

DEAF PEOPLE ARE SEXUAL, TOO!

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What is deafness? It is far more than the inability to hear sound. Very few people realize that hearing impairment is the single most prevalent chronic physical disability in the United States today. More people are affected by a hearing difficulty than by visual impairment, heart disease, or any other chronic disability. In 1974, the National Census of the Deaf Population (N.C.D.P.) identified 13.4 million persons with a hearing impairment, of whom 1.8 million can be classified as deaf (Schein and Delk, 1974). (This population consists of those persons who could not hear and understand speech and who had lost, or never had, that ability prior to 19 years of age.)

You have probably seen a deaf person without being aware of it, since there are no distinguishing physical characteristics associated with this impairment. In fact, deafness has been called the "invisible" handicap. This lack of visibility is not always an advantage, for it tends to foster greater misunderstanding regarding the implications of hearing impairment. This lack of understanding was poignantly illustrated in a 1976 Gallup Poll of 1,548 persons, which revealed that only 1 percent of those questioned feared deafness, as compared with 21 percent who feared blindness. From time to time, we may even long not to be bothered by all the noise pollution that surrounds us. However, such a "luxury" would have far greater implications than one realizes. Just the simple act of exchanging verbal communication would be limited, if not precluded. The personal, educational, social, and vocational implications of deafness are multifarious, thus making the development of a healthy sexuality far more complex in children with hearing handicaps.

What Is Deafness?

Profound deafness is represented at the extreme end of the hearing continuum, and can be classified as an impairment so profound as to require the individual to employ a visual means of communication. For the deaf, ordinary auditory feedback is not sufficient for speech to be understood, even when amplified by a hearing aid. In between those who are deaf and those who are hearing are the hard of hearing. "A hard of hearing person is one who, generally with the use of a hearing aid, has residual hearing sufficient to enable

successful processing of linguistic information through audition" (Report of the Ad Hoc Committee to Define Deaf and Hard of Hearing, October, 1975).

Deafness can be divided into two categories: congenital deafness, meaning deafness which has been present from birth; and adventitious deafness, meaning that which began sometime following birth. The adventitiously deaf can be further divided into those who became deaf before the development of speech and language (the prelingually deaf), and those who became deaf following the acquisition of speech and language (the postlingually deaf). Obviously, the severity of the implications of deafness are much greater for the congenitally and prelingually deaf. For them, the development of speech, language, and verbal abstractions is a continuous struggle. The hearing person, simply by having ears that hear, is constantly and effortlessly bombarded with speech and language in all their nuances. It is this very bombardment that enables the hearing person to develop speech and language skills. With the tools of speech and language, we are better able to understand and manipulate our environment. Without those tools, the deaf individual is deprived of a vast amount of general and personal knowledge.

Understanding such abstract concepts as maleness, femaleness, parenting, relationships, and reproduction becomes secondary when one has to struggle with the basic labeling of one's body parts. For example, the average hearing child, upon hearing a word several hundred times, usually can integrate that word into his/her vocabulary. The deaf child, because of the nature of the impairment, is denied this verbal repetition and ultimately the word itself. For the deaf child, the integration of just one word into the vocabulary requires that someone point out, show, demonstrate again and again what is being taught.

How Do Deaf People Communicate?

It is not surprising to find that the history of education of the deaf has focused primarily upon the development of speech and language. Unfortunately, the task has been further complicated by the controversy over teaching

Continued on page 13

SPEAKING OUT

Sex Education from the Deaf Perspective

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If there is general agreement that sex education of the general school population has been shamefully neglected, then neglect of the hearing-impaired and other handicapped children in this area has bordered on dereliction of duty on the part of educators and parents alike.

Traditionally, education of the hearing-impaired has been centered in residential schools. The primary purpose of residential school placement is not to isolate children from their families and communities, but rather to provide high-quality educational programming, not always possible in local school systems. Residential school placement requires that administrators accept responsibility for comprehensive programs of instruction and care that go far beyond the normal requirements of an ordinary public day school. Assuming responsibility for the educational, spiritual, social, and emotional development of young people in a surrogate manner is a tremendous responsibility. Schools are to be commended for trying to be all things to all children. I cannot say, however, that it has always been possible to fulfill this expectation.

I remember, when I was a young boy, one of the first sex education films to make a big impact on the general public was making its appearance around the country, a film called *Mom and Dad*. I recall being told by the dormitory supervisor in the residential school which I attended that under no circumstances would we be permitted to see the film! Needless to say, those few who defied that regulation and saw the film were reprimanded. So much for sex education in those days! We kids managed to pick up everything we needed to in the locker room anyway. Hasn't it always been this way? Unfortunately, yes!

I am happy to report that there has been some improvement over the years. Residential schools are not the monastic institutions that we have traditionally pictured them to be. Nowadays we need only to look to the various tracts that have come into print emphasizing the needs of the handicapped in the area of sexuality and sex education, to realize that the general public still needs much information and orientation to the special needs of the handicapped. But there is at last a realization that the handicapped are human, too, and that their desires, wants, and needs are no different from those of anyone else.

To my way of thinking, sex education is not the responsibility of any single group or agency, but rather is a

community-wide responsibility. By this I mean that the home, the school, and the community all share in the responsibility for developing healthy, socially acceptable attitudes and codes of conduct in matters related to sexuality. The matter cannot be turned over to the parish priest or minister, nor can we expect that the classroom teacher, who may or may not be qualified to treat the subject adequately, will carry the entire responsibility. Needless to say, parents will not be much help if they themselves do not feel comfortable about the subject, or if they are lacking in the very knowledge they are trying to give their children. So what do we do? That is the problem.

Already we have a situation in which young people are bombarded daily through the mass media with messages that
continued on page 16

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WHERE THE ACTION IS

Behind the Times

Della and Max Fitz-Gerald

Sex education for the deaf, as well as for persons with other handicaps, is "behind the times." Of all the problems that deaf people face in our society, those of a sexual and emotional nature are the ones least discussed. Society either denies that deaf persons have "normal" feelings, or else by its financial, physical, and social arrangements makes it difficult for them to express their feelings.

Why is sex education for the deaf not being provided? First, the deaf are victims of what is called "prioritizing." It is often said by educators of the deaf that sex education is important, is needed, but at this time there are more "pressing" priorities. There always have been, and probably always will be, such pressing priorities as language, speech, or a new building. We do not imply that these priorities are inappropriate. However, matters relating to the psychosocial-sexual development of the deaf must receive the same degree of attention if the growth and development of the total child is to be achieved.

Second, the deaf are victims of the attitude that sex education is not really the responsibility of the school, but of the home. It is true that sex education begins in the home, and that parents are a child's first and most important sex educators, but what is taught at home will be far more effective when reinforced at school, and vice versa. With family life undergoing rapid and significant change, the home is often unable to provide the appropriate environment necessary for the development of positive attitudes toward sexuality and family life. The birth of a handicapped child into an already changing family can result in additional instability of the family unit. Many deaf children come from one-parent homes, where that parent must work to make ends meet. The financial and emotional strains imposed by such a situation are enormous.

Most deaf children are born to hearing parents, who generally know little about deafness or how to communicate with their children. How do parents answer their children's natural questions about sex when they cannot communicate adequately? What can schools realistically expect homes to provide unless there is willingness to form a partnership of mutual support for the child? As often happens, that which is everyone's responsibility becomes, in reality, no one's responsibility, each person involved assuming that someone else will provide what is needed.

Third, the deaf are victims of the attitude that handicapped people are not sexual beings. All disabled persons share with us a heritage traditionally rooted in avoidance, censorship, and suppression of open discussions of sexual growth and development. This is carried even further for the disabled, since they are usually prejudged by society either as "not interested in sex" or as "oversexed." The first hurdle for the handicapped person in overcoming these stigmas is

"self-deprogramming," that is, rejecting the idea that he/she is not potentially sexual or lovable.

What Makes Sex Education for the Deaf Unique?

Are there aspects that make sex education for the deaf different? The overall goals for sex education do not differ in the case of deafness. One is concerned with the development of sexually responsible and informed young persons, deaf or otherwise, who have sufficient knowledge to make appropriate decisions regarding their own sexuality. However, the manner in which such a long-range goal is accomplished does differ. The uniqueness of deafness demands comfort, knowledge, creativity, and sensitivity to the implications of the impairment itself, as well as to the topic, on the part of those involved in the programming.

Deafness is a language/learning handicap that influences social, psychological, and educational development. The uniqueness of the handicap requires comprehensive programming; and, since many deaf children are placed in residential schools, the programming must involve teachers, dormitory staff, administrators, and practitioners, as well as parents and children. Each of these persons is important in developing a quality sex education program for the deaf child.

When a person cannot hear, he/she becomes dependent upon visual stimuli. With or without a hearing aid, the deaf child depends chiefly upon sight for clues. The deaf child's tools are nonverbal and visual communication, such as pointing, acting out, gesturing, and/or pantomime. Although the deaf child is isolated from the world of sound, concrete ideas are usually communicated very well nonverbally, but abstract concepts like motherhood, relationship, and pregnancy are not as easily understood. Parallel to the development of conceptualization is linguistic development. The deaf child labors over simple English sentence order, pluralization, tenses, word endings, and so on. Simple idioms, expressions, and innuendos are often lost to him/her. Speech development becomes a struggle as the deaf child attempts to imitate sounds never heard or greatly distorted. Without a solid language foundation, reading becomes difficult, if not impossible. Low-level achievement becomes the rule. Deaf youth, therefore, are forced to use a graphic, nonverbal communication system, including gestures, drawings, homemade signs, and/or sign language, for human contact and interaction. For example, a young deaf child pointing to his/her genitals or imitating urination might be expressing a desire, asking a question, or indicating knowledge or experience. Such overt nonverbal communication is usually curbed by adults, but the young deaf person invents signs or picks up American Sign Language (a graphic system unique to the deaf). Such a sign system allows for personal exchange. The

deaf adolescent quickly learns the taboos of being so graphic, and carries his/her communication "underground." Thus, even more barriers are built up to prohibit communication and interaction.

The Role of Parents

The parents of 91.7 percent of all deaf children are hearing persons (Schein and Delk, 1974), most of whom have little understanding of deafness. For many of these parents, the first contact with deafness is through their own deaf child (Levine, 1954). They may experience frustration, anger, and guilt upon discovering the handicap. The first five years of the child's life are often spent in seeking a correct diagnosis of the problem. Repeated misdiagnosis may occur. According to one survey, one-third of the parents of deaf children were told that their children were not deaf by the first physician consulted, and 66 percent had to see four or more physicians before a correct diagnosis was made (Schlesinger, 1972). Parents understandably become angry and frustrated, sometimes "taking it out" on the child, even though they realize that the child is not to blame (Vernon, 1971).

Hearing parents often exhaust their energies coping with their own frustrations, thus leaving little strength to delve into the psychosocial-sexual concerns of their children. It is also true that few parents receive guidance and/or counseling for their own personal growth, especially time spent on helping them to become comfortable with their own sexuality. Attitudinal extremes from overprotectiveness to *laissez faire* can be observed. As a result, parents' relationships with each other may suffer. One survey of the parents of students attending a leading West Coast school for the deaf indicated that two-thirds were divorced (Vernon, 1971).

Hearing parents sometimes foster dependence of their deaf children upon themselves. These deaf children then grow into adulthood unprepared for mature interdependent relationships. When, in turn, they become parents of hearing children, they may transfer their dependence to these children, thus forcing the children to assume adult roles prematurely. Small wonder, perhaps, that deaf persons marry in smaller proportions than hearing persons, and that their marriages prove less stable (Schein and Delk, 1974).

Good child sex education evolves from good parent education. It is unreasonable to expect parents of deaf children to be knowledgeable or accepting of their children's sexuality when they may not be comfortable with their own. Most parents did not receive their sex education from their parents, so they have had few, if any, models to guide them. To be effective, parent education must begin by providing parents themselves with models, knowledge, and opportunities to enhance their "comfort levels."

The Residential School

Many deaf children are educated at residential schools, sometimes leaving home by the time they are four or five years of age. Surrogate parents in the form of teachers and houseparents become very important models in the life of a child living in such a situation. Development of sex-role behaviors becomes very important in a residential school, since deaf children have few opportunities to observe and interpret such behaviors in their own families (Schlesinger and Meadow, 1974).

Within residential settings, there are few opportunities for privacy. Adult supervision in the form of a teacher, dorm

person, or administrator is constantly present. Males and females are separated for most activities. Leisure time for informal opposite sex communication and interaction is limited and usually highly structured. A general policy of a progressive residential school in 1970 read as follows:

Dating as such is not permitted. The school provides as many opportunities as possible for boys and girls to mix socially. These activities are necessarily group activities since there are a limited number of staff members to provide supervision, and supervision unfortunately (from the children's point of view) is necessary. . . . Aside from the very practical consideration of avoiding pregnancies and sexual misbehavior, supervision of boy-girl activities provides counselors with the opportunity to promote attitudes of respect and mutual consideration among the students [Schlesinger and Meadow, 1974].

Many questions are raised by such a policy: Can healthy attitudes toward sexuality be developed in such a situation? How can young people acquire positive feelings about male/female relationships in such a restrictive atmosphere? What kinds of foundations for marriage and adult relationships are being built here?

Houseparents. It has been the authors' experience that dorm personnel, or "houseparents," have been inadequately trained to handle this parental/supervisory role. They are often unaware of the psychosocial implications of deafness. Although there have been some in-service training programs in recent years at Gallaudet College, only a few persons have attended them. Some dormitory staff communicate orally and never learn sign language even after many years of experience. It is not unusual for "houseparents" to be responsible for a considerable number of children at one time. Most dormitory personnel are underpaid and overworked. In the authors' opinion, it is questionable whether healthy and appropriate surrogate parenting is possible under such conditions. Again, a small number of the more progressive schools are realizing that houseparents are equally as important as teachers. This has resulted in the hiring of trained teachers and counselors as houseparents.

Many opportunities for sex education occur naturally in the dorm. Sexual exploration, acting out, and imitation frequently evolve as the children interact. Houseparents often assume one of two roles: that of ostrich or of disciplinarian. In many schools, houseparents are required to supervise students at all times except when the students are in class. Such regulations completely deprive young people of privacy, as social interaction is permitted only in large groups and within restricted environments.

Since some houseparents do not know how to communicate with deaf children, opportunities for intimate discussions are limited or even precluded altogether. The houseparent's role becomes chiefly custodial, as he/she wakes and bathes the children and oversees dorm housecleaning. Many opportunities for significant discussions are lost.

The Administrator. Traditionally, administrators have assumed a caretaking role in the deaf child's life. Most instructional efforts have called for "priorities" in speech and language skills. More recently there has been a trend toward career and vocational development as well. Today, speech, language, career, and vocational development are greatly focused upon, often to the neglect of psychosocial-sexual development. Based upon 10 years of experience in residential and day programs, it is the authors' opinion that many administrators are aware of the sexual curiosities and

exploratory behavior of students. However, they are often unprepared and/or unwilling to provide appropriate instruction for either students or staff on how to deal constructively with these natural phenomena. Education for sexuality is often handled by implying that such instruction is the responsibility of the parents, or by burying one's head in the sand in the vain hope that if one does not talk about sexuality, it will simply go away.

The Practitioner. Our earlier research indicates that 70 percent of the time, the classroom teacher assumes the sex educator role in residential facilities (Fitz-Gerald and Fitz-Gerald, 1976). This is not surprising when one observes that the teacher expects, and is expected, to be the "educator, surrogate parent, psychiatrist, friend, nurse, etc." to the deaf child (Schlesinger and Meadow, 1972). Health and science teachers are the ones most frequently asked to assume responsibility for sex education. To date, only 3 percent of the teacher-training programs in education of the deaf provide any training for sex education instruction (Fitz-Gerald and Fitz-Gerald, 1977). A degree in education of the deaf is not sufficient preparation for assuming a sex educator role.

The sex educator of the deaf must possess many competencies. Ability to communicate with the deaf and knowledge of the implications of deafness are both basic. Application of this knowledge and communication are possible only when the practitioner feels comfortable with his/her own sexuality and that of others. Adequate preparation is vital. When working with deaf youth in sex education, the level of comfort is paramount. The young deaf person will act out graphically, signing and pointing. Such behavior must not be regarded as affront, or rudeness, much less as abnormality or delinquency. Rather, it is very likely the only way that the deaf person can express his/her personal sexual concerns. The practitioner must be aware of the local signs and be able to accept the graphic gestures used. The personal communicative skills of the deaf educator may require a greater degree of comfort than is necessary for the sex educator of hearing youth. The implications of deafness require the sex educator to be a skilled modifier and inventor of materials, as well as an educator and communicator.

Characteristics of Sex Education for the Deaf

Sex education for the deaf requires highly visual materials supported with simple language. For example, the statement "Boys become men" entails the necessity of determining that the three word-concepts are understood, that the plural is understood, and that the deaf person has a visual image of the meaning of the written concept. Concepts like "maturing," "menstruation," and "pregnancy" must be reduced to simple terms for the deaf adolescent. Pictures, films, photographs, role-playing, and experiential situations are important tools in making concepts about sexuality understood. Concrete visual information can easily be presented; however, care should be taken to prevent locking young deaf people into rigid conceptualizations. Because values and behaviors tend to be somewhat abstract, situational games and role-playing can be useful tools in developing an understanding of values and lifestyles.

Few sex education materials especially designed for the deaf population are available. Modification of existing materials and media becomes necessary. The average deaf adolescent would be insulted by the material written at his/her actual reading level. Brainstorming, invention, and modifica-

tion become bywords. No matter how relevant the subject may be, if the deaf youth has to struggle with comprehension, interest will be lost. Thus, opportunities for sex education will also be lost.

Television programs, magazines, and movies elicit many responses from deaf youth, usually in the form of "acting out." Affection, romance, or copulation may be imitated in the classroom, dormitory, or on the playground. These behaviors must be explained via sign language, gestures, or acting out. Presently there are very few formal local sex education signs and no universal signs. Deaf children learn the American Sign Language sex vocabulary from the adult deaf, or they invent their own graphic gestures. Their need to communicate is great and they will do so in the best way they can.

Where Do We Go From Here?

Even though sex education for the deaf is behind the times, the picture is not totally bleak. There have been in the past, and there are today, scattered attempts to provide sex education. The real hope, however, lies with deaf people themselves. In recent years, movements have developed within the deaf community expressing "deaf pride" and "deaf power," as deaf people have taken greater initiative than ever before in directing their own affairs and shaping their own destiny. This was recently demonstrated by a proposal of the National Association of the Deaf for a grant from the Bureau of Education of the Handicapped, to be used for the development of materials and media on sex signs for parents and professionals.

During the spring of 1977, a group of deaf women invited the authors to lead a workshop on "Sexual Concerns of Deaf Women." This workshop was so successful that it has generated plans for a second one, to be presented in the early fall of 1977, this one to include men as well as women.

The deaf, like other handicapped persons, are demanding that their rights to sexual awareness, understanding, and fulfillment no longer be denied. These are rights shared by all. An old Chinese proverb says, "Help thy brother's boat across, and lo, thine own has reached the shore." Perhaps, by following that philosophy in providing sex education for the handicapped, it may turn out that the result will be greater growth and enrichment for everyone. In conclusion, actions often speak louder than words. It is a simple matter to state that education for sexuality is needed, is important for the deaf. It is yet another thing to put those words into action. *Where is the action?*

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DO YOU KNOW THAT . . .

“Sexuality and Disability”— A New Journal

Despite the increasing demands from disabled persons for sexual counseling and advice, and the growing recognition on the part of the helping professions that handicapped individuals are sexual beings, there has been a surprising lack of an authoritative source of information devoted solely to the study of sexuality in the disabled person.

Sexuality and Disability, a new journal to begin publication in March 1978, plans to fill this gap by providing an ongoing and contemporary forum for clinical and research progress and development in the area of sexuality as it relates to a wide range of physical and mental illness and disabling conditions. Its objectives are to promote knowledge and understanding of the unique psychosexual aspects of specific disabling conditions, to enhance treatment and total rehabilitation of the disabled person, and to provide the health care practitioner with practical information and guidelines to be integrated in clinical practice.

The editors are currently looking for high-quality papers for the first and second issues. Manuscripts and inquiries should be directed to: Ami Sha'Ked, Ph.D., Rehabilitation Counselor Education Program, Psychology Department, Purdue University School of Science, 1201 East 38th Street, Indianapolis, IN 46205.

Research Participants Invited

The Center for the Advancement of the Human Sexuality Potential is inviting a limited group of sex educators, counselors, and/or therapists to take part in a worldwide research program utilizing the basics of the SIQ—Sex Imagery Quotient. The SIQ is the central focus of the Center's Human Sexuality and Self-Realization Expansion Program for Early Learners. This program, basically created with and for the young handicapped, with modification is now breaking new ground in all learning areas and all age levels.

Twelve regional associates are being sought for the Center's research program. Professionals in the field of sexuality interested in being an active partner in an innovative program should send their inquiries, with a complete resume, to: Dr. William A. Block, Center for the Advancement of the Human Sexuality Potential, 2134 Chapel Avenue, Cherry Hill, NJ 08002.

Curriculum Guide Information Wanted

SIECUS is in the process of updating its listing of sources for school-level curriculum guides in family life and sex education, hopefully for publication in the March 1978 (workshop and education) issue of the *SIECUS Report*. Since lack of staff

prohibits a national survey of materials available, we are requesting the help of you, our readers. We need titles, dates of publication, grade levels, prices, and the department and address of the school system from which the guide can be ordered. A copy of the curriculum guide itself is not essential.

In order to meet our publishing deadlines, information must be received in the SIECUS office no later than January 6, 1978. Any help you can give will be greatly appreciated.

Nonprescription Contraceptives Held Legal for Minors

On June 9, 1977, the U.S. Supreme Court upheld the findings of a lower court that three provisions of the state's educational law interfering with the access by minors to nonprescription contraceptives, were unconstitutional. The Court thereby reaffirmed that the right of privacy extends to minors as well as to adults, and that states cannot unduly interfere in or impose "significant burdens" on, any person's ability to exercise this "constitutionally protected right of decision in matters of privacy." Therefore, not only may states not regulate sales of nonprescription contraceptive methods (except for purposes of maintaining quality control of products), but they may also not regulate advertising of these contraceptives in any way other than possibly governing the time, place, and manner of such advertising.

Because the young would naturally appear to be the major users of nonprescription methods, this is a landmark decision. It should be remembered that one of the most effective and safest methods of contraception is that employing two nonprescription methods—the condom and a contraceptive foam.

In Memoriam

J. Noel Macy

The SIECUS Board expresses its great sense of loss in the death of one of its oldest friends and colleagues, J. Noel Macy, on August 24, 1977, in Washington, D.C.

Noel joined the Board in 1966, serving two consecutive terms which were extended by election to various offices until 1975. After a year's interval, he was returned to the Board and served thereon until his recent illness.

A former newspaper publisher, his acute sense of the meanings of words forced us from our earliest days to clarify and hone the then-emerging concepts about human sexuality. His sense of mission for SIECUS never faltered, his wisdom was global in scope, his sensitivity to human needs was acute. His death is a great loss.

AUDIO-VISUAL REVIEWS

Sexuality and the Mentally Handicapped. Winifred Kempton, M.S.W., and Gail Hanson; slides by James Stanfield. Teacher's guide and 250+ slides. Stanfield House, Santa Monica, CA.

Reviewed by Warren R. Johnson, Professor of Health Education and Director, Children's Health and Developmental Clinic, University of Maryland, College Park.

For some years now, Winifred Kempton has been addressing herself to the touchy task of devising suitable methods and materials for teaching the mentally handicapped about sex. These slides are a further contribution to that effort, this time in collaboration with Gail Hanson. The slides and booklet cover the following areas: Parts of the Body, Male Puberty, Female Puberty, Social Behavior, Human Reproduction, Fertility Regulation and Venereal Disease, and Marriage and Parenting. Because the great majority of "mentally retarded" individuals are mildly so, the slides move from the very basic levels that might represent a full course for the more retarded, to reasonably sophisticated levels appropriate to the less retarded. Since a great many perfectly normal and even bright people continue to be mentally "retarded" and even Fudd-level confused when it comes to sex, parents and teachers may learn a good deal from this material also!

In other words, Kempton and Hanson (supported by the sensitive and especially good slides of James Stanfield) provide a lot more pictures with their respective study guide questions, ideas for discussion, etc., than most teachers will need. Of course, this is the intention. No matter where the learner is, he/she can be "plugged in" at an appropriate level with regard to sex knowledge and move along from there. For example, slide 44 shows "Adolescent with Coat over His Lap," and is intended to help adolescent boys deal with the experience of getting an erection in public. In some

situations the teacher may decide that this is as far as it is advisable to go. In others he/she may feel comfortable going on to the slides that deal more directly with male sexual arousal: "Boy Masturbating in Bed Alone," "Man Masturbating—close up," and so on. The beauty of slides is that teaching can be confined or expanded by the teacher exactly as appropriate.

Special educators and others involved in public education tend to be very sensitive not only to what the learner is prepared to tolerate educationally, but also to what administrators, parents, and others in some way involved, may be prepared to tolerate politically. In other words, these slides can be used to test political as

well as educational limits.

Users of the slides will probably want to expand on them in various ways and directions, perhaps with slides of their own. Some possibilities: the proper use of the condom as a means of reducing chances of getting VD; additional ways of encouraging successful marriage; the truly awesome tasks of parenthood; techniques of mutual pleasuring other than vaginal intercourse (for both enjoyment and the avoidance of pregnancy); and even, perhaps someday, homosexual pleasuring for those so inclined, especially in segregated situations.

I showed a large sample of the slides to a group of experienced special education teachers. They joined me in finding the Kempton-Hanson production a highly valuable contribution in an area where we need all of the help we can get.

Minnie Remembers. 16 mm, color, 5 min. Mass Media Ministries, Inc., 2116 No. Charles St., Baltimore, MD 21218. Purchase, \$125.00; rental, \$12.50.

Reviewed by Mary S. Calderone, M.D., President of SIECUS.

This poignantly real film concentrates into its five minutes the essence of how it feels to age as a sexual person. Minnie in her rocking chair looks at her hands and wonders when it was that they got so old and useless looking that no one wants to touch them. She voices her memories of the important relationships in her life—as child, as daughter, as young lover and wife, as mother—and finally as widow. The camera flashes back periodically to what she is remembering. Most important—and most simply but vividly felt—is her longing, in the midst of her loneliness, for the physical touch of a caring hand. The little film is illuminating for any age—adults or young people. Professionals will find that it fills a fine role as a feeling-opener for workshops and groups.

FROM THE SIECUS CATALOG

A RESOURCE GUIDE IN SEX EDUCATION FOR THE MENTALLY RETARDED

By SIECUS and the American Alliance for Health, Physical Education, and Recreation.

An overview of curriculum concepts and content with sample lessons and a detailed list of written and audio-visual materials, coded by difficulty level and topic covered.

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A BIBLIOGRAPHY OF RESOURCES IN SEX EDUCATION FOR THE MENTALLY RETARDED

This bibliography includes resources for parents and professionals as well as materials for use with mentally retarded individuals themselves.

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Order from:

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SEXUALITY AND DEAFNESS: A Resource List

[Note: Materials listed here are *not* available from SIECUS. Individuals wishing more information on deafness and sexuality and/or sex education should contact: Max Fitz-Gerald, M.A., Kendall Demonstration Elementary School, Gallaudet College, Washington, DC 20002.—Ed.]

PUBLISHED MATERIALS

Sex Education and the Deaf

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- . "Personal Hygiene for Teenagers." *The Volta Review* 66 (April 1964): 179-83.
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Relationships and the Deaf

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- . *Deafness and the Deaf in the U.S.* New York: MacMillan Co., 1943.
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- "The Twelfth Census of the Deaf of U.S. 1900." *American Annals of the Deaf* 52 (March 1970): 158-60.

Language/Learning Problems of the Deaf

- Ainsworth, S. H.; Blake, K.; and Charlocks, W. "Effects of Induction and Deduction of Deaf and Hearing Individuals' Attainment of First-order Concepts." *American Annals of the Deaf* 112 (1967): 606-13.
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- Rosenstein, J. "Cognitive Abilities of Deaf Children." *Journal of Speech and Hearing Research* 3 (1960): 108-19.

Sign Language Books

- The following books are available from the Gallaudet College Bookstore, Gallaudet College, Washington, DC 20002.
- Davis, A. *The Language of Signs*. Over 800 photographs with directions for making each sign. Includes a cross-reference index. (1966; paper, \$4.95)
- Lawrence, Edgar D. *Sign Language Made Simple*. A layman's guide to learning sign language. (\$8.95)
- Madsen, Willard J. *Conversational Sign Language II*. For use in instruction on sign language beyond the basic course. (Paper, \$5.95)
- O'Rourke, Terrence. *A Basic Course in Manual Communication*. The Communication Skills Program of the National Association of the Deaf has developed this book as an instructional text. (1970; paper, \$5.20)
- Remy, Miller, and Ancona. *Handtalk: An ABC of Fingerspelling and Sign Language*. As a nonverbal game, this unusual picture book helps children learn the alphabet, word concepts, and sentence structure by using the hands and body to express thought. (1974; \$4.95)

Curriculum Guides

- Sex Education, Grades K Through 12 Workshop for Improving Instruction for the Deaf*. Ball State University. Washington, D.C.: DHEW, Deaf Branch, 1965.
- Revised Illinois State School Curriculum*. Illinois School for the Deaf, Jacksonville, Illinois.
- Social-Emotional Adjustment Curriculum Guide*. Special Education District of Lake County, Gurnee, Illinois.

ORGANIZATIONAL RESOURCES

Information on Deafness

Alexander Graham Bell Association for the Deaf

Oral Deaf Adults Section (ODAS)
 International Parents' Organization (IPO)
 American Organization for the Education of
 the Hearing Impaired (AOEHI)
 3417 Volta Place, N.W.
 Washington, DC 20007

Bureau of Education for the Handicapped

U.S. Office of Education, DHEW
 400 South 6th Street, S.E.
 Washington, DC 20202

Convention of American Instructors of the Deaf

5034 Wisconsin Avenue, N.W.
 Washington, DC 20016

The Deafness Research Foundation

366 Madison Avenue
 New York, NY 10017

International Association of Parents of the Deaf

814 Thayer Avenue
 Silver Spring, MD 20910

National Association of the Deaf

814 Thayer Avenue
 Silver Spring, MD 20910

National Center for Law and the Deaf

Florida Avenue at 7th Street, N.E.
 Washington, DC 20002

National Center for Law and the Handicapped

1235 North Eddy Street
 South Bend, IN 46617

The National Center on Educational Media & Materials for the Handicapped (NCEMMH)

Ohio State University
 220 West 12th Avenue
 Columbus, OH 43210

National Technical Institute for the Deaf

Rochester Institute of Technology
 1 Lomb Memorial Drive
 Rochester, NY 14623

Key Publications Related to Deafness

American Annals of the Deaf

5034 Wisconsin Avenue, N.W.
 Washington, DC 20016

The Deaf American

814 Thayer Avenue
 Silver Spring, MD 20910

Journal of Rehabilitation and the Deaf

814 Thayer Avenue
 Silver Spring, MD 20910

The Volta Review

3417 Volta Place, N.W.
 Washington, DC 20002

Media Resources

Captioned Films and Telecommunications Branch

Bureau of Education for the Handicapped
 U.S. Office of Education, DHEW
 400 South 6th Street, S.E.
 Donahue Building
 Washington, DC 20202

Gallaudet College Bookstore

Gallaudet College
 Washington, DC 20002

Human Sexuality Learning Package

Educational Division, Hallmark Films
 and Recordings, Inc.
 1511 East North Avenue
 Baltimore, MD 21213

General Sex Education

American Association of Sex Educators, Counselors, and Therapists (AASECT)

5010 Wisconsin Avenue, N.W.
 Suite 304
 Washington, DC 20016

Institute for Family Research and Education

760 Ostrom Avenue
 Syracuse, NY 13210

Sex Information and Education Council of the U.S. (SIECUS)

137-155 North Franklin Street
 Hempstead, NY 11550

BOOK REVIEWS

Living Fully: A Guide for Young People with a Handicap, Their Parents, Their Teachers, and Professionals. Sol Gordon. New York: The John Day Company, 1975 (296 pp.; \$8.95).

Reviewed by Joan L. Bardach, Ph.D., Director, Psychological Services, Institute of Rehabilitation Medicine, New York University, New York (able-bodied); and Regina Marmo, Secretary to Dr. Bardach (paraplegic).

This book is a simply written, practical guide for the disabled, for their families, and for certain professionals. Its approach is from the point of view of the disabled themselves and the people and things in the environment with which the handicapped have to deal. Though the book is sometimes simplistic, its emphasis on the importance of self-esteem is not only stated but is shown by the author's obvious respect for the disabled. For instance, Gordon points out the importance of the disabled's making arrangements for themselves so that they can get out of the house. Though sex is dealt with very little, it is interwoven where it belongs, in the whole fabric of the handicapped person's life. The author points out the disabled's right to control medical information concerning them. He gives an excellent "Declaration of Human Rights" for the disabled. In helping parents to adjust to having a disabled child, Gordon also shows his respect for the disabled person when he advises parents in so far as possible to treat their disabled child in the same ways that they treat their able-bodied children. For instance, he advises giving all their children responsibilities commensurate with their capabilities. He attempts to alleviate feelings of guilt on the part of parents, or at least to suggest ways of coping with it. For instance, he points out that irritation at a naughty disabled child is just as acceptable as irritation toward an able-

bodied one.

This book is one of the few that considers the effects of siblings on the disabled child and vice versa. The chapter on techniques of advocacy is excellent. An annotated list of resources at the end of the book is invaluable. The message in this book is "don't take it lying down." **LT, A, P, PR**

Sexual Variance in Society and History.

Vern L. Bullough. New York: John Wiley & Sons, 1976 (715 pp.; \$25.95).

Reviewed by John Money, Ph.D., Department of Psychiatry and Behavioral Sciences, The Johns Hopkins University and Hospital, Baltimore, MD.

The technologist or applied scientist or clinician can accomplish his daily output of work with little knowledge of the basic principles of his discipline. The lesser among pure scientists can get by with strictly contemporary principles and theories. The great thinkers and doers in science, however, derive their critical and creative acumen in part from knowing the history of ideas, principles, and theories that constitute their speciality. Surpassing their lesser brethren in contemporary scholarship, they learn the lessons of history and avoid, or try to teach others to avoid, its mistakes.

Sexology has had few great scholars, no academic home—no departmental status in any medical school—and no history. If the three are interconnected, as I think they are, then the appearance for the first time of a volume of true sexological history may be a herald of change in the other two.

The historical epoch surveyed in *Sexual Variance* extends from early eastern Mediterranean civilization to the present, and the focus of the influences of history are, of course, contemporary America and Europe. Di-

gressively, there are three chapters on non-Western traditions: Islam, Hindu, and the ancient Chinese. Another digression, very worthwhile, is Chapter 1 on the history of ideas, beginning with Aristotle, of how conception takes place. Chapter 2 digresses into cultural anthropological anecdotes cataloging cross-dressing, homosexuality, and bisexuality in various ethnic groups.

For the main body of the book, which deals with our own cultural forebears, the chief source materials are written legacies from the law, religion, philosophy, literature, and, more recently, social history and social science. According to the Preface, the author elected to be relatively cursory with respect to prostitution, contraception, marriage and the family, so as to be more complete in all other aspects of what he terms sexual variance.

Regarding the legacies of Judaism, Greece, Rome, and Christian Europe and America, the documentation is thorough and encyclopedic. Should the book go into a revised edition, I would like to see added a chapter on the sexual traditions of pre-Christian Europe which were displaced by the Christian tradition, except for their residual survival in northern Scandinavia as the betrothal system, also known as night-courting or bundling. There should also be a chapter on another great tradition that has influenced American sexual customs, namely the African amalgam incorporated into the mores of American slavery.

In writing his book, the author kept close to his sources and quotations. As he acknowledges in his Preface, selection and slanting of data are synonymous, inevitably. In this book, however, there is no slanted theorizing, no devious propagandizing, and no dogma. It is an impartial history that tells us the truth about ourselves. It deserves to have a deep and pervasive social effect in enlightening and chastening those who are powerful in mak-

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.

ing and administering public sexual policy.

Over the centuries, our forebears' definition of prohibited sexual variance has been unsystematic, arbitrary, and inconsistent. Little has been recorded of what in any era was tolerated, even though not actively encouraged, in a society that for two millennia has been essentially sex-tabooed, erotically negative, and derogatory of females. Inevitably, there is an aura of doom and gloom, all too familiar, that pervades our social history of adultery and fornication; cohabitation with incubi, succubi, demons, and witches; such nonprocreative erotic coupling known only as the "unmentionable crime against nature," or sodomy; the lone "vices" of nocturnal pollution and masturbation; and the use of erotic stories or pictures—pornography—for entertainment and/or sexual arousal. By the time the reader turns the last page of the book, it is evident that the shadow of the Inquisition still hangs over us sexually, despite the valiant contemporary efforts of a few to dissipate it. The history of sex in Western civilization is not a history of happiness and achievement.

Until it is successfully challenged by a competitor, this will be the definitive history book in sexology. No course in human sexuality will be complete without it. Even for those who are not students taking a course, it contains hundreds of fascinating facts that are worth reading for their sheer intrinsic interests. It is a book no one seriously in the field of human sexuality can afford not to own—and read. **A, PR**

Sex Education: The Parents' Role. Sol Gordon and Irving R. Dickman. Public Affairs Pamphlet No. 549. New York: Public Affairs Committee, Inc., 1977 (28 pp.; \$.50).

Reviewed by Mary S. Calderone, M.D., President of SIECUS.

This excellent little pamphlet contains an in-a-nutshell, basic approach that aims successfully at just about every important question a parent might have. Mostly it scores bull's-eyes, although the sections on masturbation and homosexuality are not as positive as they should be, but tend to hedge in a somewhat confusing way. Example: "Parents should feel free to say: 'I

don't care how normal it is, or that it is a sexual preference rather than a perversion or an aberration; I don't want my child to be a homosexual.' But they should also be prepared to accept the fact that a child of theirs may grow up to be a homosexual." I believe it would be more realistic and more helpful for parents to understand that, in the light of society's attitudes about homosexuality today, it would be quite normal for them to prefer their children to be heterosexual, but that our attitudes are changing as our understanding does, and inasmuch as we do not yet know just how homosexuality or heterosexuality come to be set in early life, the wise course is to accept and continue to love our children no matter what their sexual preference may turn out to be.

A well-chosen reading list includes some of the most helpful recent books and thus makes possible more intensive follow-up. A list of children's questions about sex are startling for the way they completely cover all aspects of this part of life.

Very low quantity prices make possible distribution of this excellent resource at 20¢ per copy! **A, P**

Marriage and Alternatives: Exploring Intimate Relationships. Roger W. Libby and Robert N. Whitehurst. Glenview, IL: Scott, Foresman, 1977 (412 pp.; \$6.95, paperback).

Reviewed by Lester A. Kirkendall, Professor Emeritus of Family Life, Oregon State University, Corvallis; co-founder of SIECUS; member, SIECUS Advisory Panel.

Some may wonder why *Marriage and Alternatives* should be reviewed in *SIECUS Report*, a publication devoted to exploring typical concepts of sexuality. A clue is found in the subtitle: "Exploring Intimate Relationships." The clincher comes, however, when one realizes that in this book human sexuality is in a real sense integrated into all kinds of life patterns. All too often sexuality is handled so that it seems something apart, but this is not so here.

Twenty-three authors have contributed 24 chapters. Of these chapters the editors themselves have provided five, plus a 12-page introduction, a 28-page

epilogue, an addendum, and summaries for each chapter. Libby and Whitehurst have not stood back abashed; their views are right there along with those of other contributors.

While each of the authors has his unique approach, there is general agreement on certain points. Monogamous marriage accompanied by various restrictions, sexual and otherwise, is no longer a viable lifestyle except for a small minority. Pluralism is in. Innovative experimentation with a variety of alternatives may be a way to cope with this situation. Whatever the alternative, sexual expressions will be affected by it.

Numerous alternatives are explored in the first 17 chapters: monogamy in its various forms, singlehood, cohabitation, extramarital and co-marital sex in relation to adultery and infidelity as traditionally viewed, open marriage, swinging, group marriage, gyrations between conventional and nonconventional marriage patterns, the women's liberation movement, and bisexuality. The last seven chapters explore the future of intimate associations and emerging ground rules for the various alternatives.

As indicated earlier, sexuality is related to a wide range of alternatives. The concern is how sex affects, and is affected by, attitudes and practices, personal and interpersonal, and various social circumstances. Why is sexual participation so commonly associated with feelings of jealousy and possessiveness? Or conversely, how can sexual participation outside the traditional male-female bonding be regarded as able to enhance and stabilize the relationships? What personality characteristics are likely to make an individual a candidate for one or another of the various sexual alternatives? What kind of sexual expressions are likely to be enjoyed and experienced as people move from youth into middle age? How can individual sexual desires be harmonized with the needs of partners, or of the broader society? Are there double standards which make intimacy and sexuality available to some persons or groups and deny them to others? How do certain social developments—such as mobility, the women's liberation movements, portrayals coming through the mass media, the gradual disappearance of a sense of community, a growing acceptance of divorce, the near perfection of contraceptives

—affect the concern for experiencing intimacy and the likelihood of experiencing sexual satisfaction?

The thrust of the book is to suggest hypotheses, to examine the literature, and to develop theories from these sources. The contributors cite little research of their own, but there are numerous references to research already done. The ideas advanced in this book have yet to be researched, but certainly the ideas are there—they are potentially the cutting edge of the future.

Even though most contributors were effective in integrating sexuality into their particular discussion, there are some omissions. Obviously, no single book can cover all integrative aspects of sexuality. The gaps should be noted, however. The various alternatives are almost always concerned with men and women seeking heterosexual intimacy in youth and the middle years. Intimacy and sexual expression in the later years are no more than hinted at. The sexual and intimacy needs of children do get a bit more attention, particularly in Chapter 17, "Where Are the Kids? Children in Alternate Life-Styles," by Larry L. Constantine.

Homosexuality is discussed, but not as an experience in intimacy. Ronald Mazur, in a two-page treatise (Chapter 13, "The Double Standard and People's Liberation"), comments that fulfillment is denied to homosexuals by the same standards which heterosexuals insist are theirs by natural right. Chapter 16, "The Bisexual Debate," with Libby's addendum is devoted to exploring a variety of nuances related to bisexuality and hetero-homosexuality. Who is what, at what age, and what did nature intend us to be?

John S. Kafka's and Robert G. Ryder's discussion of their interviews with married couples who are part of the counterculture (Chapter 12) highlights another gap. The discussions are all in terms of our affluent, materialistic society. They observe that "The idea of limited resources—of scarcity—seemed alien to many interviewees. . . . Husbanding one's resources, saving up for the distant future, and in general denying oneself in the present for the sake of one's own longterm benefit were not popular ideas. . . . there existed . . . an implicit sense that in the foreseeable future satisfaction of one's wants would be readily available without a great deal of difficulty. . . . Sexual

satisfaction as well as seen by many persons to be plentifully available with a minimum of effort."

But suppose the energy crisis worsens, nations become deadlocked in a struggle for survival, and more of our national resources are diverted to militaristic endeavors? What will happen to our freedom to experiment and to our developing pluralism? I have no answers, but for years I have listened to conference speakers talk as though the United States were a world unto itself. Writers in this field, including L. A. Kirkendall, do the same! This is a gap which needs a great deal of consideration by persons concerned with marriage and intimate relationships.

Marriage and Alternatives has a message—and many questions—for everyone, particularly professionals, not only because it integrates sexuality into numerous aspects of living, but because it has much to say about the human condition now and in the future, whichever way that future goes.

A, PR

A Good Age. Alex Comfort. New York: Crown Publishers, 1976 (224 pp.; \$9.95).

Reviewed by Margaret E. Kuhn, National Convener, Gray Panthers, Philadelphia, PA.

A Good Age is a beautiful book, in its writing, design, and understanding of our personal and societal attitudes and hang-ups. For this reviewer, now into her 72nd year, the book combines the wise and perceptive advice of a great physician and the explosive social analysis of a careful but forthright social scientist.

The author's introduction clearly puts our society to the test and challenges us, the old ones, to "debrainwash ourselves" about the myths of old age and prepare ourselves to "kick society in its social conscience." Dr. Comfort's strong language defines the sociogenic factors that "unpeople" millions of Americans and persuade those of us who are over 65 that retirement is inevitable and that old age is a disaster and a disease.

The book proceeds from A to Y in the alphabet. A stands for "agism," which is the notion that "people cease to be the same people, or become people of a

distinct and inferior kind, by virtue of having lived a specified number of years." Y stands for youth, with Comfort urging increased communication between old and young, with the aging urged to use "imagination to figure out how you would feel if you were 'young' now. . . . You and they need to get together."

Gray Panthers have long been citing agism as an oppressive force which, added to racism and sexism stereotypes, isolates and diminishes people on the basis of age, race, and sex. Dr. Comfort observes that the people being victimized have to stand up for themselves in order to eliminate agism.

Arthritis is another heading under the A's of the alphabet, and here the author differentiates between various kinds of arthritis and writes helpfully about its treatment. It is a disease, he observes, not a natural hardship of old age, and it can be treated.

There is a great deal of hope and affirmation throughout the book. Particularly to be appreciated are the wise comments about loneliness and menopause and mobility—loneliness, of course, to be countered by militant organizing efforts, and advocacy, to turn our society around. Attitude-altering attempts ought to be on the agenda for all of us.

Dr. Comfort deals with retirement and sexuality with great understanding and reassurance. Retirement as a social practice simply has to be eliminated as the enormous social waste it is. Sex and sexuality are affirmed by showing that older people are, and always have been, sexually active but today are becoming more free about it as society's sexual patterns and attitudes change. Helpful statistics are coupled with very practical advice about preserving one's sexuality, which the author considers to be deeply important—not only preserving it in one's personhood, but as a life-long part of life for both sexes.

Young people can find out a lot about their parents and grandparents from this book, and all ages will enjoy the wash drawings of old people, some of them very well known, and relish the writing and Dr. Comfort's extraordinary skill in devising his own language forms. As an extra bonus there is a very practical addendum on "A Prudent Diet," a fat-controlled, low-cholesterol meal plan to reduce the risk of heart attack. **LT, A**

Deaf People, Continued from page 1

methodologies; that is, whether a child should be taught by the oral method (speech and speechreading) or the simultaneous method (speech, speechreading, and signs). The controversy is centuries old, and still continues, having spread from its origins in Europe to all parts of the world. Ancient philosophies once believed that speech proficiency was a measure of intelligence, and that speech was the only channel for communication with God. After all, God was not skilled in sign language, and therefore the deaf had to learn to speak if their souls were to be saved. It was with this thought in mind that many of the first efforts were made to educate the deaf.

Sign language is the preferred mode of communication among most of the deaf (Kannapell, 1974). Most deaf persons today use some type of hand-signaling system in conjunction with finger-spelling, speech, and gestures to communicate with each other. Their sign system, which differs from English in structure and syntax, is called American Sign Language (Ameslan), and is a unique language in itself. Today, many educational programs for the deaf are using what is called "Signed English," a modified version of sign language which more closely approximates the English language.

Although research has shown that the very best lipreaders understand only one-fourth of what is said, most hearing parents communicate orally (through speech) with their deaf children, expecting them to lip-read. Just because one is deaf, it does not follow that he/she possesses some innate lip-reading skill. In fact, the world's best speech-readers are people who are not deaf (Vernon, 1972). Therefore, lip-reading leaves a great deal to be desired as a primary means of communication for the deaf.

Statistics show that 91.7 percent of deaf children are born to hearing parents (Schein and Delk, 1974). These parents usually have no idea about what it means to be deaf, nor do they know how to communicate with their deaf children. Most of these hearing parents experience guilt feelings regarding having given birth to a handicapped child. They need counseling, education, and support if they are to understand and communicate with their deaf children.

Deafness Means Isolation

It is such factors as these—a war over teaching methodologies, the necessity to focus on speech and language development, existence of guilt feelings in the parents—which have resulted in the paucity of time and attention given to the personal development of the deaf individual. It is the opinion of the authors that residential institutions may lead to further isolation, thus enhancing the situation in which the deaf are, at best, marginal people. In a few, more progressive schools, administrators are attempting to facilitate interaction between deaf and hearing students by providing sign language classes in hearing schools, as well as through student exchange programs. Deafness, above all else, remains a communication and learning handicap, marked by social isolation, underemployment, undereducation, and underinvolvement in the mainstream of society (Switzer and Williams, 1967).

Contrary to what most people believe, the average deaf person cannot easily gain important information from such sources as books, magazines, or newspapers. Although their IQs do not vary appreciably from those of their hearing peers, approximately half the deaf students age 20 or below

read at less than a mid-fourth-grade level; and only 10 percent of hearing-impaired 18-year-olds nationally can read at or above the eighth-grade level (Trybus and Karchmer, 1977). While reading levels are no index of intelligence, they do indicate comprehension of written language. Since the available written materials are all in English, which is not their primary language, the deaf cannot be expected to read and understand printed material prepared for the average reader. If the deaf are to learn from reading, they must have materials written especially for them.

The limitations imposed by deafness not only restrict the acquisition of general knowledge, but also hinder access to sex information. This reality was demonstrated in 1970, when Steven Grossman used the SKAT (Sex Knowledge and Attitude Test) to compare deaf students from Gallaudet College (the only liberal arts college for the deaf in the world), and hearing students from Pennsylvania State University. According to this unpublished research, the Gallaudet students had less sexual knowledge, were more accepting of sexual myths, and engaged in more sexual activity than the Pennsylvania State freshmen and sophomores with whom they were compared. Furthermore, the average Gallaudet student's level of sexual knowledge did not increase with age. Grossman suggests that perhaps this reflects a need for special sex education programming at Gallaudet College (Grossman, 1972).

As early as 1930, Harry Best compiled statistics indicating that deaf persons marry less frequently and divorce more often than their hearing peers (Best, 1943). Today, by age 34, almost 8 in 10 males in the general population are married, compared with less than 6 in 10 among deaf males. Similarly with females: 84.7 percent of the females in the general public are married, compared with 71.5 percent of deaf females (Schein and Delk, 1974). There are a number of speculations regarding the reasons for these differences. Social isolation, separation from other deaf persons, limited opportunities to develop social skills with the opposite sex, eugenics—all are among the reasons advanced by theoreticians. Because of social isolation and limited heterosexual contact, the deaf appear to be more vulnerable to marriage difficulties as is reflected in the fact that deaf marriages tend to be somewhat less stable than marriages in general (Schein and Delk, 1974). Currently, there are few in-depth studies dealing with marriage and divorce among the deaf. Again, too few skilled professionals are able to assist the deaf in couple enrichment, marriage and family counseling/therapy, genetic counseling, and divorce counseling.

Barriers to Receiving Sex Education

The communication and language handicap, and the social isolation imposed by deafness, place serious limits on the availability of sex information to the deaf. Often very natural questions and concerns cannot be readily communicated; discussions may be awkward; answers are not provided. The necessary emphasis upon other educational priorities may preclude allotment of time for a regular program of sex education in the school, even when its importance is recognized.

Although research indicates that 66 percent of the residential facilities for the deaf do provide some formal sex education instruction (Fitz-Gerald and Fitz-Gerald, 1974), the average time devoted to such instruction is only about 47 hours per year. From the topics covered and the time

allotted, it can be concluded that the sex education in these schools is often meager and "crisis-oriented."

Who provides the sex education instruction? In 70 percent of the facilities, it is the regular classroom teacher who assumes this responsibility. Have these teachers been trained to assume this responsibility? In 97 percent of the training programs, not one specific course is provided that will facilitate or enhance the teacher's ability to teach sex education (Fitz-Gerald and Fitz-Gerald, 1977, unpublished). Yet it is the teacher, above all others, who is expected to assume this responsibility.

Barriers to Receiving Medical/Counseling Services

Further communication implications can be observed when the deaf person seeks medical services. Can you imagine receiving medical services from a member of the medical profession who does not speak or write English? How comfortable would you feel? How much confidence would you have in the quality of services? This is the exact situation confronting the deaf individual during each encounter with the medical profession, when there are no interpreting services available. What about the medical profession? They, too, often feel uncomfortable because of the responsibility they have and the communication limitations they face. Often a physician will resort to writing or exchanging notes with the deaf patient. The deaf person, not wishing to appear ignorant, will often just nod, even though not understanding.

As a result of communication barriers, counseling services for the deaf are limited, and sometimes even denied. Even when interpreting services are available, the effectiveness of counseling may be open to question. Attempting to establish trust, confidence, and rapport with a client through a third party is difficult, if not impossible. The effectiveness may be further threatened if the counselor appears to have a limited understanding of deafness itself.

Psychosocial Development of the Deaf

To date, very little is known about the psychosexual aspects of deafness. It has been observed that the deaf child is more immature and confused from a psychosexual viewpoint, because he/she does not hear the innuendos and taboos regarding sex, nor have verbal input into male and female development (Myklebust, 1963). In spite of difficulties of gathering reliable information in this sensitive area, Rainer et al. (1963) concluded sexual delinquency was a more frequent problem in the deaf population than in the hearing population. They suggest that this may be related to general immaturity, to lack of education in the areas of sex and family life, and to residential school living (Schlesinger and Meadow, 1972). Some residential facilities for the deaf continue to segregate activities, thus minimizing heterosexual social interaction. Most dating experiences have been considered "a privilege" and are often permitted only within a group setting.

Traditionally, residential schools have provided for most of the deaf child's educational and personal needs, for the child has spent most of his/her formative years with peers, teachers, and dorm personnel. Many parents, not understanding their deaf children, have given the residential schools full responsibility for both educational and personal development. Many parents feel inadequate to handle sex education with their deaf children and hope that the school

will provide it at some level. In turn, many administrators and staff are not comfortable with teaching human sexuality and hope that parents will handle it at home. Thus, each party assumes that the other is handling sex education, while the deaf child continues as a sexual being with concerns, fears, misinformation.

Just what are the effects of residential life upon the deaf? In all honesty, there is a paucity of research regarding the psychosocial implications of institutionalization. Generally speaking, research tends to indicate that residential life may be less than positive to some aspects of psychosocial-sexual development. It has been observed that social isolation and rate of social interaction are directly related to role-learning and effective socialization (Goslin, 1969). Therefore, effective socialization becomes more difficult when individuals are isolated from the very system into which they are being socialized. Many deaf persons face isolation not only because they spend their formative years in a residential facility, but also because the primary implication of deafness is that it presents a communication handicap, which, in itself, produces isolation.

Does the deaf individual face greater obstacles regarding gender identity? Ramey, in *Intimate Friendships*, states that "a boy's concept of maleness and a girl's concept of femaleness is a result of what he/she sees and hears" (Ramey, 1976). If this statement has any validity, then it may hold unlimited implications for the deaf, as well as the blind. Is there evidence of confusion of gender identity in the deaf? There is almost a total dearth of research regarding this topic. The New York study in 1963 by Rainer et al. found that homosexual activity tended to be more common than heterosexual behavior among those males who admitted some sexual experience. Of the total sample, 19.6 percent stated that there was homosexual activity known to them at school. It appears that many deaf males develop a homosexual lifestyle, although there has been no research in this area.

Conclusion

"Hell," said a Sartre character, "is other people." Nobody knows this better than the disabled. In addition to their disability and the limitations it imposes, they have the additional problem of convincing others that they have the same human desires and impulses [Comfort, 1975].

The deaf, blind, crippled, mentally retarded, and all of the other millions of disabled children and adults are people with sexual needs, yet all disabled persons share with us a heritage traditionally rooted in avoidance, censorship, and suppression of sexual growth and development. However, this reality is carried even further for the disabled since they are usually societally prejudged either as "not interested" in sex or as "oversexed."

The disabled person's first hurdle in overcoming these stigmas is "self-deprogramming," that is, rejecting the idea that one is not potentially sexual or lovable. The second hurdle is "effective militancy," or doing something about these misconceptions (Comfort, 1975). Both tasks require constant efforts on the part of individual handicapped persons and the professionals working with them.

As a society, we are really just beginning to recognize that the physically and/or mentally disabled are sexual beings, with the same desires, curiosities, hopes, and expectations as any other group of people. Some disabled persons have begun demanding their sexual rights, privileges, and

opportunities. As sex educators, counselors, and therapists, we face the challenge and responsibility of reevaluating our own attitudes toward the disabled. Furthermore, we as professionals share in the responsibility of facilitating the development of more open and accepting attitudes in the general public. In conclusion, we would ask: If not now, then when? If not us, then who?

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DO YOU KNOW THAT...

Court Approves School Sex Questionnaire

In the United States District Court for the Southern District of New York, District Judge Constance Baker Motley recently found that "school authorities improperly restricted students' rights of free speech when they denied the editor-in-chief of the school newspaper permission to distribute to the student body a questionnaire containing queries requiring personal and frank information about the students' sexual attitudes, preferences, knowledge and experience." The court required that permission be given to distribute the questionnaire to junior and senior students and also held that the school authorities could not require parental consent before a student was allowed to answer the questionnaire. The court did agree that freshmen and sophomore students might be too young and immature to be exposed to a comparison of their sexual attitudes and experiences with that of their peers, so the authorities' denial of permission to these students was upheld.

In view of the near impossibility of finding populations of minors for which permission might be obtained to conduct even relatively simple sex research, this decision would seem to be a significant one. Whether or not, however, protection would extend from peer-circulated questionnaires to questionnaires from outside sources, even scientifically impeccable ones, would probably have to be tested.

Men's Liberation Groups

Those concerned with men's consciousness-raising and liberation efforts may be interested in the groups that Warren Farrell, Ph.D., has been leading so effectively all over the country, in colleges, universities, and over the weekends for business groups. He is the author of *The Liberated Man*. For further information, write to him c/o Royce Carlton, 866 United Nations Plaza, New York, NY 10017.

New Lifestyles Journal

A new scholarly journal, *Alternatives: Marriage, Family, and Changing Life Styles*, will commence as a quarterly publication in early 1978. Dr. Roger Libby, its editor, emphasizes that "This is not another journal on marriage, the family, sex roles or sexual behavior. . . . Rather, its unique assumption is that the foregoing areas are to be examined holistically and systematically in order to understand the complexity of intimate behaviors within and beyond the conventional conceptions of marriage and family." For information about the nature of manuscripts invited, please write: *Alternatives*, c/o Dr. Roger Libby, Department of Sociology, State University of New York, 1400 Washington Avenue, Albany, NY 12222. For subscription inquiries, write to: Sage Publications, Inc., 275 South Beverly Drive, Beverly Hills, CA 90212.

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Deaf Perspective, Continued from page 2

border on the ridiculous. Half-dressed, seductive-looking women, for example, advertise a product that often gets lost in the sexual implications of the message. Farrah Fawcett-Majors would have you think that by using a certain shaving cream, something more than shaving cream will pop out like a genie the next time you push the release button. Actually, in a commercial like that, the *real* message is *SEX!* The shaving cream is only incidental; the *girl* is the product.

When such great emphasis is placed on sex and physical attractiveness by the media, what is the effect on hearing-impaired youngsters who cannot hear the message but who see the alluring, suggestive, physical overtures in the message? The handicap of hearing impairment is one of the most severe of all handicaps because it strikes at a basic human function—communication. Too often you have heard the statement that when you are out of communication, you are “out of it.” Let us not underestimate this saying; it is very true. Hearing-impaired persons will, therefore, attach more meaning to that which is visual. Quite often a hearing-impaired youngster will make a literal interpretation of what he/she sees. Farrah Fawcett-Majors coming at you with that suggestive look wants only one thing—that!! As for shaving cream, the deaf youngster never heard it.

The needs of the handicapped in the area of sexuality and sex education are similar to those of the general public, but they may need special materials in order to understand the message that is being communicated. What is needed in order to permit handicapped people to live full, rich, and rewarding lives is a concerted effort on the part of publishers and curriculum designers to keep the handicapped in mind when materials on sex education are designed, developed, and published. Recent studies, for example, indicate that minority children identify with characters in the media who represent their own minority group. This “modeling” helps in the development of a positive self-image. The same is true for the handicapped.

We also need to provide media and materials that are largely self-explanatory and not too verbal for those who

have a language deficiency. We need to stress the importance of including the handicapped in all programs dealing with human sexuality. Whenever such programs are being planned, we must be sure that consideration is given to the inclusion of special materials for the hearing-impaired. Even when it is not feasible or necessary to create special materials, modifications or adaptations of existing materials could be very useful; for example, records and large-type or Braille materials for the visually impaired; and visual, modified-language-content materials for the hearing-impaired.

I started off by saying that I do not think that sex education should be the responsibility of any one person or group. However, I do feel that the uniqueness of special education provides a mandate for educators to go far beyond the ordinary day-to-day responsibility of the public school in providing for the daily present and future needs of handicapped youngsters. Schools and programs for the hearing-impaired have been assuming such responsibilities for many years. I received all of my religious education in a publicly supported, nondenominational school for the deaf. I learned many things in school that would otherwise have been the responsibility of my parents.

A new law, the Education for All Handicapped Children Act of 1975 (P.L. 94-142), creates a viable means for educators of the handicapped to go beyond what they are now doing and to include a complete program of preparation for life for their charges. Sex education is one of the very important areas in which this preparation and development must take place. The time, therefore, is now, in the context of this new public mandate, to move boldly forward in meeting the needs of the handicapped.

Educators and parents must not pass up the present opportunity to bring pressure to bear on local, state, and federal agencies to develop good programs in sex education. Counseling programs must be made available through schools and rehabilitation agencies to assist the handicapped with sex-related problems and concerns. Perhaps never again will there be a time more opportune than the present to achieve these ends.

SIECUS REPORT

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