

THE HANDICAPPED AND SEXUAL HEALTH

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The May 1974 issue of the *SIECUS Report* included ten important position statements adopted by the SIECUS Board of Directors. This article expands on the statement concerning sex and the handicapped, which reads as follows:

It is the position of SIECUS that:

The sexual nature and needs of individuals with physical or mental handicapping conditions have rarely been considered in the past. Today their need for total human relationships is increasingly recognized.

Sexuality, like other birthrights, cannot be taken away by society. Society may channel sexual attitudes and expressions, but it cannot prohibit all the myriad forms and transformations generated by sexual energy. Society is now beginning to recognize that one's sexuality is not earned through work nor lost as an accident of injury or illness. Indeed, a news magazine recently reported that a radio station for the blind is broadcasting sexually explicit material to their audience who "are entitled to experience an array of literature they could respond to if they were not blind."¹

The sexual birthright of everyone is the right to be curious, to experience and to learn about sex to the extent of one's initiative and ability to obtain information and cooperating partners while harming no one. Health professionals cannot really give back sexuality to their patients or clients. They *can* help people to understand their sexuality, to take responsibility for it and to make choices based on information and on freedom from fear.

Attitudes About Disability and Sexuality

What might cause a person to lose a sense of worthwhileness and the confidence and comfort that goes with it? Can physical disability have an adverse effect upon some

aspects of the personality, such as sexuality? Can it influence sexual feelings such as comfort, competence, pleasure and desire? Or can the inverse be true? That is, can loss of a previous sexual identity create disability? We believe all are true. One feeds upon another and, if untreated, they act synergistically to deepen the problems of adjustment to the disability.

Although some physical disabilities directly affect sexuality by disablement of genital function, most do not.² Consider the effect of blindness upon sexual communication and fantasy. Imagine sexual partners, one of whom has recovered from a coronary, wanting freedom in sexual activities and fearing angina. Think about the young person with severe psoriasis, wanting acceptance and contact, but instead withdrawing and covering up his skin. Clearly, sexuality cannot be simply equated with genitality. In these examples sexuality is both defined by and expressed in how we present ourselves—our bodies, activities, relationships, preferences and aversions. Understood in these broad terms, it becomes clear that sexuality influences and is influenced by physical disability.

In the name of benevolence and protection, however, many people still take the position that sex information would "hurt" the disabled. Why should Pandora's box be opened to a person who is unable to use what is there? Isn't it better to avoid temptations and consequences? After all, disabled people are fragile and not expected to take care of themselves.

Certainly some disabilities produce physical and emotional vulnerabilities, but able-bodied and disabled people probably would not agree on a ranking of those vulnerabilities. The reasoning above is typical of protective parent role played by society to the detriment of the disabled and the able-bodied alike. Sex educators have long known that the wish to protect others from the dangers of sexual

information is often an expression of the anxiety within the protector that is transferred to the target groups of young, mentally retarded, disabled, or elderly individuals whom society believes to be unable to take care of themselves!

In our efforts to protect, we sexually disenfranchise the people we are trying to benefit. Consider the adolescent with congenital brain injury who lies on the examining table in the doctor's office, where attention is directed towards physical restoration of the hand, the leg or speech, but seldom toward sexual development. Major treatment facilities for disabled children continue to overlook the sexuality of their clients and, when asked to do something, react in anger and dismay.

Yet to neglect the sexuality of the disabled adolescent is to give the cloaked message that sexuality is neither expected nor appropriate for that person.³ With these threads of sexuality dropped, what holes do we leave in the fabric of maturation? Young individuals are asked to cope with their disabilities while being denied access to information about the adult world which flourishes around them, and which uses sexual communication as a frequent part of daily living.

How can disabled adolescents learn the social skills of our complex society if they are unable to utilize the community to obtain information and awareness as other young people do? How likely is it that the disabled will risk their own vulnerability by attempting to become part of a society which limits their coping tools? If handicapped people are kept out of sight, how can the able-bodied majority in our society ever learn that *these citizens are human beings who have a right to information and to full participation in our society?* People with one or more physical handicaps do not need another one imposed upon them by a society which, for the most part, is insensitive to the sexual needs of the disabled.

For some, however, disability offers an opportunity to better understand one's self.⁴ Reassessment of one's own ingrained attitudes is not often undertaken by most adults. The average person may have little reason to reassess his sexuality since "it all seems to be working pretty well for me." Reason to do so usually arrives on the wings of crisis, disruption and pain. Only when the old rules are changed and the solutions of the past no longer apply do some begin to re-examine the foundations of their sexuality.

Imagine yourself with chronic renal failure and secondary impotence or with multiple sclerosis and incontinence. In that imaginary world one may find compelling reasons to re-examine the notions that a beautiful body or a stiff penis are essential to a satisfactory sex life. The exploring mind may perceive some of the richness of sexuality and sexual relationships which may have been hidden behind society's well known external symbols of maleness and femaleness, of desirability and acceptability.

Just how far this reconsideration of sexuality may carry a person is an individual matter, but in spite of the liabilities imposed by a handicapping condition, it may contain the potential for enrichment. Some disabled people report that they might have overlooked this potential for enrichment had they not become physically disabled.

Implications for Health Professionals

The implications of what is written here fall most heavily upon those in the health care system who set health care policies for the physically disabled, especially the chronically

disabled. The authors are most familiar with the medical rehabilitation setting and will explore implications within that context. However, the implications are similar, if not identical, for other settings such as counseling, community work, administration and management, government, etc.

Some of the attitudes and practices of the helping professions merit consideration. *Health practitioners first must be comfortable with their own sexuality before they can be helpful to others with sexual concerns.* Consider the physician who, thinking it inappropriate, refuses to discuss sex with his patients. Many doctors hope that someone else with more skill will see the need and provide the service. If physicians fail to recognize that most disabled people want the honest information which will help them function in an able-bodied world, then the patient may not find help. Would it not be wiser for the physician to initiate discussion, provide information and affirm sexuality as a part of emotional health?

A nurse who believes that the sexuality of a patient is strictly a private matter will avoid the topic. What happens when professional helpers smother a patient's genuine questions about sex under a treatment program that includes only physical therapy or vocational rehabilitation? In doing so, they overlook the fact that sex, as a natural part of life, deserves encouragement and belongs in the client's treatment plan.

Attending to sexual awareness, function and responsibility can help people learn, just as they learn from attending to other coping techniques. *If sexual comfort is taught, sexual competence may result.* Many disabled people are in primary relationships when they come to treatment centers and could benefit from an enlightened, supportive approach to the sexual aspects of their disability. Help may be provided by a social worker who knows that the patient's probings about reproduction may also be questions about sexuality. Com-

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WHERE THE ACTION IS

A Sex Education Program for the Visually Impaired in a Residential School

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In 1965 the administration and staff of the Illinois Braille and Sight Saving School acknowledged the need to provide its students with a time and a place where frank, open and searching discussions on sex education could take place. This residential setting for visually impaired children and youth provided an environment for exploring topics like social relationships and self-concepts, information and misinformation about physiological development and maturing with peers who have similar problems.

Our initial considerations included careful selection of staff, development of a comprehensive program design and evaluation of available materials. A special committee reviewed and selected materials which seemed suitable for children and youth with visual impairment. Books were put into Braille and made ready for student use. Parents were informed about this new program and invited to react. Total staff orientation was essential since teachers, cottage staff, medical staff and social services staff all had a role to play in implementing the program.

During those first years we learned the meaning of flexibility; no two years were ever alike. We learned how to capitalize on the uninhibited student who does not hesitate to ask questions and raise issues thus serving as a catalyst for further discussions. We became sensitive to the various social and ethnic backgrounds of our students and learned how to use these experiences in our discussions. We tolerated the street language of some of our students in order to teach them appropriate vocabulary. We soon realized that our totally blind students needed help with concept development.

Student evaluations were an important factor in the changes we made. Through them we discovered that the material we thought suitable for the senior high level was easily assimilated by the junior high students. This discovery made us search out additional materials, and change the approach and structure of the senior high level course.

The concerns of visually impaired students are not that different from their sighted peers', although these concerns might be expressed a little later in their chronological development. The junior high students are searching for more secure interpersonal relationships and are striving to develop self-identity. They are interested in understanding body pro-

cesses, including reproduction. A typical comment from these youngsters after viewing a film or examining the Dickinson-Belskie life-size models of the birth process is, "Gosh, you mean I came through that little space? That must have hurt! It doesn't seem that it could stretch that much." Junior high youngsters are also very interested in heredity, especially as it concerns color, height, build and their own condition of visual impairment.

Senior high students are more concerned about their role in a sighted society. Their interests in body processes and reproduction are focussed on concerns of self-procreation. A few of them are engaged to be married. They examine topics concerning establishing a home, the responsibilities and problems of marriage, having children, child care, free love and contraception. Their concern with heredity is more personal, whether they might pass on their own handicap to their children. I recall two of my senior students, both with an hereditary eye condition, who expressed entirely different attitudes about the implications of visually impaired persons having children. One expressed deep concern about passing the condition on to a future generation, and felt that adopting a child was a better option. The other took the position that since he had lived with his handicap with a certain degree of success, he saw no reason why his children could not do the same should they happen to inherit the same problem. The freedom to confront such issues in a classroom discussion helps these students to assess their future in a deeply personal yet realistic manner.

In recent years the increase in visually impaired students who have multiple handicaps, both physical and mental, has required further program changes. This has been a challenge. For these students instruction must be geared to simple levels of understanding and handled on a completely individual basis. The program must change as the group or individual needs change.

The residential setting provides a unique opportunity to develop a sex education program that is comprehensive and has continuity. The program we have established may not be appropriate for all residential institutions, but the general reactions and evaluations have been positive. As long as the program maintains balance, remains flexible and is open to change, it can continue to grow and be useful.

WHERE THE ACTION IS

Sex Education for the Deaf Adolescent

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If deaf children are to grow into emotionally and sexually mature adults, they need assistance from reliable sources, hopefully sensitive and informed parental guidance supplemented by a developmental sex education program in the schools. This combination of home and school, while ideal, usually does not occur.

Deafness is perhaps the most frustrating of all handicaps because of the barriers it imposes on communication and normal language development. The early adolescent years are of special concern. Deaf children go through the same biological changes as their hearing peers, yet typically they do not receive as much information about these changes. In spite of their handicap these young people are not insulated from the sexual messages so prevalent in society today. It is essential then that deaf children receive special attention in learning about the qualities and responsibilities of being male and female, and about their own sexuality.

In order to explore the possibilities of just how teachable deaf children were in understanding the physical and emotional aspects of sexuality, I conducted an experimental study in a public school system with special classes for deaf children. A curriculum unit was designed for girls and boys, ranging in age from 11 to 15 years, all prelingually deaf with severe to profound hearing loss. The plan for the unit was to teach about the physiological changes, and to explore the emotional issues the children were experiencing or would soon experience as young adolescents. The goal was to provide accurate information and to encourage attitudinal development that would contribute constructively to the deaf child's self-image.

Preliminary arrangements for implementing the sex education course involved approval by key school administrators, and approval by written permission from parents of the children. After the program was explained in detail, the school administrators were cooperative, with some reservations, but willing to follow a wait-and-see policy. The parents, provided with full knowledge of course content and visual materials to be used, were completely supportive of the program. Communication with parents was continued during the course by meetings at the school and by sending home progress reports. The course was scheduled for hourly sessions once a week, for fifteen weeks. For the most part, the

girls and boys met separately; this was done to encourage questions, and to allow for a more relaxed atmosphere.

Instruction was by the oral method, a system which teaches the deaf to communicate by reading lips and using vocal speech. This posed no problem because most of the material was presented in visual form: writing, drawing and labeling, matching word cards with definitions, slides, filmstrips, and transparencies. Excellent commercial materials already available needed only to be adapted. For example, audio cassettes for filmstrips were replaced by transparencies with simplified sentences shown simultaneously with the filmstrip.

At the conclusion of the course, there were positive responses from both administrators and parents, and a request to continue the program. Reaction from the students was the most encouraging of all. Their behavior and attention was better than had been anticipated, and they eagerly asked for more, perhaps reflecting the great curiosity they had for the subject. Another positive factor was that no grades were involved.

Based upon this experimental course, I would make several recommendations to improve the program:

1. Coordination between parents and teacher needs to be expanded, possibly through a study guide to be used at home by the parents with their child.
2. Filmstrips are preferred to motion picture film because the pace can be controlled better by holding a frame or reversing a frame. Although captioned films were not used in this course, they would be another excellent resource.
3. Curricula should be planned on a developmental basis, for all deaf children in public schools rather than focusing on one particular age group.
4. The method of instruction should be total communication: a combination of speech, lipreading, signing, finger spelling, and hearing aids. No deaf child should be restricted to one method.

If parents and educators want to serve the total needs of the deaf child, there must be no delay in accepting sex education as an integral part of the deaf child's education.

AUDIO-VISUAL REVIEWS

Audio-visual material is reviewed by Derek L. Burlison, Ed.D., SIECUS Director of Educational and Research Services, unless otherwise indicated.

VD—Who Needs It, 16mm, 24 min. **Next Time**, 16mm, 12 min. **Number 23**, 16mm, 10 min. Film Modules Distribution, 496 Deer Park Avenue, Babylon, NY 11702. Prices for the three films are respectively, \$195, \$165, \$155; price for set \$485; rental \$150; preview set \$25.

Reviewed by Mitchell Brodsky, M.A., Doctoral Student, Department of Health Education, New York University, SIECUS Student Intern.

These three films were designed for use in a senior high VD education program. The first, *VD—Who Needs It*, presents basic facts about syphilis and gonorrhea using a format of students presenting group reports on different aspects of VD (history, symptoms, stages, consequences, treatment and prevention). Because so much information is presented there is a break midway in the film to allow for questions and clarifications.

Included in this film is interesting footage of old World War II films depicting VD to be an evil disease spread by prostitutes who were infecting our servicemen. The film fails, however, to put this old footage into a context that would contrast attitudes about VD in those days with preventive health aspects of contemporary approaches to VD control and prevention. A teacher using this film should be sure to point out this distinction.

The format of using students to present basic factual information as opposed to the more usual practice in VD films of having an authority figure lecturing on the subject has its appeal, especially for the youthful audiences to whom the film is directed. What is sacrificed, however, is a clearly organized presentation of basic information. The students tend to treat their subject matter with a casual or clowning attitude that detracts from the seriousness of VD as a public health problem.

The second film, *Next Time*, uses a

case study to stimulate discussion of ethical and human relations issues related to VD. A public health investigator tactfully approaches a young man who has been named as a contact. She points out to him the ethical responsibility of reporting his contacts and the importance of getting treatment. His response is one of disbelief and outrage. His parents learn about his condition. The mother's reaction is nearly hysterical; the father remains calm but tries to give his son some "man-to-man" advice in a scene that captures nicely the awkward and strained communication between parent and adolescent. Because of its realism and emotional impact this film succeeds in its goal of stimulating discussion. Students are sure to become involved.

The third film, *Number 23*, deals with VD treatment. It shows an uncomplimentary but probably realistic view of a public health VD clinic with its long waits, many people, embarrassing questions, and harassed and insensitive personnel. Within the clinic we see bare walls, uncomfortable seats, lack of privacy, and a number system for identifying patients, purportedly to insure confidentiality. The overall atmosphere of a VD clinic presented in this film will certainly not encourage young people to utilize its services.

Of the three films in this program, *Next Time* offers the only new approach to the VD audio-visual resources currently on the market.

Myth-Information, a game. Order from: Jacki Reubens, 34 Andrew Drive, Triburon, CA 94920. Price: \$10.00.

Review by Mitchell Brodsky, M.A., Doctoral Student, Department of Health Education, New York University, SIECUS Student Intern.

Myth-Information is a game designed for groups or classes interested in

learning factual information about sexuality in an informal and enjoyable setting. It comes with playing cards (each card containing a sentence which is either a Myth or Truth), quick answer cards, instructions, a leader's guide, pin-on buttons labelled "sexpert," and a reference section for all the sexual information covered in the game.

Appropriate for high school level and up, *Myth-Information* can be played with from four to a hundred persons. It can be used as a pre-and-post exercise in a human sexuality class or during informal rap sessions with adolescent or adult groups. This is not a game that is played to win. Rather it is intended to stimulate group discussion on sexual misconceptions still widely prevalent today. It should be understood that the game, which is extremely easy to learn, is not intended to be a test of the participant's knowledge about sex.

Myth-Information seems as though it would be fun to play. While it may not replace the bridge club or poker game, it does offer an appealing approach to initiating discussions dealing with popular misconceptions about sex and sexuality.

On Being Sexual. 16mm, sound/color, 22 min. Stanfield House, 900 Euclid Avenue, P.O. Box 3208, Santa Monica, CA 90403. Purchase, \$275 (with training packet \$300); rental, \$25.

Staffs of agencies and institutions serving the mentally retarded will find this film and its accompanying training packet a valuable program resource for in-service education, and for parent education when dealing with the sexuality and sex education of retarded children and youth. Featured in the film are two nationally known authorities on sex education of the retarded, Sol Gordon, Ph.D., of Syracuse University, and Winifred Kempton, M.S.W., of Planned Parenthood of

Southeastern Pennsylvania. Avoiding a lecture-on-film format, it shows these leaders and others in action settings—a training session with agency staff, a group discussion with retarded adolescents, and a parent meeting. The sequences with the parents are particularly poignant as they share the concerns about coping with sexual development and behavior of their children. Parents of retarded children who see this film will identify readily with the concerns expressed and will find it easier to discuss sexual behavior in their own children.

The training packet that accompanies this film as an optional purchase includes three pamphlets and four audio cassettes that can be used as additional resources. The audio cassettes offer a brief orientation in how to conduct a training program, an unrehearsed discussion about sex with two adult retardees, a short talk to parents and a discussion about birth control for the moderately retarded.

This package of audio-visual materials is a welcome addition to the growing body of resources available for staff and parent education on sex and the retarded.

Teen Sexuality: What's Right For You. 16mm, sound/color, 29 min. Perennial Education, Inc. 1825 Willow Road, P.O. Box 236, Northfield, IL 60093. Purchase, \$300; rental, \$30.

Here is a film that will open several avenues of communication with teenagers about sex. Its primary focus is informed and responsible use of contraception by sexually active young people. However, integrated into the film are sequences which contrast male and female attitudes about sex, as well as adolescents' concerns and questions about pornography, VD, homosexuality and sexual values. No attempt is made to deal with these topics in great depth, but the format is effective in introducing them, hopefully for follow-up sessions.

The film uses a story format involving a group of teenagers on a field trip to New York City, where they visit the Margaret Sanger Family Planning Center and participate in a "rap session" with two skillful sex educators, Dr. Deryck Calderwood and Dr. Vivian Clark of New York University. Woven into the story line is an incident of a "scare"

pregnancy for one of the couples in the group. The revelation of this problem to their peers suddenly transforms the conversation from joking and giddy teenage banter into sober reflection about what this might do to their lives. A flashback sequence shows the couple visiting a family planning clinic where a counselor explores the contraceptive options available to them. This serves as an object lesson for what the couple should have done.

The young people in this film are entirely credible. Their dialogue is natural and in keeping with the teenage scene. One sequence is cleverly edited, switching back and forth between the girls' and the boys' groups as they discuss their experiences and opinions about sex and "making out."

For high school audiences this film holds great potential as a teaching tool that deals with their real concerns.

Physiological Responses of the Sexually Stimulated Male in the Laboratory. 16mm, sound/color, 16 min. Focus International, 505 West End Avenue, New York, NY 10024. Purchase, \$290; rental, \$50; preview, \$29.

The ponderous title of this film precisely describes its subject matter, a detailed visual presentation of what happens during sexual arousal of the human male. No amount of textbook reading can convey what you see and

understand from viewing this film. Produced by Dr. Gorm Wagner of the Institute of Medical Physiology, Copenhagen University, this film is the counterpart of the film on female sexual response released in 1974 and widely praised by medical educators and others who teach human sexuality. (See review in September 1974 *SIECUS Report*.)

Using the phases of sexual arousal defined by Masters and Johnson, the film shows erection, elevation of the scrotum and testes, ejaculation, sex flush, muscular contractions and other physiologic changes in volunteer male subjects. An unusual x-ray sequence of a vasectomized patient shows the movement of the seminal fluid through the internal ducts as emission and ejaculation occur during masturbation. Injection of an opaque dye into the ducts makes it possible to see the movement of the fluid in the x-ray footage.

The technical achievement in making this film is worthy of note itself. The narration, while coldly clinical, describes in great detail what happens during sexual arousal. As a didactic teaching tool it and its companion film on female arousal should find wide acceptance in medical schools, human sexuality courses and even in sex therapy programs.

Included with the film is a four-page brochure providing background information and the full text of the narration, a helpful resource for the instructor.

sex & the professional

25 minutes color

Produced and directed by Herman J. Engel

"succeeds with humor and sensitivity in putting across the basic premise that, if professionals are to deal with sexual needs of others, they must first be comfortable and confident in dealing with their own sexual feelings . . . a film such as this can be a catalyst for change. Its intent is to show what needs to be done and it demonstrates some ways in which health professionals can get in touch with their own sexual feelings and attitudes . . . Hopefully the first audience for this film are the faculties of medical and nursing schools. But the film's message should not be restricted to the health professions. Its message is for all the helping professions."

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SELECTIVE BIBLIOGRAPHY ON SEX AND THE HANDICAPPED

Books

Bass, Medora S., and Gelof, Malvin, editors. *Sexual Rights and Responsibilities of the Mentally Retarded*, revised edition, 1975. Available from: Medora S. Bass, 216 Glenn Road, Ardmore, PA 19003. (\$3.00)

This book is a collection of papers from a conference on sexuality and the mentally retarded covering social and legal issues as well as descriptions of sex education programs for the retarded.

Brenton, Myron. *Sex and Your Heart*. New York: Coward McCann, 1968. (\$4.95)

Describes exactly what happens to the heart during sexual arousal and intercourse. Answers questions on all aspects of heart problems, from the neurotic heart and psychosomatic ailments to actual cases of heart disease.

de la Cruz, Felix F., and LaVeck, Gerald D., editors. *Human Sexuality and the Mentally Retarded*. New York: Brunner/Mazel, 1973. (\$8.95)

Various authorities discuss the biological and social aspects of sexuality and the retarded. Community attitudes and institutional practices are examined.

Heslinga, K.; Schellen, A.M.C.M.; and Verkuyl, A. *Not Made of Stone—The Sexual Problems of Handicapped People*. Springfield, IL: Charles C. Thomas, 1974. (\$15.75)

A comprehensive book on the physiological and neurological barriers to sexual functioning due to disabilities. Included are pictures of special apparatus to facilitate sexual functioning, detailed diagrams explaining the physiological and neurological effects of specific disabilities, a medical glossary, explanations of genetic disorders and other sections on such topics as psychosexual development.

Johnson, Warren R. *Sex Education and Counseling of Special Groups*. Springfield, IL: Charles C. Thomas, 1975. (\$12.50)

This book deals with problem areas in sex education and counseling of handicapped persons. Points out the danger of losing the individual behind group labels. Offers suggestions for dealing with sex-related topics ranging from masturbation to abortion.

Kempton, Winifred. *Sex Education for Persons with Disabilities That Hinder Learning: A Teacher's Guide*. North Scituate, MA: Duxbury Press, 1975. (\$5.95)

This helpful guide outlines the content of sex education, the qualities necessary in a sex educator, teaching techniques, counseling approaches and resources available for a program in sex education for persons with learning disabilities.

Mooney, Thomas O.; Cole, Theodore M.; and Chilgren, Richard A. *Sexual Options for Paraplegics and Quadriplegics*.

Boston: Little Brown, 1975. (\$13.50)

This brief and explicit book provides readily accessible information on the sexuality of spinal cord injured people. The explicit photographs make this book an excellent teaching and counseling tool. Emphasizes to the handicapped the importance of communication, sexual awareness, sharing and the enjoyment of being a sexual person.

Scheingold, Lee D., and Wagner, Nathaniel N. *Sound Sex and the Aging Heart*. New York: Human Sciences Press, 1974. (\$7.95)

Presents concrete suggestions for cardiac patients and their spouses which can lead to a resumption of sexual activity without anxiety or fear.

SIECUS Publications

(available from Behavioral Publications,
72 Fifth Avenue
New York, N.Y. 10011)

A Bibliography of Resources in Sex Education for the Mentally Retarded, 1973 (\$2.95)

A selective listing divided into the following topic areas: sexuality and the mentally retarded, resources for parents, sexual reproduction and development; sexuality: attitudes, behavior, values, marriage, parenthood and family life for the mentally retarded; contraception and sterilization; and schools, agencies and institutions: issues and approaches.

A Resource Guide in Sex Education for the Mentally Retarded, SIECUS and the American Association for Health, Physical Education, and Recreation, 1971 (\$2.25)

For parents, teachers and others working with the mentally retarded, this booklet is an excellent beginning guide. Topics include self-understanding, attitudes of persons dealing with the mentally retarded, teaching styles, curriculum concepts and content, and resource organizations and materials.

Developing Community Acceptance of Sex Education for the Mentally Retarded by Medora S. Bass, 1972 (\$3.95)

This booklet outlines a step-by-step program for interpreting sex education programs to the PTA, school administrators, community mental health workers, parents and teachers. Resource list also included.

Sex Education and Family Life for Visually Handicapped Children and Youth: A Resource Guide. SIECUS and the American Foundation for the Blind, 1975 (\$4.00)

Designed to help persons working with visually handicapped children and youth to understand basic concepts and problems with curriculum development, parental involvement and teacher training. Included also is an extensive list of instructional materials for teaching the visually handicapped.

Journal and Magazine Articles

Breslin, Catherine, "In a Ward at the Bronx VA: Talking About the Unspeakable," *New York Magazine*, October 4, 1971, p. 43.

A moving article in which Vietnam veterans express their feelings and experiences of adjusting to being disabled, sexually and otherwise.

Brenton, Myron, "Sex and the Physically Handicapped," *Physician's World*, September, 1974, p. 29.

Presents an overview of the changes in attitudes, education and medical practice in dealing with sex and the physically handicapped. Includes brief descriptions of several programs working towards greater sexual fulfillment for the handicapped.

Comarr, A. Estin, and Grunderson, Bernice B., "Sexual Function in Traumatic Paraplegia and Quadriplegia," *American Journal of Nursing*, Feb. 1975, pp. 250-255.

Describes the effects of various degrees of spinal cord injury (including methods of diagnosis) on sexual functioning and presents several case examples of successful and unsuccessful adjustments to spinal cord injury.

Diamond, Milton, "Sexuality and the Handicapped," *Rehabilitation Literature*, Feb. 1974, pp. 34-40.

Written for rehabilitation counselors, this article deals with performance expectations, guilt, communication and other psychological and interpersonal dynamics in sexual relationships. Discusses perspectives of the client, the professional, the agency, the family and the sexual partner.

Hall, Judy E. "Sexual Behavior," in *Mental Retardation (And Developmental Disabilities): An Annual Review*, Volume VI, Joseph Wortis ed., New York: Brunner/Mazel, 1974.

This chapter reviews literature on sterilization, sexual development, marriage, children, contraception, sex education and sexual attitudes. The emphasis is on evaluation and validation of sex education programs for the retarded.

International Rehabilitation Review, "Sex and the Disabled: an International Review," XXIV, No. 1, 1973, p. 4.

An overview of programs and educational approaches in Sweden, Israel and the United States.

Medical World News, January 14, 1972, "Sex and the Paraplegic."

Describes the work of Dr. Theodore Cole in the sexual counseling program with spinal-cord injured patients at the University of Minnesota Medical School.

The New Outlook for the Blind, May 1974, American Foundation for the Blind.

This special issue of this journal is devoted entirely to planning sex education programs for visually handicapped children and youth.

Von'T Hooft, F. and Heslinga, K., "Sex Education of Blind Born Children," *The New Outlook for the Blind*, January 1968.

Offers an overview of factors to be considered in designing programs and offers specific recommendations for institutional staff working as sex educators.

Booklets and Reprints

Accent on Living: Reprint Series No. 1 (contains reprints of three articles), available from Accent on Living, P.O. Box 700, Bloomington, IL 61701. (\$1.95)

"*The Disabled Person and Family Dynamics*"

Directed to rehabilitation counselors, this article emphasizes the successful resolution of personal and sexual-emotional components of the patient's marital and/or family life as essential to the rehabilitation of the total person.

"*Sex and the Disabled Female*"

Beginning with the statement that a disabled woman is first a woman and second disabled, this article discusses female sexuality and disablement including practical suggestions about logistics and communication with a partner.

"*Sex and the Spinal Cord Injured Male*"

Written for rehabilitation counselors, this article discusses such issues as who should talk about sex with the disabled person, how counselors should deal with sexual questions, and what kinds of options are open to the spinal cord injured. Included also is a perceptive list of precautions for counselors when dealing with sexual concerns.

Eisenberg, M.G., and Rustad, L.C., *Sex and the Spinal Cord Injured: Some Questions and Answers*, 2nd edition, 1974, U.S. Government Printing Office, No. 5100-00076. (\$.60)

Written by two psychologists who developed a sex re-education program for spinal cord injured patients at a VA Hospital, this booklet provides basic information on the effects of spinal cord injury on sexual functioning. Answers questions on typical concerns about marital adjustment, catheters and impotence. Included also are suggestions for alternatives to coitus and a list of recommended readings.

The following three booklets are available from the United Ostomy Association, 1111 Willshire Blvd., Los Angeles, CA 90017.

Sex and the Male Ostomate, 1973. (1.00)

Written with warmth and humor, this booklet explains the effect of ostomy surgery on male sexual physiology, and then goes on to discuss such topics as marriage and children, how long after surgery before resuming sex, sex without erection, causes and treatments of impotence, orgasmic dysfunction and ejaculatory incompetence, sterility, handling the appliance during sex and penile implants.

Sex, Courtship and the Single Ostomate, 1973. (\$1.00)

This booklet deals with concerns of ostomates in how and when to reveal the fact of the ostomy to a potential sex partner or marriage prospect. The emphasis is on realistic self-acceptance and keeping a sense of humor. Other issues deal with include how to handle rejection, preparation for sex, homosexuality, and the pill.

Sex, Pregnancy and the Female Ostomate, 1972. (\$1.00)

This booklet explains that the average female ostomate can enjoy sexual expression and, in most cases, bear children. In addition to reassuring general information, practical advice is given on what to do with the appliance during sex, stoma problems during pregnancy and delivery, and diets for pregnant ostomate women.

Gordon, Sol, *Sexual Rights for the People . . . Who Happen to be Handicapped*, Center On Human Policy, Syracuse University, 216 Ostrom Avenue, Syracuse, NY.

As the title implies, this book is a polemic against many of the conventional assumptions and procedures in dealing with the sexuality of the handicapped.

Kempton, Winifred; Bass, Medora; and Gordon Sol, *Love, Sex and Birth Control for the Mentally Retarded: A Guide for Parents*. 1971. Southeastern Pennsylvania Planned Parenthood, 1220 Sanson Street, Philadelphia, PA 19102. (\$.75)

Suggestions to parents on how to answer questions about such matters as wanting children, dating, masturbation and contraceptive methods.

Pattullo, Ann, *Puberty in the Girl Who Is Retarded*, 1969, National Association for Retarded Citizens, 420 Lexington Avenue, New York, NY 10017.

Written for mothers of mentally retarded girls, this booklet deals with such issues as the onset of menstruation in a retarded girl, what sexual behavior can be expected, and how to protect the retarded child from sexual exploitation.

Sexuality and the Mentally Retarded, (Original Monograph), Karl E. Thaller and Barbara D. Thaller, eds. Available from Planned Parenthood of Northern New York, Inc., Central Office, 161 Stone Street-Annex, Watertown, NY 13601. (\$3.00)

Proceedings from an OEO-sponsored conference. Titles include: Telling It Like It Is, Marriage-Parenthood-and Birth Control for the Mentally Retarded, Sex Education Programs for the Trainable, Attitudes, Genetic Counseling, and Family Planning Counseling for the Mentally Retarded.

Sexuality and the Mentally Retarded, Companion Monograph), V. Sue Davis and William Q. Davis, eds. Available from Planned Parenthood of Northern New York, Inc., Central Office, 160 Stone Street-Annex, Watertown, NY 13601. (\$1.50)

Continued proceedings from the same OEO-sponsored conference with the following titles: Sterilization, Reproductive Capacity, Special Education in the Regular Classroom, The Mentally Retarded Citizen and the Law Enforcement Process, Community Participation, and Birth Control.

Bibliographies

Sex and the Handicapped: A Selected Bibliography (1927-1975), 1975, Available from M. G. Eisenberg, Ph.D., Veterans Administration Hospital, 10701 East Boulevard, Cleveland, Ohio 44106.

An extensive listing of articles from professional journals. Because the articles are primarily scientific research reports, this list will be most useful to researchers and scholars. A short list of films is also included.

Sexuality Resource Guide, A Revised Bibliography, Colorado State Library, June 1975, Available from Gene Stortz, Colorado State Library, 1362 Lincoln Street, Denver, CO 80203.

A comprehensive, annotated list of books, articles, A-V materials and pamphlets on sex education of the developmentally disabled, also including general references on sexuality.

Handicapped—Continued from page 2

munication with a disabled patient or client may be improved by a practitioner who displays a willingness to discuss his or her own sexuality.

Medical rehabilitation has been defined in many ways. In considering sexuality and physical disability, we believe that it is a process which promotes the stabilization of the disabling condition and assists in regaining those abilities which allow resumption of maximum responsibility for one's own life. If the disability is complex or moderately severe, the fulfillment of this definition will require the efforts of an integrated team of practitioners who can provide an array of health care services in medical, psychosocial, vocational and educational areas. Such a team will discover that fruitful work with the chronically disabled mandates a rapport of trust and open communication which must be maintained over the duration of the disability and its treatment. Trust is not easily achieved and may be hampered by aloofness, impaired communication, or distance between the professional and the client. Sensitive attention given to sexuality, however, can play a facilitating role in building rapport by emphasizing warmth and openness and minimizing aloofness and barriers to communication. After all, if we can talk about sex, we can talk about anything!

Sex can be a leveler—an equalizer—among people. It can help minimize the parent/child relationship which so often characterizes the attitudes between the health care team and the client. It is difficult, if not impossible, to regard a disabled person as dependent and childlike while simultaneously recognizing his or her sexual expectations and

Continued on page 10



In the summer of 1975, at the Seventh Annual Film Award Competition of the National Council on Family Relations, the film **BECOMING** was awarded best film in the Sex Education Films category.

BECOMING . . . Joseph T. Anzalone Foundation, P.O. Box 5206, Santa Cruz, Calif., 95063, (408) 426-1961. A 16mm sound, color film portraying a family's childbirth experience. Winner of best film in **Sex Education Films category, National Council on Family Relations, Summer, 1975.**
Purchase: \$275.00 Rental: \$35.00.

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P.O. Box 5206
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need for sexual skills. Helping clients to understand their own responsibility in finding sexual satisfaction may foster self-responsibility, maturity and positive actions toward other rehabilitation goals.

If one accepts that there is a relationship between sexuality and the adjustment of the disabled person to other aspects of life, then there is a clear need to prepare professionals to deal with sexuality, their own and their clients', and to integrate sexual health into the health care system. In this regard, the dominant need of health care professionals is to better understand their own sexuality in order to utilize their resources and awarenesses in the treatment of others.⁶ There are a variety of educational programs in the United States which help the professional understand sexuality—his, hers and theirs.⁷ Augmenting these programs is an expanding literature which can help one reassess sexual attitudes. (See bibliography, pages 7-9.)

Practitioners who allow themselves the fantasy of their own physical disability, often develop a willingness to consider the sexuality of others. In fantasy one can have a colostomy, amputated leg, loss of sensation, painful deformity or life-threatening health concern. Try superimposing one of these disabilities onto your recent sexual activities. You can then begin to feel vicariously the significance of your body in an intimate relationship with another person whose approval is vital to your self-esteem.

After attitudes are re-examined and understood, information can be provided which equips the practitioner to deal with those aspects of sexuality which might be affected by physical disabilities. Specific counseling skills which may help to improve the sexual attitude and function of the disabled client can be learned. The education of the practitioner should also include the opportunity to practice these skills so that they will have the effect he wants.

All health practitioners who work with the physically disabled should have the attitudes, information and skills which provide permission for people to have a problem and to explore it. Other professionals will have the additional ability to provide limited services. And, some practitioners will learn the extensive skills needed to deal with the specific sexual problems that a physically disabled client may have. At all of these three levels—permission, limited services or extensive skills—the practitioner should know when to refer the patient on to another colleague who has special skills.

Some Guidelines for the Handicapped

There are some guidelines which may help the practitioners and the client in learning about the sexuality of physical disability.⁸

A stiff penis does not make a solid relationship, nor does a wet vagina.

Urinary incontinence does not mean genital incompetence.

Absence of sensation does not mean absence of feelings.

Inability to move does not mean inability to please.

The presence of deformities does not mean the absence of desire.

Inability to perform does not mean inability to enjoy.

Loss of genitals does not mean loss of sexuality.

Everyone has the right to be sexual. We encourage practitioners to include in their health care the information and competencies which can enable the disabled to take responsibility for their own lives, including their sexual lives. Sexual health cannot be separated from total health.

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BOOK REVIEWS

Sexual Options for Paraplegics and Quadriplegics. Thomas O. Mooney, Theodore M. Cole, M.D., and Richard A. Chilgren, M.D. Boston: Little Brown, 1975. (111 pp.; \$13.50).

Reviewed by Scott Manley, Director of Family and Patient Services, Rocky Mountain Regional Spinal Injury Center, Inc., Englewood, CO.

This brief and explicit book provides readily accessible information on the sexuality of spinal cord injured people. Prior to the publication of this unique book, interested individuals had to rely on medical journals or the hard-to-obtain booklets distributed by local rehabilitation facilities. Such information was usually directed toward the rehabilitation professional, and lacked explicit illustrations showing disabled individuals preparing for or engaging in sexual activity.

I find that the personalized style of writing and the explicit illustrations make this book an excellent teaching and counseling tool. It provides a setting for bringing up certain topics that might otherwise be avoided. Couples have indicated that the book assisted them in initiating conversations about sexual feelings and inhibitions that they would not have discussed on their own. Especially commendable is the authors' minimizing the performance aspects of sex by emphasizing the importance of communication, sexual awareness, sharing, and the enjoyment of being a sexual person.

In addition to assisting disabled individuals and their partners, the book is extremely valuable in training rehabilitation professionals. The frank and open discussion of sexual options for paraplegics and quadriplegics assists professionals in becoming more aware of their own sexual feelings. It emphasizes the importance of sexuality

for all disabled individuals, and how we, as professionals, often discount or ignore this important aspect of rehabilitation.

Prior to the publication of this book, one of the hardest parts of sexual counseling was having to rely on verbal descriptions of techniques and options. With these explicit illustrations the professional can now be more effective in explaining and in communicating. Anyone in rehabilitation who works with disabled individuals should have this book in their library. **PR, A**

Sex Education and Counseling of Special Groups: The Mentally and Physically Handicapped and the Elderly. Warren R. Johnson. Springfield, IL: Charles C. Thomas, 1975. (213 pp.; \$12.50).

Reviewed by Medora S. Bass, M.A., Consultant on Sex Education for the Mentally Retarded, Association for Voluntary Sterilization, Ardmore, PA.

The author speaks ably about his concern for the sexual rights of those handicapped by retardation, or by illness, surgery or age. He attributes the glaring omission of sexual rights from the growing concern about individual rights for the handicapped to a double taboo: "One socially unacceptable phenomenon is difficult enough to deal with, but combine two socially unacceptable phenomena—in this case specialness and sexuality—and there is bound to be real trouble, including avoidance behavior. The mind tends to be fascinated by each taboo but is rendered inoperative by the two in combination."

Dr. Johnson's concern for the sexuality of the handicapped grew from his

experience as Director of the Children's Health and Developmental Clinic at the University of Maryland, where he found parents needing guidance in handling the sexual behavior of their handicapped children. He became convinced that most sexual play and behavior was harmless, that it must be evaluated in terms of the meaning it has to that child at that a particular stage of development.

When working with parents his underlying theme is "since most common sexual and sex-related behaviors are in themselves harmless, or perhaps beneficial, why make needless problems of them." He challenges parents to choose from among three conflicting philosophies of sexual expression: to eliminate, to tolerate, or to cultivate (as one might cultivate other personal resources such as artistic or sports abilities). Dr. Johnson strongly favors the latter and recommends using the children's normal curiosity about sex as a motivator for learning.

The first part of the book discusses the stigmas and stereotypes imposed on the handicapped by the general public. The author argues persuasively that we must avoid this kind of "labeling" and recognize that handicapped persons have the same sexual feelings and needs as the non-handicapped. He goes further, suggesting that these needs may be stronger and more important for special populations because other mental or physical capacities are limited.

Part Two presents the developmental sequence of sexual behaviors as they relate to various handicapping conditions, beginning with physical contact, and following through to marriage and parenthood. Concerning parenthood, Johnson is skeptical. He believes that if people were adequately forewarned about what is involved in bearing, raising and educating children at the cost

Audience Level Indicators: C—Children (elementary grades), ET—Early teens (junior high), LT—Late teens (senior high), A—College, general adult public, P—Parents, PR—Professionals.

of \$50,000 to \$100,000, large numbers would decline such a large commitment of time, energy and resources. Yet, there is little training for parenthood that deals with these realities. He concludes that "for special groups the demands of parenthood are particularly difficult, if not impossible."

As a pioneer for the sexual rights of the handicapped, he dares to raise the question, "Where are suitable sexual partners to be found—partners who will function with the individual regardless of age, disability or appearance?" He writes, "there is perhaps a growing attitude that anything which harmlessly enhances the life of special group members, including any available form of sexual outlet, is entirely legitimate."

This book is well-organized. There are key questions and answers as well as a short conclusion at the end of each chapter in Part Two. I earnestly hope this book will be read by students, professionals and all those concerned with handicapped people. **P, PR**

Sex Education and Family Life For Visually Handicapped Children And Youth: A Resource Guide. SIECUS and American Foundation for the Blind. New York: Behavioral Publications, 1975. (86 pp.; \$4.00).

Reviewed by Jack R. Hartong, Superintendent, Illinois Braille and Sight Saving School, Jacksonville, IL.

This resource guide is designed to assist educators, counselors, parents and administrators in developing a sex education program for visually handicapped children. It is structured so that it can be used at all grade levels for individuals or for groups of children. The committee preparing this book was composed of individuals with expertise in the areas of teaching visually handicapped children as well as individuals knowledgeable about what should be included in a sound program in sex education and family life. They have written and field tested this volume and have satisfied an unmet need in this area of education for visually handicapped children.

There is no intention that this resource guide be considered a total curriculum. The introductory section states, "This Guide is just that—it shows a way but will not travel the

journey. It does not tell what everyone wants to know about sex. It will not transform someone into a sex educator with one reading. It does not provide step-by-step lesson plans for a course in sex education. It is not a cookbook. It is a beginning." However, anyone wanting to initiate a sex education program for visually handicapped children or to improve their present program will find this Guide an excellent resource.

Part One deals with the problems of blindness and the considerations that should be given to visually handicapped children when developing a sex education program. The topics of how blind children learn, the stigma of blindness, how concepts are formed by blind children, how administrators go about selecting and training teachers, and how to involve parents in the program are examined. The material covered in this part should be of great value to the uninitiated or inexperienced teacher, counselor or parent because it deals with specific problems that are unique to the visually handicapped youth. For example, the guide states, ". . . we have given far more importance in this Guide to the problem of coping with the environment than is given in other guides on sex education."

Part Two of the Guide has been organized into five strands which convey the scope, the developmental sequence of concepts, and suggested learning activities for a comprehensive family life and sex education program. The five strands cover these areas: Self Identity, Physical and Emotional Growth, Human Reproduction, Interpersonal Relations, and Decision Making.

At the end of each strand is a sampling of questions asked by visually impaired children and youth. Such questions reveal their curiosity, their anxiety, their misconceptions, and their logical attempts to make some order out of their visually restricted world; such lists will alert teachers and counselors to the kinds of concerns they must deal with in family life and sex education programs.

Part Three is a specialized bibliography listing instructional materials (and their sources) that will be useful to anyone who is developing or teaching a program in sex education and family life. It includes a list of audiovisual materials—films, sound filmstrips,

"Talking Books," recorded materials on cassettes and records as well as a large quantity of Braille, large type and printed materials for teachers, parents and students. Also listed here are the sources for anatomical models, including male and female reproduction organs, and models showing the stages of human development from fertilization to birth.

Persons seeking assistance in counseling blind youth, or in developing a complete course in sex education and family living for visually handicapped children and youth will find this guide a very useful resource. To my knowledge, it is the only professionally prepared guide of its type available in the field. It should be a valuable addition to the professional library of every specialized program or residential school for visually handicapped children. **PR**

Let There Be Love: Sex and the Handicapped. Gunnell Enby. New York: Taplinger Publishing Company, 1975. (65 pp.; \$7.50).

Reviewed by Jack Dahlberg, Rehabilitation Counselor, Craig Hospital, Englewood, CO.

This book makes an angry and personalized statement about the sexual rights of the handicapped. Herself a paraplegic, the author shares her feelings about herself and the people and institutions with which she has had to deal. She offers perceptive insight into society's attitudes toward the disabled. This information can be useful for the newly disabled or for any disabled person having difficulty dealing with a "hostile" environment.

She argues persuasively for more and better education about the lives of the handicapped. If society were better informed about the abilities as well as the disabilities of the disabled, we would all benefit. The disabled would be less handicapped by real or perceived attitudinal barriers and would therefore be able to participate more fully and productively in life.

Ms. Enby shares with us the "normalcy" of her needs, dreams and goals. However, I feel that insitutional repression has taken its emotional toll as she faces the fear of losing the security of her marriage and having to return to a

hospital setting. She talks at length of the sexually repressive attitudes of institutional life. Here she presents her most bitter arguments against the infringement on the sexual rights of the handicapped.

I feel Ms. Enby loses the focus of her sub-title, *Sex and the Handicapped*, in her attack on socially and institutionally imposed asexuality for the handicapped. She offers few concrete suggestions to alleviate the problem she describes. Neither does she provide information about the sexuality of various disabilities. However, as a platform for illuminating institutional ills, it is convincingly informative.

This book should be read by those working with the disabled, particularly in an institutional setting. **A, PR**

Catalog of Sexual Consciousness. Saul Braun, editor. New York: Grove Press, 1975. (288 pp.; \$6.95).

The Whole Sex Catalogue. Bernhardt J. Hurwood, editor. New York: Pinnacle Books, 1975. (319 pp.; \$6.95).

Reviewed by Joan Scherer Brewer, M.L.S., Information Service Officer, Institute for Sex Research, Indiana University, Bloomington, IN.

People looking for a bibliography on homosexuality, the address of a sex therapist, a good film for a program on female sexuality, or an overview of current sex laws, will find either of these titles helpful. The catalog format they share has a long tradition of providing systematic access to both the materials of scholarship and of the marketplace. As the foreword to the *Catalog of Sexual Consciousness* suggests, it serves to bridge the gap from idea to action by listing people, places, events, books, and products.

Although content varies somewhat, the most significant difference between the two lies in the spirit that motivates each. As its title indicates, *The Whole Sex Catalogue* is an attempt to survey the entire scene, historical and contemporary, of human sexual experience. The *Catalog of Sexual Consciousness*, modeled on the well-known *Whole Earth Catalog*, has a particular view of sexuality to impart, beginning with the body as a vehicle for sexual experience, moving through var-

ious behaviors, and ending with the spirit as source of a raised sexual consciousness.

Hurwood, who edited or wrote many of the entries for *The Whole Sex Catalogue*, has produced a number of popular books in the field, including *The Golden Age of Erotica* (1965) and *Joys of Oral Love* (1975). Drs. Eberhard and Phyllis Kronhausen supplied the introduction, and the book is lavishly illustrated with reproductions from their collection of erotic art. The *Catalog of Sexual Consciousness* is a team production guided by Saul Braun, who has written for *Sexology*, and contains contributions from a number of people and agencies.

Although much information is duplicated, the two supplement rather than supplant each other. For example, the *Catalog of Sexual Consciousness* would be more helpful in locating audio-visual resources for a sex education program, a sex manual for homosexuals, or resources on bisexuality or sado-masochism. On the other hand, it devotes only two pages to erotic art, in contrast to *The Whole Sex Catalogue's* 47 lavishly illustrated pages which include a list of contemporary artists with samples of their works, a list of galleries and an extensive bibliography.

With such large compilations of data, accuracy, currency, and just getting to the information one seeks all become problems. For example, the entry for SIECUS in *The Whole Sex Catalogue* is buried in a chapter entitled "Sexual Awareness and the New Sexuality." In the *Catalog of Sexual Consciousness* the SIECUS listing is in the table of contents. Neither book, however, contains an index, and finding one particular product, outlet or agency can present a challenge in either. *The Whole Sex Catalogue's* bibliographies reveal many errors. The one on homosexuality shows Laud Humphrey's *Out of the Closets: The Sociology of Homosexual Liberation* cited as *The Society of Homosexual Liberation*; while *Sexual Inversion: The Multiple Roots of Homosexuality* which was edited by Judd Marmor is here attributed to M. E. Romm, who actually authored only a chapter; and instead of Martin S. Weinberg, George Weinberg is named as co-author of *Male Homosexuals, Their Problems and Adaptations*.

One might have reservations about sex as a commodity listed in a catalog.

However, there is a sexual marketplace and, in the hope that quality control will follow, we should be grateful for these initial efforts to bring some order to it. **A, PR**

YOU. Sol Gordon with Roger Conant. New York: Quadrangle/The New York Times Book Company, 1975. (142 pp.; \$6.95).

Reviewed by Maude I. Parker, M.A., Supervisor, New York City Board of Education.

An intriguing book with something for everyone has been compiled for young people and entitled, *YOU*. It is another fine production of Sol Gordon and Roger Conant. *YOU* offers a comprehensive approach to the concerns of adolescents and young adults. It graphically resembles an old almanac containing varieties of print that are never too small or too crowded. Modern-day maxims blocked in with heavy lined borders appear occasionally on upper and lower margins, or intersect some pages rimmed by unique designs, reminiscent of those American spelling books popular in the first half of this century.

The book is divided into eleven sections on the psychology of surviving in one's social life, home life, love life, sex life, etc. The section on survival in high school offers stimulating thoughts on the "why, what and how" of making it in life as a dropout. For those students whose literacy is slightly above minimal, the language level in this section will not present a formidable challenge.

While acknowledging students' complaints of boring classrooms, meaningless regulations and insensitive teachers, the authors offer alternative ways of viewing life and of analyzing the so-called "systems." For those fall-outs, pushouts or dropouts for whom staying in high school just won't work, optional ways to get involved in unstructured learning experiences are presented for serious analytical consideration. The shorter section on surviving college is no less cogent or readable.

YOU is a big, flexible, oversize paperback, in which the reader is invited to write her/his ideas, feelings, poems, and lists, e.g., "wish you could list," or "things you love in life list." Invita-

tions to reveal one's creative side abound in the book. Some creative or sentimental young souls will find space for their prize photographs. It is a turn-on-to-self-and-life book about the total person.

It is a health book, lightly covering topics on nutrition, mental health, drug use, relationships and social health. One of the several comic books that are bound into this book is called "V.D. Claptrap" which admirably shows how a serious health topic can be presented with levity, avoiding the polysyllabic medical terminology, and still retain its educative message. This book is healthy for adults to read too. Indeed, parents who might find it a curiosity at first, will want to refer to it frequently as they attempt to understand more completely the agonies of living through adolescence. They will also learn about parental verbal signals that are guaranteed to end communication between parent and teenager. The section on coping with parents is done with touches of humor that will be palatable to all family members.

Although a patronizing or condescending tone is absent, the biases of the authors and of some contributors leap up from the pages like miniature dancing geysers. These are refreshing, however, and rescue YOU from being cast on that heap of bland, dull and ostensibly objective books about life and living for young people. These "geysers" of philosophy and personal values provide a clearer focus for the humanistic approach of the writers and give some insight into the sources of their creative natures.

YOU is an affirmative testimony for living in today's world. **LT, P**

Values in Sexuality. A New Approach To Sex Education. Eleanor S. Morrison and Mila Undershill Price. New York: Hart Publishing Co., Inc., 1974. (219 pp.; \$4.95).

Reviewed by Deryck Calderwood, Ph.D., New York University, and Martha D. Calderwood, M.A., New Jersey College of Medicine and Dentistry.

This is a cookbook of learning activities used by the authors in a college course on human sexuality at Michigan State University. Their experiential teaching designs are based on the

premise that "affective responses to sexual issues are as important as cognitive ones."

The book contains a variety of ideas for discussion starters, group building and summarizing activities along with inventories, quizzes, discussion questions and learning activities related to seven topics: psychosexual development, physiology, sex roles, values clarification, relationships, non-marital sex, and marriage and parenthood. The format for presenting each exercise includes materials needed, time required, objectives, rationale, and procedures.

This book is an excellent and concise compendium of old and new exercises for high school, college, and adult groups. It will be utilized to the best advantage by leaders already familiar with experiential approaches. Its one weakness, in spite of the authors' stress on the importance of discussion, is that they have provided almost no suggestions related to the "processing" of the many excellent experiential learning activities they described. **PR**

Only Human: Teenage Pregnancy and Parenthood. Marion Howard. New York: Seabury Press, 1975. (261 pp; \$8.95).

Reviewed by Mitchell Brodsky, M.A., Doctoral Student, Department of Health Education, New York University, SIECUS Student Intern.

Marion Howard has written a realistic and insightful book, tracing the lives of six young people and how they were affected by their pregnancies and early parenting responsibilities. These case studies focus not only on the young women but also on their parents and the young men involved. Each case study is analyzed by the author who explains the dynamics of the relationships in terms that are easily understood by adolescents reading this book.

The author uses a clever format with her case studies. First we follow one couple for three months, then another couple for three months and finally the third for three months. The book continues in this manner to the birth of the child and then into parenting. The couples described in this book represent three different backgrounds thus avoiding the stigma of stereotyping

teenage pregnancy with any particular social class.

The case studies should capture the attention of adolescents and will provide ample data for discussion about not only early pregnancies but also about dating, communication, and human relationships in general.

Only Human belongs on any adolescent booklist for use in the classroom or out. **LT, P, PR**

The Roots of Love. Helene S. Arnstein. New York: Bobbs-Merrill, 1975 (228 pp.; \$7.95.).

Reviewed by Lorna B. Flynn, M.A., Washington, DC, SIECUS Advisory Panel.

Helene Arnstein, whose earlier books have advised parents about such sensitive subjects as divorce, death and, of course, children's sexuality, has made another important contribution to family life literature. Few people would disagree with the sad fact that ours is a society needing more love of humankind. But the ability to both give and receive love must be nurtured in the earliest years of life. *The Roots of Love* is an examination of the ways that children receive signals about love from the people around them, particularly their parents, during the first three years of life.

Arnstein's observations and advice center around the important events in a child's early life, such as feeding, cuddling and rocking, which lead an infant to the formation of a healthy self-image with an appreciation of the pleasures derived from his or her own body. She discusses the implications of weaning, reactions to strangers, toilet training, siblings, conscience development, separations from parents, and other events in a toddler's life. An excellent but brief chapter covers gender development and the fostering of healthy sexual attitudes.

In her very positive and sensitive way, Arnstein not only deals with the needs of the child, but with those of the parents as well. Her emphasis on the father's special role is noteworthy.

Some health professionals will disagree with her feelings about nudity in the home: "The very young child can be sexually excited seeing his parents' genitals (even wanting to touch and explore them) at a time when this ex-

citement can go nowhere." However, her calm and common-sense approach is not dogmatic.

As the parent of a two-and-a-half-year-old, I found *The Roots of Love* to be reassuring, up-to-date and helpful. Luckily I had just finished the section about toddler girls and their daddies when our daughter pulled me out of bed saying "Don't hug Daddy; he's mine!" Highly recommended. **P**

Transvestites and Transsexuals: Mixed Views. Deborah H. Feinbloom. New York: Delacorte Press, 1976. (189 pp.; \$12.50).

Reviewed by Wardell B. Pomeroy, Ph.D., Psychotherapist, New York, NY, SIECUS Chairperson.

The introduction says, "This book is more than a journalistic account of the transvestite and transsexual communities, . . . since I wrote as a sociologist with one foot firmly planted in academia." It was written for the educated lay public which, in this arena, includes at least 98 per cent of all therapists.

The book is a valuable addition to the scanty knowledge we have on transvestism and transsexualism. The credibility of the book rests with the author's status as a participant-observer during hundreds of hours of interaction with scores of transvestites and transsexuals, both in groups and individually. Carefully selected excerpts of letters from transvestites and transsexuals help in giving authenticity at many points.

The author did not start with a set of hypotheses or expectations, but developed her concepts inductively as she went along. We need more of this type of research. She relies on sociological concepts, such as labeling, symbolic interaction, deviance, discourse and verbal accounts to "explain" transvestism and transsexualism. Being a psychologist, I find this approach difficult to assess. I would only hope that psychologists, psychiatrists, and biologists would find the time, energy, and interest to do comparable research from their respective points of view. Finally, the appendix addresses itself to the problem of ethics in doing this type of research and is very welcome. **PR, A**

Parenting: A Guide for Young People. Sol Gordon and Mina McD. Wollin. New York: Oxford Book, 1975. (184 pp.; \$3.12).

Reviewed by Mitchell Brodsky, M.A., Doctoral Student, Department of Health Education, New York University, SIECUS Student Intern.

The stated purpose of this book is "to provide an authentic, well-rounded, up-to-date, and readable text around which to build an education-for-parenthood program." The authors have done just that. *Parenting* is a readable, well-founded and up-to-date book young parents can use before, during and after childbirth.

Beginning with advice to couples planning for marriage, it follows them through marriage and childbirth. The authors provide guidance in recognizing and understanding the stages of child development, coping with the needs of the new mother, the new father, and the infant, and anticipating the behavior they can expect from their child in the coming years.

While much in this book is found in other texts on pregnancy and infant care, its focus on the young parent makes it a good choice as a text for parenthood education programs. **LT, P, PR**

Sexual Issues in Marriage. Leonard Gross, editor. Holliswood, N.Y.: Spectrum Publications, Inc. 1975. (289 pp.; \$13.95, \$5.95 paper).

Reviewed by Reverend Leon Smith, Ed.D., Director of Educational Ministries in Marriage, United Methodist Church, Nashville, TN, SIECUS Board Member.

Selected articles from 60 different authorities originally published in the now defunct journal, *Sexual Behavior*, make up the four sections of this book, "Sexual Relationships in Marriage," "Marital Discord," "Extramarital Sex," and "New Marital Life Styles." They cover a wide variety of topics ranging from making marital sex more exciting to how affairs affect marital relations.


The format for most of the chapters is a major article followed by a number of brief comments—all by competent authorities of varying philosophies. Most of the comments, however, are too

brief to develop adequately a point of view. Still, this exchange of views will be of interest to the professional reader.

The chief shortcoming of the articles is their failure to deal adequately with the sexual enrichment that is happening in millions of marriages. In the foreword, Carlfred Broderick says, "an undue number of the contributors to this volume make the assumption that a monogamous relationship is intrinsically dull and stultifying. Even those who defend the institution tend to argue that it need not be quite so bad if you work at it. Nowhere did I see represented the concept that well founded relationships may mellow and grow out of their own internal richness. Nowhere did I see security, possessiveness, familiarity, and exclusivity evaluated as positive rather than as negative qualities of a sexual relationship. Yet many experience them as such." Any volume on sexual issues in marriage makes a major omission when it fails to deal with the sexual revolution that is taking place *within* marriage. **A, PR**

LEARNING ABOUT SEX

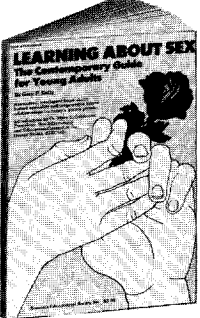
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Barron's Educational
Series, Inc.
Woodbury, N.Y.

How To Make It With Another Person.

Richard B. Austin, Jr. New York: Macmillan, 1976. (189 pp; \$8.95).

Reviewed by Mitchell Brodsky, M.A., Doctoral Student, Department of Health Education, New York University, SIECUS Student Intern.

Although the title is misleading, this book deals with the conscious energy needed to sustain an intimate relationship between a man and woman. It is simply written and aimed at couples of all ages. Topics covered include techniques for improving communication skills, importance of continuing growth within a relationship, problems of over-dependency, and the usefulness of open conflict. Helpful self-analysis questionnaires will aid couples in confronting their own attitudes concerning basic aspects of living, i.e., budgets, friends, appearance, being apart, values, religion, child rearing and sex roles. Especially sensitive is the author's discussion of expecting too much from one's partner. "When we treat persons as idols, we deny them the right to humanness, to imperfection."

Throughout the book, the author repeatedly implies that finding the right psychotherapist will solve all problems;

however his own insights and suggestions offer much that will help couples to achieve successful relationships. **A**

The Hazards of Being Male: Surviving the Myth of Masculine Privilege. Herb Goldberg. New York: Nash Publishing, 1976. (200 pp; \$8.95).

Reviewed by Deryck D. Calderwood, Ph.D., Associate Professor, Department of Health Education, New York University, SIECUS Advisory Panel Member.

This book follows on the heels of a succession of volumes about the male condition in our society, and it covers some of the same ground. Dr. Goldberg describes our society as one "saturated with successful male 'zombies' (who) have lost touch with, or are running away from their feelings," and who are "destroying themselves while fulfilling the traditional definitions of masculine-appropriate behavior." He uses statistics and case histories to build a convincing case: the American male is paying too heavy a price for any privilege, power or status he may enjoy.

The value of this book is that it goes beyond simply recognizing the need

for social change. Goldberg makes an effort to present some coping mechanisms for males. First he points out, correctly I believe, that those males who are "enlightened" see themselves as motivated by guilt, shame or self-hate. Many of these males have joined a men's group simply to end the nagging of "liberated" wives or women friends. These males have also adopted the patterns and methodology of the women's groups. The motivations are defeating and the practices often inappropriate and ineffective.

The book presents no new ideas for male group dynamics but focuses on guidelines for the individual. The suggestions vary in value. A few are of the simplistic how-to variety, but most are sound and practical, and some are creative, challenging and thought provoking. I believe men will identify strongly with a number of the ideas which provide legitimation for behavior they believed to be simply self-ish on their part. The chapter on "The Lost Art of Buddyship," for example, will strike a responsive chord with the majority of males.

As the concerns of either sex affect the other, this is a book for both sexes and one that lends itself well to productive discussion between the sexes. **A**

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