

## SEXUALITY AND THE HANDICAPPED: WHOSE PROBLEM IS IT?

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During many years of involvement in the lives of disabled children and adolescents, I've observed certain patterns, apparently based on a more or less universally held set of beliefs, in the way professionals, parents, and other caregivers relate, or fail to relate, to disabled persons' sexuality. The common approach is one which says, sympathetically, that the handicapped person's life is hard, a daily struggle; and thus the responsibility of those who provide care or services is to protect and shelter the disabled from even more unpleasantness. This would seem to be well intentioned enough, but does helping the disabled to develop and open up their sexual selves inevitably lead to "unpleasantness"? Or, perhaps worse because of its subtlety, there is another common belief: if one's body or intellectual faculties do not work in the usual way, then one's ability to function sociosexually must, it follows logically, also be impaired or handicapped. Whatever the reasoning, the effects are identical; sexual behavior and the sexual self-concept are expected to be suppressed, ignored, inhibited, or otherwise obliterated by the handicapped persons, often through a process variously named "treatment," "socialization," "reality therapy," or "behavior modification."

Perhaps we should examine our attitudes about those with handicapping conditions, our treatment and education practices and how they originated, and the effects they are having on many clients. These mental exercises may be just that for many of us, but for the majority of people concerned—parents, social workers, rehabilitative therapists, physicians, teachers, cottage parents, hospital administrators, nurses, psychologists, and therapists—attempts to assess the attitudes and biases involved in teaching and dealing with the sexuality of handicapped people are relatively new. I doubt, however, if that same majority of individuals recognizes how desperately they are needed.

The following statements, familiar to some of us, are worthy of restatement and careful reanalysis:

"They'll only reproduce other retarded people if they are allowed to get married."

"With all of their other problems, why add this? They'll just get hurt."

"They don't even have the same sex drive we do, right?"

"If we let him masturbate in his room, you know he'll do it in the cafeteria—and *then* are we going to have trouble!"

"Isn't there a drug that suppresses puberty?"

"I vote to put saltpeter in the water cooler."

"The way I figure it, if she has a hysterectomy, she won't be so driven to touch herself."

What kind of beliefs, concerns, and issues do these quotes convey? First, it is assumed that persons with handicaps, especially intellectual or mental, suffer from abnormal sexual responses; they may be "easily aroused," a danger to children, or at the mercy of their bodies. Next, the supposition is made that handicapped persons are "God's eternal children," or "the devil's punishment," in the first instance to be treated in hushed sacramental ways as "infants," and in the second to be sequestered, away from the rest of us. (Why else such intense fear of community-based group homes?) In addition, the idea is put forward that not being able to control one's muscles or one's movements automatically means not being able to control one's sexual actions, or perhaps not being able to think about one's self in terms of gender or sexuality, whether in relation to self or to another.

It is not my goal to refute, one by one, these stereotypes, but rather to encourage us to go on to the next step, which is to consider how these mistaken or distorted beliefs make us act, and how they bring about concerns and worries which affect our behavior. It is our basic beliefs, whether founded on fact or fantasy, that direct the formulation and implementation of medical, social, and educational policy. While tremendous strides have been made in the past decade to open the "closet door" for the disabled, the lag between research and daily practice increases, and the translation of scientific findings into pragmatic and useful guidelines is, more and more, on back order.

The day-to-day worries and concerns involve management, or the assumption of care, protection, and education of persons who may or may not be able to assume control of their own destinies. It is all very reminiscent of the worries of men, 60 years ago, when women demanded voting privileges: "Give 'em an inch and they'll take a mile." "They shouldn't have to be worried about who runs the country—

*Continued on page 5*

# WHERE THE ACTION IS

## Sex Education for Emotionally Disturbed and Learning Disabled Children

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Sexuality education is a necessary but neglected aspect of school programs for emotionally disturbed and learning disabled (ED/LD) children. While special education departments occasionally incorporate sex education methods into their programs for teachers of developmentally disabled and physically handicapped children, teachers of ED/LD children are rarely instructed in techniques of sex education. To compound the problem, sex education literature does not discuss the needs of ED/LD children and many administrators are reluctant to support such program development actively.

A unique elementary learning center for ED/LD children within the Montgomery County public school system in Maryland attempted to compensate for these problems through an innovative curriculum project. One portion of the curriculum was devoted to sexuality education. The content followed state guidelines and therefore was similar to traditional fifth-grade programs. Topics included female and male reproductive organs and functions, growth and development during puberty, emotional changes, human reproduction, childbirth, and heredity.

For some children discussion of the reproductive system was one unit in a science and health curriculum about the human body. For others, it was their first exposure to abstract concepts of body function. Learning about body systems other than the reproductive proved to be beneficial. For example, knowledge of digestive and excretory functions reduced children's confusion regarding the location and purpose of body openings. In addition, giving the children a clear idea of the separation of digestive and reproductive functions allowed them to conceptualize pregnancy and birth correctly and eliminate ideas based on the faulty assumption that babies grow in stomachs. The children's group behavior indicated that excretory function, not reproduction, was the predominant source of their embarrassment. In the initial discussions, anxious laughter and experimentation with slang terms was common. In marked contrast, the children approached learning about reproduction with intense, serious questioning.

The program was designed so that success was not dependent on reading ability. Numerous audiovisual enrichment materials and group discussions provided children with information and, although academic skills were not stressed, opportunities to practice reading and writing were available. For example, word cards were used to provide

children with an additional sensory modality for learning unfamiliar terms. One child who had been particularly negative about learning to read examined a word card and carefully sounded out S-P-E-R-M.

Learning in a group and development of communication skills were emphasized. For those unfamiliar with teaching disturbed children in a group, this may appear to be a routine process. On the contrary, it is not routine since most ED/LD children lack self-control. They are erratic and impulsive, vacillating between immature withdrawal and aggressive acting out. Taking turns in speaking and listening to each other, and remaining seated during group discussions, are both difficult objectives for them. Despite these factors and the presentation of material considered to be anxiety producing,

*Continued on page 6*

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# AUDIO-VISUAL REVIEWS

**Loving Parents.** Produced and directed by Herman Engel. 16mm, sound/color, 24 min. Texture Films, 1600 Broadway, New York, NY 10019. Purchase, \$330; rental, \$45.

*Reviewed by Ann Kofel Welbourne, RN, PhD, Department of Psychiatry and Behavioral Science, State University of New York at Stony Brook, New York.*

The threefold purpose of this creative and sensitively produced film is: to identify sex education and communication issues that frequently confront and concern parents; to point out and illustrate the common difficulty parents and children have in communicating with each other about sexuality; and to raise questions about how parents can best help their children develop and understand their own sexuality. Its overriding intent is to trigger discussion. This it does very well.

Four real-life situations are dramatized: a child walking in on her parents embracing in bed; a mother's and father's reaction to their teenage daughter's being alone in her room with a new male friend; a father's attempt to "rap" about sexuality with his son; a pregnant teenager in school whose father thinks young people should get their sex and moral education at home. Each dramatization ends without resolution and is followed by a group of parents responding to and discussing the issues raised. Their own experiences with their children, attitudes, and concerns are shared. Brief comments follow each of the discussions.

The film is sometimes humorous, always honest. The issues presented and discussed are right on target. While no particular point of view is advocated, the film emphasizes the importance of children's learning about sexuality, and could be used productively with parents, expectant parents, professionals, and college, high school, and junior high school students. Because it does not attempt to present "answers," it should provoke questions and discussion, and should therefore be used by a

professional trained in the areas of human sexuality and family life education who can skillfully facilitate the audience discussion that is essential following the film.

In light of the current interest and concern about adolescent sexuality and parents' sex education roles, *Loving Parents* is a valuable addition to the film resource material available for sex educators and counselors.

**Sharing Orgasm: Communicating Your Sexual Response.** 16mm, sound/color, 10 min. Davidson Films, Inc., 165 Tunstead Avenue, San Anselmo, CA 94960. Purchase, \$250; rental, \$25.

*Reviewed by Larry Hof, MDiv, Instructor in Family Study in Psychiatry, Marriage Council of Philadelphia, Division of Family Study, University of Pennsylvania.*

*Sharing Orgasm: Communicating Your Sexual Response* is designed for use in a variety of settings in which the focus is on inhibited female orgasm and/or direct communication of sexual feelings, desires, needs, and preferred behaviors. It begins with a woman explaining to her partner the genital pleasuring exercises she has learned in her women's sexuality group. The dialogue clearly shows the potential for defensive, hurt feelings (in both partners) when attempting to confront a previously taboo or loaded subject. There is a rather abrupt shift to the genital pleasuring experience, with an attempt to portray appropriate tentativeness on the part of a couple beginning a potentially threatening experience. This segment is accompanied by actual couple dialogue and by a voice overlay emphasizing that this is only one couple's experience, and that effective communication between the partners is the key to a successful outcome. Viewers are encouraged to discover their own preferred ways of

doing the exercises and not to be bound by the experience of this one couple.

The woman has already learned to experience orgasm through self-stimulation, and she experiences orgasm with her partner's stimulation during the film. The orgasm is quite subtle, and such a presentation should help to counter many misconceptions concerning the belief that orgasms are always dramatic, intense, and "earth-shattering."

The film assumes that the male partner has had no direct involvement with the female's therapist or group facilitator prior to the onset of non-demand pleasuring. This, of course, places the burden for communicating the intent and purpose of the experience upon the female partner, without the supportive help or presence of a skilled therapist. The result, as it appeared in the film, is a rather defensive and somewhat fear-filled dialogue. Even though this dialogue was developed from actual transcribed therapy tapes, it is difficult to imagine that a positive pleasuring experience (as portrayed in the film) could result immediately following such relatively negative, affect-filled communication. This aspect of the film may be helpful for situations in which the male partner has been unable, or has refused, to participate in sex therapy. It has more limited value for the many situations in which both partners are actively involved in the therapy/counseling experience, although it may prove useful for stimulating open discussion of conflicted feelings, fears, or threats as non-demand pleasuring is initiated.

It is this reviewer's opinion that the couple dialogue *preceding* the non-demand pleasuring experience could be effectively used as noted above. The pleasuring experience sequence itself is too compressed and the acting is somewhat too obvious, thereby diminishing its usefulness and value to sex therapists, counselors, and leaders of women's sexuality groups.

# SPEAKING OUT

## 1979—The International Year of the Child

"What do you want to be when you grow up?"

"A mature, healthy, sexually well-adjusted, loving, caring fireman."

It is almost certain that no child has ever answered that traditional question in quite this way. That's regrettable because surely all parents could wish nothing better for their sons and daughters. The "fireman, lawyer, nurse, explorer, actress, etc.," part of the response is variable and may change a dozen times in the course of growing up. But the most important part—mature, healthy, sexually well-adjusted, loving, caring—should be constant, and children can and should be guided toward making this a clear-cut part of their future goals.

In this important United Nations "International Year of the Child," a mountain of words will be created concerning children's rights, needs, and problems. It is to be hoped that

part of that mountain will deal with the magic of sexuality, in recognizing that all children everywhere are born sexual beings, that their sexual selves function every moment of their lives, that what they observe and are taught as infants and youngsters forms the framework within which this sexuality takes shape and grows.

To be sexual is normal. To be sexual is healthy. To be sexual is natural. If you are taught to respect and understand your own sexuality, you will learn to respect and understand the sexuality of others, and ultimately be better able to make responsible, mature decisions in that area of your life. These are the feelings that parents should try to reflect, within the parameters of their cultural and philosophical beliefs. The Year of the Child, then, in this concern is also the Year of the Parent . . . and the Future Parent.

Anne Backman, MA

## DO YOU KNOW THAT . . .

### Resources to Write for . . .

**A Guide to Values Clarification in Sex Education** by Jacqueline Pappalardo, Community Education Coordinator, PRETERM, Cleveland, Ohio, is a 99-page manual for use in workshops involving "young persons who have not clarified their values about sexuality, and who have not weighed the pros and cons of being sexually active and of using contraception." PRETERM is a nonprofit, tax-exempt abortion clinic with a strong commitment to preventing unplanned pregnancy. In its extensive work with universities, high schools, social service agencies, etc., its staff has determined that the values clarification process is a vital part of any effective sex education program. Used with over 7,000 high school and college students over the past year and a half, and throughout Ohio by Planned Parenthood affiliates, the workbook has been called "the most useable piece of sex education material we have ever seen." Its first section contains 31 exercises designed to build up trust in the experience, under such headings as "How We Learned About Sex: Inherited Values," "Looking at Sex Role Stereotyping," "Sex Is What You Are, Not Just Something You Do," and "The Process of Valuing." The section following contains specific resource material (plus bibliographies) on all pertinent aspects of human sexuality. The manual, sold at cost, is \$5.00 plus \$1.15 postage. Write to: PRETERM, 10900 Carnegie Avenue, Cleveland, OH 44106.

**Newsletter on Intellectual Freedom**, published bimonthly by the American Library Association, is an excellent periodical for all those interested in national trends in the area of human rights and censorship. It features news items from all over the country concerning issues such as book banning (including school and public libraries), film suppression, and obscenity laws. It also contains articles about current theories and developments regarding governmental regulations which involve the media; e.g., the July 1978 issue includes a paper on "The First Amendment and Public Libraries" (who chooses the books that are placed on the shelves?). A subscription costs \$8 a year. For information write to: American Library Association, 50 East Huron Street, Chicago, IL 60611.

**Searching for Alternatives to Teenage Pregnancy**, a special publication of the National Alliance for Optional Parenthood (formerly the National Organization for Non-Parents), is a compilation of articles by experts all over the country aimed at stimulating action—on all age levels and in homes, schools, communities, and government agencies—to zero in on the growing problem of adolescent pregnancy. It also includes resource listings, addresses, and an amusingly instructive three-page cartoon sequence of a child's bewilderment about sex. NAOP also has available a *Teen Pregnancy Resource Kit* which, in addition to the above magazine, contains "Teenage Pregnancy—A Selected Bibliography"; the spring 1978 issue of *Report* which deals with censorship of the student press; a cassette tape and workbook dealing with the primary issues involved in pregnancy and parenthood; and an assortment of the organization's pamphlets. To order the magazine (\$2.75) or the kit (\$6.00), write to: NAOP, 3 North Liberty Street, Baltimore, MD 21201.

### Handicapped, Continued from page 1

don't they know we'll take care of them?" Twenty years ago blacks were faced with the same sort of opposition. In both cases, the argument for the prosecution was based on assumptions of inherent inequality and inability of women (and blacks) to use responsibly the rights and privileges of suffrage. And, as has been increasingly recognized, men and nonblacks actually constructed a society in which such competence could be questioned, not because of any inherent deficiencies but because of the system of acculturation in which skills needed for self-determination and self-sufficiency were put beyond the reach of women and blacks—even if out of a paternalistic and patronizing sense of well-intentioned protection.

The analogy goes further. In denying the vote to women and blacks for so long, it was not enough merely to say no. Instead, a system of rationalization and education was developed so that the basic tenets of inequality were instilled from birth. These tenets were assigned benign motives such as "protection," an arrangement assuming unequal degrees of power or competence.

In our present concern over *management* of the behavior of the disabled persons in our midst, we are facing the same dilemma: our society has constructed a system in which the deck is stacked against any who do not fit the usual prototype, and our job, as clinicians, educators, and parents, is to work within that system even *while trying to meet the needs of our clients*. So we have a choice of two routes, the first a bit smoother than the second. We can convince our clients, and continue to convince ourselves, of their basic incompetence, thus maintaining the mechanisms by which the status quo is assured. Or we can identify and recognize the system's failures and deficiencies, areas needing improvement and training, *if and when these exist*, and move on to a rational, positive, and constructive treatment which leaves management and responsibility for it, for the most part, to the client.

The status quo regarding sexuality and the lives of handicapped persons is generally still being maintained. Therapists in rehabilitation wards still have to be *asked* by their patients about sex, and asked again, instead of opening up the topic themselves. Gynecologists continue to be vexed and frustrated by women with cerebral palsy who cannot remain still during examination. Perhaps we can talk to the disabled about sex with greater comfort when they are handsome and beautiful. Yes, there are currently a few attempts being made by the media, such as in the film *Coming Home*, to raise the public's consciousness. Now we must raise our own, to the actual effects our behavior is having on our patients, our children, our clients, and our neighbors who have disabilities.

Perhaps the most serious consequences stem from our need to label, to group people according to a particular dimension. Such labels originally grew out of medical diagnoses, and became a way by which systematic similarities could be identified and investigated. Unfortunately, and despite the relief many of us feel when unknown or strange ailments are suddenly given a name, labels have come to be explanations, almost factlike and thus unchangeable.

A label such as "handicapped," "disabled," "mentally retarded," or "physically impaired," also implies homogeneity, a sense that all persons so labeled have exactly the same problems, needs, and abilities. The labels deny

individuality and the unique life history each person brings with him/her. A label highlights one particular aspect of a person while ignoring all of the other features which unite him/her with those who have no impairments. Thus dissimilarities rather than similarities are emphasized, and the gap between people, between what should be and what is, widens. Some have claimed that the use of labels provides a justification for exclusions from the mainstream, as when problem children are labeled "emotionally disturbed" and removed from the regular classroom. While such manipulation is not yet in evidence in the provision of sex education or sex therapy, the danger that this will happen is a real one. We all know that a child with dyslexia or cerebral palsy, or an adult with spinal injury, has thoughts, feelings, dreams, attitudes, and hopes which no label can convey; somehow, though, using the labels can make us lose our perception of these people as human beings. For this reason alone, we need to reassess our practices and attitudes and consider all of our clients as whole beings.

It would seem, then, that some of the goals toward which sex educators and clinicians, parents and teachers must move in the provision of care services and instruction for clients with special needs may be realized only through social and attitudinal change. The realities of stereotypes and biases, assumptions about disabilities, and preoccupation with physical beauty, intelligence, or athletic skill must be examined.

In general, feelings and attitudes about sexual competence of the handicapped need reassessment. Some of us most intimately related to children with special needs believe that the better part of "tender, loving care" may be to allow experimentation and to permit failure, through removal of protective cocoons and the encouragement of rich and varied experiences with others. Finally, and perhaps most difficult, we must teach children to seek out and themselves take responsibility for knocking down the boundaries society has erected, whether these be attitudinal, physical, or social. For this to happen, the primary facilitators must be those who work with the handicapped.

## DO YOU KNOW THAT...

### The Joy of Sex

The January 7, 1979, *New York Times* Book Review section reported that Alex Comfort's *The Joy of Sex*, published in 1972, has been on the bestseller lists longer than any other book in American publishing history, with hardcover sales of 1,250,000 copies. The softcover edition which came out in 1973 has a total of 3,927,000 copies in print. According to the *Times* article, Dr. Comfort, now a fellow of the Institute of Higher Studies in Santa Barbara, California, believes there are two reasons for this amazing and impressive record: "One was the timing—the book both accorded with and contributed to the revolution in sexual mores of the 70's. The other was the illustrated format, very much in the spirit of these times." Dr. Comfort's latest book, for which he served as editor, is *Sexual Consequences of Disability*, published in late 1978 by George F. Stickley Company. It will be reviewed in a future issue of the *SIECUS Report*.

group behavior was good. Acting out did not increase and results of individual evaluation interviews demonstrated substantial gains in the children's understanding of basic concepts.

The interests of ED/LD children were similar to those of their normal peers. For example, children asked the following questions: Do girls have balls? How do boys get sperm cells? Where do sperm swim? What is a period? Why do some babies come out early and die? How do women have babies? How do babies eat in there? How does milk get into the breast? Do babies breathe inside? During one class session, questions relating to sexual intercourse and twins emerged simultaneously. Adequate discussion of both topics required more than one period, so a vote was taken to determine which topic would be investigated first. Twins won by a landslide! Like their normal peers, the children were initially more interested in the wonders of human biology than abstract, interpersonal aspects of sexuality. Questions concerning causation, how many, and how big were explored before moving on to the topic of intercourse.

Although interests coincided with those expected in fifth grade, many ED/LD children exhibited delayed development of abstract thought. The following three examples are illustrative. While examining a chart on the male reproductive system, an 11-year-old boy seriously inquired, "Are there really nuts in there?" In a later session another 11-year-old boy was not only amazed to learn about sexual intercourse, he was surprised to discover that it occurred in bed. He claimed he watched the Flintstones daily and although Fred and Wilma had Pebbles, they slept in two separate beds and he "never did see them do anything like that." A third 11-year-old demonstrated the most immature cognitive development. In response to the question "How do people get babies?" he explained, "The mother eats an apple and the seed goes to the stomach and grows until it's so big and the doctor cuts the baby out." The child's concept of reproduction was particularly surprising since his referral to the learning center was accompanied by major concerns about his excessive, explicit sexual language. In his previous educational settings, it had been assumed that he knew "everything." No one thought to probe beyond the meaningless jargon to understand his thinking and provide him with accurate information suited to his level of development.

Sex educators have made impressive progress in addressing the needs of children with and without handicaps, but investigation of complex issues pertaining to the sexual education of children with emotional and learning problems has not occurred. Myths such as the following have perhaps contributed to the lack of teacher training and program development in this area:

First, it is believed that disturbed children have sexual conflicts that should be explored in psychotherapy, making sex education in school unnecessary. Unfortunately, not all disturbed children receive therapy—nor do therapists routinely provide children with sexual information. However, that is not the basic issue. Sex education is one aspect of a child's school education. It is supportive of but does not replace the process that should occur at home and in therapy. Introduction of sex education in school programs in both psychiatric hospital and public school settings actually increases the amount of sexual material dealt with in

therapy and, in many instances, enhances communication about sexuality at home.

Second, it is thought that sex education is anxiety producing and increases maladaptive behaviors in disturbed children. However, in my classroom observations, this did not appear to occur. Learning about reproduction did not alter the children's behavior but it did enable them to discuss sexual concerns more openly.

Third, it is speculated that disturbed children distort the information they acquire in sex education classes and therefore act inappropriately on the information. Following the completion of the sex education sessions being discussed here, the children were interviewed individually to evaluate their understanding of the content. Minor inaccuracies invariably related to language handicaps and uneven cognitive development, but overall comprehension was excellent. The program created an open atmosphere at the school which increased opportunities for the children's misunderstandings to be corrected. Appropriate questions about sex were raised in classrooms, and the children were pleased to discover that their teachers would help them find the answers. Sex education provided the children with the communication skills and the comfort to eliminate distortions. No instances of inappropriate behavior have been linked to these sex education classes.

Disturbed children are vulnerable. Maladaptive family relationships, poor peer relations, fragmented educational programs, and repeated hospitalizations severely limit their opportunities to develop healthy sexual attitudes. Although further program development and research is necessary to understand fully the complex affective and cognitive needs of ED/LD children, the program in Montgomery County suggests that, despite learning and behavioral difficulties, disturbed children do benefit from sex education programs.

## DO YOU KNOW THAT...

### Resources to Write for . . .

**Today's Girls/Tomorrow's Women**, a recent 96-page publication of Girls Clubs of America, Inc., highlights the papers, speeches, and recommendations presented at the GCA Wingspread Conference in June 1978. The contents focus on sexuality, education/employment, and juvenile justice as these issues relate to the adolescent girl, and each section includes a fact sheet of what is currently happening in these areas. The booklet also contains a directory of national resources and related programs. Copies are available free of charge from Girls Clubs of America, Inc., 205 Lexington Avenue, New York, NY 10016.

**Changing Views of Homosexuality** by Elizabeth Ogg is another example of the sound yet comprehensive pamphlets produced by the Public Affairs Committee, this time on today's troubling topic of homosexuality. Intellectually and emotionally honest people who really want the scientific truth about homosexuality as we know it today will find the basics well presented here. To obtain a copy (No. 563), send 50¢ to Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016.

# Homosexualities: A Reply

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[The November 1978 issue of the SIECUS Report featured a review by Harold I. Lief, MD, of *Homosexualities: A Study of Diversity Among Men and Women* by Alan P. Bell and Martin S. Weinberg. Since Dr. Lief raised several major points of concern going to the heart of the research involved in this important study, we invited Dr. Bell to reply to the review. His response follows.—Ed.]

I would like to commend Harold Lief on his thoughtful review in the November 1978 *SIECUS Report* of our work *Homosexualities*. Unlike certain other reviewers (happily a minority), Dr. Lief does not take cheap shots at our investigation, but raises important questions about some of our findings and conclusions. He is right-on in his observation of the tension which may exist between investigators' humanitarian impulses and their need to be as objective as possible in the analysis of their data. It appears that the reviewer was not convinced that our data in fact support the conclusion that homosexuality is relatively free of pathological elements, or that we did not, even for the best of humanitarian reasons, slant our interpretations. I am therefore grateful for this opportunity to comment on the areas of his concern.

Lief contends that we have glossed over the fact that homosexual males are apt to have many more partners than the average heterosexual male. The fact is, we report the number of partners our homosexual respondents had, not only during the previous year but over their entire lifetimes. While a few may have numerous sexual partners over the course of a single evening in the dimly lit setting of a gay bath, the average gay male who reports a new sexual partner once a week (or even less) or who cruises less than once a week would not seem to be nearly as "compulsive" as Dr. Lief might think. In fact, male homosexuality seems to involve a sexual lifestyle in which sexual activity occurs no more frequently than in the heterosexual world. The principal difference is the partner context in which sexual contact occurs.

How are we to explain that context, and what kinds of inferences can be made about those who pursue sexual contact under such circumstances? As a psychologist myself, I can understand a psychiatrist's inclination to explain human behavior with reference to various features of the personality. Thus, Dr. Lief's reference to "compulsivity" or others' references to "immaturity" and the like. But do such circumstances require such inferential leaps? Is it not more prudent to explicate differences between homosexuals' and heterosexuals' partnership patterns on the basis of features having little or nothing to do with their personalities? For example, males in general tend to have higher levels of sexual interest than do females. Males in general are more likely than females to be comfortable in sexual pursuits having "no strings attached." Males in general are less likely than females to view sexual intercourse as necessarily involving deep affection, romantic feelings, or interests in forming an ongoing relationship. Given such male-female differences, it is not difficult for me to understand the partnership patterns of homosexual males separately and without casting aspersions on their personalities.

Gay men, unlike their straight counterparts, live in a social milieu in which anonymous sexual contact is not viewed with horror but rather as an opportunity for novelty and sometimes as a necessity for keeping the sexual orientation secret. If they are involved in an ongoing relationship, their partners, unlike the wives of heterosexual males, are not apt to be unduly threatened by a lack of fidelity since they do not jump to the kinds of conclusions which women might. Since they know (and often gay couples reach an explicit agreement about sexual contacts with others) that the partnership can survive each other's sexual escapades, gay men are far less restrained than are most married men and feel much freer to act upon typically male sexual needs and interests. In their pursuits they are, of course, far more likely to meet others with comparable interests than are married men in search of women equally eager for sexual contact.

Even as the above view makes it unnecessary to attribute psychopathology to gay males who report relatively large numbers of sexual partners, so our additional evidence made it impossible for us to reach such conclusions. The Functionals in our samples, reporting the largest numbers of partners, appeared to be as well adjusted psychologically and socially as their Close-Coupled colleagues. Clearly, the number of partners our respondents reported having simply was not predictive of their psychological circumstances. The fact that the poorly adjusted Dysfunctionals also reported large numbers of partners and a good deal of cruising indicates that much depends on the moods, motivations, and emotional outcomes of the gay men reporting such sexual patterns. While some may seek but never find either comfort, dignity, or fulfillment in their sexual encounters, even more may be involved in a celebration of themselves and others.

Finally, since Dr. Lief rightly asked about the men and women who could not be categorized in a special way and, on that basis, raised questions about the validity of our statistics, I have taken it upon myself to examine the nature of these persons' circumstances. Among the white homosexual males, the "Unclassifieds" were least apt to be involved in an ongoing affair. Although they did not have as many partners as either the Functionals or the Dysfunctionals, they did have more than did the typical respondent. Like the Functionals, they were less regretful of their homosexuality even though they reported more loneliness than the average respondent. This accords with the greater tendency (although not as great as that of the Asexuals) to spend their leisure time alone. Except for the Dysfunctionals, the "Unclassifieds" report the most tension but are otherwise indistinguishable from the other groups. Compared with the white heterosexual males, the "Unclassifieds" were no more or no less suspicious of others, exuberant, depressed, happy, or lacking in self-esteem. In general, they tended to be neither the worst nor the best adjusted of the gay groups.

In conclusion, my hope is that as people like Lief raise thought-provoking questions about the nature of our investigation into the controversial topic of homosexuality, we shall be able to respond in constructive ways. Dialogues of this kind may prove to be no mean task for all those involved, but we can be sure that little will ever be served by their absence.

# SUMMER 1979 GRADUATE 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 1979 SIECUS Report.*

## California

**National Sex Forum**, San Francisco, Calif.

- *SAR XII*. June 23–30, 4 units/30 hours.
- *SAR XIII*. August 11–18, 4 units/30 hours.
- *Practical Skills Workshop*. October 15–19, 3 units/20 hours.

**Write to:** Phyllis Lyon, DA, Co-Director, 1523 Franklin St., San Francisco, CA 04109.

## Connecticut

**Fairfield University**, Fairfield, Conn.

- *Family Counseling*. July 17–August 3, 3 credits.

**Write to:** Dr. Martin A. Lang, Graduate Religious Education, Fairfield University, Fairfield, CT 06430.

**Southern Connecticut State College**, New Haven, Conn.

- *IDS 545. Sex Education Institute—Summer Program*. July 9–25, 6 credits.

**Write to:** A. Schildroth, Assistant Director, Sex Education Institute, Southern Connecticut State College, 501 Crescent St., New Haven, CT 06515.

**University of Bridgeport**, Bridgeport, Conn.

- *Human Sexuality*. July 30–August 3, 3 credits.
- *Human Sexuality*. August 6–10, 3 credits.

**Write to:** Dr. Robert Selverstone, Counselor Education, University of Bridgeport, 136 Lafayette St., South Hall, Bridgeport, CT 06602.

## District of Columbia

**Center for Study of Human Systems**, Washington, D.C.

- *Creative Relating—A Holistic/Humanistic View of Human Sexuality*. June 8–10, 2 CEUs.
- *Family Re + Search—A Powerful Psychodramatic Exploration of How My Family History Affects My Life and Work Today*. June 22–July 1, 6 CEUs.

**Write to:** Bonnie Hassler, Center for Study of Human Systems, 8604 Jones Mill Road, Washington, DC 20015.

## Florida

**University of Miami**, Coral Gables, Fla.

- *Sexual Lifestyles Today: Men and Women*. May 15–June 1, 3 credits.
- *Sexual Dysfunction Counseling*. May 15–June 20, 3 credits.
- *Psychosocial Study of Women and Sex Role Stereotypes*. May 15–June 20, 3 credits.

**Write to:** Ms. L. J. Sieffert, Coordinator, Summer Sessions Workshops, University of Miami, P.O. Box 248005, Coral Gables, FL 33124.

## Georgia

**Georgia College**, Milledgeville, Ga.

- *HCF 58E. Independent Study: Parenting Education*. June 18–July 17, 5 quarter hours.
- *HCF 690. Family Life Education*. July 19–August 18, 5 quarter hours.

**Write to:** Dr. Therry Deal, Home Economics Dept., Georgia College, Milledgeville, GA 31061.

## Illinois

**Northern Illinois University**, Dekalb, Ill.

- *Current and Critical Issues in Health: Sex Education*. June 18–August 10, 3 credits.

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

**Western Illinois University**, Macomb, Ill.

- *Sex Education in the Home, School and Community*. June 11–August 3, 3 semester hours.

**Write to:** Dr. John Leach, Health Sciences, Stipes Hall 447, Western Illinois University, Macomb, IL 61455.

**George Williams College**, Downers Grove, Ill.

- *Human Sexuality*. June 15–17 and 22–24 (two weekends), 2 credits.

**Write to:** Professor Rosalind Durham, Dept. of Social Work, George Williams College, 555 31st St., Downers Grove, IL 60515.

## Indiana

**Ball State University**, Muncie, Ind.

- *Psychology of Human Sexuality*. July 16–27, 4 quarter hours.
- *Psychology of Human Sexuality*. September 5–November 16, 4 quarter hours.

**Write to:** Dr. Robert E. Hayes, TC 622, Ball State University, Muncie, IN 47306.

- *Sex Education and School Health*. July 30–August 10, 4 quarter hours.

**Write to:** Dr. Wayne A. Payne, Associate Professor of Physiology and Health Science, Ball State University, Muncie, IN 47306.

**Valparaiso University**, Valparaiso, Ind.

- *Sociology of Sexual Deviance*. June 18–August 8, 3 semester hours.

**Write to:** Billy L. Williams, Sociology Dept., Valparaiso University, Valparaiso, IN 46383.

## Iowa

**Drake University**, Des Moines, Iowa.

- *PSY 184. Topical Seminar: Sexual Behavior*. May 14–June 1, 3 semester hours.
- *PSY 186. Topical Seminar: Psychology of Women*. June 4–July 6, 3 semester hours.

**Write to:** Dr. Donald G. Wallace, Summer Session Office, Drake University, 25th and University Ave., Des Moines, IA 50311.

## Kansas

**Emporia State University**, Emporia, Kan.

- *Sex Education*. June 4–22, 3 credits.

**Write to:** Dr. J. Jack Melhorn, Chairperson, Sociology-Anthropology Dept., Emporia State University, Emporia, KS 66801.



## Maryland

### Towson State University, Towson, Md.

- *Rape in Perspective*. June 19–July 21, 3 credits, graduate/undergraduate.
- *Parenting*. July 24–August 25, 3 credits, graduate/undergraduate.
- *Love*. July 24–August 25, 3 credits, graduate/undergraduate.

**Write to:** Neil F. Gallagher, Chairperson, Health Science Dept., Towson State University, Towson, MD 21204.

## Massachusetts

### Amherst College, Amherst, Mass., in cooperation with the American Association of Sex Educators, Counselors, and Therapists.

- *New Sex Education Skills*. July 8–13, 3 credits.
- *New Sex Therapy Skills*. July 15–20, 3 credits.
- *Advanced Studies in Human Sexuality*. July 22–27, 3 credits.

**Write to:** Amherst College, in cooperation with AASECT, 415 S. East St., Amherst MA 01002.

### Boston University, Boston, Mass.

- *Sex and Family Living Education*. May 22–June 29, 4 credits.

**Write to:** Carl E. Willgoose, Health Education Dept., Boston University, 704 Commonwealth Ave., Boston, MA 02215.

## Missouri

### University of Missouri, St. Louis, Mo.

- *Sex Education and the Developmentally Disabled*. October 5–6, 1 hour credit.

**Write to:** Dr. Richard L. Thurman, Assistant Professor, Behavioral Studies, University of Missouri, 8001 Natural Bridge Road, St. Louis, MO 63121.

## Montana

### University of Montana, Missoula, Mont.

- *Sexual Issues in Couple Counseling*. June 11–15, 2 credits.

**Write to:** CarolAnn Russell, Summer Programs Manager, Center for Continuing Education and Summer Programs, University of Montana, Missoula, MT 59801.

## New Jersey

### Trenton State College, Trenton, N.J.

- *Family Life and Sex Education*. June 25–August 3, 3 credits.

**Write to:** Dr. Donald D. Brown, Packer Hall, Trenton State College, Trenton, NJ 08625.

## New York

### Hofstra University, Hempstead, N.Y.

- *CPRE 266. Family Counseling Workshop*. July 5–August 10, 4 credits.
- *CPRE 289S. Workshop: Human Sexuality*. May 22–June 1, 4 credits.

**Write to:** Mr. Marc Dion, Director of Admissions, Hofstra University, Hempstead, NY 11550.

### New York University, New York, N.Y.

- *International Seminar in Human Sexuality: Sweden*. June 25–August 16, 12 credits.

**Write to:** Dr. Deryck Calderwood, Director, Human Sexuality Program, New York University, 54 South Bldg., New York, NY 10003.

### C. W. Post Center, Long Island University, Greenvale, N.Y.

- *Summer Workshop on Human Sexuality*. August 13–17, 3 credits.
- *Advanced Summer Workshop on Human Sexuality*. August 20–24, 3 credits.

**Write to:** Dr. Marvin Glockner or Dr. Mary-Ann Newman, Summer Sessions, C. W. Post Center, Greenvale, NY 11548.

### SIECUS–New York University, New York, N.Y.

- *International Colloquium for Professional Sex Educators—Uppsala, Sweden*. July 2–12, no credit.

**Write to:** Barbara Whitney, Executive officer, SIECUS, 84 Fifth Avenue, New York, NY 10011.

### State University College, Oneonta, N.Y.

- *H.Ed. 215. Modern Processes in Sex Education*. July 13–August 10, 3 semester hours.

**Write to:** Robert B. Nichols, Director of Continuing Education and Summer School, State University College, Oneonta, NY 13820.

### Syracuse University Division of Summer Sessions and the Institute for Family Research and Education, Syracuse, N.Y.

- *CFS 641, EDU 760, Sec. 5. Enhancing Your Role as a Sex Educator in 1979—The Year of the Child*. July 12–20, 3 credits.

**Write to:** Alison M. Deming, Workshop Coordinator, 760 Ostrom Ave., Syracuse, NY 13210.

## Oregon

### Oregon State University, Corvallis, Ore.

- *Workshop: Family Life Education*. July 9–13, 1 or 2 credits.

**Write to:** Dr. Arthur Gravatt, Family Life Dept., School of Home Economics, Oregon State University, Corvallis, OR 97331.

### Portland State University, Portland, Ore.

- *Workshop: Teaching Human Sexuality*. June 18–22, 3 credits.

**Write to:** Dr. Glen G. Gilbert, Health Education, School HPE, Box 751, Portland State University, Portland, OR 97207.

### Southern Oregon State College, Ashland, Ore.

- *PSY 199. Special Studies: Human Sexuality*. June 19–July 13, 3 credits.

**Write to:** Mr. Ben Trowbridge, Psychology Dept., Southern Oregon State College, Ashland, OR 97520.

## Pennsylvania

### Indiana University of Pennsylvania, Indiana, Pa.

- *Psychology for Teaching Sex Education*. July 30–August 3, 3 credits.

- *Psychology for Teaching Sex Education*. August 6–10, 3 credits.

**Write to:** Mr. Leonard B. DeFabo, Professor, Ed. Psych. Dept., Stouffer 246C, Indiana University of Pennsylvania, Indiana, PA 15705.

### West Chester State College, West Chester, Pa.

- *H.ED 621. Human Sexuality in a Changing Society*. August 6–24, 3 credits.

**Write to:** Walter Funk, Chairman, Health Dept., West Chester State College, West Chester, PA 19380.

## Rhode Island

### Rhode Island College, Providence, R.I.

- *The Professional and Human Sexuality 480*. June 25–July 19, 4 credit hours.

**Write to:** Thomas W. Ramsbey, PhD, Dept. of Sociology/Social Welfare, Rhode Island College, Providence, RI 02908.

## South Dakota

### South Dakota State University, Brookings, S.D.

- *Bio 597/697. Biology of Human Sexuality*. July 5–August 1, 2 credits.

- *CDFR 502/602. Seminar: Families in Crisis*. June 4–29, 2 credits.

- *CDFR 582/682. Workshop: Curricula Development for High School Family Life Education Teachers*. June 4–29, 2 credits.

**Write to:** Harold S. Bailey, Jr., Director of Summer Session, South Dakota State University, Brookings, SD 57007.

## Washington

**Central Washington University**, Ellensburg, Wash.

- *Human Sexuality for the School Health Program*. July 20–August 18, 3 quarter hours.

**Write to:** Gordon B. James, PhD, Health Education Program, Central Washington University, 1302 Chestnut, Ellensburg, WA 98926.

## Wisconsin

**University of Wisconsin–River Falls**, River Falls, Wis.

- *Sexuality and Human Relations*. June 12–22, 3 quarter or 2 semester credits, graduate/undergraduate.

**Write to:** Dr. Mark Perrin, Education Dept., 308 Kleinpell Fine Arts Bldg., University of Wisconsin–River Falls, River Falls, WI 54022.

**University of Wisconsin–Superior**, Superior, Wis.

- *Sex in Counseling*. July 9–27, 3 credits.

**Write to:** Dr. Delores Harms, Coordinator–Counseling, Dept. of EDAD and Counseling, University of Wisconsin–Superior, Superior, WI 54880.

## Canada

**Mount Saint Vincent University**, Halifax, Nova Scotia.

- *Introduction to Family Life*. July 4–August 15, 1 credit.
- *Curriculum and Instruction in Family Life*. July 4–August 15, 1 credit.

**Write to:** Dr. M. A. Cook, Education Dept., Mount Saint Vincent University, Halifax, Nova Scotia, Canada B3M 2J6.

## DO YOU KNOW THAT . . .

### Research Project on Sex Education Needs of Blind Persons

Funded by a three-year grant from the National Institute of Mental Health, a team of professionals at the State University of New York at Stony Brook is conducting research on the topic of psychosexual development of young blind people. Dr. Hanan Selvin, Dr. Richard Green (member, SIECUS Board of Directors), and Dr. Ann Welbourne (member and program chairperson, SIECUS Board of Directors) have set up a schedule of in-depth, structured, confidential interviews with individuals in their 20s and 30s who have been totally blind from birth or by the age of 10. Those who qualify and are interested in volunteering to be interviewed for this project, which is now at its halfway point, should telephone Dr. Welbourne collect, at (516) 444-2073, between 9:00 A.M. and 4:30 P.M. E.S.T. In addition, individuals who are aware of related research or teaching in this area are warmly encouraged to contact Dr. Welbourne, Department of Psychiatry and Behavioral Science, State University of New York, Stony Brook, NY 11794.

### Spanish Congress of Sexology

The First National Spanish Congress of Sexology, chaired by Dr. Carlos Castilla Del Pino, will be held May 24–26, 1979, in Barcelona. There will be six primary themes for papers: sexual dysfunctions and present therapy; contraception and sexual behavior; studies of current sex education, with alternatives; reports on sexual life; laws and ethics relating to sexuality; and alternatives to a national sexology. The congress will be interdisciplinary, with all primary behavioral and medical sciences represented. Those interested in attending or in presenting papers should write to Dr. Fernando Latorre Vazquez, Secretary General, First National Congress of Sexology, Avda. José Antonio 637, 4.º Despacho 14, Barcelona 10, España.

### Training in Marriage & Sex Counseling

The Division of Family Study of the University of Pennsylvania School of Medicine (incorporating the Marriage Council of

Philadelphia and the Center for the Study of Sex Education in Medicine) announces an NIMH-sponsored training program for nonpsychiatric physician-educators, and for residents in obstetrics/gynecology and family practice. This full-time, 11-month program is designed to train physicians in marriage and sex counseling, and in the teaching of human sexuality. For faculty of medical schools who are either teaching or planning to teach human sexuality to medical students and to primary-care residents, stipends of approximately \$1,100 per month are available. For residents in OB/GYN or in other primary-care specialties, stipends of approximately \$900 to \$1,000 per month are available, depending on year of residency. For information, write to: Ellen M. Berman, MD, Director of Training and Assistant Professor of Psychiatry, Marriage Council of Philadelphia, 4025 Chestnut Street, Philadelphia, PA 19104.

### Resources to Write for . . .

**Homosexuality and the Miracle Makers**, written by Jim Peron, a conservative Christian member of Evangelicals Concerned, is a 16-page pamphlet in which the author effectively refutes the "miracle makers' " claims of having "cured" repentant homosexuals. The booklet's physical layout is not professionally manicured, but the sincerely written and well-documented contents are worth reading. For copies at \$1 each, write to Jim Peron, Box 2140, Glen Ellyn, IL 60137.

**A Bibliography on Sexuality and Aging** has been compiled, as of June 1978, by George F. Wharton III of the Rutgers University Intra-University Program in Gerontology. Financed by a grant from the Administration on Aging, this unannotated 82-page booklet is divided into 15 sections: sexual behavior in the aged—general; social and psychological aspects of sexuality in the aged; sexuality and the aging female; sexuality and the aging male; sexual counseling and the aged; sexuality and the aged in nursing homes; homosexuality and the aged; foreign citations on sexuality and the aged (not translated); fertility and reproduction; sexual problems (including sexual dysfunction); chemical influence on sexuality and the aged; climacteric; sex and health; marriage, family and sex roles; and bibliographies. Copies cost \$3.00 each. Checks should be made payable to: Rutgers Intra-University Program in Gerontology, 4 Huntington Street, New Brunswick, NJ 08903.

# BOOK REVIEWS

**Sex Education for Persons with Disabilities That Hinder Learning: A Teacher's Guide.** Winifred Kempton. North Scituate, Mass.: Duxbury Press, 1975 (162 pp.; \$7.95).

*Reviewed by Frank Caparulo, MS, Family Life and Sex Educator, Family Counseling of Greater New Haven, New Haven, Connecticut; and President, SIECONN.*

Many years ago, a college professor of special education said, "Whatever is good for the special child is especially good for the normal child." This short book with the long title bears witness to this wisdom. Although aimed at development of instruction on human sexuality for students with learning problems, it will be of equal benefit to teachers of the nonhandicapped. Author Kempton's creativity, knowledge, and experience have produced a book of uniqueness and charm, conveying her belief in the integration of sexuality with every facet of the human experience.

As Ms. Kempton points out, materials about sexuality for the education of special groups by their very nature run the risk of separating these groups from the normal mainstream of education, for many learning-disabled persons already experience difficulties usual to the teaching methods themselves, most especially from abstract, printed materials. It is good, therefore, that this book sets up guidelines for the ways in which sexual life responsibilities can most effectively be taught.

In the first chapters Ms. Kempton addresses the traditional issues surrounding the why, when, how, and who of sex education. Using personal anecdotes, she quotes from professionals (e.g., Morris Rubin, Warren Johnson, Sol Gordon, Medora Bass), and her intelligent, clearly presented reasoning is perhaps the best statement of the needs, goals, and perspec-

tives of sex education available. A most refreshing discussion dealing with societal effects on the development of self-esteem has special import for slow learners, since this group of people is perhaps most at society's mercy. Parents, frightened by the physical changes in their children and of what these changes imply, and caretakers in institutions (whether large training schools or small group homes), tend to deny children's sexuality. Although persons with intellectual impairments or delays are exposed to the same casual "sex education" from peers, television, movies, and so on, they are less able than the unimpaired to develop a conceptual framework from which this information is analyzed, and to appreciate the subtleties of societal rules for appropriate sexual behavior. Without these tools of judgment, the student is placed at more risk than his unaffected counterpart; thus Kempton's goal of sex education—the "positive perception of individual sexuality" and the corresponding improvement this brings in self-esteem—eliminates as a viable teaching strategy the mere rote assimilation of facts, and argues for emphasis on the development of moral values, judgment skills, and decision-making abilities.

Kempton's discussion highlights the critical distinction to be made between individual specific learning disturbances or delays, and shared features which allow groupings. A more thorough reference and bibliography section would have been useful here, but the point is clearly made that students with an educational diagnosis of mild mental retardation may differ from each other as much as do children whose intellectual abilities are within the normal range. Contemporary educators (and even recent federal and state public educational statutes) recognize the efficacy and appropriateness of individual educational prescrip-

tions for major academic areas. The developments in curricula, methodologies, and assessment procedures based on individual needs, abilities, and goals provide answers, in sex education, to many of the questions which have plagued us for years—e.g., those relating to group process, to the individual within the group, and to differences among group members. Emphasizing the *person* rather than the diagnostic *group* suggests a solution to an issue which Kempton unwittingly raises—whether and in what degree persons with impairments not related to organic brain dysfunction, damage, or disease, or to forms of cultural-familial and environmental retardation, suffer from comparable intellectual deficits. Although Ms. Kempton, in her introduction, mentions multiple sclerosis, cerebral palsy, epilepsy, and sensory impairments such as blindness or deafness, to assume impaired intellectual abilities or functioning for such students is often erroneous. They can most certainly benefit from the teaching strategies offered in the book, but not because they have difficulties in conceptual development and intellectual processing so much as because they have disabilities which prevent them from easy and normal interaction with typical learning experiences. Actual classroom situations with such groups call for a variety of teacher qualities—perseverance, humor, self-knowledge, tolerance, and self-confidence. Explicitly stated, these can often involve incidents which even "liberated" sexologists might find extremely trying. Two examples: (1) When a co-worker makes a habit of revealing to you the most intimate details of his or her sex life, how do you react? (2) After a few weeks of sex education classes, a boy who has been withdrawn suddenly begins to whisper to girls, "You got nice legs," or "You got a cunt." What would you do with this boy? Kempton con-

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*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.

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cludes this chapter with a range of possible solutions to such situations, and discusses the motives, needs, and underlying problems each may illustrate.

In still another exceptionally useful chapter, Ms. Kempton offers suggestions for curricula appropriate for preadolescent, adolescent, and adult persons with intellectual handicaps. While chronological age may not always be the best criterion to use for grouping students, the actual needs of the students in terms of sex knowledge are a reflection, quite often at the adolescent and adult levels especially, of physiological growth and status, or the way in which he or she is perceived by others. Thus, a 16-year-old boy living in a group home may be unable to grasp fully some of the intricacies of human reproduction and contraception, but he needs to know that pregnancy can result from sexual intercourse and to use this knowledge to manage his behavior.

Perhaps the most useful and immediately practical chapter, "Techniques" contains rarely found suggestions and strategies on some of the "how-tos" of sex education, especially for students with low degrees of intellectual retardation. The Scarborough Method is clearly described with an example of how teaching the specific and simple, with gradual movement toward more general, abstract, and sophisticated aspects of sexual behavior and components, can lead into more difficult concepts such as sexual intercourse. The chapter concludes with a discussion of the merit in using sex education classes as a vehicle toward socialization, peer interaction, self-help, and interpersonal development.

Finally, the author reviews briefly the often neglected role of the sex educator as counselor in dealing with such issues as marriage, becoming parents, sterilization, dating, homosexuality, masturbation, and abortion. She also discusses how to work with and educate parents and others, how to gain acceptance of sex education programs from parents and community, and presents an unusually sound, practical guide to the issues and concerns surrounding homosexuality—a behavior pattern often observed among young men living in large institutions who are deprived of normal heterosexual contact and interaction.

My three-year-old copy of Ms. Kempton's book is frayed around the edges, but its contents are as up to date and pertinent as ever. It has proved its value to me hundreds of times. It is an extraordinary book for *all* educators.  
**PR**

**The History of Sexuality, Volume I—An Introduction.** Michel Foucault. Translated from the French by Robert Hurley. New York: Pantheon Books, 1978 (159 pp.; \$8.95).

*Reviewed by Fay Stetner, MS, Research Scientist, New York State Psychiatric Institute, New York City; and S. C. V. Stetner, PhD, Professor, C. W. Post College, Long Island University, Greenvale, New York.*

Motivated by our interest in learning once and for all where sexuality came from, we set off eagerly to breeze through Foucault's translated history of that subject. We came to a screeching halt in the middle of page 8, which isn't very far since the text doesn't begin until page 3. Because reading this introduction to *The History of Sexuality* (five more volumes due to appear) was very much like swimming through yogurt, we were sorely tempted to cry out, "the emperor is naked," return the review copy to sender, and get back to *Playboy*. A fitting respect for Foucault's credentials restrained us and we patiently returned to our muttons. And it most certainly does require patience to dig out of the fermented English what Foucault *appears* to be saying.

If you were to ask the average college kid to give his assessment of the development of the human sexual condition of the Western world, he might very likely describe a chain of centuries of guilt-ridden repression culminating in the starved middle-class morality of the Victorians. He might refer us to Marcuse to support a ubiquitous contemporary notion that we are not only still subdued by the attitudes of the late 19th century, but also that our being so subdued is essential to the tranquility of capitalism and to the security of the power elite.

M. Foucault's view, however, is that for the past two or three hundred years the ruling circles of the world have not been repressive, but rather calculatedly permissive. Foucault believes that the

social arbiters since the 17th century have not stifled, but somehow liberated the libido; they have effected an increase in the "discourse" and in the "deployment" of sexuality through which they continue to supervise our ever-shifting sexual attitudes. The "discursive explosion" of sexuality from the 18th century onward, incited by the political, economic, and technical agencies of power, can be seen in literature (de Sade, *My Secret Life*, Genet), in psychiatry and medicine (Krafft-Ebing, Charcot, Freud, Havelock Ellis), in law, and even in schools of architecture. Should the college kid claim that his modern openness about all matters sexual is in the service of a grand revolutionary goal of overturning a traditionally broadly repressive society, Foucault would chuckle at the irony of that boast and would assert that it is not the youth that is reforming society, but the society that is reforming the youth. The new openness is part of the total plot; the so-called critical analysis of the repressive age is actually in the service of repression. The power structure is changing its methods, not its goals. The Governors still control, mold, and manipulate the Governed, but regulation and administration through analytical discourses have replaced judgment and condemnation. With the substitution of medical for ecclesiastic supervision has come greater sexual permissiveness, yes, but also greater management of sexuality.

The heuristic value of this little introductory volume is great (once you peer through the opaque diction), but it is a value more rewardingly explored elsewhere. Foucault gives us interesting hypotheses—sometimes compelling ones—but hardly any objective raw data, or anything else that could lend itself to empirical substantiation. He states, without amplification, that power and pleasure reinforce one another, that the growth of perversion is the result of the encroachment of power on pleasure. Opinions pronounced as facts, these are ideas certainly worth exploring—even if they are not true—*especially* if they are not true.

One of his assertions that emerged with relative clarity is that "anatomopolitical" power and "bio-political" power are fused into what Foucault calls "bio-power," the deployment of sexuality being one of its most important aspects. From that conception

comes the book's single most interesting point—that "bio-power" is a force strong enough to alter the traditional jurisdictions of our society. Sexual deviation, resting on the concept of a norm, becomes partly a medical and administrative matter, not a juridical question solely. Doctors and administrators have come to quantify, measure, and appraise our straight and crooked sex. Not a bad point. But over all, the profundity of M. Foucault's thoughts is not commensurate with the energy we expended to get at them. Save \$8.95 and wait to see the ensuing volumes.

**The Sex Atlas.** Erwin J. Haeberle. New York: The Seabury Press, 1978 (509 pp.; \$25.00).

*Reviewed by Deryck D. Calderwood, PhD, Associate Professor of Health Education and Director, Human Sexuality Program, New York University; member, SIECUS Board of Directors.*

This is an impressive book—in size, format, and scope. It is divided into three general areas. Part I, "The Human Body" (120 pages), covers the process of sexual differentiation, male and female sex organs and sexual response, reproduction, pregnancy and birth, birth control, and physical problems relating to sexuality. Part II, "Human Sexual Behavior" (153 pages), deals with the development of sexual behavior from infancy through adulthood, masturbation, heterosexual and homosexual intercourse, animal contacts, sexual inadequacy, compulsive and destructive behaviors, and transsexualism. Part III, "Sex and Society" (206 pages), discusses sex roles, conformity and deviance, marriage and family, the sexually oppressed, sex research, sex education, and sexual ethics. It is generously illustrated in an appropriately graphic manner with the photography of Laird Sutton, diagrams, charts, reproductions of old prints, and erotic art from the Kronhausen collection. It includes a glossary of slang and a selected and somewhat uneven bibliography and resource guide. The eight-page index severely limits the entries and does not do justice to the scope of the book.

The *Atlas* is an effective survey of the most widely accepted sexual knowl-

edge, theories, and beliefs developed up through the late 1960s. It summarizes the classic works of Ford and Beach, Kinsey, Masters and Johnson, and Money in language for the layperson. As the Introduction states, "In short, it is nothing more and nothing less than a piece of popularization." The text is readable and, for the most part, presents an objective viewpoint of the material covered. This is particularly true throughout Part I which consists of basic factual information. In Parts II and III the humanistic tone is occasionally punctuated with personal judgments. In the midst of a fairly objective discussion of compulsive and destructive behavior, the author states that exhibitionism "cannot be tolerated in a civilized society." Transvestism is grouped along with exhibitionism, voyeurism, pedophilia, sadism, masochism, and rape as compulsive and destructive, while transsexualism is not. Personal choices have also influenced the selection and focus of the material presented. Only one woman is covered among the pioneers in sex research, and—an even more significant omission—only one among the "pioneers of sex education." No consideration is given to statistics on sexual behavior more recent than Kinsey. No information from Sorenson, Hunt, or Kantner and Zelnick is included.

The most impressive work is presented in Part III: "Sex and Society." The comprehensive chapter on conformity and deviance is clearly an important contribution to the literature. It is a thoughtful discussion of the natural/unnatural, legal/illegal, healthy/sick dichotomous view of sexual values. The chapter on the sexually oppressed is also a significant review of how rigid and damaging our sexual norms can be. Part III is an excellent resource for educators.

It is difficult to determine the target audience for this book. Its artistic format, with print limited to two-thirds of each page, is handsome, but costly; that factor makes its selection as an undergraduate textbook unlikely, although that would be appropriate. It is apt to be relegated to the coffee table category. (Hopefully we have passed the time when the frank pictures would relegate it to the out-of-reach bookshelves.) If browsed through and read periodically, it would be an asset to family understanding of and communication about sex. A

**My Second Twenty Years.** Richard P. Brickner. New York: Basic Books, Inc., 1976 (198 pp.; \$8.95).

*Reviewed by Joan L. Bardach, PhD, Director of Psychological Services, Institute of Rehabilitation Medicine, New York University Medical Center.*

In *My Second Twenty Years* we watch a 20-year-old man's efforts to cope with the problems, anxieties, angers, and struggles which resulted from his suffering a broken neck in an automobile accident. Richard Brickner tells it as it was for him, with little apology and little effort to be heroic. The courage of his honesty reveals a picture of a bright man whose human failings are akin to everyone's. Hence, although we might not always like him, we can identify with him.

Among other aspects, Brickner details his struggles with his sexuality, including sexual impotence which is finally overcome. His description reveals an indomitable spirit that refused to give up. Although this reader responded with a hurrah for his ultimate triumph, Brickner's difficulties could have served as a springboard for an expanded concept of sexual activity beyond intercourse as the only "real thing." It is a shame he did not include this aspect as one option that would have been satisfying for himself and his partner.

For those who have not viewed the disabled as sexual and for those who cannot imagine that an able-bodied person would ever be sexually interested in a disabled person, *My Second Twenty Years* is *must reading*. A, PR

**Exploring Intimate Life Styles.** Bernard I. Murstein, ed. New York: Springer Publishing Co., 1978 (320 pp.; \$12.95).

*Reviewed by Aaron L. Rutledge, PhD, Grosse Pointe Psychological Center, Richmond, Michigan.*

The title is an apt one, with the exploration accomplished with varied success by the many contributors. Since for the most part previously published authors were chosen for each lifestyle, much of the book has been widely read in other forms.

Each chapter begins with a historical overview (with a good deal of emphasis placed upon the success or failure of

the respective movements), and ends with a "testimony" from someone who has lived within the particular kind of experience being described.

The lifestyles include androgynous living in or out of wedlock, "swinging" or co-marital sex, group marriage, singlehood, cohabitation, and homosexuality. The concluding section takes a prophetic look at lifestyles of the future.

The best chuckle in a book in which the authors take their subject matter quite seriously comes from the description of how one of the few surviving communes managed to continue its existence—dirty dishes threatened the establishment until one enterprising woman took things in hand.

In the face of the large amount of media coverage given to variant lifestyles during the past decade, it comes as a surprise to learn of the scarcity of devotees to some of the more esoteric attempts at shared living.

The editor believes that for an appreciable percentage of the populace there will continue to be attempts at discovering the value of sex in its own right as a joyous activity which becomes even richer when it involves union with a beloved person.

This is an excellent source book for all students of people. **A**

**The Sexual and Gender Development of Young Children: The Role of the Educator.** Evelyn K. Oremland and Jerome D. Oremland, eds. Cambridge, Mass.: Ballinger Publishing Company, 1977 (336 pp.; \$20).

*Reviewed by Michael A. Carrera, EdD, Professor, Hunter College School of Health Sciences, CUNY, New York City; and Chairperson, SIECUS.*

Among the increasing number of sexuality and sex education volumes published, this one, which results from a symposium held in San Francisco in November 1974, stands out as enriching for educators generally regardless of discipline, and as an absolute must for all sex educators.

The volume is divided into four major categories, and 40 chapters written by 30 professionals from a variety of disciplines. The chapters are short—sometimes only three or four pages—are written economically, and offer in-

telligent multidisciplinary perspectives on sexual and gender development in children.

Chapter 1 by Albert Solnit is an excellent conceptual overview of the role of the family, society, and the school as major potentiators of sex and gender development. In precise and lucid fashion Dr. Solnit presents observations and impressions about child development in the home and school contexts which penetrate to the essence of sexuality and the teaching-learning transaction. His views regarding the objective and subjective verities of the childhood experience provide educators with important guidance in understanding development and sexual differentiation. Several other chapters in Part I underscore and further elaborate sex, gender, and eroticism through the early stages of the life cycle, providing extremely rich resources and important insights in this crucial developmental area.

In Part II, the chapters by John Money, Morris Peltz, and Floyd Martinson are especially thought-provoking, presenting concise instruction essential for all those who work with young people. The chapter by Richard Green (re: atypical sexual identity) and the chapters on family disruption and its effects on sexual development by Charles Walton, Judith Wallerstein, and Millie Almy, are especially useful in combining theory and practical case examples on issues which are so often troublesome for helping personnel who work with the young and their families.

Part III is the weakest section of this otherwise uniformly valuable volume. Its chapters on methodology, evaluation, and the selection and use of educational materials provide only superficial help in these important areas, and to a great extent much of this section is out of date for contemporary programs.

The chapter on "The Racial (Black) Issue and Its Relation to Sexism" by Thomasyn Lightfoote Wilson provides stimulating and provocative insights, but these are treated too briefly to give this issue the depth and rigor it requires. It does, however, serve to arouse the reader's awareness of the interface of racism and sexism and the implications of this to sexuality programs.

Part IV is comprised of several excellent presentations in connection with

values, sex, gender, and the teaching-learning transaction. The work of Neil Smelser and Lilian Katz was highly enlightening, with both writers dealing competently with this significant era. The summarizing and concluding chapter by editor Jerome Oremland is distinguished by the elegance with which he pulls together the many important and substantive issues generated in the volume. In particular, Oremland gives a sensitive account of the importance of recognizing the religious and cultural orientations of those with whom educators work. All too frequently educators overlook this particular aspect of the young person's universe, and Oremland does us a service by calling this to our attention in highly instructive fashion.

In sum, this is an important and rich book, recommended to all without any reservation. **A, P, PR**

**Ourselves and Our Children: A Book By and For Parents.** The Boston Women's Health Book Collective. New York: Random House, Inc., 1978 (288 pp.; \$12.95 hardcover, \$6.95 paper).

*Reviewed by Anne Backman, MA, SIECUS Publications Officer.*

Written by the authors of *Our Bodies, Ourselves*, this new volume presents a truly comprehensive view of the many aspects of parenthood. Even though the 200 male and female parents interviewed come from predominantly urban white backgrounds, a great deal of the information and advice given in the book is universally applicable.

The material dealing specifically with sexuality seems somewhat too concise, but it is relatively straightforward and realistic. For example: "Good sexual information, provided from the earliest years on, can help our kids go through their own sexual changes a little more smoothly. . . . how we talk with our teenagers about sex may have a lot to do with where we are in our own sex life. . . . If our own sexual life feels alive and rewarding to us, we may talk more easily and affirmingly with our children about their emerging sexuality."

This latter quotation points toward the philosophy of the entire book: The better we are at understanding ourselves, the better we will be at understanding our children. **A, P**

**The Sexually Healthy Woman.** Abby Stitt. New York: Grosset and Dunlap, 1978 (215 pp.; \$8.95 hardcover, \$4.95 paper).

*Reviewed by Diane B. Brashear, MSW, PhD, Director, Brashear Center, Indianapolis; member, SIECUS Board of Directors.*

The author, a medical writer, states in her introduction that she will show women how to become sexually healthy and stay "in good working order." Medically oriented, this book is a guide which provides accurate information for the reader. The material in the 14 chapters covers sexual dysfunction, contraception, change in life cycles, and drugs and their effects on sexual feelings. Written simply and directly, it is without illustrations. This lack is worth noting because many women need illustrative materials to help them assimilate information about their bodies. While the book is certainly adequate in its presentation, it does not tell us anything new and the same information has been written more comprehensively in such books as *Our Bodies, Ourselves*. **A**

**The Seasons of a Man's Life.** Daniel J. Levinson, with Charlotte N. Darrow, Edward B. Klein, Maria H. Levinson, and Braxton McKee. New York: Alfred A. Knopf, 1978 (363 pp.; \$10.95).

*Reviewed by Gilbert M. Shimmel, EdD, MPH, Professor and Director, Community Health Education Program, School of Health Sciences, Hunter College, New York; member, SIECUS Board of Directors.*

This excellent book is based on a 10-year research study on adult developmental stages conducted by Levinson and his co-workers at Yale. The basic research method consisted of obtaining very detailed case histories of forty men aged 35 to 45, equally divided among business executives, factory workers, biologists, and novelists, all representing varied social backgrounds. From these biographies, generalizations were developed. In addition, the research team, along with several other Yale faculty members, participated for four years in an ongoing seminar to explore and discuss theories of adult development. The research and book are authentically

multidisciplinary.

Focusing mainly on the years from the late teens to the midforties, the book describes the various stages in the developmental timetable which, with variations caused by factors which favor or hinder growth, seem to be common to us all. Because resources were limited the study was limited to men, but Levinson believes its findings hold true for both sexes and to a large extent for all cultures. It is a work of basic importance, has already given rise to two doctoral dissertations, and will no doubt affect future research in many fields.

Although the research by Levinson and his colleagues was the basis for Gail Sheehy's bestselling book *Passages*, readers of Sheehy's book would benefit from a thorough reading of this one as well. It speaks rationally and interestingly to anyone, of any age, who seeks insight into the development periods over the life course we all travel. **A, PR**

**Making Love During Pregnancy.** Elisabeth Bing and Libby Colman. Drawings by David Passalacqua. New York: Bantam Books, Inc., 1977 (165 pp.; \$5.95).

*Reviewed by Linda Furman, CSW, Supervisor, Mount Sinai Medical Center Department of Social Work Services, OBS-GYN Unit, New York City.*

The authors have taken theoretical knowledge about pregnancy and sexuality and mixed it together with detailed reports from couples about their recent or concurrent experiences of pregnancy, to produce a very readable and informative book. In one sense the title *Making Love During Pregnancy* is a misnomer since, while many of the quotations are specific to this area, the authors' comments and summings-up relate to all manners of loving including nonpregnancy sexuality, qualities of a good marriage, and many aspects of pregnancy itself.

The material covers the whole span of pregnancy beginning with the couple's decision to have a baby and its effects on lovemaking (i.e., anxiety about being able to conceive; relaxation from fear of possible pregnancy), the three trimesters, labor and delivery, and the postpartum period. The discussion of these latter periods ac-

centuates the sharing, loving qualities of a relationship as well as the movement of the couple into a family unit and the effects of these role changes on all aspects of the marriage. Much is included that might be considered common knowledge, but when we recall the variety and strength of old wives' tales and misconceptions about both pregnancy and sexuality, this can be considered essential material. As noted in the book, and in my experience with patients, many people are either too shy or too fearful to broach the subject of sex with their doctors. Many physicians do not mention sex unless the patient brings it up and then often briefly or just to state time limitations (i.e., "stop in the last month") without explanations as to why.

Fathers are definitely considered a part of the process throughout the book, but primarily through the women's and authors' comments. While this may be indicative of their not feeling as intimate a connection to the baby until visual and tactile evidence is actually present in baby movement and size, it would be interesting to hear more directly from them at all stages. Direct quotations from fathers do appear more often in the book's section on the third trimester when both parents begin reacting to the fetus as a real person, with both excitement and distress. The distress appears to result from the changing role of woman into mother (conflict with sex and mother) and from the feeling that the baby is alive and well and aware of what's going on (a miniature voyeur in the making!).

The authors cover the range of responses including physical, attitudinal, emotional, cultural, and interactional. They give no specific value judgments and, while some couples may find this distressing, I feel it is a definite plus. To quote the authors in their introduction: "These reports have revealed to us some widespread, almost universal beliefs, feelings and thoughts which are sometimes medically founded—and sometimes not. They have also shown us the unique responses of each individual to the common changes experienced during the childbearing years. Each couple must seek its own solution to the common problems." The advantages of the quotations from couples is to accentuate the variety and range of "normal" solutions.

Another highlight is the emphasis

that is placed on the relationship between partners and their ability to communicate fears and concerns as well as needs and pleasures. In essence, the authors contend that couples who have a good, sound, and loving relationship beforehand have the basic ingredients for a good relationship during pregnancy.

The line drawings by David Passalacqua are delightfully done with much sensitivity, and add another dimension.

The book will appeal primarily to an audience which needs it least—those in a secure, loving relationship where the pregnancy is desired. That the authors are aware of this appeal is apparent in their indication that most of those interviewed are “happily married couples who enjoy sexual activity,” and the comments and factual data stress the wide range of “normal” responses to both pregnancy and sexuality. It is conceivable, however, that the “normal” couple orientation may turn off single or unhappily coupled people. Professionals in this field would do well to read this book for the frank, firsthand descriptions of pregnancy experiences. While it is important to learn how to move happily through this exciting period of life, it is also vital to understand the fears and misconceptions that may trouble even the most knowledgeable future parents. **A, P.**

**You Would If You Loved Me.** Sol Gordon. New York: Bantam Books, Inc., 1978 (63 pp.; \$1.25).

*Reviewed by Gwen Nankin, high school senior and member of the SIECUS summer staff.*

This is one book that I thoroughly enjoyed reading. Even though it is written more in comic book rather than textbook style, you can learn from it.

It is a collection of “sex lines” to help young people, especially girls, learn to cope with their initial confrontations with sex. When an undecided and reluctant young lady comes face to face with the traditional “You would if you loved me,” what does she say?

Dr. Gordon, like many other sex educators, is disturbed by the fact that every year some 1,000,000 adolescent girls under 19 become pregnant and 2,000,000 new cases of VD occur among people under the age of 25. Because he wants to help boys and girls become aware of the responsibilities involved in any form of sexual activity, he began collecting the “lines” 10 years ago from the participants in a summer program for disadvantaged young people. The result that summer was that the boys complained of no sex life—but there were no pregnancies among the girls. Three cheers for Dr. Gordon!

Some of the lines are hilarious. They range from music (“Want to play duets in my room?”), to health (“Sex makes you have a good complexion”), to fast lines (“Let’s make tonight something to remember!”), to unique medical lines (“I have a card from the Red Cross that says I’m negative. That means I have no sperm. So I can’t get you pregnant”). As Dr. Gordon says, “Humor is the best way to relieve anxiety. If you are not anxious, you’ll have time to cool off. And time, too, for birth control or self control.”

My one reservation about the book is that, although there are a few pages of text spread out among the “lines,” there might have been a special section devoted to a more serious discussion of how a girl can show that she is not ready for a full sexual relationship. As it is, one can get the impression that sex is just one big game we’re playing: boy meets girl, boy gives girl the come-on, girl gives boy the put-down . . . or wishes she knew how to.

All in all, however, I really enjoyed reading this book. I learned from it, and I’m sure many other teenage girls can learn some good comebacks from it, too.

“If you loved me, you’d have sex with me!”

“If you loved me, you wouldn’t lay your trip on me!” **LT**

**SIECUS** REPORT

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