the Center for Health Training, and Planned Parenthood of Massachusetts. Boston, Massachusetts. Contact: Bonnie Horn, ETR Associates, Network Publications, Training Department, PO Box 1830, Santa Cruz, CA 95061-1830, 408/438-4060.

PHYSICIANS ASSOCIATION FOR AIDS CARE TELECONFERENCES: "Management of AIDS Dementia," September 11, 1990; **"Burnout in Caregivers and Suicide in AIDS Patients,"** September 26; **"Management of HIV Infection in Hemophiliacs,"** November 2-4; and **"International AIDS Update,"** December 14. Chicago, Illinois. Contact: Physicians Association for AIDS Care, AIDS Satellite Television Network, 101 West Grand Avenue, Suite 200, Chicago, IL 60610, 312/222-1326, fax 312/222-0329.

FIFTH HISPANIC MEDICAL CONGRESS, "CHALLENGES AND OPPORTUNITIES: NEW DIRECTIONS TO HISPANIC ACCESS, EQUITY, AND REPRESENTATION IN HEALTH," September 27-29, 1990. Presented by the Interamerican College of Physicians and Surgeons and the National Confederation of Hispanic American Medical Associations. Will discuss health issues affecting the status of this population. Washington Plaza Hotel, Washington, DC. Contact: Maria Lourdes Garcia, Director of Medical Education, Interamerican College of Physicians and Surgeons, 1101 15th Street NW, Suite 602, Washington, DC 20005, 202/467-4756.

AMERICAN PUBLIC HEALTH ASSOCIATION'S 118TH ANNUAL MEETING, "FORGING THE FUTURE: HEALTH OBJECTIVES FOR THE YEAR 2000," September 30-October 4, 1990. Sessions will include: "Family Planning: What's Sex Got To Do With It?"; "Research on Repeat Teen Pregnancies in the U.S."; "HIV/STDs and Family Planning Services"; "Anti-Abortion Harassment of Abortion Service Providers: View From the Frontlines"; and "Developing Live Educational Theatre for Comprehensive School Health Prevention Programs: A Working Model of Community Involvement." New York, New York. Contact: Bob Johnson, APHA, 1015 15th Street NW, Washington, DC 20005, 202/789-5672.

AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY'S 48TH ANNUAL CONFERENCE, "STRENGTHENING FAMILIES," October 4-7, 1990. More than 200 clinical workshops will demonstrate the latest family therapy approaches. Will include "Meet the Authors" receptions, a video festival, networking events, and plenary sessions such as: "The Politics of Empowering Families" and "Family Systems Medicine: Mobilizing Family Resources." Washington, DC. Contact: Elyn Grossman, Director of Conference Administration, AAMFT Conference, 171 K Street NW, Suite 407, Washington, DC 20006, 202/429-1825.

FIFTH INTERNATIONAL CONFERENCE ON AIDS AND ASSOCIATED CANCERS IN AFRICA, October 10-12, 1990. Kinshasa, Zaire, Africa. Contact: Fifth International Conference on

AIDS and Associated Cancers in Africa, Nationalestraat 155, 2000 Antwerpen, Belgium, 32-3-238 5880, fax 32-3-216-143.

NATIONAL AIDS NETWORK 1990 CONFERENCE, "THE LEADERSHIP SKILLS BUILDING CONFERENCE," October 11-14, 1990. Will focus on partnering with public health officials, legislative and administrative lobbying, fundraising, and leadership training in AIDS service organizations. Palmer House, Chicago, Illinois. Contact: Betsy Ringel, National AIDS Network, 2033 M Street NW, Suite 800, Washington, DC 20036, 202/293-2437.

PARENTS AND FRIENDS OF LESBIANS AND GAYS' NINTH ANNUAL CONFERENCE, October 12-14, 1990. Santa Ana, California. Contact: Elena Layland, Parents and Friends of Lesbians and Gays, Orange County Chapter, PO Box 28662, Santa Ana, CA 92799, 714/998-5844.

3RD NATIONAL FAMILY RESOURCE COALITION (FRC) CONFERENCE, "BUILDING COMMUNITIES: FAMILY RESOURCE AND SUPPORT PROGRAMS," October 17-21, 1990. More than 1,700 parents, educators, social workers, researchers, and public policy officials are expected to attend this conference offering more than 100 workshops, seminars, focus sessions, program tours, and keynote speeches. Chicago, Illinois. Contact: Family Resource Coalition, 230 N. Michigan Ave., Suite 1625, Chicago, IL 60601, 312/726-4750.

NATIONAL CONFERENCE FOR HUMAN SERVICE EDUCATION, "AIDS, ABUSE AND ADDICTIONS: A PROACTIVE STANCE ON THE ISSUES OF THE NINETIES FOR PRACTITIONERS, EDUCATORS, AND POLICY MAKERS," October 17-21, 1990. Springfield, Massachusetts. Contact: Rick Davila, Springfield College, School of Human Services, 263 Alden Street, Springfield, MA 01109, 413/731-1615.

THE CHURCH AND AIDS FACE TO FACE, October 18-20, 1990. Sponsored by the Urban League of Greater Hartford; Connecticut Department of Health Services' Black and Hispanic Leadership Councils; and the Blackwell Memorial A.M.E. Zion Church. Hartford, Connecticut. Peggy Owens, Urban League of Greater Hartford, 1229 Albany Avenue, Hartford, CT 06112, 203/527-0147.

ASSESSING AIDS PREVENTION — INTERNATIONAL CONFERENCE, October 29-November 1, 1990. Sponsored by the European Community Working Party on AIDS, Swiss National Research Foundation, and Swiss Federal Office of Public Health. Montreaux, Switzerland. Contact: Assessing AIDS Prevention, University of Lausanne, Department of Social and Preventive Medicine, Rue du Bugnon 17, CH-1005 Lausanne, Switzerland, 41-21-49-20-35.

INTERNATIONAL CONFERENCE ON SEXUAL ASPECTS OF CHRONIC ILLNESS OR DISABILITY, November 4-8, 1990. Organized by the Israel Rehabilitation Society in cooperation with Rehabilitation International; Disabled Persons Unit, United Nations Office at Vienna; and International Planned Parenthood Federation. Will provide for an interchange of knowledge and understanding about sexual function and responses of persons with a chronic illness or a disability; present current techniques of treatment, counseling, and therapy for sexual problems related to chronic illness or disability; and explore the possibilities for international and interdisciplinary co-operation, collaboration, and research with regard to the sexual aspects of chronic illness or disability. Sharon Hotel, Herzliya, Israel. Contact: Conference Secretariat, Omega Conventions, POB Box 71102, Jerusalem 91079, Israel, 972-2-662989, 668070, fax 972-2-665668.

INSTRUCTIONS FOR AUTHOR SUBMISSIONS TO THE *SIECUS REPORT*

Now entering its 25th year, this journal of contemporary thought and research focuses on timely issues in the human sexuality field, and on sexuality and HIV/AIDS information and education. In each issue of the report, groundbreaking articles and commentary by leaders in the field are presented and news, special bibliographies on varied topics, book and audiovisual reviews, recommended resources, and a conference/seminar calendar are offered to members and interested subscribers. The *SIECUS Report* frequently focuses on particular themes.

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The article should include at the beginning: the title; subtitle; author's name with professional degree(s); author's title(s) and current affiliation.

For example:

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Ronald M. Rowell, MPH

Executive Director, National Native American AIDS Prevention Center

Articles may incorporate sidebars, special resources, and factual information of interest. Chart information should be incorporated into the body of the article, if possible, or if indispensable in chart form, should be submitted camera-ready for printing or in a form that is easily reproduced. It is helpful if captions/headings are used to demarcate different sections, as the article will normally be divided into separately headed sections; in some instances, this will not apply.

Book reviews:

The beginning of book reviews should include the following information (not centered): the title of the book, author(s), or editor(s), what city and state the book is published in, the publishing company, year of copyright, number of pages, and price for hardcover and/or paperback editions.

Example:

HOW TO PUT LOVE BACK INTO MAKING LOVE

Dagmar O'Connor

New York: Doubleday, 1989, 222 pp., \$16.95 hc., \$7.95 pb.

Book reviews should be informative, descriptive, and precise, and should provide a good overview of the book as well as the reviewer's specific viewpoint. Please check any references, quotations, or other sources incorporated in the review for accuracy.

Audiovisual reviews:

The editor is open to discussion of creative ideas for the presentation of book and audiovisual reviews — multiple reviews together, interviews, summaries of topical subject areas, etc. For a single A/V review, a brief summary of the film and characters should be provided, positive commentary and negative observations, and mention should be made of the target audience(s) for the A/V and/or how it might best be used. The heading (with pertinent information on the A/V) should be as follows:

THE AIDS MOVIE

1986, film or video, 26 min. Purchase, \$450 (film), \$385 (video) rental, \$57. New Day Films, 22 Riverside Drive, Wayne, NJ 07470; 201/633-0212.

References — if included in the above articles and reviews:

It is important that all references used are complete (including page numbers) and accurate. At the end of the manuscript, the references should be listed consecutively and numerically as they appear in the manuscript according to our style, as noted in the examples that follow:

For example:

Book citation:

Coles, R & Stokes, G. *Sex and the American teenager*. New York: Harper & Row, 1985.

Multiple author/editor citations (more than three authors/editors) should be listed as follows, for example: Coles, R, et al.

Chapter in book citation:

Faro, S. Sexually transmitted diseases. In RW Hale & JA Krieger, eds. *Gynecology: A concise textbook*. New York: Medical Examination Publishing Company, 1983, 198-214.

Journal article citation:

Young, M. Self-esteem and sexual behavior among early adolescents. *Family Life Educator*, 1989, 7(4), 16-19.

Conference, seminar, etc.:

Conway, G & Hooper, EY. Risk of AIDS and HIV infection in American Indians and Alaskan Natives. Poster session presented at the Fifth International Conference on AIDS, Montreal, Quebec, Canada, June 4-9, 1989.

Personal communication, unpublished:

Cairns, KA. Computer-assisted learning program for adolescent sex education. Unpublished manuscript. University of Calgary, Calgary, Alberta, Canada, 1987.

Rowell, R. Warning Signs: Intravenous drug abuse among American Indians/Alaskan Natives. *Drugs and Society*, (in press) 1990, 5(1,2).

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