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LOVE AND INTIMACY

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BUILDING HONEST, LOVING RELATIONSHIPS

Mac Edwards

The long, loving hug that Earl Woods and his son shared when Tiger won the Masters Tournament this spring has received a great deal of attention and was even called the "best shot" of that day by President Clinton.

As I was editing the articles for this *SIECUS Report* on "Love and Intimacy," I read a touching interview with Earl Woods in *USA Today*¹ about "the hug" and thought it was worth sharing as an introduction to this issue.

It turns out that "the hug" is a ritual between father and son at every golf tournament in which Tiger plays. Earl started it many years ago when he realized that his young son needed a warm, safe place to release his emotions and to know that he was loved when he finished a game.

"I think most people realize how much they'd love to be there themselves," Earl said when talking about the touching embrace they shared. "If we're honest about our emotions, people will tune into them. Just like they gravitate toward happy people."

This issue of the *SIECUS Report* on "Love and Intimacy" is filled with similar stories by people who are working to build honest, loving relationships. It is our hope that, by sharing these stories, we will help health care professionals and sexuality educators bring more discussions on love and intimacy into their work.

Our lead article is "Helping Health Care Professionals on Issues of Intimacy and Sexuality Among the Aging" by Gila Bronner of the Nursing Department and School of Education at Tel Aviv University in Israel. In providing a detailed overview of the work she is doing, she shows that there is still a long way to go in recognizing and respecting these issues in relation to the aging population.

In "Television Talk Shows: Making Intimacies Public," Dr. Bradley Greenberg and his colleagues at Michigan State University provide us with a synopsis of one of their television surveys. They make the point that schools must reconsider the comprehensiveness of their own classroom sessions in light of the fact that so many young people are learning

about sexuality and intimacy issues from these programs.

A unique part of this *SIECUS Report* is the article titled "Personal Views on Love and Intimacy." It comprises four short articles submitted by individuals involved in the sexuality field. They include discussions by Leon Kassman and Alexander Weinstock of Condax in New York City on self-acceptance as a prerequisite to sharing; by Sylvia Fagin of the North Central District AIDS Coalition in Bellefonte, PA, on the loss of trust in relationships in the face of the HIV pandemic; by Sol Gordon, professor emeritus of child and family studies at Syracuse University, on taking an honest look at the issues of love and intimacy in relationships; and by Kenneth George, director of human sexuality education at the Graduate School of Education of the University of Pennsylvania, on ways to diffuse the issues of power, control, and competition to attain an intimate relationship.

Finally, Sarah Beshers, a doctoral candidate in sexuality education at the University of Pennsylvania, and the *SIECUS* staff have put together reviews of a number of films that they feel are appropriate for instructors to use when discussing love and intimacy. It is an excellent starting point for those wishing to build a library of such films.

This issue also includes a "SIECUS Annotated Bibliography: Sexuality in Middle and Later Life" on page 17. It includes not only current publications but also organizations that provide information and assistance.

The last two issues of the *SIECUS Report*—on sexually transmitted diseases and the current abstinence-only education initiatives by the federal government—were difficult and draining to edit. We are, therefore, particularly delighted to bring you this uniquely personal issue on "Love and Intimacy" that celebrates the positive role that sexuality plays in our lives.

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WHAT'S LOVE GOT TO DO WITH IT?

Debra W. Haffner, M.P.H.

My three-year-old son and I have a nightly ritual. As I tuck him in, I whisper, "I love you more than all the stars in the sky." He answers, "I love you more than all the sand on the beach." This exchange continues, and usually ends with his telling me that "I love you more than all the catsup in all the McDonalds in the world." The magnitude of this last statement totally overwhelms him. We never tire of this nightly expression of our love. There is nothing that matches the depth of the love we feel for our children and the unconditional love they return to us.

Love is a difficult subject to write about. Putting such intimate thoughts into words often appears, on the surface, sweet and sentimental. When the National Guidelines Task Force put together the developmental messages on the topic of love for the *Guidelines for Comprehensive Sexuality Education—Kindergarten through 12th Grade*, one of the task force members remarked that he felt like he was writing greeting card messages. Indeed, SIECUS found in its 1993 review of state sexuality education programs that love was often not discussed in state guidelines. Only six states included love as an explicit topic in grades K through three and only 13 states covered love in grades seven through nine.¹

The question I remember teens most frequently asking me when I spoke to students in school was "How do I know if I am in love?" Teenagers want to know the difference between love and attraction, how to tell if someone loves them, and how to deal with jealousy and control. They want adults to understand how intensely they feel about their first love and not to discount it as "puppy love." They need to talk about love between friends, love between parents and children, and love between committed partners. They also need to know strategies for surviving the loss of romantic love.

Adults also want education about love relationships. Witness the plethora of self-help books. Helen Fisher, a professor of anthropology at Rutgers University, has identified three types of adult love: "lust, that craving for sexual gratification; infatuation, being in love, that euphoria and giddiness; and attachment, that sense of calm and security and peace that people have when they are in a long-term relationship." "In love," she says, generally lasts between two and three years. Attachment, she says, can last a lifetime.² And, yet, many adults in long-term relationships struggle to recapture the feelings of lust and infatuation they feel are waning.

More than 10 years ago, I read an article by Dr. Robert Sternberg, a Yale psychologist, which I now recall as I think about this issue of the *SIECUS Report*. He identified three characteristics of adult love: intimacy; passion, romantic feelings and sexual desire; and commitment, the attachment to the relationship. He envisioned these characteristics as a triangle with romantic love stronger on passion and intimacy than on commitment; companionate love stronger on intimacy and commitment than on passion; and consummate love as a balance of the three.³

Scientists have studied the chemistry of love. They have found that people in love have higher levels of dopamine and norepinephrine. This explains their elation, sleeplessness, and energy. Scientists are beginning to use MRIs to evaluate brain functioning in different stages of love. Anthropologists and evolutionary biologists trace these feelings to long-term adaptive strategies for mating and evolution.

Although I find this fascinating, I am struck, on another level, by how, like Justice Potter Stewart's comment on erotica, we know love when we see it—and when we don't have it in our lives. Ancient writings on love still speak to us today:

...If I speak in the tongues of mortals and of angels, but do not have love, I am a noisy gong or a clanging cymbal. And if I have prophetic powers, and understand all mysteries and all knowledge, and if I have all faith, so as to remove mountains, but do not have love, I am nothing. If I give away all my possessions, and if I hand over my body so that I may boast, but do not have love, I gain nothing.⁴

Love is the basis of moral decisions. The quality of our lives is related to the respect, dignity, and appreciation with which we all treat each other. I wish you love in your life.

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HELPING HEALTH CARE PROFESSIONALS ON ISSUES OF INTIMACY AND SEXUALITY AMONG THE AGING

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The majority of Israelis—like people in most other Western societies—do not think of aging in terms of having intimate sexual relationships. In fact, they consider such activity both ridiculous and inappropriate. Most young people assume that their elders have no sexual relationships at all.¹

Unfortunately, many health care professionals who work with the aging share these attitudes and beliefs. For this reason, a program was recently initiated in Israel to help professionals develop a more positive approach toward sexual intimacies among the aging and to promote a recognition of the aging as sexually intimate human beings.

The program was based closely on the *SIECUS Position Statement on Sexuality and the Aging* that says: "Sexual feelings, desires, and activities are present throughout the life cycle. Older adults have a right to sexuality education, sexual health care, and opportunities for socializing and for sexual expression. Education concerning sexual feelings, attitudes, and behaviors of older adults should be available to them, their family, health care providers, and other caregivers."²

A recent survey of 127 physicians participating in sexual health training at clinics for the aging revealed that 31 percent had received no previous training in sexuality and that most had not initiated any discussions about sexual relationships with their patients.³ These facts were taken into consideration in planning the training programs.

TRAINING PROGRAMS

The training programs focused on helping health care workers in hospitals, day care centers, and seniors' clubs better understand the sexual rights and needs of the aging. Lasting 12 hours and conducted in small groups of 10 to 25, they were held as part of an existing in-service government training program.

As a result, over 1,600 health care professionals have now increased:

- their awareness and acceptance of the sexual needs and behaviors of the aging
- their knowledge on age-related changes in sexual function and behavior

- their assertiveness in discussing sexually intimate matters with the aging
- their ability to deal professionally and ethically with issues regarding the sexual behavior of the aging.

Although these training efforts have focused on health care professionals, plans were originally developed to work directly with the aging themselves. These plans were delayed when it was determined that it was premature to devote time to changing the attitudes and behaviors of the aging without first changing the general atmosphere in their close environment.

DISCUSSIONS ABOUT SEXUALITY AND AGING

Participants in training sessions openly and candidly discussed different aspects of sexuality and aging.

Myths and misinformation. Because sexuality is often not discussed, many myths are perpetuated about sexuality. Israeli citizens often do not discuss their diverse attitudes, values, and beliefs concerning sexuality.

The concept of sexuality. Sexuality is often defined as purely physical.⁴ In reality, sexuality is expressed in the way people feel, love, move, and touch. It is important that health care professionals understand sexuality in broad terms so they can better accomplish their work with the aging. Unfortunately, many older people abandon sexual relationships because they think of them solely in terms of physical relationships.

Sexual ageism. Many people behave in a disapproving or patronizing manner toward the aging who display an interest in romantic or sexual relationships. The aging are often perceived as physically unattractive.⁵ In addition, individuals often think of romance and sexuality as reserved for the young, healthy, and attractive.⁶ This sometimes causes the aging to become asexual.

A number of reports and clinical studies have helped to dispel the myth that the aging are asexual.⁷ Pfeiffer and colleagues,⁸ who conducted the Duke Longitudinal Studies,

found that more than 75 percent of men in their seventies engaged in coital activity at least once a month. Even though the frequency decreased with age,⁹ the study made it clear that the number of aging who have an active sexual life is surprisingly higher than expected. (For example, 33.4 percent of 80- to 90-year-olds report having sexual relations.) In fact, individuals in their sixties and seventies saw their sexuality as exciting, enjoyable, pleasurable and important.¹⁰ It was found that many of those over 60 kept their active sexual life a secret to avoid irrational disapproval from the young.¹¹ Many feared they would be patronized as “cute” or “sweet,” or ridiculed and disdained as “dirty old men,” “old fools,” “old goats,” or, in the case of women, “immoral.”¹²

Self stimulation. A Consumer Union survey shows that 66 percent of men and 47 percent of women in their fifties masturbate with some regularity. The survey also shows that the percentage drops to 43 percent of men and 33 percent of women when they are 70 years of age or older.¹³ Because many older Israelis were taught that masturbation was wrong, they still refrain from it even when it is their sole sexual outlet. When a 61-year-old married man was told by his doctor that he could solve his erectile dysfunction by masturbating, he said, “I haven’t done that since I was 16 years old. If that is the only way to get an erection, I’m ready to give up sex.”

Normal sexual changes. The effect of aging on the biology of human sexuality includes changes in three major areas for both men and women: in the nervous system, in hormones, and in the reproductive organs.¹⁴

- *The changes in women include:* the shortening of the vagina, the thinning of its walls, the reduction of vaginal elasticity, delayed and reduced vaginal secretion, slower response to stimulation, fewer and less intense orgasmic contractions, and a rapid return to the prearousal state after orgasm.
- *The changes in men include:* a gradual diminution in physiological responses, a delayed and less firm erection, a need for longer and direct stimulation of the penis, a longer time before ejaculation, a shorter and less intense orgasm, a reduction in the amount of semen, rapid loss of orgasm, and a longer refractory period.

Reaction to physiological changes. Physiological changes don’t have to interfere with sexual pleasure or performance. They may, however, create sexual problems. For example, a man who focuses too much on performance may suffer from performance anxiety and erectile dysfunctions. In the same way, people who believe that physical changes are signaling the end of their sexual capabilities, may stop having sexual relations.¹⁵

Quality of relationship and sexual life. The quality of an older person’s sexual life will depend on the current quality of their intimate relationships and on the nature of their past intimate relationships. Research on the sexual life of women who had undergone a hysterectomy found that the quality of their sexual life before the operation was a significant factor in their motivation to regain their sexual life.¹⁶ Professionals must take this fact into consideration when discussing sexual relationships with older people.

Homosexuality and aging. Older homosexual adults are perhaps the most neglected and misunderstood group of individuals over the age of 65.¹⁷ Butler and Lewis have estimated that they comprise 10 percent of the population of men and women over the age of 65.¹⁸ They have probably suffered a lifetime of discrimination, and, unfortunately, most health care professionals who work with the aging are reluctant to consider the possibility that some of their patients are gay or lesbian. No wonder that, while privacy for heterosexual couples is seldom provided in nursing homes, it is often forbidden for homosexual couples.¹⁹ Professionals need to better educate themselves about the needs of older gays and lesbians.

SEXUAL PROBLEMS AND DILEMMAS

During sexuality education training, participants had many opportunities to speak about problems and dilemmas that they had faced in their daily work with the aging. Their discussions included:

Sexual expressions in public areas. The aging who live in nursing homes or in geriatric hospitals have limited opportunities for sexual expression because they have little privacy. Intimacies of any kind between unmarried residents—even hugging, kissing, or holding hands—are frowned upon even though they are performed by consenting adults.²⁰ Nursing home staff complain that residents caress, kiss, and pet in the dining rooms, television rooms, and gardens. They also complain that they masturbate in their rooms. Yet, limited privacy leaves no alternative for the aging if they wish to fulfill their sexuality or intimacy needs. Professionals should learn to differentiate between those who suffer from dementia and those who simply need help in creating their own privacy.

Sexual expression in private areas. Due to budget limitations, many people in nursing homes must share a room. This may limit their ability to have intimate relations with their partners and with themselves. Professional staff who encounter such problems often feel embarrassed, or disgusted. For example:

- A nurse heard strange noises coming from a room in the middle of the night. When she entered, she discovered a male resident masturbating. Instead of quietly leaving the room, she angrily moved things around and straightened the bed covers.
- A nurse found two people of the same gender sleeping together. She complained to the manager and threatened to quit. Professionals need to understand that older people have the right to privacy, to love, to touch, and, when appropriate, to be intimate with themselves and others.

Sexual expression within the client-professional relationship. Professionals involved with the daily care of the aging face many situations—including bathing and dressing—that have the potential for sexual expression. Some older men take advantage of such physical contact to touch the nurse. Others may make intimate suggestions about having sexual intercourse. Many female nurses are often distressed about these sexual advances. Professionals must learn to respond assertively when faced with such situations.

Concerns about sexual abuse of elders. Those elderly with impaired social judgment may act inappropriately by undressing and masturbating in public. Unfortunately, they are vulnerable to sexual advances by other residents. What is the responsibility of professional staff when they see a 75-year-old male resident regularly making advances toward a 70-year-old woman suffering from dementia? The training sessions tried to help the staff understand and act appropriately when faced with such cases.

Resistance of family, residents, and staff. Many residents of nursing homes face conflict with their adult children²¹—and with other residents and staff—when they mention that they want to build a relationship with another resident.

In the case of children. Children often become threatened, jealous, or angry when they learn of their parent's wish. They are often overly protective.²² In such cases, professional staff members must act as mediators, explain the intimate needs of the parent, and refer the family to legal counsel when concerns about finances and inheritance surface.

In the case of other residents. Because widowed women usually outnumber widowed men in nursing homes, it is not uncommon that women residents develop negative, jealous feelings about a female involved in a relationship with a male resident. In one instance, several women in a nursing home called a woman a “whore” and rejected her. She subsequently ended her relationship because she could not stand the pressure. Professional staff should learn to help residents talk about and solve such problems.

In the case of professional staff. The resistance of professional staff is sometimes so powerful that it creates an asexual atmosphere that prevents older people from expressing their sexuality. Professional staff must learn to develop open, positive attitudes; to eliminate negative influences, and to formulate ways of addressing sexuality issues in the aging population.

Judgment of moral issues. Some ethical and moral questions relating to sexuality and the aging include:

- Should staff let unmarried male and female residents permanently share a room?
- Should staff become involved with issues regarding extramarital relations in the nursing home?
- How much information should staff share with a family member about the sexual behavior of a nursing home resident?
- Should staff respond differently to the sexuality needs of healthy and frail residents?
- Should staff provide opportunities for sexual relationships or let the residents find their own solutions?

These and other questions involve a number of ethical problems: autonomy versus dependence; the right of privacy; limits of privacy; double loyalties (elder, spouse, child); the dignity of an aging person; consideration of moral values of other residents or staff.

THE INTERVENTION MODEL

The PLISSIT Model²³, which is used to promote the sexual health of elderly people, includes four steps for professionals to use in working with the elderly on sexual health issues:²⁴

Step 1—Nonverbal environmental cues. Staff should encourage the aging to ask questions about their sexuality by using nonverbal cues and by creating a positive atmosphere. This is often accomplished by displaying posters and distributing brochures and books on various aspects of sexuality and aging.

Step 2—Verbal cues. Staff should use explicit methods to encourage the aging to discuss sexuality issues. This is often accomplished by asking the individual for a brief sexual history, providing pre- and post-operative guidance on sexuality issues, and dealing directly with a patient's questions or worries.

Step 3—Basic training in human sexuality. Staff should develop skills to help the aging expand their knowledge on age-related changes related to sexuality issues. They

should always consider the values and attitudes of the individuals and should develop skills to help them cope with their problems.

Step 4—Referral network. Staff should prepare a referral network of specialists (in sexual therapy, psychology, urology, gynecology, marital counseling, legal counseling) to help their aging patients on specific sexuality issues.

A result of the training sessions is the publication of *Intimacy and Sexuality in the Elderly* written especially for the older Israeli population.²⁵ It contains information on physiological changes, myths, attitudes, social aspects, and health aspects of sexuality and aging.

CONCLUSION

These sessions and workshops for professionals working with the aging have gone a long way toward developing more positive attitudes about and approaches toward sexual intimacies among the elderly. They have also helped to promote a recognition of the aging as sexually intimate human beings.

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TELEVISION TALK SHOWS: MAKING INTIMACIES PUBLIC

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No less than 24 talk shows specializing in the public disclosure of very personal intimacies were broadcast during a recent television season.* As they grew in popularity, the shows received increased criticism on their content from politicians, television critics, and the public. Complaints centered around two areas: too much discussion about sexuality and a challenge to the norms of daytime television propriety. This article, which is based on a detailed analysis of these shows, funded by the Kaiser Family Foundation, considers those criticisms.

Sexual topics. Family-related topics—such as parenting, marriage, and dating—were discussed on more than half the shows. Sexual topics—including relationships, infidelity, and homosexuality—were the next most popular subjects.

Sexual relationships were the focus of one of three of these episodes. (Examples included parents who will do anything to prevent their children from having sexual relations; women who want to have sexual relations with a good-looking man simply to get pregnant; and couples who reunite with one-night stands.)

Sexual fidelity was the focus of one in five of these episodes. (Examples included a female student who has had sexual relations with her married professor; a man who still sleeps with his ex-wife even though he has remarried; and people who seek revenge on their cheating ex-lovers.)

Gay and lesbian relationships were the focus of 12 percent of these episodes. (Examples included a woman who sold her baby to a homosexual couple; interracial homosexual couples; and a husband who admits that he is gay.)

Support for sexual propriety. Audiences consistently supported statements made by the host and the guests on these episodes: 61 percent of the time for the host and 81 percent of the time for the guests. The coders reached this conclusion by recasting the theme of 55 episodes in the videotape sample to statements reflecting contemporary community stan-

dards. (For example, they recast an episode on older women marrying younger men as “Older women should marry men their own age.”) Fully half of the recast propositions dealt with sexual propriety emphasizing who should have sexual relations; how people should properly conduct themselves during and after sexual relations; how people should deal with the consequences of sexual relations; and which sexual activities are—or are not—acceptable.

Intimate disclosures. A typical one-hour episode included four disclosures about sexual activity (relationships, deficiencies, pregnancy, abortion, rape, or safe sex); one about sexual orientation; three about abuse (verbal, sexual, physical); two about an embarrassing situation (past experiences, concealed relationships, feelings about one’s partner); four about personal attributes (physical and mental health, individual traits); and two about criminal activity (theft, rape, murder).

One third of all disclosures on an episode were about sexual issues. Sample disclosures included: a woman claiming her sister began having sexual intercourse when she was eight years old; and a woman saying her father was gay.

Implications for sexuality education. Talk shows generally focus on relationships within families. Guests are not shy—perhaps even eager—to talk about intimate sexual issues. In fact, approximately a third of the private information shared on these episodes was about the guest’s sexual behavior or that of a friend or family member. As such, these shows provide a unique—if not intelligent—source of sexuality information.

The shows are taking a position on these behaviors that is consistent with social norms. Guests taking part in questionable sexual practices (such as cheating on their spouse) are most often treated with disdain by both host and audience.

The potential implications for sexuality education on these shows is both compelling and disturbing. Issues that are barred from classrooms are frequently discussed out of context. Can schools and school boards afford to ignore these informal sources of sexuality education? Probably not.

The media environment of daytime television talk shows will likely require schools to reconsider the comprehensiveness of the sexuality education they provide for their young people.

*Statistics for this article are based on videotapes and/or transcripts of 200 episodes of 11 of the most highly rated television talk shows broadcast during the 1995–96 broadcast season. They were Oprah Winfrey, Ricki Lake, Jenny Jones, Sally Jesse Raphael, Maury Povich, Montel Williams, Phil Donahue, Geraldo Rivera, Jerry Springer, Gordon Elliott, and Rolanda Watts.

PERSONAL VIEWS ON LOVE AND INTIMACY

"If we are going to create a more humane world, it's important to discover how to form sustained relationships that fulfill our deepest needs and contribute to an atmosphere of caring," editor Hugh Delehanty wrote in the November-December 1996 issue of the Utne Reader.

Four sexuality educators have provided their own observations on love and intimacy for this SIECUS Report. They discuss the roles that self-awareness, trust, commitment, competition, honesty, compassion, and respect play in the search for such meaningful relationships. Each is written from the unique perspective of the author.
— Editor

SELF-ACCEPTANCE AND INTIMACY

Most people spend a great deal of time and effort seeking intimacy. Yet, for many, it remains elusive. Intimacy involves feelings of emotional closeness and connectedness as well as the desire to share innermost thoughts and feelings. It also involves mutual trust, caring, and acceptance.

Some psychologists regard intimacy as the basic component of romantic love. Close friends and family become emotionally intimate when they deeply care for each other and share their private feelings and experiences.

It is not necessary, however, for people to become sexually intimate in order to have emotionally intimate relationships. In fact, sexual intimacy does not automatically produce emotional intimacy. People who are sexually involved may fail to touch each other's lives in emotionally intimate ways. Some couples who fall in love may not be able to forge an intimate relationship because of an unwillingness or an inability to exchange thoughts and feelings.

In order to understand intimacy, people must first examine its basic components: caring, sharing, trust, commitment, honesty, empathy, and tenderness. These components do not usually exist separately. They are, instead, blended into a unique amalgam with each strengthening and reinforcing the other. Two individuals are more likely to achieve emotional intimacy if they give similar weights to each component. That is, they should agree on how they will value and manifest each component.

Some psychologists feel that people will have intimate relationships only after developing a firm sense of self. People who don't like themselves or who are ashamed of who they are will often have a difficult time with intimacy because they are preoccupied with trying to prove themselves to others or to gain recognition or respect. Many such people will often block self-awareness by using drugs or

alcohol or immersing themselves in their work. Others may become involved in relationships where someone else cares for them, protects them, and entertains them.

This does not mean that people must be totally happy with themselves in order to achieve intimacy. They must, however, have the ability to expose some part of their soul. They must fearlessly face what their intimates already know. People who never look inward (whether out of fear or self-hatred) have such distorted self-perceptions that they will not likely contribute to an intimate relationship with someone else.

Unless people learn to become self-reflective and self-compassionate they will have little possibility of achieving intimacy with others.

—Leon Kassman, president, and S. Alexander Weinstock, Ph.D.,
director of research, Condax, New York, NY

IT'S NOT THAT I DON'T TRUST YOU, BUT...

When I first read the *SIECUS Report's* call for submissions on the topic of "Love and Intimacy," I felt the subject was ironic. "Love and intimacy *and sex* in the 1990s?" I said to myself. "Who are they kidding?"

Love is not possible without trust. And we live in a time where we teach and are taught that trust is deadly. Love is a concept from another time—a time when trust was possible, available, and assumed. Now we hope we can trust someone even though we know we *should* not—and *can* not. Love and intimacy are terms from a less cynical time.

"You just never know" is a popular phrase of my generation. All of us (dare I use the term "twentysomethings"?) have uttered this phrase more than once. It is what we say when we learn that our friend's mother's ex-lover—she is supposedly his first—gave her herpes. It is what we say when we learn our friend's second husband was that same friend's elementary reading tutor (soccer coach, pastor, or next door neighbor). We say it with a cluck and a shake of the head when we hear of women who contracted HIV from their husbands of 20 years. We say it to make palpable the fact that people we trust may have the power to kill us. It is the motto of an age of cynicism.

In a 1994 interview for *Poz* magazine, Pedro Zamora said that "my generation doesn't know a time when AIDS didn't factor into sex." For some of us, AIDS was not at first about us. It was about older, gay men. Definitely not about young women. But now it's about everyone. And as women we can't pretend it's not about us, not anymore.

But how is it possible to live a healthy, fulfilled emotional and sexual life if that little voice of doubt is always there? The tiny, omnipresent voice may keep us physically healthy. But does it keep us from being emotionally—and, thus, sexually—healthy?

As a health educator and sexually active “twentysomething,” I struggle constantly with these questions. I know that condoms and other barriers will significantly reduce the risk of HIV infection. But at what point can I stop doubting and begin to trust another person? After a year? Two? Ten? After how many HIV tests, after how many STD screens, after how many tedious and excruciating conversations about behaviors and honesty? How many conversations—spoken and silent—will begin with, “It’s not that I don’t trust you, but...?”

As a teenager, I was terrified of sex, but mostly I was afraid that my mother would find out. Now teens are terrified of “the towering specter of AIDS” and death. Most are learning that sex equals intimacy and sex equals death so intimacy equals death. How does trust enter the equation? And, without trust, is there room for love?

Might magazine, in a thought-provoking 1996 feature called “The Moment,” asked many writers and educators to discuss the process of sexual decision making. The moment: that point during sex—whatever that is—at which one or both parties are faced with the choice, the decision, about whether or not the action, the activity, the sex will continue. We grew up with this moment, we develop sexually and emotionally knowing that this moment is about our very existence. We grew up knowing that one incident of misplaced trust could cost us our lives.

As health educators, we are encouraging mistrust. We are teaching mistrust. We are discouraging intimacy, and replacing it with fear and doubt. As health educators, we are aware of the many factors which influence health-related decisions. But we must also consider how these messages influence the other decisions our audiences will make. How will these generations, raised with these messages of doubt and mistrust, be able to enter into long-term, interpersonal relationships? Will their capacity to engage in these relationships be diminished, or disappear? Have we entered into an era in which physical and emotional well being are mutually exclusive?

I am a lot less self-righteous now than I was when I began this job. I have seen my own life and those of my friends influenced by a multitude of prevention messages which seem to add up to this: You just never know. You just can’t trust anyone. I see the nagging doubt that lingers despite the absence of any evidence to support it. I see the emotional fatigue that is the result of the inability to completely rely on another. I see the frightened realization that this might very well be the way it is always going to be.

In the many roles we play—health educators, friends, parents—we must examine our messages and remain constantly vigilant about the fact that we are talking about far more than disease prevention and sexual health. We are talking about interpersonal intimacy, diminished or expanded emotional capacities, and the possibility—I hope—of love.

—Sylvia Fagin, *Education/Prevention Coordinator*,
North Central District AIDS Coalition, Bellefonte, PA

LOVE AND INTIMACY IN SEXUALITY EDUCATION

What’s missing in many sexuality education programs these days? The answer: An honest study and discussion of *love* and *intimacy*.

Almost everyone acknowledges that love is one of the most wonderful, compelling, and driving forces in their lives. Yet, not many who see “it,” experience “it,” and are thrilled by “it” are able to sustain a loving, caring relationship for very long, let alone a lifetime. (Need I remind you that for every *two* marriages in the United States there is *one* divorce?)

Disappointment in love is very probably a reality in the lives of most people. Yet love is what people seek most. And love has the potential to cause them the most misunderstanding, tragedy, hostility, and confusion. Pepper Schwartz, a professor of sociology at the University of Washington, described *sexuality* in this astonishingly perceptive way in the June/July 1994 issue of the *SIECUS Report*:

[It] is messy, passionate, unclear, tentative, anxiety-producing, liberating, frightening, embarrassing, consoling, appetitive, and cerebral. In other words, [it] is contradictory, it is different for different people, and [it] is even different for the same person at different times.¹

I ask that you reread this passage aloud and substitute the word *love* for *sexuality*. You will, in the process, have the best possible definition of *love* as well as a candid explanation of why “it” gets so many people into trouble—or causes them so much happiness.

What are some of the myths and questions about love and intimacy that need reflection and study in the context of sexuality education and/or self-esteem curricula?

Many young people develop strong friendships and then “test” them with sexual relations. When they find the initial sexual encounter less than satisfying (most such first encounters are), they think they have failed. As a result, they break up what could have become a perfectly good and mature relationship.

Many people confuse sexual relations with *love*. In reality, some people that have exciting sexual relations don’t even *like* each other. Similarly, some people that love each other have uninspired sexual relations. The dumbest thing a person can do is to marry a person simply because the sex-

ual relations or "chemistry" are good. If that is all a couple can look forward to, they should not marry.

Some of the questions that people have about love and intimacy include: What is a balanced view of sex in a loving relationship? Are abusive relationships ever loving ones? Why is there such a vast difference between the public (media) image of love and the private experience of it? How can people tell if they are really in love?

Love is either mature or immature. It is not difficult to tell the difference. Mature love is energizing. Immature love is exhausting.

An immature relationship is usually hostile and dependent. The couple can't bear to be apart. But they usually fight and argue when they are together. They have mood swings, make jealous accusations, and may even be violent. They are often insensitive and selfish. One is always trying to meet the needs of the other. And neither is satisfied. Their love feels like a burden. (When Sally says that she has a headache, Don angrily replies, "Of course you'd *have* to get a headache on *my* day off!" If they were in a mature relationship, he'd say, "I'm sorry that you have a headache. I'll get you an aspirin. We can have sex tomorrow.")

Mature relationships are full of energy. These couples have time to do almost everything they want. They act responsibly and enjoy each other. They might argue, but not that much. They want to please each other. Mature relationships evolve. People in such relationships are committed to each other's growth.

How can people tell if they are experiencing infatuation or mature love? They can't during the first months. But, once the relationship settles down, all or some of the signs that signal mature love will appear and the couple will know if they are *really* in love.

"Our culture is deeply regressed," says New York City psychotherapist Florence Falk. "Everywhere we turn, we're faced with glamorized, idealized versions of love. It's as if the culture wants us to stay trapped in the fantasy and does everything possible to encourage and expand that fantasy.... Trying to forge an authentic relationship amidst all the romantic hype makes what is already a tough proposition even harder."²

Sharon Thompson has compiled a remarkably insightful study about teenage experiences of love and sexual relations. She summarizes in her book *Going All the Way* that "in general, the more a teenage girl view[s] the elements of sex, reproduction, and love as fused and expect[s] them to generate the central meaning of her life, the less likely she [is] to use protection or contraception and the greater the likelihood of, if not melodrama or tragedy, at least a loss of strength, possibility, and confidence.... [The more a girl]... balance[s] the desire for love with an array of other concerns and relationships or accept[s] love as ephemeral,

the more likely she [is] to be realistic, even humorous about romance."³

The challenge of sexuality educators remains how to rise above the plumbing, how to rise above the moralistic imperatives that don't permit discussion of diversity of values, and how to get beyond the criticism that analysis *per se* spoils the romance of love. Perhaps we must simply say that we've got to *talk* about love and give it a lot of *thought*—especially before couples make decisions about commitment to a relationship.

—Sol Gordon, Ph.D., Professor Emeritus,
Child and Family Studies, Syracuse University, Syracuse, NY

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MALE COUPLES:

THE STRUGGLE WITH COMPETITION

Most male couples today claim to have an equal relationship. They both work, do chores, own cars, care for their pets, and share expenses. This does not, however, necessarily mean that they have an equal relationship. An equal relationship means that both share power, have given up some control, and are not in competition with each other. Such equality is essential for intimacy. In reality, intimacy is very difficult for male couples because of the issues of power, control, and competition.

The need to win. Most male couples struggle with the issue of competition, which is really about power and control. This is a major struggle not because the men are gay but because they are men. This all started when they were boys and they started to get the message that they must "win." It is hard for men to give up that message. When two men work together (whether they are gay, straight, or bisexual), they will find that competition is a central part of their lives.

This competition can cause major problems because two people involved in a loving relationship should not compete with each other. No one wins when this happens. In fact, it can kill a relationship. For many male couples, the struggle with competition is always present. And it is almost always part of every conflict they have. Unfortunately, these issues make it difficult for two men to attain intimacy with each other. And because of these issues they frequently build walls to protect themselves from being hurt. This happens because the relationship involves two men who don't know how to handle the issues of power, control, and competition.

They need to find a way to make their relationship

work and to attain intimacy. They can if they acknowledge three things: issues of power, control, and competition will always exist in their relationship; they must view these issues in a positive way; and they can replace the words power, control, and competition with star and stardom.

Discussing power, control, and competition. Male couples can begin to discuss the roles that power, control, and competition play in their relationship by talking about them in terms of being stars and having their own stardom.

Let me give you an example. My mother was in charge of the home in my family. She was in control and had power in this area. My father never competed. He was the “bread winner” and was in charge of the family finances. He was in control and had power in this area. My mother never competed. My mother was the star in taking care of our home. My father was the star in providing income. They each felt good about their own stardom. They each acknowledged the other’s stardom.

Some people may find it difficult to think of a wife and mother as a star because our society has generally defined stardom in terms of income or corporate success. I would like to see people define their own area of success as their area of stardom. One person may star at home while another may star in public. One may star at singing while another may star at cooking.

Enjoying each other’s “stardom.” It is important that both men in a relationship star at something—but not in the same area and not at the same time. The couple should agree upon each other’s stardom. It must feel good for both members. I believe that both members must star at something in order to have an intimate relationship. I believe that both need to enjoy the stardom of the other, that each needs to compliment the other, and that each needs to make certain that he does not try to outshine the other. Each should star in his own area and not compete.

Years ago I met my life partner-to-be at a pool party. This tall, blond, handsome man was the center of attention and stood out from everyone else. I, on the other hand, was sitting unobtrusively at a poolside table reading a book. We were attracted to each other. There was no competition between us at the pool party. He was the star. He continues to star in that area. And I enjoy his stardom.

I frequently give presentations to college groups—particularly to gay groups. During these presentations, I am generally the center of attention. My partner knows this usually happens. He enjoys knowing it.

All couples must find ways to complement each other. As I said earlier, my partner is the star at parties. He is also the star in the fun department. This is good because I need someone to get me to relax and have fun. When we were recently vacationing in Bermuda, he planned an “adventure” where we would dive off our boat and snorkel. I agreed to participate even though I knew I was going to dive into “my watery grave.” Of course, I had a great time. I enjoyed his taking control of our entertainment. I don’t read as many books as I used to on vacation, but I have more fun. We have found happiness through cooperation with each other.

Talking about stardom, not power. Sometimes two men will compete for stardom in the same area. This may result from a perceived unequal distribution of stardom—with one man having more starring roles than the other. Even if the person with the most starring roles is a loving and caring partner, he may cause the partner to feel that he is “tagging along” for the ride. In this situation, the couple should talk about who will star in which area. This is so much easier than talking about power and control

“I thought we agreed that I would be the star while we were at parties,” one partner might say. “Last night at Mom’s, you talked the entire time about our trip to Bermuda while I just sat and listened. Why did you decide to become the star last night?”

“You are always the star!” the other might reply. “I need to be a star more often.”

I have learned that male couples who really care for each other want each other to star in their best areas. Couples can talk about where they should star. It is easier for them to step back and watch the other star when they agree in advance.

Male couples can make it when they stop competing with each other and work together so that both can have their own stardom.

—*Kenneth D. George, Ed.D., Professor of Education, Director of Human Sexuality Education, Graduate School of Education, University of Pennsylvania, Philadelphia, PA*

 FILMS ABOUT LOVE AND INTIMACY

Although most popular films are notorious for depicting relationships in a simplistic and unrealistic manner, some are noteworthy for providing an honest and insightful look at the complex ways in which people relate and commit to each other. Such films can provide individuals with the opportunity to vicariously experience events, decisions, emotions, and behaviors. They can also help them to understand the relationships of diverse people whose emotional and sexual lives are often ignored.

TYPES OF RELATIONSHIPS

In mainstream American culture, intimate sexual relationships between men and women receive the lion's share of attention and emphasis. But most people have an array of close relationships—with their family and friends as well as their romantic attachments.

Families. Contemporary American families come in all sizes and shapes and often involve a complex web of relationships among partners, parents, siblings, grandparents, and others. Films can help people see how families respect and support one another as well as how they can abuse each other. They can also show them how families get help and begin to repair damaged relationships or to detach from those they cannot change.

Couples. Sexual attraction and behaviors are only one aspect of a loving, intimate relationship. Others include shared values, goals, and interests; mutual respect and trust; a willingness to communicate; and the ability to address difficult emotions (such as fear and anger) in constructive ways. Films can show partners navigating through such decisions as learning how to share responsibilities, how to handle conflict, how to plan a family, and how to minimize the risks of sexual behaviors.

Friendships. People often find that friendships—characterized by sharing interests, time, and private feelings—are one of their top priorities. Films can show friends resolving problems by honestly communicating with each other, supporting each other in the face of social pressures, and validating each other's strengths.

Diversity. Films can also help to dispel stereotypes about people whose relationships are often overlooked, distorted, or denigrated. For example, films about gays or lesbians can help counter misperceptions about how they relate to each other

and can challenge beliefs that gay men are only interested in fleeting sexual encounters and that same gender couples adopt "male" and "female" roles. They can also illustrate how gay and lesbian relationships are initiated and sustained in a heterosexist culture. Similarly, films about the elderly or people with disabilities can help to change the perception that these people are unattractive and asexual. They can also illustrate the pain and loneliness they experience due to cultural ignorance and prejudice.

THE FILMS

These films were reviewed by SIECUS staff members for possible use in helping individuals learn about love, intimacy, and meaningful relationships. They are presented as possibilities and not as an exhaustive or recommended list. When selecting films, individuals should follow their organization's guidelines for audiovisual materials and assure that the films are age appropriate. They should also personally preview them.

Beautiful Thing

This story is about coming of age and first love. Two teenage males, Jamie and Ste, live side by side in a bleak London apartment complex. Sensitive and introverted Jamie lives with his mother. Athletic and popular Ste lives with his abusive father. The young men become good friends and share interests. They gradually realize they love each other. The story focuses on their coming out and the coming together of family and friends. (R-1996)

Boys on the Side

This is the story of three women—Jane, Robin and Holly—who are looking for fulfillment in their lives. It starts with Jane and Robin driving West from New York City. Jane is looking for something to give her hope. Robin is escaping from a past that resulted in her becoming HIV-positive. They stop in Pittsburgh to visit Holly, who decides to leave a bad relationship and join them. The three bring a sense of trust and commitment to each other that they have never felt before. (R-1994)

Coming Home

This is the story of an Army wife, Sally, involved in marriage that doesn't work. When her husband Bob is transferred to Vietnam, she develops an independence and passion for life

as a result of her volunteer work in a California veterans' hospital. She also builds a strong friendship with Luke, a paralyzed veteran, that is filled with caring, encouragement, patience, and shared values. They eventually fall in love and have a fulfilling emotional and sexual relationship. (*R-1978*)

Driving Miss Daisy

This film is about Daisy, an aging Jewish woman, and Hoke, an African-American, who is hired by her son as her chauffeur. The story shows the progression of their relationship from "employer-employee" to one of most trusted friends and life companions. Growing over two decades, their story is essentially one about two people who develop a strong sense of respect and love for each other. (*PG, 1989*)

Hannah and Her Sisters

This is a story about the triumphs and disappointments in human relationships. The plot revolves around the lives of three sisters—Hannah, Holly, and Lee—living in Manhattan. They ultimately share lovers, husbands, fears, and triumphs—all illustrating the comic elements of life and everyone's need for love. The film combines the basic human elements of living, laughing, and loving. (*PG-1986*)

Harold and Maude

This story is about Harold, a young man obsessed with death, and Maude, an aging woman in love with life, who meet at a funeral and develop a friendship where they share their feelings with each other. Even though they fall in love, they face severe opposition from those who think their ages are too disparate. The story is an honest look at life and love. (*PG, 1971*)

The Incredibly True Adventure of Two Girls in Love

This film explores the angst, confusion, and excitement of teenage romance through the relationship of two young girls. Evie is a senior honor student getting ready to go to college. Randy is a tomboy from the other side of the tracks who works parttime as a gas station attendant. They develop a strong, meaningful relationship with each other. (*R-1995*)

Marvin's Room

This film tells the story of Bessie and Lee, two sisters who haven't seen each other in 20 years. Diagnosed with leukemia, Bessie calls Lee in Ohio and asks her to come to Florida to test for a bone marrow match that can save her life. The reunited sisters compare their lives. Lee thinks Bessie has wasted her life taking care of their father, Marvin, and their aunt, Ruth. But Bessie has no regrets. Talking of the

love she has had in her life, she says the greatest fulfillment is not the love she has received but the fact that "I love them." (*PG-1996*)

Parenthood

This film—about four generations of one family—is a funny, yet wise, look at how parents and children live, love, and learn from each other. All of the characters are related to Gil and Karen, who are busy—to the point of distraction—trying to create the wholesome American family. The funny situations bring out the truth in their family: the search for love, the inevitable alienation, the need for understanding, the struggle to keep everything together, and the bonding that comes with long-term commitment. (*PG-1989*)

Scenes From a Marriage

This film examines the relationship of Marianne and Johan, a successful, upper middle class couple married for ten years. It begins with their participation in a magazine interview. Johan says they are an "ideal couple." Marianne, however, hints at something entirely different. So begins an unflinching and wrenching examination of their relationship. They eventually realize that their marriage is deeply troubled from lack of communication and faded sexual desire. They have succeeded in the world but failed at love and intimacy. (*PG-1973*)

The Truth About Cats and Dogs

This film is a comedy about Abby, a veterinarian and radio talk show host, and Brian, a photographer, who calls for help regarding his Great Dane. They develop a relationship over the phone. Abby is, however, frightened about meeting Brian. She is afraid he might not like what he sees. (*PG13-1996*)

Waiting to Exhale

This film explores the relationships of four African-American women—Savannah, Bernadine, Gloria, and Robin—searching for lasting love and fulfilling relationships. They are tired of being treated as disposable commodities by men who will talk about anything prior to having sexual relations but say nothing afterwards. The film looks at the compromises they make and the importance of mature love. (*R-1995*)

About the Authors. This article was written by Sarah Beshers, who is working on her doctorate degree in sexuality education at the University of Pennsylvania. The film synopses were written by members of the SIECUS staff including Mac Edwards, Caroline Kelly, Emily Lamstein, Ruth Mayer, Coralie Meade, and Carolyn Patierno.

SEXUALITY AND UNDERSERVED YOUTH IN COMMUNITIES OF COLOR

This *Fact Sheet* looks at issues that affect the sexual development of underserved youth in communities of color. It is designed for educators, health care providers, and policymakers.

Seventy percent of children in communities of color live in extreme poverty, and children in these communities are more likely to live in poverty than their Caucasian counterparts. In fact, the Poverty Rates for Youth (PRYs) between 16 and 17 years old is 41.9 percent in the African-American population and 35.2 percent in the Latino population. In stark contrast, the PRY for Caucasian youth this age is 14 percent.¹

These realities—as well as the recent movement of government assistance from the federal to the state level and the repeal of welfare programs—have direct repercussions on the provision of services to these young people. Efforts to teach comprehensive sexuality education to these youths is just beginning in many underserved communities. Yet, at the same time, abstinence-only education has become a federally supported program. Even though abstinence is a viable option for these young people, research has shown that fear-based programs will not provide them with the tools they need to make responsible, realistic decisions about sexuality. It is crucial that young people receive comprehensive sexuality education to help them make responsible decisions on issues of abstinence; intimacy; sexual limit setting; resistance to social, media, and peer pressure; and pregnancy/STD prevention without depriving them of knowledge or threatening them with fear.

SEXUAL INTERCOURSE

- Seventy percent of high school seniors have engaged in sexual intercourse by the time they graduate.²
- Among males aged 15 to 19, 81 percent of African-Americans, 60 percent of Latinos, and 57 percent of Caucasians have had sexual intercourse. Among females aged 15 to 19, 59 percent of African-Americans, 45 percent of Latinas, and 48 percent of Caucasians have had sexual intercourse.³
- Sixty-five percent of male and 56.6 percent of female Native-Americans have had sexual intercourse by the 12th grade.⁴

HIV/AIDS AND OTHER STDs

- Over 3 million adolescents are infected yearly with an STD.⁵
- Young people aged 15 to 19 have the highest rates of gonorrhea infection in the United States. These rates are particularly high for African-American adolescents. In 1995, African-American women in this age group had 4,433 cases per 100,000 population and African-American teenage men had 3,267 cases per 100,000 population.

These rates are 27 percent higher than those of Caucasian adolescents.⁶

- African-American and Hispanic youth aged 13 to 19 account for 65 percent of teenage AIDS cases and 70 percent of HIV-infected teenagers in the United States.⁷
- AIDS is the fourth leading cause of death in African-American females aged 15 to 24. It is the fifth leading cause of death among their male peers.⁸
- Latino adolescents comprise 18 percent of reported AIDS cases among youth aged 13 to 19; 21 percent of AIDS cases among affected Latino adolescents are among females.⁹
- Among Asian/Pacific Islander and Native-American adolescents, AIDS is the sixth leading cause of death.¹⁰

PREGNANCY

- Fifty-four percent of African-American and Latino youth aged 15 to 19 use contraception at first intercourse compared to 69 percent of their Caucasian peers.¹¹
- The 1995 *Youth Risk Behavior Surveillance* reported that 45.6 percent of sexually active teenagers in grades nine through 12 had not used condoms during their latest

sexual intercourse. The report found that 66.4 percent of African-American male teenagers reported condom usage as compared to 52 percent of Caucasian teenagers and 44.4 percent of Latino teenagers.¹²

- In 1994, the teen birthrate dropped slightly among African-Americans, stayed the same among Caucasian teens, and rose slightly for Latinas. The birthrate for Latina and African-American teens is 108 per thousand females aged 15 to 19 compared to 40 births per thousand for Caucasian females aged 15 to 19.¹³
- One in five African-American teenagers and one in six Latina teenagers become pregnant each year.¹⁴
- Native-American adolescents have major concerns about pregnancy. Over 46 percent of sexually active males, and 42 percent of sexually active females worry about pregnancy.¹⁵ Among Native-American mothers, 41 percent had their first child before the age of 20 as compared to 23 percent of all mothers in the United States.¹⁶
- There is a direct relation between poverty level, education of parents, and pregnancy rates in communities of color. Young people who live in extreme poverty with parents who have low levels of education have higher rates of pregnancy than youths who live in better socio-economic conditions.¹⁷
- Women who bear children at an early age tend to earn less money than women who wait until adulthood to become mothers. Children living with teenage mothers are more likely to live in extreme poverty. Early child-bearing among Latino teens may be strongly related to perceived notions of limited options.¹⁸

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CALL FOR SUBMISSIONS

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Religion and Sexuality.

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New Issues on the HIV Pandemic.

December 1997/January 1998 issue.

Deadline for final copy: October 1, 1997.

Multicultural Perspectives on Sexuality.

February/March 1998 issue.

Deadline for final copy: December 1, 1997.

Sexual Orientation.

April/May 1998 issue.

Deadline for final copy: February 1, 1998.

Sexuality Education Worldwide.

June/July 1998 issue.

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Sex and the Law.

August/September 1998 issue.

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A SIECUS Annotated Bibliography of Organizations and Available Materials

Sexual feelings and desires exist throughout the life cycle. Yet, information has tended to focus on sexuality as it relates to young people and young adults. With the baby-boom generation moving into middle and later life, people are now, with increasing frequency, acknowledging the sexuality needs of older adults. There is currently a wide variety of literature on sexuality issues for adults in middle and later life. This bibliography lists publications and resources for these adults as they face physical and emotional changes as well as new challenges and experiences.

SIECUS does not sell or distribute any of these publications. They are, however, available for use in the Mary S. Calderone Library. For those interested in purchasing certain books, each annotation contains ordering information. Please call individual publishers for shipping and handling charges.

Copies of this bibliography are available for purchase from the SIECUS Publications Department. Costs are: 1-4 copies, \$2.00 each; 5-49 copies, \$1.75 each; 50-100 copies, \$1.50 each; 100 or more copies, \$1.25 each.

SIECUS is located at 130 West 42nd Street, Suite 350, New York, NY 10036-7802; 212/819-9770; FAX 212/ 819-9776; E-mail SIECUS@siecus.org; Web site: <http://www.siecus.org>.

This bibliography was compiled by Amy Levine, librarian, and Caroline Kelley, library assistant, at the Mary S. Calderone Library.

GENERAL

The Family Guide to Sex and Relationships

Richard Walker, Ph.D.

Complete with over 300 color photos, illustrations, and diagrams, this book presents comprehensive information on the entire sexuality spectrum. Three chapters address sexuality in middle and later life. 1996; \$34.95; 320pp.; ISBN 0-02-861433-X; Macmillan USA, 201 W. 103rd, Indianapolis, IN 46290; Phone: 800/428-5331; FAX: 800/882-8583; Web site: www.superlibrary.com

Gay Midlife and Maturity

John Alan Lee, Ph.D., Editor

This book is a collection of articles that demonstrate—through formal research reports and personal experiences—the diversity of gay men and lesbians. It discusses aging from a positive perspective. 1991; \$39.95; 233pp.; ISBN 1-56024-028-8; The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/342-9678; FAX: Phone: 800/895-0582; E-mail: getinfo@haworth.com

Growing Older Together: A Couple's Guide

Barbara Silverstone and Helen Kandel Hyman

Designed to help couples over 55 years of age cope with issues unique to later life, this book addresses topics such as preparing for retirement, evolving marital and family relationships, and illness and disabilities.

1992; \$15.00; 344pp.; ISBN 0-679-72155-X; Pantheon Books; Random House, Inc., 400 Hahn Road, Westminister, MD 21157; Phone: 800/733-3000; FAX: 800/659-2436; Web site: www.randomhouse.com

Love and Sex After 60

Robert N. Butler, M.D. and Myrna I. Lewis, M.S.W.

This book provides older adults with the most up-to-date information on late-life sexuality. Chapters include: "Love and Sex After 60" and "Normal Physical Changes in Sexuality That Occur With Age."

1993; \$11.50; 321pp.; ISBN 0-345-38034-7; Ballantine Books; Random House, Inc., 400 Hahn Road, Westminister, MD 21157, Phone: 800/726-0600; FAX: 800/659-2436; Web site: www.randomhouse.com

Questions and Answers About Sex In Later Life

Margot Tallmer, Ph.D.

This book addresses the most commonly asked questions about sexuality in later life. Written in a question-and-answer format, it discusses such issues as dating, nudity, and sexual desire. It also looks at sexuality in the nursing home environment.

1996; \$15.95; 142pp.; ISBN 0-914783-75-0; The Charles Press, Publishers, P.O. Box 15715, Philadelphia, PA 19103; 215/545-8933; FAX: 215/545-8937; E-mail: chsprspub@aol.com

Second Honeymoon: A Pioneering Guide for Reviving the Midlife Marriage

Dr. Sonya Rhodes with Susan Schneider

Written by a couples therapist, this book looks at the impact midlife has on couples and marriage. It focuses on the premise that most couples are looking for a way through the crisis—not out of the marriage. It also provides strategies and techniques for reviving marriage in midlife.

1992; 287pp.; ISBN 0-688-10118-6; William Morrow and Company, Inc.; out of print; available in libraries.

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The Sensuous Heart: Guidelines for Sex After a Heart Attack or Heart Surgery

Suzanne Cambre, R.N., B.S.H.A.

This cartoon-style booklet explains the emotional and physical needs of people who have had a heart attack or heart surgery. It answers questions about sexual intercourse and discusses the effects of alcohol, prescribed drugs, stimulants, and illegal drugs. 1990; \$5.75; 20pp.; ISBN 0-939838-28-1; Pritchett & Hull Associates, Inc., 3440 Oakcliff Road NE, Suite 110, Atlanta, GA 30340; Phone: 800/241-4925; FAX: 800/752-0510.

Sex and Back Pain: Advice on Restoring Comfortable Sex Lost to Back Pain

Lauren Andrew Herbert, P.T.

A physical therapist describes types of back pain and suggests comfortable sexual positions. Drawings and photographs illustrate exercises and positions.

1992; \$12.95; 102pp.; ISBN 1-879864-00-2; IMPACC, Inc., P.O. Box 1247, Greenville, ME 04441; 800/762-7720; FAX: 207/695-2330; E-mail: order@IMPACCUSA.com, Web site: www.impaccusa.com

Sex in the Golden Years

Deborah S. Edelman

This study of the sexuality of older adults covers a range of issues from myths about aging to personal body image. It affirms that love and sexuality are not age related.

1990; 222pp.; ISBN 1-55611-207-6; Donald I. Fine, out of print; available in libraries.

Sexual Awareness: Enhancing Sexual Pleasure

Barry and Emily McCarthy

This comprehensive sexuality guide for couples incorporates exercises, case studies, and illustrations to assist couples in improving their sexual relationships. One chapter focuses specifically on "Sexual Expression and Aging."

1993; \$22.95; 272pp.; ISBN 9-7867-0015-7; Carroll & Graf Publishers, Inc., 260 Fifth Avenue, New York, NY 10001; Phone: 212/889-8227.

Sexual Pharmacology: Drugs That Affect Sexual Functioning

Theresa L. Crenshaw, M.D.
and James P. Goldberg, Ph.D.

This reference book explains both the positive and negative sexual side effects of prescription drugs. Intended for medical professionals, it is also an excellent resource for consumers who want to learn about the effects of the drugs they use.

1996; \$75.00; 596pp.; ISBN 0-393-70144-1; W.W. Norton & Company, c/o National Book Company, 800 Keystone Industrial Park, Scranton, PA 18512; Phone: 800/233-4830; FAX: 800/458-6515.

Sexuality Across the Life Course

Alice S. Rossi, Editor

This book is a collection of 14 diverse essays on sexual behavior throughout life. They include "Sexuality, Marriage, and Well-Being: The Middle Years"; "Sex and Sexuality in Later Life Stages"; and "The Effect of Chronic Disease and Medication on Sexual Functioning."

1994; \$34.95; 418pp.; ISBN 0-226-72833-1; The University of Chicago Press, 11030 South Langley Avenue, Chicago, IL 60628; Phone: 800/621-2736; FAX: 800/621-8476.

MEN

The Complete Prostate Book: Every Man's Guide

Lee Belshin, M.S.

Addressing both benign prostatic hyperplasia (BPH) and prostate cancer, this guide offers helpful advice to men with such problems. Topics include diet, exercise, stress management, and treatment options. It includes a resource list of organizations and a glossary.

1997; \$14.95; 226pp.; ISBN 0-7615-0447-8; Prima Publishing, P.O. Box 1260-BK, Rocklin, CA 95677; Phone: 800/632-8676; FAX: 916/632-1232; Web site: www.primapublishing.com

Gay and Gray: The Older Homosexual Man

Raymond M. Berger

This book, now in its second edition, examines the depth and complexity of aging among gay men. Consisting of interviews and questionnaires, it breaks the stereotype that older gay men do not adjust well to aging. Chapters include: "The Older Homosexual Man in Perspective" and "Sexual Attitudes and Behavior in Midlife and Aging Homosexual Males."

1996; \$14.95; 333pp.; ISBN 1-56023-875-5; The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/342-9678; FAX: 800/895-0582; E-mail: getinfo@haworth.com

Male Sexual Vitality

Michael T. Murray, M.D.

This guide presents both conventional and holistic approaches to improving male sexual health. Subjects include the male reproductive system, erectile dysfunction, infertility, prostate health, genitourinary tract infections, and eating habits.

1994; \$10.95; 150pp.; ISBN 1-55958-428-9; Prima Publishing, P.O. Box 1260-BK, Rocklin, CA 95677; 800/632-8676; FAX: Phone: 916/632-1232; Web site: www.primapublishing.com

The New Male Sexuality

Bernie Zilbergeld, Ph.D.

This self-help book is about the sexual development, thoughts, feelings, and behavior of men—from young adulthood through old age. It discusses male sexuality, relationships and resolutions to sexual problems.

1992; \$7.50; 580pp.; ISBN 0-553-08253-1; Bantam Doubleday Dell Books, 2451 South Wolf Road, Des Plaines, IA 60018; Phone: 800/223-6834; Web site: www.bdd.com

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WOMEN

Dr. Susan Love's Breast Book*Susan M. Love, M.D.*

This second edition provides a comprehensive look the breast and health implications for women of all ages. Chapters include "Diagnosis of Breast Problems" and "The Causes of Breast Cancer" 1995; \$17.00; 627pp.; ISBN 0-201-40835-X; Addison-Wesley Publishing Company, Corporate and Professional Order Department, 1 Jacob Way, Reading, MA 01867; Phone: 800/822-6339; FAX: 800/367-7198; Web site: www.aw.com

Dr. Susan Love's Hormone Book*Susan M. Love, M.D.*

This book provides comprehensive information on menopause. Chapters include "What Is Menopause" and "Hormones: The Menu of Options." 1997; \$24.50; 362pp.; ISBN 0-679-44970-1; Random House, Inc., 400 Hahn Road, Westminster, MD 21157; Phone: 800/733-3000; FAX: 800/659-2436; Web site: www.randomhouse.com

Hot Flashes: Women Writers on the Change of Life*Lynne Taetzsch, Editor*

This book is a collection of personal essays and poems on menopause. The author provides a literary forum to explore women's diverse experiences 1995; 179pp.; ISBN 0-571-19871-6; Faber and Faber; out of print; available in libraries.

The Lesbian Family Life Cycle*Suzanne Slater*

This book identifies the stages of lesbian relationships throughout life and provides a developmental model for lesbian families. Chapters include "The Middle Years" and "Lesbian Couples Over 65." 1995; \$25.00; 265pp.; ISBN 0-02-920895-5; The Free Press; Simon & Schuster, Order

Department, 200 Old Tappan Road, Old Tappan, NJ 07675; Phone: 800/223-2348; Web site: www.simonandschuster.com

Lesbians at Midlife: The Creative Transition*Barbara Sang, Joyce Warshow, and Adrienne J. Smith, Editors*

An anthology of narratives, poems, and research, this book offers insight into the midlife experience of lesbians between 40 and 60 years of age. The book looks at relationships, financial issues, legal issues, motherhood, and spirituality, among other things. 1991; \$12.95; 268pp.; ISBN 0-933216-77-7; Spinsters Book Company, P.O. Box 410687, San Francisco, CA 94141; Phone: 415/558-9586.

The New Ourselves Growing Older: Women Aging with Knowledge and Power*Paula B. Doress-Worters and Diana Laskin Siegal*

This book provides comprehensive information on leading a fulfilling life after the age of 40. Topics include: sexuality in the second half of life; birth control in midlife; and relationships in middle and later life. 1994; \$18.00; 531pp.; ISBN 0-671-87297-4; Touchstone, in cooperation with The Boston Women's Health Book Collective; Simon & Schuster, Order Department, 200 Old Tappan Road, Old Tappan, NJ 07675; Phone: 800/223-2348; Web site: www.simonandschuster.com

The Pause: Positive Approaches to Menopause*Lonnie Barbach*

From the same author who revolutionized thinking about female sexuality with *For Yourself and For Each Other*, this book offers practical information to women who are managing difficult symptoms during menopause. 1993; \$21.00; 256pp.; ISBN 0-525-93702-1; Dutton, 375 Hudson Street, New York, NY 10014; Phone: 800/253-6476.

The Taking Charge of Menopause Workbook*Robert M. Dosh, Ph.D.*

This workbook encourages women to make informed decisions about their health and lifestyle during menopause. It is an invaluable reference for the perimenopausal as well as the early postmenopausal years. 1997; \$17.95; 208pp.; ISBN 1-57224-060-1; New Harbinger Publications, 5674 Shattuck Avenue, Oakland, CA 94609; Phone: 800/748-6273; FAX: 510/652-5472; E-mail: nhhhelp@newharbinger.com

What Every Woman Needs to Know About Menopause*Mary Jane Minkin, M.D., and Carol V. Wright, Ph.D.*

Written in a question-and-answer format, this book includes chapters on "The Physiology of Menopause"; "Perimenopause and PMS"; "Menopause and Your Mind" and "Menopause and Sexuality." 1996; \$25.00; 351pp.; ISBN 0-300-06573-6; Yale University Press, P.O. Box 20904, New Haven, CT 06520, Phone: 800/987-7323; FAX: 800/777-9253; E-mail: custservice.press@yale.edu

The Woman's Guide to Hysterectomy: Expectations and Options*Adelaide Haas, Ph.D. and Susan L. Puret, Ed.D.*

This book provides information about the experience of hysterectomy. It addresses common fears and expectations as well as questions about diagnostic tests, preparation for surgery, postoperative care, and sexual relations and sexuality after surgery. 1995; \$14.95; 294pp.; ISBN 0-89087-743-2; Celestial Arts, P.O. Box 7123, Berkeley, CA 94707; Phone: 800/841-2665; FAX 510/559-1629.

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**Women, Sex, and Desire:
Exploring Your Sexuality
at Every Stage of Life**

Elizabeth Davis

This book explores women's health and sexuality. One chapter addresses "Menopause and Sex in the Later Years."

1995; \$12.95; 206pp.; ISBN 0-89793-194-7; Hunter House, Inc., P.O. Box 2914, Alameda, CA 94501-0914; Phone: 800/266-5592; FAX: 510/865-4295; E-Mail: orders@hunterhouse.com; Web site: www.hunterhouse.com

BROCHURES

Channing L. Bete Co., Inc.

200 State Road, South Deerfield, MA 01373. Phone 800/628-7733 to order publications or a catalog. Individual copies are \$1.25. Publications include: *About Good Health For Men*; *About Good Health For Women*.

Krames Communications

1100 Grundy Lane, San Bruno, CA 94066; Web site: www.krames.com. Phone 800/333-3032 to order publications or a catalog. Individual copies are \$2.50.

Publications include: *Sexuality, Health and Aging*; *Hysterectomy: When Surgery Is the Solution*; *Living With Prostate Cancer*.

Sex Over 40: A Newsletter

This newsletter is directed toward the sexual concerns of the mature adult. A subscription is \$36 annually. Write to P.O. Box 1600, Chapel Hill, NC 27515 or phone 919/644-11616.

RESOURCES

**American Association
of Retired Persons**

601 E Street N.W., Washington, DC 20049; Phone: 202/434-2100; Web site: www.aarp.org

AARP is dedicated to helping older Americans maintain lives of independence, dignity, and purpose.

**American Association
of Sex Educators, Counselors
and Therapists**

P.O. Box 238, Mt. Vernon, IA 52314; Phone: 319/895-8407; FAX: 319/895-6203.

AASECT certifies qualified health and mental health practitioners in dealing with the sexual concerns of individuals, couples, and families.

American Diabetes Association

1660 Duke Street, Alexandria, VA 22314; Phone: 800/232-3472; Web site: www.diabetes.org

This organization's mission is to prevent or cure diabetes and to improve the lives of people affected by it.

American Heart Association

National Center, 7272 Greenville Avenue, Dallas, Texas 75231-4596; Phone: 800/242-8721; Web site: www.american-heart.org

This organization's mission is to reduce disability and death from cardiovascular diseases and stroke.

American Menopause Foundation

350 Fifth Avenue, Suite 2822; New York, New York 10118; Phone: 212/714-2398; FAX: 212/714-1252.

This organization is dedicated to providing support and assistance on all issues concerning menopause.

American Society on Aging

833 Market Street, Suite 511, San Francisco, CA 94103-1824; Phone: 415/974-9600; FAX: 415/974-0300; Web site: www.healthanswers.com/oac/asa

This organization is a resource for professionals in aging-related fields.

Impotence Institute of America

10400 Little Patuxent Parkway, Suite 485, Columbia, Maryland 21044-3502; Phone: 800/669-1603; 410/715-9605; FAX: 410/715-9609.

This organization represents men suffering from impotence, their partners, the experts who treat them, and drug manufacturers.

MedAccess On-Line

Web site: www2.medaccess.com/homeFrame.htm

This is a Web site with information on sexuality in middle and later life.

National Breast Cancer Coalition

1707 L Street N.W., Suite 1060, Washington, DC 20036; Phone: 202/296-7477; FAX: 202/265-6854

This coalition mobilizes the grassroots in the fight against breast cancer.

**National Institute
on Aging**

NIA Information Center, P.O. Box 8057, Gaithersburg, MD 20898-8057; Phone: 800/222-2225; FAX: 301/589-3014; TTY: 800/222-4225; Web site: www.nih.gov/nia

This organization is one of 19 institutes of the National Institutes of Health (NIH) and leads the federal effort on research in aging.

**National Women's
Health Network**

514 Tenth Street, N.W., Suite 400, Washington, DC 20004; Phone: 202/437-1140; FAX: 202/347-1168.

This advocacy organization gives women a voice in the United States health care system. Its clearinghouse helps women make well-informed health care decisions. Membership, newsletter, and information packets are available.

Older Women's League

666 Eleventh Street N.W., Suite 700, Washington, DC 20001; Phone: 202/783-6686

This organization supports public policy that forbids discrimination against any person based on race, sex, age, creed, disability, national origin, sexual orientation, or personal lifestyle.

**Senior Action
in a Gay Environment**

385 Seventh Avenue, New York, NY 10001; Phone: 212/741-2247; FAX: 212/366-1947.

This organization provides information, education and advocacy on gay and lesbian aging.