

HOW WE GUARANTEE THE INEFFECTIVENESS OF SEX EDUCATION

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Opposition to sex education has been fueled by two beliefs: one is that knowledge stimulates irresponsible sexual behavior, and the other is that, in any case, sex education does not promote responsible behavior. It has become almost fashionable to mock sex education. Many professionals have added legitimacy to the controversy by simply reporting, without deeper analysis, that there are "insignificant" differences in sexual and contraceptive behavior between those who have taken a sex education course and those who have not. The missing information of course, is whether the class was interesting or boring; whether the teacher was adequately trained; whether the class was a comprehensive, semester-long treatment or a single, hurried lecture; whether students were stimulated to think about how they communicate with their partners about sex or whether only the "facts" were presented; etc.

The argument that knowledge stimulates sexual "experimentation" has led to an effort to keep youth ignorant about love and sex. In New York, for instance, a state senator objected to our distributing the comic book *Ten Heavy Facts About Sex* (Gordon, 1971) at the state fair. His reason? The book would put ideas into the minds of young people who did not have the "ideas" already. In another case, magazines such as *Playgirl*, *Viva*, and *Penthouse* are made more titillating by being displayed with the front cover diagonally folded back to hide the offending breasts or pubic hairs. In Tallahassee, a local minister who had read that 984 out of 1000 unmarried girls had "committed fornication" while rock music was playing began collecting and destroying such records in order to "protect the moral decency of youth" (Cvetkovich & Grote, 1976).

A *New York Times* article (Powledge, 1977) questioned whether sex education has any effects, stating that "no one has the slightest idea of what the effects of sex education are, or can be." In that one sentence, the author managed to dismiss a volume of research so vast that it has taken nearly a year to review it and reach some tentative conclusions (Scales & Gordon, 1978). The most recent nationally representative study of teenage women in the U.S. also concluded that the "transfer of knowledge in formal settings may be likened to carrying water in a basket" (Zelnik & Kantner, 1977). In another book that supposedly contained the most up-to-date "advice," based on modern research about childrearing, the

authors stated that "studies do not indicate that children who receive detailed sexual instruction from their parents arrive at any better long-term sexual adaptation than children who receive their instruction from other sources" (Fisher & Fisher, 1976). Our review of the literature has consistently indicated, however, that children whose parents talk to them about sexuality do in fact tend to delay their first intercourse longer than children whose parents avoid sexuality—and these children tend to use contraception when they do have intercourse.

Direct relationships between "sex education" and measures of responsible sexuality are rarely observed, however, because our approach as a society to preparing youth to deal with sexuality has been based on guilt, innuendo, and at times outright denial that young people are sexual: "We offer religions thick with the dust of a past era, parental counsel that is vague, timid, false, irrelevant, or negligible, and teachers who, on the subject of contraception, are silenced by rule of law" (Konner, 1977). Michigan, for instance, requires sex education in the school but, until late 1977, also expressly forbade teaching contraception (Scales, 1977).

Sometimes our peculiar notions of cause and effect block understanding of the effects of sex education. For instance, "social studies" is rarely charged with having negative or undesirable effects, while sex education is frequently charged with stimulating "promiscuity." Such charges lead us to bend over backward to demonstrate the positive value of sex education. From this defensive posture, we often ask for direct, causal relationships between sex education and "quality of life" that we would not dream of asking social studies to demonstrate. Apparently, we are not doing too well with social studies either: last year the National Assessment of Educational Progress reported that nearly half of the nation's 17-year-olds do not know that each state has two senators (NAEP, 1977)!

We have reached the following tentative conclusions from our review of the research:

1. People do not become more predictably "liberal" or "permissive" in their attitudes after being in a sex education course—they do seem to become more accepting of other people's behaviors, even if they would not engage in the behaviors themselves.

2. Knowledge about sexuality is not associated with sex crime, or with significant changes in the frequency or variety of a person's sexual behavior—in fact, people who commit sex crimes are likely to have had “childhood experiences which encourage sexual repression and inhibition of sexual curiosity” (U.S. Commission on Obscenity and Pornography, 1970). Research shows that a person who does not like oral sex enough to engage in it is unlikely to change that frequency, and a person who has frequent intercourse is unlikely to change that behavior.
3. In all areas of the world, the highest fertility is associated with low levels of education, inadequate knowledge about conception and contraception, and an inferior status for women. In the United States, several studies have demonstrated that racial differences in unwanted fertility tend to be erased as educational differences are narrowed.
4. Young people who talk with their parents about sexuality, and who expect positive reactions from their parents rather than arbitrary strong disapproval of “premarital” sex, are much more likely to use contraception than those whose parents react negatively at discussion of sexuality and who strongly disapprove of premarital sex.
5. Young people who accept their sexuality are more likely to use contraception than those who are guilty about or fearful of expressing themselves sexually.

While there is also evidence that education can help reduce venereal disease, research designs have as yet been inadequate to distinguish an actual increase in incidence from an increased use of treatment centers due to a successful education program.

Although we have noted these effects, education is no panacea. Several studies show that “knowledge” about sex (often limited in these studies to a single item on timing of the “fertile” period) is not related to avoiding venereal disease and unwanted pregnancy. More importantly, especially in the youngest age groups, we have not counteracted the myths which make it difficult for even somewhat knowledgeable young people to behave responsibly. We cannot get results from sex education if young people are admonished to be responsible but also taught to feel guilty and secretive about their sexual feelings and experiences. The results of our failure are obvious: the V.D. rate is increasing most rapidly among 11- to 14-year-olds, and the birth rate for teens 15–17 has risen 2% in the last ten years, as compared to a drop of over 25% in all other age groups.

Our society still recoils at the notion of young people having sexual experiences, or even sexual thoughts, and so we have failed to provide the education they really need. Even a basic grounding in facts is lacking—only six states and the District of Columbia require some type of “sex education” (Alan Guttmacher Institute, 1976). More important than the facts, however, are answers to questions such as: How does a young lover put on a condom without destroying the sensitivity and excitement of the moment? How does a young person take precautions against V.D. without leaving the partner feeling as if he or she is diseased? If a young male asks his partner if she is using anything, and she says that she

is on the pill, what does he do if he thinks she is not telling the truth? How can a woman recognize and respond when she is being used?

Our discomfort over sexuality has led to a sexual revolution based on the myth of the normal outlet—isn't it abnormal for adults to masturbate? isn't it abnormal to go too long without sex?—or a new myth of normality, isn't it abnormal to want only one sexual relationship at a time? Sex education needs to communicate that there is no particular range of behavior people need to strive for in order to be “normal.”

We need to talk more about the possible feelings between partners, feelings that can range from near disregard to passionate devotion, and are often an ambivalent combination somewhere in-between. Our sex education needs to expose and work toward eliminating destructive sex roles. Most men are still taught to be opportunistic about sex and most women are told to be skeptical. For instance, we studied 165 college students' views on virginity. We found that nearly everyone had some fears about their first sexual intercourse, but that men worried significantly more about how they would perform and women significantly more about whether they were doing the “right” thing (Buder, Scales, & Sherman, 1977). We need to overcome the fact that no one has prepared young people to communicate accurately and honestly about sex, with the result that over a third of 400 students we surveyed (Gordon & Scales, 1977) said that the first time or two they have sex with someone, it “just seems to happen without talking.” For some, the momentum of a particular sexual situation is safely part of the pleasure, but for those who are not sure whether they want to have sex with a particular partner, or who are unprotected against pregnancy and V.D., the momentum might better have been

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stopped. Improving communication also entails exposing "lines" that men have used for years and helping women to admit it when someone really does not care about them (Gordon, 1978).

But even if we provide this kind of education, we still need to make services more accessible. Only half of sexually experienced teenage women are thought to have access to a clinic or physician, and it seems that men are ignored by nearly all sexual health care providers. Except for the pharmacist and the advertising of most magazines "for men," men are neglected—and even many pharmacists do not put up condom displays because they fear a negative "community" reaction. Some young people do not use clinics because they believe, accurately in many cases, that their confidentiality will not be protected. In a study of 40 clinics in eight major U.S. cities, it was found that "fear of parents finding out" was the main reason teenagers gave for not using clinics (Urban and Rural Systems Associates, 1976).

Clinics also frequently neglect to treat sexual problems socially as well as medically. In one of our participant-observation studies, a college woman found that no questions were asked about her partner(s), and about how her style of sex life might affect her sexual health care needs—this lack of social attention occurred on three different visits to the university health clinic (Scales & Weitzner, 1977). Whether it concerns dealing with one's parents or with one's partners, young clients need the opportunity (which some will not elect) to talk about their social concerns so that social uncertainties do not continue to turn into medical problems.

Finally, laws regarding access to sexual health care also need to change. In a study conducted by the Urban Institute, it was found that states with laws denying contraceptive services to under-18s had significantly higher birth rates among unmarried black teenagers, and that states denying abortion services to under-18s had higher births to unmarried white teenagers (Moore & Caldwell, 1976).

The lesson of sex education is clear: though education can encourage responsible sexual behavior, it will not help reduce V.D. and unwanted pregnancy if we continue to lace teenage sexual behavior with a good dose of guilt, fail to

break down myths of "normal" sexuality and neat sex-role differences, make it difficult for young people to use sexual health care services, and comfort ourselves with the destructive notion that "ignorance is bliss." Try telling that to a 15-year-old mother.

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Note

At the time of writing, Dr. Scales was research director of the Institute for Family Research and Education, Syracuse University, Syracuse, New York.

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BECOMING ORGASMIC: A Sexual Growth Program For Women

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LEGAL BRIEFS

"Legal Briefs" is prepared by Ralph Slovenko, LL.B., Ph.D., Professor of Law and Psychiatry, Wayne State University Law School, Detroit, Michigan.

Financing Abortion: Ploys Revisited

Congress recently ended a four-month legislative deadlock on federally funded abortions for the poor. Under the compromise approved by the Congress, poor women who receive health care under the federal-state Medicaid program may have a government-paid abortion in instances where: (1) the mother's life is in danger if the fetus is carried to term; (2) the pregnancy results from rape or incest that is "promptly reported" to a law-enforcement or public health agency; or (3) two doctors determine that the mother risks "severe and long-lasting physical health damage" from the pregnancy.

Without those limitations in this highly sensitive area, Congress would not have approved Medicaid abortions. To prevent abuses, it was alleged, victims of (statutory or forced) rape must report the rape immediately to law-enforcement officials, and two doctors must give approval before a pregnancy may be terminated for health reasons. Those same limitations may crop up again in any national health insurance that Congress may adopt in the future.

In 1973, the United States Supreme Court ruled that a woman in the first trimester of pregnancy had an unrestricted right to an abortion. Up to that time abortion was allowed only on the grounds now set out for financed abortion under Medicaid.

History will likely repeat itself. The exemptions were previously ploys to obtain an abortion; now they will be ploys for financing them.

A woman seeking an abortion quickly learns what she must say to obtain it. No physician, although he may not perform the abortion himself, would refuse to approve it for a woman who says she will kill herself or go crazy. It is quite difficult, if not impossible, to evaluate the seriousness of a suicide threat. Also, it will not be difficult to allege rape or incest, and by the time law-enforcement officials verify the claim, pregnancy would blossom, making abortion risky.

On the right to abortion in early times, when there was any risk for the woman in bearing a child, abortion was allowed if she were healthy but not if she were deranged, on the theory that in the case of one already deranged there was nothing to lose. Judge MacNaghten of the House of Lords in the classic case of *Rex v. Bourne* [1 K.B. 687 (1938)], said that an abortion may not be performed on a girl who is feeble-minded or has what he called "a prostitute mind," because "in such a case a pregnancy will not have affected her mind." Since a healthy woman, by definition, would not be threatened by childbirth, apart from such physical causes as a small pelvis, the net result was that almost no one was entitled to an abortion. As Judge MacNaghten saw it, an exception might be "a normal, decent girl, brought up in a normal, decent way" who had been raped.

Under the "therapeutic abortion" reform law that pre-

vailed in the United States until 1973, the disturbed woman, not the healthy one, was allowed an abortion. It was never satisfactorily resolved as to when it would be "therapeutic" to terminate a pregnancy. The mechanical procedure of abortion may lie within the province of a physician, but the decision to terminate the pregnancy, many had argued, did not pose a medical problem. To confuse the operation with the decision to undergo it converted a nonmedical decision into a medical one, and medical books did not provide the answer.

The law on "therapeutic abortion" was soon seen to be a fraud. Statistics revealed that few women during the course of pregnancy committed suicide. Postpartum depression sometimes follows the birth of a child but that condition is treated easily enough. The law thus appeared to curtail abortion, but via the "therapeutic abortion" gimmick it was accomplished readily enough—but in the process it denigrated the woman (and her husband). In ritual fashion, the woman would allege that she had been a victim of incest or rape, or that she would commit suicide, or that she would go crazy if she must bear a child.

Now the ploy is reinstated for Medicaid-funded abortions. Previously, under the "therapeutic abortion" law, a woman paid a fee for the attestation of the certifying physicians or psychiatrist; it amounted to a fee paid for nothing more than a signature. Will the fees for the attestation now be paid by Medicaid? Will this be another rip-off for doctors? In at least one state (Minnesota), the names of doctors who perform abortions on Medicaid patients are published (mainly in order to discourage them). The Minnesota Welfare Department and the *Catholic Bulletin* worked out an agreement under which the *Bulletin* would have access to the computer-stored information. Though the names of the patients are not revealed, the Minnesota State Medical Association has brought legal action to block the publication [*Minneapolis Star*, Dec. 22, 1977, p. 9].

In 1976, there were 260,000 abortions financed by the federal-state Medicaid program—or about a quarter of all abortions in the United States. Theoretically, if the new measure had been in effect then, it is estimated that it would have ruled out two-thirds of them [*Time*, Dec. 19, 1977, p. 6]. More than 30 states have ceased paying for abortions with their own funds; those that still pay the full cost include Alaska, California, Colorado, Florida, Hawaii, Idaho, Iowa, Maryland, Massachusetts, Michigan, New York, Oregon, Pennsylvania, Washington, West Virginia, Wisconsin, and the District of Columbia. The average cost ranges from \$160 in a clinic to \$460 in a hospital.

By making medically safe abortions legally available only to women who can pay for them, the new provision may not pass constitutional muster. A leaf may be taken from the evolving law on right to counsel in criminal cases. To give meaning to that right, the Supreme Court a generation ago ruled that the indigent defendant has a right to the assignment of counsel [*Johnson v. Zerbst*, 304 U.S. 458 (1938)].

DO YOU KNOW THAT . . .

Human Sexuality Doctoral Program

The University of Pennsylvania Graduate School of Education announces graduate courses and doctoral degrees (Ed.D. or Ph.D.) in Human Sexuality Education. The same courses are also intended to introduce educational and health professionals (teachers, counselors, physicians, clergy, nurses, social workers, etc.) to the field. Instructors will be the faculty of the University of Pennsylvania. For further information, write to Peter Bent, Assistant Dean, Graduate School of Education, University of Pennsylvania, Philadelphia, PA 19104 (phone: 215/243-6455).

Resources to Write for . . .

Teach Us What We Want to Know, the report of a study carried out in 1969 by the Connecticut Department of Education under a grant from the U.S. Office of Education, DHEW, is a major resource that has been available for a long time but is worth noting once again. The study surveyed the health interests, concerns, and problems of 5000 schoolchildren from kindergarten through the twelfth grade; the findings are stated by grade levels, and largely in the children's own words, analyzing the health interests and concerns of elementary and secondary students with a section giving student recommendations on topics that should be taught at various grade levels. Professional interpretations and conclusions are then presented.

The students' own interests, questions, and recommendations in the area of sexuality are a veritable gold mine of information for professionals and nonprofessionals alike. And one of the major recommendations was prophetic: the students recommended sex education for every grade, with a concentration on the seventh- and eighth-grade levels because "that's when some kids begin and after that it's too late." This comment, made in 1968, should be borne in mind when we realize that at the seventh- to ninth-grade levels we now have some 30,000 pregnancies each year.

This study, conducted by Ruth Byler, Gertrude Lewis, and Ruth Totman, can be obtained for \$3.00 from the Mental Health Materials Center, 419 Park Avenue South, New York, NY 10016.

Family Life Publications 1977 Resource Guide and Fall Supplement come from a North Carolina organization known to many for its long and honorable history of service in the field of counseling. It supersedes all previous listings, for it has eliminated out-of-date materials and added listings of new books, tapes, and filmstrips. The well-known McHugh Sex Attitudes Survey and Profile are also being updated. The *Resource Guide* includes publications and audio-visual aids in the fields of human sexuality counseling, marital and premarital education and counseling, venereal disease education, drug knowledge, religious attitudes, abortion and

problem pregnancies, birth control, divorce, death and dying, aging, and many others. Approximately 80,000 of these resource guides are distributed each year.

To remain on the mailing list, please send in an old order form with your label attached. To get on the mailing list, send 50¢ for first-class postage and handling to Family Life Publications, Inc., 219 Henderson St., P.O. Box 427, Saluda, NC 28773.

"Today" Newsletters consist of a series of four- or eight-page leaflets on topics of interest to professionals (i.e., "Sexuality Today," "Marriage and Divorce Today," "Behavior Today"). They quote from significant, recently published studies or legal decisions, give references, and list meetings and other events as well as resources to write for. For information, write to "Today" Newsletters, 2315 Broadway, New York, NY 10024.

Teaching Human Sexuality to the Mentally Retarded was developed by Planned Parenthood of Minnesota, based on its own program of three hundred education sessions for the mentally retarded. This guidebook covers instruction in nine categories—anatomy, menstruation, intercourse, masturbation, rape, etc.—each of which is developed by topic, points to cover, and suggested activities and resources. A resource listing at the end of the guidebook indicates where to obtain the various materials. For further information, write to Planned Parenthood of Minnesota, 1965 Ford Parkway, St. Paul, MN 55116.

Current Perspectives in Aging is the title of a series of eight lectures held between March and May of 1977, under the auspices of The Gerontology Project, School of Allied Health Professions, Health Sciences Center, SUNY at Stony Brook.

Among the topics covered are: "Aging: A Psychosocial Dilemma," "Home Health Care: An Option for the Aging," "Aging: The Family's Role," and "Sexuality and Aging." The cost is \$2.50. Order from Jane Porcino, School of Allied Health Professions, Health Science Center, SUNY at Stony Brook, Stony Brook, NY 11794.

Telephone Marital Counseling

SAM (Save A Marriage) continues its telephone counseling hours Monday, Wednesday, and Friday, 12:00 noon to 2:00 P.M. and Tuesdays and Thursdays, 6:00 to 8:00 P.M. Since its beginning three years ago, SAM has received over 5,000 calls from all over the U.S. as well as Hawaii and Canada. The SAM Training Program has trained 39 teletherapists in the techniques of marital telephone counseling, and is currently training an additional 12. Seven bilingual therapists are also being trained for special hours and days when Spanish-speaking individuals or couples can call and receive free marital counseling by telephone. SAM was founded by Dr. Laura J. Singer, its current president. The calling number is (212) 799-0101.

WHERE THE ACTION IS

A Sex Education Program That Worked

Michael A. Carrera, Ed.D.

Eugene A. Baker, Ph.D.

Katherine Fiechtl McCombs, Ph.D.

Programs which attempt to provide sex education must be seen at this time as art forms since scientific measures reflecting the effectiveness of these educational endeavors are not readily available, and, indeed, have not been attended to in any rigorous way by practitioners in this field. It is our judgment that unless sex education programs are studiously measured and evaluated, the credibility for this discipline will never be achieved.

Sex education programs must be more than the cotton candy of education—that is, when the fluff is removed, we must demonstrate the presence of a substantive, replicable structure. With this aim in mind, the authors designed, implemented, and evaluated a pilot sex education program. The following is a brief summary of the program circumstances and results.

Program

The program was conducted at a residential treatment center serving boys from New York City ranging in age from 6 to 14. Young people in settings like this are traditionally characterized as aggressive, lacking in social skills, possessing poor impulse control, and uncooperative. These boys not only live at the treatment center, but they also attend school and receive social services while they are in residence.

At the outset of the project, the school principal and agency executive director strongly endorsed the sex education program. In addition to this critical support, Dr. Carrera spent two months meeting in small groups with the entire agency staff (teachers, social service staff, and child-care personnel). The focus of these meetings was to share with the staff the nature and objectives of sex education, to answer questions, and to learn about the needs and concerns of the staff in this regard.

From these meetings, 24 staff members volunteered to participate in a one-year training program conducted weekly by Dr. Carrera. Following the intensive training, the staff was divided into eight teams of three and each team was assigned a cottage to visit on a weekly basis (1½ hours per week) to deliver a sex education program designed by the trainees and Dr. Carrera. The ten boys in each cottage (there were a total of 80 in the program) ranged in age from 8 to 14.

Evaluation

Weekly measurement and final evaluation was determined by using the Socio-Sexual Knowledge & Attitude Test. Statistically significant gains (greater than could be expected from chance alone) in knowledge (.01 level of significance), attitude shifts (.05 and .01 levels), and ability to use new knowledge characterized the results of this pilot program.

In the family planning area, the boys showed statistically significant changes (.01 level) in the direction of increased knowledge of birth control technology and increased willingness to assume responsibility for birth control in a relationship. There was also significant evidence (.05 and .01 levels) reflecting greater understanding, openness, and acceptance of self and others in connection with the sensitive behavioral issues of masturbation and homosexuality. Statistically significant attitude shifts (.05 and .01 levels) emerged regarding the consideration of parenthood as a choice, and there was evidence of increased responsibility to self and others when involved in nonmarital intercourse.

This sex education program and evaluation were carried out within the context of all the other activities at this residential center without undue stress on the general treatment routines. The primary treatment staff, teachers, and child-care personnel reported no disruptive effects on the regular program or to the residents during or after the project.

Note

Dr. Carrera, on sabbatical as Professor of Health Education at Hunter College of the City University of New York, acting as a sex education consultant to the Planned Parenthood Federation of America, designed and conducted the staff training program, and designed the sex education curriculum for this pilot program. Drs. Baker and McCombs, staff psychologists at Children's Village in Dobbs Ferry, New York, designed and conducted the evaluation.

DO YOU KNOW THAT...

Michigan OKs School Birth Control Education

Signed into law in late 1977, HB 4425 lifts Michigan's prohibition on the teaching of birth control information in the state's public schools. Previously, while Michigan included sex education as a part of its mandatory comprehensive health education program, any information with regard to birth control was forbidden by law. The new law orders the State Department of Education to develop guidelines, including teacher qualifications, which local school boards may adopt, and requires school boards choosing to implement a program of birth control education to establish community advisory councils consisting of local clergy, health officials, parents, physicians, and teachers to decide the content and procedures for such classes.

AUDIO-VISUAL REVIEWS

Sex Education: A Rationale for the Public Schools, and Sex Education: Developing a Program. 1¾-inch sound/color video cassettes, 20 min. each. Distributed by Dr. George Thoms, 7124 Leesburg Pike, Falls Church, VA 22043. Rental, \$35 each.

Reviewed by Deryck Calderwood, Ph.D., Associate Professor of Health Education, Human Sexuality Program, New York University.

A Rationale for the Public Schools opens with a discussion among three teenagers and the teacher of their high school family life/sex education class in which the young people review their mostly negative experiences in trying to obtain sex information with no help from adults. This is followed by a sequence in which Dr. Thoms, principal of the high school, describes the history and the objectives of their program. He provides intelligent answers to the most frequently raised questions concerning public school sex education, i.e., who is to teach, why does the school deal with this subject, does sex education increase sexual activity? Throughout he emphasizes the broad concept of sexuality as opposed to dealing only with biological facts or sexual techniques.

Developing a Program is presented in a lecture-dialogue format with both Ms. Mary Lee Tatum, the program's family life/sex education teacher, and Dr. Thoms. They describe some classic pitfalls—what *not* to do when developing sex education programs. The remainder of the tape deals with a brief, concise explanation of the step-by-step procedure of developing a similar program from assessing the need and interest, through reviewing constantly.

Both Ms. Tatum and Dr. Thoms have pleasing personalities and project an image that inspires confidence in their program and procedures, and they make the most of the static presentation format. They offer sound, practical advice within the time limitations imposed. The time allotted to the subject of teacher training is very limited and disappointing. From a professional point of view the tone of the program is

cautious almost to the point of apology, but for the lay audiences for whom it is intended this is undoubtedly one of its pluses. The technical quality is very good; a bibliography and a list of school systems with sex education programs is included. The program is an excellent resource for anyone involved with planning or implementing secondary school sex education.

Beauty Knows No Pain. 16mm, sound/color, 25 min. Benchmark Films, Inc., 145 Scarborough Road, Briarcliff Manor, NY 10510. Purchase, \$395; rental, \$40.

Reviewed by Deryck Calderwood, Ph.D.

This is a film that is likely to leave an impact long after viewing. In cinematic-verité fashion it reveals the behind-the-scenes story of how Kilgore College, Texas, creates the nationally known drill team that performs between the halves of college football games. The film captures a tantalizing combination of sequences demonstrating positive and negative qualities—and viewers will argue long about which is which. It is an excellent resource related to discussions of sex role, self-image, societal pressures, and values in sexuality. Although aimed at a high school and college audience, it is also a provocative film for professionals who work with groups of any kind. A helpful discussion guide is provided.

You Irresistible You. 16mm, sound/color, 11 min. Benchmark Films, Inc., 145 Scarborough Road, Briarcliff Manor, NY 10510. Purchase, \$180; rental, \$20.

Reviewed by Deryck Calderwood, Ph.D.

While *Beauty Knows No Pain* focuses on the female of the species, this light-hearted film takes a look at the male. Marshall Efron, of PBS television, explores the increasing number of products now available to men which promise to make them irresistible to

the opposite sex. We are shown a bewildering array of male cosmetics, tanning aids, and some less personal items such as stereos and water beds also aimed at producing the irresistible image. The film is a humorous springboard to serious consideration of the male sex role and male sexuality.

Are You Ready for Sex? 16mm, 8mm, or video cassette; sound/color, 24 min. Perennial Education, Inc., 1825 Willow Road, Northfield, IL 60093. Purchase, \$300; rental, \$30.

Reviewed by Deryck Calderwood, Ph.D.

The purpose of this film about adolescent sexuality is "to encourage open and honest exploration between sensitive concerned adults and young people who are without 'rites of passage'—the transition from child to adult." The frank acceptance of intercourse as an integral part of the adolescent scene is established in the opening sequences with a group of teenagers on an outdoor picnic. In this setting and others various couples dramatize aspects of decision-making, or the lack of it, related to engaging in intercourse. There is a filmed discussion session with a "sensitive, concerned" adult male in an informal living room setting that generally gives a relaxed, spontaneous feel to the interaction as relationship concerns, peer and societal pressures, and values are discussed.

The young people were clearly selected with an eye to including the broadest possible spectrum of racial and ethnic types, along with an ability to be articulate. It will appeal to middle-class young people who will empathize with the situations depicted. For some adolescents the film's general acceptance of the notion that everyone is doing it, or at least trying to do it, may unintentionally add to some of the media pressures discussed in the presentation. With a good facilitator the film should achieve its objective and stimulate open, honest discussion about sex.

SUMMER 1978 WORKSHOPS IN HUMAN SEXUALITY AND SEX EDUCATION

Workshops are listed alphabetically by state. Announcements arriving too late for this listing will be published in the May 1978 SIECUS Report.

California

University of California, San Francisco, CA.

- *Women's Sexual Health Education Seminars (WISHES)*. June 2–3, 16 hours nursing continuing education and relicensing credit.
- *Leadership Training for Women's Sexual Health Education Seminars*. July 30–August 4, 40 hours continuing education and nursing continuing education credit. Prerequisite: WISHES Seminar.

Write to: Jacki Reubens, Human Sexuality Program, 350 Parnassus, Suite 700, San Francisco, CA 94143.

Connecticut

Fairfield University, Fairfield, CT.

- *RE 340. Human Sexuality*. July 17–August 4, 3 credits.

Write to: Dr. Martin A. Lang, Graduate School of Education, Fairfield University, Fairfield, CT 06430.

Southern Connecticut State College, New Haven, CT.

- *ID 545. Summer Sex Education Institute*. July 10–21, 6 credits.

Write to: Anna Schildroth, Assistant Director, Sex Education Institute, SCSC, 501 Crescent Street, New Haven, CT 06515.

University of Bridgeport, Bridgeport, CT.

- *Human Sexuality*. July 24–28, 3 credits.

Write to: Dr. Dominic J. DiMattia, Counselor, Education & Human Resources, University of Bridgeport, 136 Lafayette St., South Hall, Bridgeport, CT 06602.

- *Human Sexuality Workshop*. June 26–July 7, 3 credits.

Write to: Registrar G. Seaman, University of Bridgeport, Bridgeport, CT 06602.

Colorado

University of Northern Colorado, Greeley, CO.

- *HPER 506. Contemporary Issues in Sex Education*. June 19–July 14, 3 credits.

Write to: Lloyd Kolbe, Ph.D., or Bryan Cooke, Ph.D., Chairman, Dept. of Health & Safety Education, University of Northern Colorado, Greeley, CO 80639.

Delaware

University of Delaware, College of Human Resources, Newark, DE.

- *IFS 850. Theories and Research in Child and Family Life*. July 25–August 25, 3 credits.

Write to: Barbara H. Settles, Home Economics Research, University of Delaware, Newark, DE 19711.

District of Columbia

American University, Washington, DC.

- *The New Sex Education*. July 9–14, 3 credits.
- *Sex Therapy Skills*. July 16–21, 3 credits.

- *Advanced Studies in Human Sexuality*. July 23–28, 3 credits.

Write to: American Association of Sex Educators, Counselors, and Therapists, 5010 Wisconsin Avenue NW, Suite 304, Washington, DC 20016.

Florida

University of Miami, Coral Gables, FL.

- *Family Life Education*. May 15–June 21, 3 credits.

Write to: Dr. Linda C. Susong, Chairperson, Health Education, c/o Merrick Bldg. #312, School of Education, University of Miami, Coral Gables, FL 33124.

Illinois

Illinois State University, Normal, IL.

- *Marriage, Sex, and Drug Counseling*. June 19–August 11, 3 credits.

Write to: Dr. Ralph A. Meyering, Counselor, Education Center, Illinois State University, Normal, IL 61761.

Northern Illinois University, Dekalb, IL.

- *Current and Critical Issues in Health Education: Sex Education*. June 19–July 14, 3 credits (graduate or undergraduate).

Write to: J. D. Floyd, Coordinator of Health Education, Northern Illinois University, Dekalb, IL 60115.

Western Illinois University, Macomb, IL.

- *Seminar in Counseling in Human Sexuality*. June 12–July 7, 4 credits.
- *Sex Education in the Home, School and Community*. June 12–August 4, 4 credits.
- *Human Sexuality*. June 12–July 7, 2 credits.

Write to: Dr. John Leach, Dept. of Health Sciences, Western Illinois University, Macomb, IL 61455.

Indiana

Indiana University, Institute for Sex Research, Bloomington, IN.

- *Ninth Annual Summer Program in Human Sexuality*. June 21–28.

Write to: Institute for Sex Research, Indiana University, 416 Morrison Hall, Bloomington, IN 47401.

Iowa

Drake University, Des Moines, IA.

- *Topical Seminar: Sexual Behavior*. June 12–July 7, 3 credits.

Write to: Donald G. Wallace, Dean of the Summer Session, Drake University, Des Moines, IA 50311.

University of Dubuque, Dubuque, IA.

- *SC/SW 163. Human Sexuality*. May 30–June 16, 3 credits.

Write to: Larry Odegard or Ralph Grippin, Dept. of Sociology and Social Work, University of Dubuque, Dubuque, IA 52001.

Kansas

Emporia State University, Emporia, KS.

- *HL 709. Sex Education.* June 5–23, 3 credits.
- *Human Sexuality.* June 5–July 14, 3 credits.

Write to: Dr. Ron Slaymaker, 70 PE Dept., Emporia State University, Emporia, KS 66801.

Maryland

Towson State University, Towson, MD.

- *Sex Education and Family Life.* June 19–July 21, 3 credits.
- *Rape in Perspective.* July 24–August 4, 3 credits.
- *Love: Attitude or Addiction.* August 10–25, 3 credits.
- *Human Sexuality.* July 24–August 25, 3 credits.

Write to: Dr. Clint E. Bruess, Chairman, Dept. of Health Science, Towson State University, Towson, MD 21204.

University of Maryland, College Park, MD.

- *Changing Sex Roles of Men and Women.* May 22–June 30, 3 credits.

Write to: Dr. Bonnie Tyler, Institute for Child Study, University of Maryland, College Park, MD 20742.

Massachusetts

Amherst College, Amherst, MA.

- *The New Sex Education.* July 9–14, 3 credits.
- *Sex Therapy Skills.* July 16–21, 3 credits.
- *Advanced Studies in Human Sexuality.* July 23–28, 3 credits.

Write to: American Association of Sex Educators, Counselors, and Therapists, 5010 Wisconsin Avenue NW, Suite 304, Washington, DC 20016.

Boston University, Boston, MA.

- *Sex and Family Living Education.* May 23–June 30, 4 credits.

Write to: Dr. Carl E. Willgoose, Boston University, 704 Commonwealth Ave., Boston, MA 02215.

Framingham State College, Framingham, MA.

- *Family Life and Sex Education.* June–August, 4 credits.
- *Sociology of Deviance & Social Control.* June–August, 4 credits.

Write to: Dr. Joseph R. Palladino, Dean, Division of Continuing Education, Framingham State College, Framingham, MA 01701.

Minnesota

St. John's University, Collegeville, MN.

- *Five National Seminars for Beginners in Natural Family Planning.* June 16–18, 2 credits.
- *Seminar on Chastity, Love, Sexuality, and Fertility Awareness for High School Juniors and Seniors.* June 16–18, 2 credits.
- *National Seminar on Christian Sexuality, Love and Parenting.* June 23–26, 2 credits.

Write to: Mr. William Molitor, The Human Life Center, St. John's University, Collegeville, MN 56321.

Missouri

University of Missouri, St. Louis, MO.

- *ED 380 (or 480). Sex Education and the Developmentally Disabled.* October 6–7, 1 credit.
- *ED 361. Sex Education for Exceptional Individuals.* January '79–May '79, 3 credits.

Write to: Dr. Richard L. Thurman, University of Missouri–St. Louis, 8001 Natural Bridge Road, St. Louis, MO 63121.

Nebraska

Creighton University, Omaha, NE.

- *PSY 233. Human Sexuality.* May 22–June 9, 3 credits.

Write to: Dan Murphy, Ph.D., Associate Professor of Psychology, Dept. of Psychology, Creighton University, Omaha, NE 68178.

Nevada

University of Nevada, Reno, NV.

- *H. EC. 430, 630. Human Sexuality.* May 22–June 9, 3 credits (undergraduate or graduate).

Write to: Milton L. Nolin, Ph.D., School of Home Economics, University of Nevada, Reno, NV 89557.

New York

Clarkson College, Potsdam, NY.

- *The New Sex Education (AASECT Workshop).* July 9–14, 3 graduate credits.

Write to: Gary F. Kelly, Coordinator, Human Sexuality Program, Clarkson College, Potsdam, NY 13676.

New York University, New York, NY.

- *International Seminar: Africa (Nairobi, Kenya).* July 17–August 24, 10–12 credits.

Write to: Dr. Deryck Calderwood, New York University, Human Sexuality Program, 53 South Building, New York, NY 10003.

Syracuse University, Syracuse, NY.

- *Preparing Today's Youth To Be Tomorrow's Parents: Enhancing Your Role As A Sex Educator.* July 6–14, 3 graduate credits.

Write to: Alison M. Deming, Workshop Coordinator, Institute for Family Research and Education, 760 Ostrom Ave., Syracuse, NY 13210.

Ohio

Ohio State University, Columbus, OH.

- *Education for Human Sexuality.* June 19–July 21, 3 credits.

Write to: Robert Kaplan, Chairman, Health Education, Ohio State University, 1760 Neil Ave., Columbus, OH 43210.

Oregon

Southern Oregon State College, Ashland, OR.

- *The Politics of Sex Education.* June 12–16, 2 credits.

Write to: Mary Christlich, Dean of Students, Southern Oregon State College, Ashland, OR 97520.

Pennsylvania

West Chester State College, West Chester, PA.

- *Human Sexuality in a Changing Society.* August 7–25, 3 credits (graduate).
- *Family Life and Sex Education.* June 5–23, 3 credits (undergraduate).

Write to: Walter E. Funk, Health Department Chairman, West Chester State College, West Chester, PA 19380.

South Carolina

Medical University of South Carolina and the American College of Obstetricians and Gynecologists. (The Workshops will take place at Kiawah Island, a resort in South Carolina.)

- *Psychotherapeutic Treatment of Sexual Dysfunction.* Offered June 14–18, July 12–16, and August 16–20, 40 cognates and CME equivalent.

Write to: James P. Semmens, M.D., Medical University of South Carolina, 171 Ashley Ave., Charleston, SC 29403.

Utah

University of Utah, Salt Lake City, UT.

- *Human Sexuality.* June 27–August 16, 3 credits.

Write to: Jerry Braza, College of Health, University of Utah, Salt Lake City, UT 84112.

Virginia

University of Richmond, Richmond, VA.

- *Human Sexuality*. Fall Semester, 3 credits (undergraduate).

Write to: Dr. Joanne C. Preston, Psychology Department, University of Richmond, Richmond, VA 23173.

Wisconsin

University of Wisconsin-LaCrosse, LaCrosse, WI.

- *Workshop: Human Sexuality*. March 3-4, 1 credit.

- *Workshop: Human Sexuality*. Summer '78 (dates to be arranged).
- *Workshop: Venereal Disease*. Summer '78 (dates to be arranged).

Write to: Ranae Guterrez, Dept. of Health Education, Mitchell Hall, University of Wisconsin-LaCrosse, LaCrosse, WI 54601.

University of Wisconsin-River Falls, River Falls, WI.

- *Human Sexuality and Interpersonal Relationships*. June 12-23, 3 credits.

Write to: Department of Education, University of Wisconsin-River Falls, River Falls, WI 54022.

DO YOU KNOW THAT...

AASECT National Meeting

The Eleventh National Sex Institute, sponsored by the American Association of Sex Educators, Counselors, and Therapists, will be held at the Mayflower Hotel in Washington, D.C., from March 29 to April 2, 1978. The theme will be "Scientific Standards: Relationship to Ethics, Training, and Competency," chaired by Dorothy Strauss, Ph.D. Over one hundred speakers will be present. Among them will be Robert Butler, M.D., Shere Hite, William Masters, M.D., and Virginia Johnson, Leon Zussman, M.D., and Shirley Zussman, Ed.D., Harvey Caplan, M.D., Emanuel Chigier, M.D., and Albert Ellis, Ph.D., with the keynote address given by Patricia Schiller, J.D., Executive Director and founder of AASECT. For further information, contact Rosalie Blasky, conference coordinator, Eleventh National Sex Institute, American Association of Sex Educators, Counselors, and Therapists, 5010 Wisconsin Ave. NW, Suite 304, Washington, DC 20016; or call (202) 686-2523.

Colorado Sexuality Workshops

The Rocky Mountain Planned Parenthood Association, Center for Continuing Education, is offering a series of workshops for professionals on various aspects of human sexuality. The series will begin in March and extend through August 1978. The topics and dates are:

"Developing a Sex Education Curriculum," March 31-April 1; "Marital and Couple Relationships," April 7-8; "Liking, Loving, and Loneliness: A Psychological Perspective," April 14-15; "Advanced Seminar in Sexual Dysfunction Therapy," April 28-29; "Homosexuality and Sexual Minorities," May 5-6; "Sex Roles and Sex Equality," May 12-13; "Training in Social Skills," May 19-20; "Sexuality and Mental Retardation," June 2-3; "Sexuality and the Disabled," June 9-10; "Current Issues in Human Sexuality," June 12-16; "Facilitating/Teaching Parenting," June 24-28; and "The Sexually Active Adolescent," August 25-26.

For information on tuition fees, credits granted, and workshop attendance, write to: Pat Diak, Manager, Rocky Mountain Planned Parenthood Center for Continuing Education, 2030 East 20th Avenue, Denver, CO 80205.

Personal Freedom Conference

Drake University in Des Moines will host a conference on the theme "Human Sexuality: Personal Freedom vs. Institutional Necessity," on April 7-8, 1978, at the Olmstead Center in Des Moines. It is designed to provide a public forum for discussion about how institutions deal with the sexual needs and rights of people under their care. Considered will be the needs of the physically handicapped, children, elderly, prisoners, mentally retarded. The conference will examine how institutional policies are presently established and explore alternatives that respect both the needs of the individual and the effective functioning of the institution. The four featured speakers will be Vern L. Bullough, Ph.D., Professor of History, California State University at Northridge; F. Paul Pearsall, Chief, Problems of Daily Living Clinic, Sinai Hospital, Detroit; Pepper Schwartz, Ph.D., Associate Professor of Sociology, University of Washington; and Martin S. Weinberg, Ph.D., Senior Research Sociologist, Institute for Sex Research, Indiana University, Bloomington. Following each of the lectures there will be workshops conducted by Iowa institutional administrators, human service professionals, and clients. For further details contact T. Nicholas Tormey, Conference Co-director, Suite 210, West Bank Bldg., 1601 22nd St., West Des Moines, IA 50265 (phone: 515/225-0932).

New Comprehensive Health Education Program in California

Legislation providing for the development of a comprehensive health education program, including sex education, in the elementary and secondary schools of California has been signed by Governor Brown. Under the bill, the State Department of Education is to prepare guidelines and in-service training workshops to assist participating school districts in developing their health education programs.

The bill provides for health-related curricula in the following areas: mental and emotional health, drug use and misuse, family health and child development, responsibilities of marriage and parenthood, oral health, vision and hearing, physical fitness, genetic diseases, and environmental health.

The legislation was supported by the major health and education organizations, including the California Medical Association, the California P.T.A., the California School Boards Association, and the California State Board of Education.

BOOK REVIEWS

Sex, Crime, and the Law. Donal E. J. MacNamara and Edward Sagarin. New York: The Free Press, 1977 (291 pp.; \$12.95).

Reviewed by Ralph Slovenko, LL.B., Ph.D., Professor of Law and Psychiatry, Wayne State University Law School, Detroit, Michigan.

Societies in every time and place have found it necessary or desirable to outlaw certain forms of sexual behavior. Are legal definitions of sex crime supported by sociological reality? What do we know about the nature of offenders and victims in various sex crimes? How should the law be reformed, if at all?

This book, responding to these questions, surveys the sexual activities that are now illegal in the United States. For each offense, the authors provide both legal and sociological definitions, describe its incidence and seriousness, examine the prevailing statutes, summarize recent research, and recommend reforms. They assess the Model Penal Code of the American Law Institute as it applies to each type of sexual conduct, focusing on the desirability of decriminalizing certain activities in light of changing sexual norms on the one hand, and the alarming increase of violent, non-sex-related crime on the other.

The authors distinguish sharply among sex acts that are so patently harmful to the victim that they are beyond the level of tolerance of a society; those that would better be tolerated, handled through educational measures, discouraged without being suppressed, or conceptualized either as nuisances or as psychological disturbances; and those that not only are victimless but also are probably accepted as normative by large parts of society.

In general, can the legitimate goals of

present-day sex laws be better accomplished by non-sex laws that govern public behavior? If there were no category of sex crime in criminology and in psychology, as well as in the mass media, forcible rape would be seen as a form of aggravated assault, child molestation as a form of child abuse; exhibitionism and voyeurism would be nuisances, disorderly conduct, and acts against public order. The authors argue that such a move would have the scientific disadvantage of erasing an otherwise tenable category. There is logic, the authors believe, in an approach that studies as a single group laws pertaining to sex behavior.

In this rather small book the authors cover the range of sex crimes—forcible rape (pp. 26–64), sex between adults and minors (pp. 65–96), prostitution (pp. 97–126), homosexual behavior (pp. 127–162), exhibitionism (pp. 164–168), voyeurs (pp. 168–175), transvestism (pp. 176–178), transsexualism (pp. 178–179), necrophilia and bestiality (pp. 179–181), adult consensual incest (pp. 181–183), obscene telephone calling (pp. 183–184), fornication (pp. 186–188), seduction (pp. 188–190), adultery (pp. 190–192), lewd and open cohabitation (pp. 192–194), miscegenation (pp. 194–196), extracoital heterosexual acts (pp. 196–197), pornography (pp. 199–213), and sex psychopath laws (pp. 218–221). The research is meticulous; the writing is lucid, but not engaging. The style is that of a textbook.

The authors are both highly esteemed past presidents of the American Society of Criminology. MacNamara is a professor in the Department of Law and Police Science, John Jay College of Criminal Justice, and Sagarin is a professor in the Department of Sociology, City College of New York. They edit *Criminology: An Interdisci-*

plinary Journal, and have published several books, individually and in collaboration. **A, PR**

Woman's Body, Woman's Right. Linda Gordon. New York: The Viking Press, 1976 (479 pp.; \$12.50).

Reviewed by Evalyn S. Gendel, M.D., member, SIECUS Board of Directors.

In her introduction to this unusual and provocative book Linda Gordon keenly states the dilemma she faced in presenting this complex subject. "As a piece of history, this book rests within two main fields—women's history and the history of sexuality. In comparison with work done in historical fields where there are strong, tested methodologies, a study about women and/or about sex will necessarily be naive." What the text eventually presents is a series of histories, some inextricably bound to each other chronologically and conceptually and others that are tangential to the main theme. Birth control, sexuality, feminism, social revolutionary movements of the last century as well as the twentieth century are the more fundamental issues examined.

The better solution to the author's dilemma in approaching such a non-traditional field of history would have been simply to label it as politics. Essentially this is a documentation of the early phases in the evolution of feminism as a political movement. The history of the use of birth control from prebiblical times to the present provides one part of the background for exploration of the nineteenth- and twentieth-century technical and ethical problems in this area addressed by the

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.

feminist cause. Birth control and the issues it has elicited socially, morally, and politically serve as a microcosm for the events that have affected women's rights since the 1830s.

In the chapters entitled "Politics of Reproduction," a careful differentiation is made between the technology, beliefs, and uses of birth control, and the birth control movement per se. The observation is made that birth control in preagricultural and nomadic societies was never controversial, even when the ancient methods of abortion and infanticide were used. But who controlled such use was the core of controversy, and this is the recurrent theme in the author's historical-political account. Once males understood their role in conception they began to exercise general control over when, with whom, and how often women would have sexual intercourse.

I am reminded of the great passage in Mark Twain's *Letters from the Earth* in which men are described as controlling women's sexual activities all in the name of commandments given to them by God—proving that "man" was meant to shape women's lives—and that they (women) appeared to believe them (men).

The author's further comment in *Woman's Body, Woman's Right* traces this ongoing and continuous tradition of control through the religious tenets of most faiths, which were, of course, predominantly designed and conducted by a male hierarchy. As sexual behavior became codified with religious doctrine, women were the ones primarily affected, and the issues of "morality" when such codes were broken were equated with women's rather than men's behaviors. It is the detailed documentation of the clustering of these events which the author uses to describe the evolution of the Birth Control Leagues that became major parts of the women's rights movement. Within these delineating sections of the book, theories of population control vs. contraception and female health and status—evolving from Malthusian and neo-Malthusian doctrine—are described along with the workers' movements, the "sexual revolution" of the early 1900s, and the source of the medical profession's involvement in birth control politics in the late teens and twenties.

It is not possible to give a fair overview of the book by examining any one

of the related histories that have been intertwined to provide a three-dimensional richness to all of them. To a degree this comprehensiveness constitutes both a weakness and a major strength of the text. It provides an encyclopedic documentation of the past hundred years primarily of the feminist, birth control, and socio-sexual political movements, and can be utilized in just this manner to separate out segments on any one of them. The voluminous notes and references include news clippings, private correspondence between well-known figures and the ordinary citizens' notes to one another, as well as physicians' records, case studies, and the usual bibliography.

Ms. Gordon credits many people involved in the early days of the birth control movement, especially Norman Himes's *History of Birth Control*, written in the 1920s. However, she describes her own book as the first social history of the birth control movement. Its scope, of course, is considerably broader than that.

Expectations that a history of sexuality or an in-depth analysis of the relationship of birth control to human sexuality would be important elements of the text are not realized. This is a disappointment to me because there were so many opportunities for these basic connections to be made. The interpersonal, interfamily intimacy issues which necessarily pertain to gain or loss of individual respect, self-regard, and love are closely tied to initial understanding of sexual intercourse and the birth control activities of men and women.

There is no question, however, that this book is a serious and important addition to any study of human sexuality. Linda Gordon has raised thoughtful and often profound questions about the social and political, medical and ethical conflicts which surround human sexual behavior, birth control, population issues, and women's rights.

Counselors, therapists, educators, and others in the field of human sexuality should find this a useful as well as provocative work. The debates which are launched are those with which we are currently dealing. These are the "open end" issues of our times, but even the still primitive state of our knowledge about human sexuality has a contribution to make and much to learn from these debates. **A, PR**

Toward Intimacy: Family Planning and Sexuality Concerns of Physically Disabled Women. The Task Force on Concerns of Physically Disabled Women. Planned Parenthood of Snohomish County, Inc., 1977 (63 pp., paperback; free with \$1.50 for postage and handling).

Reviewed by Maria Armstrong, M.A., Senior Rehabilitation Counselor, Craig Hospital, Rocky Mountain Regional Spinal Cord Injury Center, Englewood, Colorado.

This small paperback publication, written by the Task Force on Concerns of Physically Disabled Women, lends itself very well toward providing disabled women with positive viewpoints and information about sexuality. The book is based on five major assumptions, including "sexuality is the right of all people," and that, therefore, disabled individuals are sexual persons. The authors' definition of sexuality not only includes sexual activity per se, but the whole realm of self-expression. Throughout the book, quotes from disabled women depict points that the author is trying to convey. These comments illustrate not only fears and feelings, but also practical solutions to problems that many disabled women face.

Body image is discussed in the context of both how the disabled person sees herself and how she is seen by loved ones and by strangers. Possibilities of ways to improve body images are pointed out. Even though this is not primarily a "how to do it" book, I feel that these suggestions are positive and helpful.

Sexual intimacy within a significant relationship is dealt with directly and informatively. Myths, which frequently crop up about disabled women and their sexuality, are negated. The reader is provided with information and illustrations on techniques of intercourse and other ways of expressing sexual affection. More importantly, sanction is given to various types of sexual activity other than penile-vaginal intercourse. For many disabled women this sanction of other possibilities is crucial for their continued sexual expression.

The right of the disabled to feel comfortable within the health care system leads directly to detailed comments regarding birth control methods. Discussion of both advantages and disadvantages of each form of birth control

gives the reader a chance to see what might be available and best for her. Included is an outline of specific disabilities which includes comments on reproductive functioning and special consideration for contraceptive methods. Although not in detail, this outline gives the reader basic information. A section on venereal disease and the importance of recognizing signs and symptoms appears with other health precautions. Again, sanction is given to self-exploration and -expression, with masturbation being an option.

To further the authors' emphasis on the importance of communication, tips to a poorly informed parent on how to discuss and express sexuality provide the reader with ways of easing a potentially difficult situation. For the concerned parent, suggestions on how to encourage expression of sexuality by a disabled daughter convey the need for authentic awareness and sensitivity on the part of the parent.

All in all, *Toward Intimacy* takes a refreshing stance on issues that have been avoided in the past, yet are genuine concerns of most disabled women. The book's strengths lie in its direct, informative approach as well as its emphasis on the importance of communication within a relationship. For a woman whose goal is to attain intimacy with another person, this publication would be a good addition to her library. **A, P**

Love and Sex and Growing Up. Corinne Benson Johnson and Eric W. Johnson. Philadelphia: J. B. Lippincott Co., updated edition, 1977 (126 pp.; \$6.95).

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

The updating of this now-classic and top-notch book for the preadolescent consists primarily of an excellent but simple treatment of homosexuality. In the main text the discussion of people who do not marry has had inserted a simple statement that "some are homosexual, or gay, sexually attracted to their own rather than the opposite sex." A reference number leads to one of the fourteen questions and answers at the back of the book, in which two paragraphs of a simple discussion differentiates between fixed homosexual-

ity and the transitory attraction one can feel for a member of the same sex while growing up. The difference between homosexuality, heterosexuality, and bisexuality is explained simply, and a final paragraph states that "a person's sexual orientation is firmly set, probably in early childhood. Homosexuals may have a hard time because people discriminate against them socially and in jobs. However, there is growing understanding and acceptance of gay people in our society."

This informative but calmly neutral and factual approach follows the tone of the whole book. This is one book that should be placed in the hands of every preadolescent boy or girl. If their parents would read it as well, we might have fewer difficulties about the whole question of sex education. **ET, P**

Crimes Against Women: Proceedings of the International Tribunal. Diana E. H. Russell and Nicole Van de Ven, eds. Millbrae, Calif.: Les Femmes Publishers, 1976 (298 pp.; \$5.95).

Reviewed by Catherine S. Chilman, Ph.D., School of Social Welfare, University of Wisconsin-Milwaukee.

This is a report of an International Tribunal on Crimes Against Women. The idea for the Tribunal was conceived in 1974 at an international feminist camp and was seen as a "feminist response" to the United Nations International Women's Year. Much of the text consists of personal testimonies from all over the world concerning "crimes" women have suffered in a male-dominated society. These testimonies deal with such topics as denial of access to contraceptives and abortions, persecution of unmarried mothers and lesbians, brutal obstetrical practices, authoritarian patriarchal family behaviors, barriers to employment and adequate wages, combined racism and sexism, rape and battering, and use of women as sexual objects.

While these testimonies are deeply moving, my own preference as an "up-tight" researcher would be for a combination of personal testimony with presentation of national data concerning the prevalence and trends regarding many of these issues. The critical nature of these problems requires a rational, informed planning as well as

an emotionally committed response.

Proposed solutions to the problems presented in testimonies occupy a disappointingly brief section of the book. The general theme is a call for united sisterhood. However, one detects disharmonies in this unison in more than one part of the report. Conflicting themes tend to emerge, especially in respect to whether unity should be accomplished through committed lesbianism or through a more inclusive sisterhood.

In short, as a dramatic, subjectively compelling document, this report makes a vital international contribution to our awareness of the injustices women suffer in many parts of the world as members of the "second sex." Along with other readings on the subject, it should help move a number of countries toward the essential goal of a more equalitarian society. **A**

Sex Self Taught: A Home-study Course for Underachievers. Don R. King. Chicago: Nelson Hall, 1977 (265 pp.; \$9.95).

Reviewed by Terry R. Herb, M.A., SIECUS consultant.

When reviewing a book, it is popular to dissect minor imperfections, not so much for the sake of scientific accuracy as for the sake of the reviewer's ego. If I were to employ this tactic, my review would be lengthy and laborious. Opting for parsimony, I'll say that the flaws in this book are due to faulty assumptions and overgeneralizations rather than to widespread factual mistakes.

Sex Self Taught wouldn't make it as an exemplary sex manual, nor would it make it big as a joke book. But there is one dimension that makes the book worth reviewing: the perspective is rare and delightful. It could be the best denouncement of the Protestant work ethic in sex since Lewis and Brisset's classic article "Sex as Work." The book is light—not in weight, but in tone. Sex is treated as a form of play that can be made more enjoyable. There is no advocacy of love or sacrament.

Unfortunately, the claim on the jacket that *Sex Self Taught* will "end sexual fears, guilt, frustrations, uncertainties forever" is overstated. Those who have these problems will probably find the experience of laughing at them-

selves most uncomfortable and resistible. The clinician who recommends this book takes a risk that the patient won't read it—and won't come back. Yet the clinician can read it, critically of course, but still read it, and with savor.

A, PR

The Sex Scene: Understanding Sexuality. Anne R. Race, Jo Frances Leecraft, and Takey Crist. Hagerstown, Md.: Harper and Row, Inc., 1975 (177 pp.; \$3.95 paper).

Reviewed by Foster Q. Doan, Chairman, Dept. of Religion, Westtown School, Westtown, Pa.; member, SIECUS Advisory Panel.

The purpose of this book is quite clearly stated in the Preface: "To give an understanding of the underlying factors of the human sexual experience and to give solid, practical information which young people can use. We discuss the effects of emotional and physical development, sexual expression and response, conception and contraception, abortion, venereal disease, sexual problems, relationships, and society's limitations."

The authors really make an attempt to live up to these clearly defined goals. Many of the chapters in this book, especially the ones on sexual development, sexual response, pregnancy, birth control, and abortion, are basically well done and very readable. The level of writing seems to be aimed at a fairly young, unsophisticated audience, and for the most part the issues are presented in a clear and unemotional way. One real plus is that the three authors, two of whom are female, take pains to avoid some of the sexist language that is often the curse of such a book.

On a more careful second reading of the book, I became uneasy and aware that there were certain presuppositions at work and that the openness and honesty were more imagined than real. This feeling first struck decisively when I looked at the cartoon illustration for the subsection entitled "Sexuality Endures" (page 11). This shows the stereotype of a "dirty old man" in a wheelchair in a hospital chasing a young nurse. As I looked more closely at the illustrations I began to find them more of a hindrance than a help. They

were intended to be clever and add a note of humor, but too often they present false stereotypes, which may have been done on purpose, but they do stick in the mind and therefore can leave the reader, especially a young one, with a false impression. Some teenagers to whom I showed the pictures found them stupid and gross.

But I find that the same presuppositions creep into the text as well, and instead of achieving a sense of authentic openness and honesty, they become more than subtle suggestions of what the reader "ought" to think. Because of some of the slantedness of the writing, it would be difficult for a young reader to make up his/her mind.

For instance, the authors discuss heterosexual intercourse (page 35): "Sexual expression between man and woman is the most satisfying form of sexual expression for most adult human beings. . . . It consists of a sexual act in which a man with his penis penetrates a woman's body through her vagina." This seems to be setting up more of a standard or norm than is necessary. By focusing on the tradi-

tional act of intercourse as "the" most satisfying, the book does not take into account the diverseness of people or the richness of sexual expression—especially if this traditional image is impossible to achieve, as it may be in some forms of handicapping.

My other qualm in this area is the implication that "normal" sexual behavior is heterosexual. As we become more and more aware of the struggles of the gay people among us, why do most books dealing with human sexuality in a general way keep putting them down or basically ignoring their needs? While heterosexual behavior may be the mode of expression of the majority of the people most of the time, we must continue to be aware that homosexual behavior is another form of sexual behavior and it is as such that it should be discussed in a book such as this.

Then there are a variety of errors—the confusion of promiscuity and prostitution (page 36); is the "preferred" method of homosexual expression oral-genital (page 37); and since when can only women be raped (page 162)? And, what is "deviate sexual conduct" (page 164)?

The chapter on venereal disease, while containing a wealth of good information, suddenly changes from the simple language the book has been using to a fairly heavy dose of medical terminology, which simply is beyond the realm of understanding of the young or even older teenager. A prime example is the following (pages 105–6) on gonorrhea: "The characteristic discharge is made up of tissue fluid and leukocytes, produced by the action of an endotoxin that the gonococcus releases as soon as it penetrates the epithelium of the genital tract."

Chapter 11, on legal questions relating to matters of sexuality, is just too brief. It raises many more issues than it can deal with in such a short space. In its brevity it is confusing and frightening—but not helpful.

The final chapter, "What Does it All Mean," has potential for a good discussion of the deeper implications of many of the issues with which the authors are dealing, but, again, it is so brief that it does little more than touch on some surface issues. A good chapter here with a full discussion could have been the saving grace.

The glossary is not sufficiently full, not even including all of the more

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technical terms that are used in the text itself! And while there are suggestions for further reading at the end of several chapters, a really comprehensive "Further Reading" list would have been very helpful.

If only this book had lived up to its purpose, it could have been a very useful addition to the books for young teenagers. The authors are obviously knowledgeable about their fields and they have a depth of experience which ought to allow them to produce a first-rate book. Such books continue to be needed desperately, but this one cannot be recommended for its intended audience.

The Tao of Love and Sex: The Ancient Chinese Way to Ecstasy. Jolan Chang. New York: E. P. Dutton & Co., 1977 (136 pp., \$5.95).

Reviewed by Alex Comfort, D.Sc., author and lecturer, Institute for Higher Studies, Santa Barbara, Calif.

This book presents the popular-religious assessment of sexuality contained in the tradition of Taoism. Its material reflects the sexual techniques and attitudes drawn from the *Su Nu Ching*, *Su Nu Fang*, and *Yu Fang Pi Chu*, long popular sources of sexual information which have survived periodic bouts of nationalistic moralism and, through the work of Van Gulik, are to some extent familiar to Western sexologists. The phrase "popular-religious" refers to the fact that what is represented here is the use of techniques such as nonejaculation, breathing rhythms, and counted thrusting patterns for enhancement of ordinary sexuality against a background of Taoist philosophy and Chinese medicine. It is not the quite-different mystical object—the production of oceanic, dissociative experience—for which both Taoists and Tantric yogis originally developed them.

The originally magical retention of semen is here transmuted into the more rational idea of noncompulsion to ejaculate: the book is particularly interesting in being the personal experience of a Chinese who "emits only once every hundred copulations" (while his partner enjoys ample opportunity for multiple orgasms), and who prefers the technique to "twelve long

years wasted with your (Western) ejaculatory pleasure." This alone is of importance to any counselor dealing with clients who draw their sexual values from the Taoist tradition, as well as to those counseling older males whose ejaculatory frequency may decline for physiological reasons without loss of pleasure. The same superstitions—regarding, for instance, the "weakening effect" of nocturnal emission, or even emission in general—occur in both Chinese and European folklore, but throughout the Oriental world they were transmuted into the idea of semen as "spiritual capital," which the male should hoard, while extracting nourishment from the female.

Chinese popular tradition contains much general edification, but few clear echoes of the fully developed Tantric Yoga of India in which sexuality is used to trigger dissociation, recreate preindividuated vision, and achieve subjective bisexuality in both partners. For Dr. Chang, as for most of us, it is sufficient that the two partners identify with, or exemplify, the Yin-Yang polarity at a less esoteric level. The book contains illustrations of Chinese erotic art from various collections, and extensive quotations from traditional Chinese medicine, sexology, and literature. As a reevaluation of nonejaculatory orgasm it should be not only interesting cross-culturally, but helpful to those who, by reason of surgery, anti-hypertensive or antipsychotic medication, diabetes, or other causes, find their orgasm becoming nonejaculatory and are anxious over loss of function. For these it should be reassuring that in other cultures men have gone and still go to considerable trouble to achieve that very result. **A, PR**

My Mother/My Self. Nancy Friday. New York: Delacorte Press, 1977 (425 pp.; \$9.95).

Reviewed by Linda S. Hodes, M.S.W. In private practice of psychotherapy, Downer's Grove, Illinois.

I love this book. I hope it becomes a bestseller. Yet I am finding it difficult to start writing this review. I am feeling excited and involved, wanting to agree and disagree and praise and argue and in general say many more things than time and space allow here. Having writ-

ten this, I see that I have already told you my response to this book, and what remains is to give some specifics about content and let you take it from there. And I hope that you will.

Friday has written a book which is both intensely personal and yet speaks to and for a majority of women in this country—and probably many countries. She reveals and shares much of her own life and experiences and growing to this point in her life, as well as her struggles, blocks, and growth during the writing of the book. She weaves this personal odyssey into what was originally to be the basic format for her book—interviews and quotes, from over 200 women as well as from many professional men and women in the helping field. Friday is a sexual woman, and in her experience we women repress and deny our sexuality, our growthfulness, our selves because our mothers did so and taught us to do it, and because our culture rewards this "choice"—for example, I can either be a good mother/daughter or a sexual woman; or I can be either a good wife and daughter or a whole person in my own right. Our mothers socialize us to be what *they* are or wanted to be—wives, mothers, loving daughters. Some few of us may also get permission to be creative, to be active and productive outside the home, but very few to be healthy sexual women whatever else we may choose to become. We hold onto an unhealthy and restrictive symbiosis with our mothers, perhaps until we die; we at once reject and introject our mother's values and behavior, we stay angry and guilty and unclear with ourselves, out of fear that we are bad daughters and bad women (and bad children), and our mothers will reject us, or not survive themselves, if we break the symbiosis.

In the first few pages Friday says, "I have always lied to my mother. And she to me. Her denial of what she could not tell me . . . that her mother could not tell her . . . distorts our relationship still. . . . We are raised to believe that mother love is different from other kinds of love. It is not open to error, doubt, nor to the ambivalence of ordinary affections. . . . The same woman who may be willing to put her body between her child and a runaway truck will often resent the day-to-day sacrifice the child unknowingly demands of her time, sexuality and self development. . . . Saying one thing about

sex and motherhood, feeling contrary emotions about both at the same time, mother presents an enigmatic picture to her daughter. . . . Our problem is that because we try to live out all parts of the split message she sent us, our behavior and lives . . . represent a jangled compromise."

As we grow up we then extend our symbiotic needs and behavior to others, particularly to the men we love, and look for the "perfect" love we wanted from mother. In the hope of love we keep ourselves passive and dependent nurturers, always at the expense of our own sexual, productive, womanly selves. This is an interesting and, I think, useful departure from standard psychological theory, which holds that women relate to men primarily in the ways in which we learned to relate to our fathers rather than our mothers. Another interesting point is made by Friday early on: girls don't get the approval from mother for individuation, achievement, and separation that boys do. Boys build up a "bank account" of strokes from mother to use for building up self-esteem as they go out into the world, and are rewarded rather than threatened for separating from their mother. In fact, *they* do not have to compete with mother in order to become men! Women get fewer strokes for outside achievement than they do for staying home and being

"good girls," and they do compete with mother as they grow up, and must integrate this without fear of losing or injuring her.

This is frequently an autobiographical work, and Friday's bias is that she grew up without a father or brother. My own bias is that, though I am a daughter with sisters, *my* children and grandchildren are all male! While this book is clearly about mothers and daughters, I found myself annoyed at the author's repeated insistence on the uniqueness of this relationship with its implied discounting of mother/son, father/daughter, and father/son influences. Perhaps what I really want to see is three more books like this one on the three relationships.

Another point on which I disagree is Friday's view of intimacy between man/woman lovers as "good" symbiotic. If human symbiosis is a parent/child kind of dependency, unhealthy in adults, then intimacy is something else—a kind of inner-self/inner-self relating which feels as good as the infant/mother symbiosis, while lacking the controlling and parenting elements of symbiosis. True intimacy is healthy and growthful, while symbiosis is often growth-stopping.

I found the book too long—I kept wanting to get to the next part. Friday makes the same points in too many different ways. Yet, though I wish the

book were shorter (it is over 400 pages) so that perhaps more women would read it through, I would not like to be the editor who did the cutting, for Friday is a polished and, for me, exciting writer. In addition, her theoretical background is broad and sound, and she provides an interesting bibliography as well as a useful list of the professional authorities whom she consults and quotes, along with some of their credentials. She covers mother/daughter relationships very completely, following a little girl from birth through childhood growth stages and on to loss of virginity, being a single woman, marriage, and finally motherhood.

This is a book about mothers and daughters and it is therefore, from first to last, a book about sexuality. Like Friday, I wrestled with my own motherness and daughterness as I read her book and wrote this review, and also perhaps, like her, I have written at too great length. Still, I'm left feeling that I have not done this book justice and that there is much more I would like to say, much of it about my own personal journey to sexual womanhood. I found a deep balm, a joy in seeing myself put down there on paper. "That's me, or part of me. I'm real and OK and I'm here and she knows me." Nancy Friday, I think your book is terrific! **LT, A, P, PR**

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