CHILDHOOD SEXUALITY:
THE LAST OF THE GREAT TABOOS?

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In one of the early SIECUS Board meetings a dozen or so years ago, we were discussing topics that might receive priority as subjects for the now-famous Study Guides. At one point, I proposed “childhood sexuality” as one deserving early attention because of the endless confusion and irrationality associated with it. A psychiatrist responded rather heatedly that this seemed unnecessary to him. “After all,” he said, “we all know how children are supposed to behave sexually.”

Holding her glasses in one hand, Mary Calderone leaned forward over the table and asked him quietly, “Just what do we know about childhood sexuality, Dr. _____?” There was a long pause but no response from around the table.

To my mind, Dr. _____ was quite correct in a crucial way. Although our society doesn’t know—and doesn’t appear to want to know—much about the realities of childhood sexuality, we all do know what the traditional societal expectations are, of how children are supposed to behave sexually in the course of growing up. “Supposed to be” sexual behavior of the young is really a kind of tribal fiction of the great middle class that provides our basis for judging all sexually related behavior not only morally but legally.

Society reads two major stages into childhood sexuality. Before puberty is the “age of innocence,” that lovely period before “sex rears its ugly head.” I call it the nonsexual period, when children are supposed to be sexless except for the clothing they wear, the toys they are expected to play with, and the public lavatories they may enter. Any deviations from this prescription are supposed to be dealt with sternly, there being something very wrong with kids who deviate from innocence into Playboy, masturbation, sex play with others of either sex or animals, nudity, or, perhaps worst of all, the use of “vulgar” language. Parenthetically, “vulgar language” means “language of the people,” in our case, English. Following the Norman conquest of 1066, the English language was Latinized by the conquerors. Among other things the surviving natives, struggling to accommodate themselves to their aristocratic betters, stopped spitting, pissing, farting, shitting, bleeding, and fucking, and began expectorating, urinating, and so on. This effort to raise “vulgar” English to the level of aristocratic Latin continues as a major feature in virtually all of our childrearing, even though in their private lives most people, including “nice” middle-class ones, revert to these same vulgar English terms!

It is noteworthy that little attention tends to be paid to the question of actual consequences of the particular outlawed behavior in specific circumstances. It is of the essence of taboos that behaviors are outlawed out of hand, without rhyme or reason.

Romantic love is not to be given serious consideration during this “nonsexual” period, though we should remember that, at about twelve, Juliet, Hélène, and others won their spurs as being among the world’s great lovers. In his book Man Child in the Promised Land, Brown describes the one really tender, touching human contact of his very early years in Harlem: a sexual as well as romantic episode with a seven-year-old girl when he was nine. By any standards I’ve since learned about, I was genuinely “in love” several times during my own “nonsexual” period. I was not simultaneously “in lust” before about age nine, but that was solely because I had no models to copy, and no practical awareness of possibilities. Clearly, social expectations exclude love as a serious possibility during the “nonsexual” period.

Then comes what I term the asexual period, which, according to societal expectation, begins when the bodily changes of puberty irrevocably proclaim the presence of sexuality, a sexuality that, it is decreed, must not find direct genital expression until marriage. This period begins in late childhood and must continue, among the truly good and virtuous, for the rest of life for all except those who marry. And among these, it is expected that in their middle years they will revert to the asexual, and ultimately during the aging period to a nonsexual second childhood (a melancholy story). The basic point is that most people do not need a mass
of scientific data, only the ability to recall their own childhoods, to be profoundly and honestly aware that there was in reality no such happy aloofness from sexual feelings and behaviors of various kinds as the traditional expectations would require.

In spite of all this, if the moral and legal codes formulated presumably to regulate childhood sexuality were purposeful and straightforward, even though arbitrary—like the practical arbitrariness of defining all children as incapable of driving until age sixteen—the situation might be manageable. It is made totally unmanageable, however, by the sexual context in which today’s children must grow up. Sex, along with aggression, is one of our society’s fundamental psychological conflicts. That is, we both love and hate it, so that psychologically we are constantly pulled in opposite directions:

Parents and others involved with children usually present themselves as sex-rejecting in their interference with, and often punishment of, genital exploration, in inventing silly names for the genitals and sillier stories for birth, etc., presumably to create, insofar as possible, a sex-free environment for children to grow up in—oftentimes even going so far as to interrupt their own sex lives for extended periods for fear of being caught or overheard.

Of course, all but very dull children soon become aware of the adult and parental world’s preoccupation—even obsession—with sex. But for themselves there is only one safe course: sex, including sex language, must—and does—go underground. In detail, the adjustment and communication problems associated with trying to get children through the nonsexual and then the asexual stages in the context of a sex-centric, sex-rejecting society is complex and difficult beyond belief: all the “good” girl has to do is to become a sex-centric, sex-rejecting society is complex and difficult beyond belief: all the “good” girl has to do is to become a grace Ona composit of Raquel Welch and the Virgin Mary, and the “good” boy that of John Wayne and Jesus!

What are the roles of parent, educator, or counselor in this strange, bewildering situation? I suggest that their initial role might be to help people realize that there are only three possible approaches to the sexuality of the young; these are to try to: (1) eliminate it, (2) accept it, or (3) cultivate it.

Traditionally, the primary way has been to try to eliminate it, for most people have not been aware that there might be alternatives. At best this has meant frowns but little said, a firm even if gentle guiding of hands away from genitals, and persistent training concerning the virtual untouchability, unspeakability, and near-nonexistence of that part of the body, and any special feelings associated with it. At worst, the atrocities that have been visited upon children at all ages for manifesting sexual interest simply surpass belief, but tend to escape notice because people resist admitting to what they consider to be perversion or evil in their children. I have worked closely with parents as well as young people for a great many years now, and I have been profoundly impressed by this underground persecution in the “nicest” of families, and in institutions oftentimes under the direction of professional persons like pediatricians and priests. Of course, this heavy-handed diligence, while succeeding in helping to perpetuate society’s schizoid attitudes about childhood sexuality, does not work out quite as intended. One day, my cowhand friend Jack was breeding his Arabian stallion to several mares brought in from nearby farms. Families were coming along for the outing. Now it’s interesting to watch horses copulate, but during that afternoon I found it even more interesting to see how the parents, especially the mothers, strove to protect their children from the sight. At a given moment the father would sing out, “Get the kids outta here!” as he’d try to hold his mare in place. By this time, mother would be herding, shoving, and slapping the children inside as though into a storm cellar before a cyclone. Then she’d slam the door and, with arms spread and back braced against it, stare at the horses, eyes wide, mouth agape. Seconds later, totally fascinated little faces would appear at all the windows. It was always as though to a prepared script, which, ironically of course, it actually was! So much for elimination, which life simply doesn’t permit.

Today’s growing acceptance of the sexuality of the young reflects a mounting escape from the societal stereotype of nonsexuality. In effect, parent or professional is saying, “Whether I like it or not, this is part of the child so I may as well adjust to it and even make the best of it.” Concern shifts from attempting to stamp out the behavior to teaching the concepts of time, place, and responsibility. People in this category tend to be eager for information concerning the meaning and effects of sexual behaviors because, having shifted away from taboo-type negation where cognition is not only unnecessary but forbidden, they are committed to behavior and situation evaluation. They have to think; therefore they need and want information.

Examples of acceptance run a surprising gamut, from assuring privacy instead of sneaking up on children to catch

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New SIECUS Publications

The first two titles of SIECUS’ new “Sex Educator” series are now in print. Published in memory of Isadore Rubin, Ph.D., a very early member of the SIECUS Board who contributed uniquely by his encyclopedic knowledge of the literature in the field of sexuality and by his skills as a writer and editor, the “Sex Educator” series examines the various professional fields which are involved in providing information, education, and counseling in sexuality to society. Each title is prepared by a knowledgeable professional, writing about the peculiarities and emphases of his or her own field.

The Social Worker as Sex Educator, by Diane B. Brashear, Ph.D., A.C.S.W. (formerly on the faculty of Indiana-Purdue-University School of Social Work, now in private practice as director of the Brashear Center in Indianapolis), challenges the field of social work to include the sexual dimension of social problems in its traditional role of relieving human suffering. Preparation to carry out the four social work roles of educator, mobilizer, advocate, and counselor is discussed, and a list of references and an annotated bibliography of helpful resources is provided.

The Guidance Counselor as Sex Educator, by Gary F. Kelly, M.Ed. (director of the Student Development Center, and coordinator of the Human Sexuality Program, Clarkson College, Potsdam, New York), examines the emerging role of the school and college counselor as a facilitator for groups and individuals seeking information and advice about sex-related issues and problems. Typical counseling problems of adolescent development are examined; and approaches to dealing with them are suggested. An extensive resource section directs the counselor to many helpful materials.

Copies may be ordered for $2.25 each from SIECUS’ distributor: Human Sciences Press, 72 Fifth Avenue, New York, NY 10011.

Resources to Write For . . .

11 Million Teenagers—What Can Be Done About the Epidemic of Adolescent Pregnancies in the United States has recently been published by the Alan Guttmacher Institute of the Planned Parenthood Federation of America. A deeply thoughtful Afterword by Daniel Callahan, of the Institute of Society, Ethics, and the Life Sciences, deals once and for all with the ambivalent attitudes in our society that have prevented the appearance of comprehensive preventive education and health services to solve this terrible societal dilemma. The bulk of the book is fifty closely packed pages, brilliantly illuminated by fine photographs and lucid charts, that provide the reader with a picture of the past (five years), the present (what is being done), and the future (what could be done) about the estimated eleven million of the twenty-one million American young people aged 15-19 who are sexually active. (This is not just an American problem but a world problem, for of the sixty million women who became mothers in 1975, thirteen million were not adults.) Copies are available at $2.50 each from Planned Parenthood Federation of America, 515 Madison Avenue, New York, NY 10022.

Adolescent Sexuality and Teenage Pregnancy: A Selected, Annotated Bibliography, with Summary Forewords, is now available from the Carolina Population Center. Edited by Karen Robb Stewart, its topics range from services for sexually active adolescents, to adolescents and contraception, and end with five sections on adolescent pregnancy—Overview, Causes, Medical Risks, Services, and Fathers. The guide covers more than 125 references published prior to 1976 from a wide range of disciplines, and identifies major study findings and stumbling blocks. The price per copy is $1.60, from the Carolina Population Center, University Square 300A, Chapel Hill, NC 27514.

Children Bearing Children is an illuminating study on youthful pregnancy in a suburban community prepared by the Nassau County (NY) Coalition for Family Planning. It consists of lucid presentations from national studies of teenage sexual and contraceptive behavior, with specific analyses of rates of pregnancy, out-of-wedlock birth, abortion, unfavorable pregnancy outcomes, and family planning behavior in this crowded, well-to-do suburban county near New York City. The tables, charts, and statistical data have been clearly and meaningfully presented in such a way as to facilitate extrapolation to other communities. Copies are available at $4.00 from the Nassau County Coalition for Family Planning, 353 Fulton Avenue, Hempstead, NY 11550.

Growing Free: Ways to Help Children Overcome Sex-Role Stereotypes is a 32-page pamphlet published by the Association for Childhood Education International (ACEI) to support the need for nonsexist education that develops the potential of females and males of all racial, ethnic, and social class groups. Seven practical articles discuss various aspects of traditional sex roles versus actual sex differences, how children do and should develop their sexual concepts, how to develop a nonsexist curriculum, and classroom activities that can help overcome sexual stereotypes. It includes an annotated bibliography of nonsexist resources for teachers, parents, and students; a review of childhood research materials on the subject of sexism; and a report on sex bias in children’s books. Copies may be ordered at $1.00 plus 10¢ postage from ACEI, 3615 Wisconsin Avenue, N.W., Washington, DC 20016.
BOOK REVIEWS


Reviewed by John F. Tuchler, CPA, who found himself being a single parent to four boys between 6 and 16, and spent three years at it before moving toward a new marriage.

I began reading this book in eager anticipation, here were to be chronicled the experiences that I had lived! The frustrations, accomplishments, sorrows, and excitementsthe dynamics of single fatherhood were to be made clear. It would be a manual for the man considering this increasingly possible alternative to being the Sunday Father. He could better assess its implications and come to his crucial decisions intelligently.

Unfortunately, there are the very feelings, so important to the man experiencing the angers and fears that accompany an impending divorce, that are lacking in this book.

Men, as well as women, have long been socialized to accept their sexually defined roles. If modern parents are to erase these society- and self-imposed boundaries, they must become aware of what it is they really want to reach for. Not all men (or women) are, nor wish to be, capable of raising a family alone. Moreover, the decision to do so is all too important to be made for the wrong reasons. As the author puts it: "It is the nature of the custody process to lead men to define their desire to care for their children in legal termsfitness, unfitness, best interestsrather than in terms of their emotional connectedness to their children, their desire or need to love and be loved on a full-time basis."

The early chapters of the book are devoted to an extensive and almost defeatist discussion of the traditional medical and judicial views of single parenthood. For example, "the relationship between father and child never was and cannot now be built principally around child-caring experiences," and "in effect, many of the decisions tacitly imply that the father's claim to custody as against the mother's is slightly, if any, better than that of an utter stranger." However, the author then does introduce what is slowly becoming an acceptable alternative by reporting some enlightened court decisions, such as one awarding custody of a child to a father because custody should go to "the individual who fulfills most adequately the mothering function which a child needs to become a well-adjusted individual in our society." But while thus offering hope to the father contemplating a custody battle, he immediately warns that single parenthood demands that men confront all the daily responsibilities of childrearing; that it is not as romantic as the TV shows would have us believe, but rather means arriving at a new perspective on child care and a new consciousness about themselves as parents. He thus leaves a frightening gap here between what a father ought to be and how he can get there.

Mr. Levine devotes the balance of the book to situations which I consider impractical for most of us. "Part-Time Jobs For Full-Time Fathers," "Single-Adoptive Fathers," and "House-Husbands" are not the solutions that most men will find either workable or desirable. Further, these unconventional solutions do not go to the heart of the matter. I believe the emphasis should be on the father who is able to fulfill his career and social goals in conjunction and in harmony with his childrearing functions, to the emotional well-being of all concerned.

The concluding chapter deals with long-range proposals which question the sexually defined roles inherited by our children. Here the author properly stresses the need to educate tomorrow's mothers and fathers as a means toward breaking with the traditional parenting assignments. This would have value for parents who stay together, as well as very practical value in light of our escalating divorce rate. In sum, when more men understand the true responsibilities associated with childrearing, fewer women will feel that they must seek a custody that they themselves may not be able to handle. Children should be raised by the parent who is the better equipped to do so, not so much in terms of money as in terms of the day-to-day relationships so essential to the job of being a truly nurturing parent. A, P, PR


[Since this is one of those books aimed at young people and designed in a back-to-back format, beginning a complete book at each end, we asked two Greenwich, Connecticut, high school students—each age 16 and each having taken part in their school's sex education program—to comment about the part of the book appropriate to their gender. Their reviews follow. —Ed.]

Reviewed by David Skutch.

What Boys Want to Know About Girls I found frank and well written. The tone of the book was not at all threatening, even though the subject was boy-girl relationships during adolescence. It's a very simple and logical book. It’s also a personal book, meaning that the different questions and situations described pertain to different people. Thus, it can aid in understanding one's self and situation as an adolescent. For me, the book did not help in "bridging

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.
Whatever gap exists between the sexes, or to "raise some of the barriers and lower some of the defenses," as the author hoped. To me, it was far too pampering and it seemed to avoid a variety of backgrounds in its interviewees. All of the interviewees seemed very moral and mature. That is far from being a realistic combination in the minds of adolescent boys and girls, to whom the book caters.

Lastly, to me the author's own values should not have been so pronounced. Not that I totally disagreed with them, but one should not be biased toward a liberal outlook on sexism or equality, except through personal life experiences. Those values should not be gathered from a book which is also a casual manual for understanding one's adolescent situation in relation to the opposite sex.

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However, the book may trigger a lot of adolescents into getting in touch with their own feelings about themselves and the opposite sex. Yet

Except for the "Do's and Don'ts" chapter, which I resented for its subjective listing of "good" and "bad" (I feel there is no good or bad to growing up), I like the book. I found it very interesting to see how other adolescents' values and opinions on the opposite sex are as compared to my own. It was also interesting to see how people's values change and mature at different stages in life. Because of these last two observations, I think adults will get just as much out of the book as adolescents in understanding our generation. It shows how we feel about and relate to the opposite sex as a new generation.

Nonetheless, what is presented is a rich yield from his analysis of the data, ranging widely over the sociological, historical, transcultural, community, psychological, moral, and legal dimensions of the problem. This is accomplished by assigning each of the fifteen individual chapters to one aspect of the problem, each exploring the nature of the subculture involved, the various paths of pederastic practice, who the pederasts are, and why the boys consent. As such, the book is a heady trip through an unfamiliar world ranging from the supporting underground and the network known to the pederasts, to the hitherto unappreciated contribution of the adolescent culture. Testimony is offered from cultures outside of the United States, and from three highly literate practitioners: an educator, an aristocrat, and a Nobel Prize winner (André Gide).

In a separate section on definitions at the back of the book, Rossman explains that when one considers pederasty, "the variables are so complex as to preclude any satisfactory definition in terms of a particular sexual activity" or any "mere temptation or sexual attraction between men and boys." He therefore "uses the word to encompass the whole range of sexual experience between males over age eighteen and boys between puberty and age sixteen." He was led to this view, obviously, from analysis of his own data, and this reviewer found his distilled profile of the pederast (page 197) informative, intelligent, and provocative.

Reviewed by Daniel H. Labby, M.D., Professor of Medicine and Psychiatry, University of Oregon, Health Sciences Center, Portland, OR.

The available contemporary literature on the subject of pederasty is scattered through many fields of inquiry, and has been the product of psychiatrists, psychologists, social scientists, and other serious students of human behavior. This highly readable book was written by the former dean of the Ecumenical Continuing Education Center, Parker Rossman, who is now associate professor of religion in higher education at Yale University, an ordained clergyman with a special interest in revolutionary youth and the problems of the political, criminal, sexual, and religious underground. The data for this unusual book are the product of questionnaires answered by 215 pederasts and written material from nearly 800 more, including interviews with 400 adolescent boys who had been sexually involved with the 800 respondents. Regarding the limitations of the data, the author states in the Introduction:

While this is probably the most comprehensive mass of material ever assembled on the subject, only modest objectives are sought in this preliminary study. The illegal nature of this sort of sex play makes it almost impossible to determine the adequacy of the sample, since for the most part it involves the experience of pederasts who have never been arrested. The secrecy involved made it impossible to secure sufficient corroborative information from family and friends.

Nonetheless, what is presented is a rich yield from his analysis of the data, ranging widely over the sociological, historical, transcultural, community, psychological, moral, and legal dimensions of the problem. This is accomplished by assigning each of the fifteen individual chapters to one aspect of the problem, each exploring the nature of the subculture involved, the various paths of pederastic practice, who the pederasts are, and why the boys consent. As such, the book is a heady trip through an unfamiliar world ranging from the supporting underground and the network known to the pederasts, to the hitherto unappreciated contribution of the adolescent culture. Testimony is offered from cultures outside of the United States, and from three highly literate practitioners: an educator, an aristocrat, and a Nobel Prize winner (André Gide).

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He is in young to middle adulthood. He has an above-the-average education, a good job, and is not yet married. He became aware in his early twenties that he was sexually attracted to boys thirteen or fourteen years old. As he has grown older he has continued to be smitten with boys of that age, one after another. When he had the chance to carry on mutual masturbation with one of these boys, his infatuation and his fantasies increased the pleasure and power of the experience over what it would have been for another boy. If he had other adolescent sex play or experience, it was with relatives or very close friends. In mid-adolescence he began to date girls, perhaps a bit more than other boys his age, because he was anxious to prove to himself as well as to others that he was normal. At that time he still hoped that his crushes on boys were a temporary phenomenon and that he would grow out of it. He had the supporting conviction that he had never done anything very bad—a bit of oral and anal experimentation perhaps, but mainly just mutual masturbation. In mid- and late-adolescence he developed a generalized fondness for the company of boys which led him to concentrate his activities in areas of interest to younger boys. For example, he stayed in the Boy Scouts longer and became a patrol leader or else his athletic interest turned to coaching. He intended to put his sex play with boys behind him, but every now and then a younger boy he was enamored of would respond with affection and sexual gestures. One or more of these relationships—each lasting a year or more with increasing sexual involvement—would be so happy and emotionally rewarding as to set a pattern for future such relationships. When he consciously came to terms with this fact, usually in his early twenties, he had also changed to meet other pederasts. His accepting of the pederast identity involved his decision that this aspect of his nature was the core of his experience around which he would define himself. The underworld then became important to him, not as a place for illegal behavior but as a place of self-definition, where he could assess himself in comparison and in contrast with other pederasts. For many pederasts, the underworld, therefore, as a place for testing, validating, and interpreting experience through conversations and sharing of experiences, has become a substitute for actual sex acts, at least of the promiscuous sort which are provoked by a continuing quest for self-affirming experiences.

Those with a clinical interest in the syndrome will find the chapter entitled "Why Do They?" highly intriguing. Its counterpart, entitled "The Consenting Boys," offers in parallel an expanded profile of the partner, suggesting that a high percentage were first seduced by other boys, since boys sexually experienced with each other are more likely to respond to pederast overtures, to become adventurous in sex play out of curiosity, for money, or for other reasons. It was of interest that less than 6% of the boys involved with imprisoned pederasts had in any way resisted the man's overtures. But most often they showed a "high degree of participation and co-conspiracy, indeed more than in any other type of sex crime."

Of clinical interest is the disclosure that the "boys involved with pederasts do not seem to become homosexual or pederast unless they are pre-conditioned by earlier childhood experience or by young adolescent experience with other boys." In support of these conclusions, there is broad discussion of the characteristics of the consenting boys, ranging from those considered most to those known to be least vulnerable, with references to the influence of previous sex education, moral attitudes, heterosexual relationships, and other corollaries drawn regarding involvement in athletics, the fun-oriented drug and alcohol subculture, and relationships to school and expectations for marriage and family. The response of those involved in pederasty to community censure and social disapproval resonates with the last chapter, entitled "Are There Solutions?" and offers provocative proposals to the visionary, but nonetheless based on the common sense extracted from the author's serious, analytic thinking. Here Rossman is realistic ("There is no reason to expect any significant decline in the amount of pederasty in the foreseeable future"), with common sense ("New approaches are needed to enlist the cooperation of the adolescents themselves" and "The taboo against homosexual play is declining and there is a noticeable increase in acceptance of the 'sex for pleasure' principle. This represents a major shift, the full impact of which has not yet been felt"), and admirable openness ("Perhaps more blame is being placed on religious institutions than is really deserved for their lack of creativity in sexual morality, where there is failure to stress the quality of loving relationships instead of moralism, and for their perpetuation of sexual myths rather than helping to bring about the higher standards that are demanded" (page 226)).

Both a bibliography and a workable index are included in the work, as well as a useful list of relevant definitions. This book is highly recommended for those broadly engaged in the field of human sexuality, particularly those counselors dealing with youth in the appropriate age range, students of sociology, and especially legislators and law enforcement personnel. It is well organized, highly readable, and a rich resource.


Reviewed by Ralph Slovenko, LL.B., Ph.D., Professor of Law and Psychiatry, Wayne State University, Detroit, MI; author, Sexual Behavior and the Law, and Psychiatry and Law; member, SIECUS Advisory Panel.

For one reason or another, more and more men and women are living together, temporarily or permanently, without marrying. According to an estimate of the U.S. Census Bureau, some half-million men and women were living together in 1976. In films, a proposal of marriage was once the story's moment of glory; now, films begin with the couple living together, and whether they marry is of little interest. But what legal problems might unmarried couples encounter? How will the law treat them? How would the law treat them if they were married?

In plain English, in question-and-answer form, Nora Lavori, a graduate of Bryn Mawr College and Brooklyn Law School, tells about their legal rights in our current legal system, covering common-law marriage, cohabitation, property, contracts, taxation, employment, contraception, abortion, children, name, domicile, criminal law, public and private benefits, consent to medical treatment, and living together in foreign countries.

"It is better to marry than to burn," said the medieval clergy. Eternal damnation was the penalty for living together without marrying. How do partners fare today? Consider, for instance:

Children: At one time the illegitimate child, the child born out of marriage, was in common parlance a "bastard." The word has disappeared from the vocabulary; the term used more often now is "love child." The law is moving toward parity between legitimate and illegitimate children, but, as the author points out, it is not yet
there. One of the biggest issues in the law of illegitimacy now is whether the child can inherit from its father if he dies without a will. Historically, an illegitimate child was considered *filius nullius*, child of no one.

**Property:** Not surprisingly, the laws of marriage are primarily concerned with property: who owns what, who manages it, who gets it on breaking up, how it passes from generation to generation. To cover their arrangement, their legal status being uncertain, unmarried couples may enter into a contract concerning property. The author cautions that these contracts must be independent of the agreement to cohabit or to have sexual relations; an agreement to live together “for mutual love and affection” joined with an agreement to pool earnings for joint benefit and support, the author points out, might be construed as an illicit relationship, i.e., one of prostitution.

The times, though, are changing. Noting census figures indicating that the number of unmarried couples living together had risen eight-fold in fifteen years, the California Supreme Court ruled (while this review was in preparation) that “the mere fact that a couple have not participated in a valid marriage ceremony cannot serve as a basis for a court’s inference that the couple intend to keep their earnings and property separate and independent.” California has a way of setting the trend.

**Zoning:** Zoning laws govern sexual relations more than sex laws. It is not unusual for a community to enact zoning ordinances that restrict housing to one-family occupancy. The definition of “family” may create problems for unmarried people living together. The Supreme Court has not ruled on whether zoning ordinances can prohibit two unmarried people from living together, but it has held that it may prohibit more than two unrelated people from living together. Group living is clearly out under this restriction.

**Employment:** Depending on the job, or the attitudes of the community, one may risk his or her job by living together unmarried. Employers have very few restrictions on their right to hire or fire. One illustration is the case of the schoolteacher who lost her job because she was living with a man. The school board found that the teacher’s conduct was an affront to the moral standards of the community, and a bad example for young, impressionable students.

**Name:** In this era of multiple divorces, it is a nuisance for a professional woman especially to change her name on divorce and remarriage. The basic issue is whether a woman’s adoption of her husband’s surname is just a tradition or whether it is required by law. Actually, no state requires the name change by statute; one state (Alabama) definitely requires the name change by case law; two states (Massachusetts and Minnesota) have enacted statutes expressly permitting women to retain their birth-given surnames after marriage.

These are samples of the interesting legal problems raised by the author. She writes the book for people “who find in living together the opportunity to develop a relationship apart from what their conditioning, culture, and the law would dictate for them.” She dedicates it, however, to her family, by blood and marriage. A, PR

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Reviewed by Haskell R. Coplin, Ph.D., Professor of Psychology, Amherst College, Amherst, MA; member, SIECUS Board.

The author’s avowed purpose in writing this textbook for marriage and family courses was to give a “concise survey of facts and theories” about the field. Drawing frequently on his long experience as minister, counselor, husband, and parent, he animates the extensive selection of material from the recent literature with anecdote and homily. Simply written, with detailed outlines, study guides, and summaries for each chapter, the book deals superficially with “sexuality” and more extensively with courtship and marriage. The cursory treatment of such subjects as contraception and homosexuality leads to oversimplification and glossing over issues which are considerably more complex. To state that perforation of the uterine wall by an IUD is “usually not dangerous” is not likely to satisfy women who must face the vagaries of conception control, and to suggest that homosexuality occurs as a result of a traumatic event that acts as “a psychic dam to block the progress of normal development” surely does injustice to what we do know about sexual object choice.

The strength of the book is that it is a rich resource for those who want a comprehensive coverage of sociological and anthropological findings on pairing and family forms. Two chapters on communication and sex on marriage and family are replete with interesting and useful material for young people who must make complex decisions concerning lifestyles.

The book should be examined as a text or ancillary text for high school and college courses in marriage and family where the emphasis is on nonsexual aspects of interaction. Professional educators will also find the book useful for its concise summaries of recent findings in the field. Sex educators will find little that is new and much that is missing. LT, A, PR

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Reviewed by Harold I. Lief, M.D., Professor of Psychiatry, and Director, Center for the Study of Sex Education in Medicine, University of Pennsylvania; member, SIECUS Board. Two years ago Dr. Lief himself experienced a coronary event.

Anyone who has had a heart attack or who has had a relative or close friend who had one, or who imagines that he or she might have one (and that just about covers everyone over the age of 30), will find this documentary book at times frightening, at times funny, and almost always informative. Halberstam, an internist and cardiologist, treated Lesher, a journalist who, while covering the Watergate hearings for Newsweek, was stricken with a “coronary event,” Halberstam’s term for a chest pain that in this case presaged a coronary occlusion that occurred a few days later while the patient was in the hospital. The relationship between patient and doctor was difficult, for Lesher was a demanding, irritating, self-centered

Continued on Page 11

SIECUS Report, March 1977
SUMMER 1977 WORKSHOPS IN
HUMAN SEXUALITY AND SEX EDUCATION

[Workshops are listed alphabetically by state. Asterisks indicate institutions offering similar courses during the regular academic year. Announcements arriving too late for this issue will appear in the May, 1977, SIECUS Report.—Ed.]

California

The American Institute of Family Relations, Los Angeles, CA.
- 18th Annual Workshop for Training Childbirth Education Instructors. July 11-22, 3 credits.
- 30th Annual Workshop in Techniques of Marriage and Family Counseling. August 1-6, 3 credits.
Write to: Mrs. Rose Blake, Conference Director, The American Institute of Family Relations, 5287 Sunset Blvd., Los Angeles, CA 90027.

San Diego State University, San Diego, CA.
- Guidance Conference. May 31-June 17, 3 credits.
Write to: Jean R. Leppoluoto, Chairman, Dept. of Counselor Education, SDSU, San Diego, CA 92182.
- Health Science 375. Sex Education. May 31-June 17, 3 credits.
Write to: College of Extended Studies, Summer Programs Office, San Diego State University, San Diego, CA 92182.

Connecticut

Southern Connecticut State College, New Haven, CT.
- ID 401. Human Sexuality. May 31-July 1, 2 credits (Undergraduate).
- ID 545. Sex Education Institute. July 5-July 22, 6 credits.
Write to: James A. Cunningham, Director, Sex Education Institute, SCSC, New Haven, CT 06515.

District of Columbia

American University, Washington, DC.
- New Sex Therapy, July 17-22.
Write to: American Association of Sex Educators, Counselors, and Therapists, 5010 Wisconsin Avenue, N.W., Washington, DC 20007.

Hawaii

Enabling Systems, Inc., in cooperation with University of Hawaii School of Medicine, Honolulu, HI.
Write to: Harry Liivak, Director of Administration, Enabling Systems, Inc., P.O. Box 2813, Honolulu, HI.

Illinois

Illinois State University. Normal, IL.
- Marriage, Sex, and Drug Counseling. June 2-Aug. 12, 3 credits.
Write to: Dr. Ralph A. Meyering, Counselor Education Center, Illinois State University, Normal, IL 61761.

Northern Illinois University, DeKalb, IL.
Write to: Jerald D. Floyd, Coordinator of Health Education, Field House, Northern Illinois University, DeKalb, IL 60115.

Indiana

Institute for Sex Research, Bloomington, IN.
- Summer Program in Human Sexuality. July 20-29.
Write to: ISR Summer Program, 416 Morrison Hall, Bloomington, IN 47401.

Maryland

University of Maryland, College Park, MD.
- Changing Sex Roles of Men and Women. May 24-July 1, 3 credits.
Write to: Dr. Bonnie Tyler, Institute for Child Study, College Park, MD 20742.

Massachusetts

Amherst College, Amherst, MA.
- New Sex Education. July 10. 15.
Credit and noncredit certification programs.

Write to: American Association of Sex Educators, Counselors, and Therapists, 5010 Wisconsin Avenue, N.W., Washington, DC 20007.

**Boston University**, Boston, MA.
- MH 724. Sex and Family Living Education. May 24-July 2, 4 credits.
Write to: Professor Carl E. Willgoose, Boston University, 704 Commonwealth Ave., Boston, MA 02215.

**Framingham State College**, Framingham, MA.
- Sex Education and Family Life. July-August, 4 credits.
Write to: Dr. William Bugden, Chairman, Sociology Dept., FSC, Crocker Hall, Framingham, MA 01701.

**New York**

Clarkson College, Potsdam, NY.
- AASECT Workshop: Sex Therapy Skills. July 17-22, 3 credits (Graduate).
Write to: Mr. Gary F. Kelly, Director, Student Development Center, Clarkson College, Potsdam, NY 13676.

*New York University*, New York, NY.
- Graduate Program in Human Sexuality in Sweden. June 27-Aug. 12, 12 credits.
Write to: Dr. Deryck Calderwood, Health Education, 54 South Bldg., NYU, New York, NY 10003.

**State University College at Oneonta**, Oneonta, NY.
- Health Education 218. Workshop on Curriculum Methods, Materials, and Evaluation of Sex Education. July 5-22, 3 credits.
Write to: Mr. Robert B. Nichols, Director of Continuing Education, AD 135, State University College at Oneonta, Oneonta, NY 13820.

**Syracuse University**, Syracuse, NY.
- 7th Annual Workshop on Sexuality: Priority One: Parent Sex Education: A Workshop to Train Professionals in Preparing Parents to Become Effective Sex Educators of Their Children. July 5-15, 3 credits (Graduate).
Write to: Alison M. Deming, Workshop Coordinator, 760 Ostrom Ave., Syracuse, NY 13210.

**Teachers College, Columbia University**, New York, NY.
- TS 4110. Methods, Materials and Evaluation of Sex Education. July 11-Aug. 20, 2 or 3 credits.
Write to: James L. Malfetti, Teachers College, Columbia University, New York, NY 10027.

**Minnesota**

*Mankato State University*, Mankato, MN.
- Sex in a Changing Society. June 20-July 1, 4 credits (Graduate and Undergraduate).
Write to: Boyd A. Duncan, Mankato State University, Mankato, MN 56001.

**St. John's University**, Collegeville, MN.
Write to: Rev. Paul Marx, O.S.B., The Human Life Center, St. John's University, Collegeville, MN 56321.

**Missouri**

University of Missouri, St. Louis, MO.
- 380. Sex Education and the Developmentally Disabled. Oct. 1-2, noncredit or 1 graduate credit.
Write to: Kenneth V. Kincheloe, Extension, Director of Credit Courses, University of Missouri-St. Louis, 8001 Natural Bridge Road, St. Louis, MO. 63121.

**Washington University**, St. Louis, MO.
Write to: American Association of Sex Educators, Counselors, and Therapists, 5010 Wisconsin Avenue, N.W., Washington, DC 20007.

**North Carolina**

*University of North Carolina at Greensboro*, Greensboro, N.C.
Write to: Dr. Raymond Vincent, Health Education Division, School of Health, P.E., and Recreation, Rosenthal Bldg., UNC-Greensboro, Greensboro, NC 27412.

**Ohio**

*Ohio State University*, Columbus, OH.
- Education for Human Sexuality. June 20-July 22, 3 credits.
Write to: Robert Kaplan, Chairman, Health Education, Ohio State University, 1760 Neil Ave., Columbus, OH 43210.

**Oregon**

Oregon State University, Corvallis, OR.
- FL 481B. Selected Topics in Family Relationships: Minority Families. July 18-Aug. 11, 3 credits.
Write to: Dr. J. Philip O'Neill, Head, Family Life Dept., Oregon State University, Corvallis, OR 97331.

**Southern Oregon State College**, Ashland, OR.
Write to: Dr. Alvin Fellers, Southern Oregon State College, Ashland, OR 97520.
Pennsylvania

West Chester State College, West Chester, PA.
- HED 376. Family Life and Sex Education (Undergraduate). June 7–24, 3 credits.
Write to: Mr. Walter E. Funk, Health Chairperson, West Chester State College, West Chester, PA 19380.

Texas

Abilene Christian University, Abilene, TX.
- Human Sexuality Seminar, June 16–July 6, 3 credits.
Write to: Edward E. Coates, Ed.D., A.C.U., Box 7890, Abilene, TX 79601.

Perkins School of Theology, Southern Methodist University, Dallas, TX.
- Sex Education in the Church, June 6–17, 1½ credits.
- Seminar in Training Leaders for Sex Education for Adults, Aug. 15–20, noncredit.
Write to: C. Wayne Banks, Perkins School of Theology, S.M.U., Dallas, TX 75275.

University of Texas at Austin, Austin, TX.
Write to: Dr. Vacalis, Health Education, Bellmont Hall 222, University of Texas, Austin, TX 78712.

Virginia

Presbyterian School of Christian Education, Richmond, VA.
- Marriage Enrichment Training Seminar, July 12–16, 1.5 credits.
- Couples Communication and Enrichment Seminar, July 18–22, 1.5 credits.
Write to: Malcolm C. McIver, Jr., Dean of the Faculties, Presbyterian School of Christian Education, Richmond, VA 23227.

Washington

Central Washington State College, Ellensburg, WA.
- Family Life Education, June 21–July 20, 3 credits.
- The New American Male, July 21–Aug. 19, 3 credits.
Write to: Dr. Luther Baker, Dept. of Family Studies, CWSC, Ellensburg, WA 98926.

Wisconsin

University of Wisconsin-River Falls, River Falls, WI.
- Human Sexuality and Interpersonal Relationships, June 13–24, 3 credits.
Write to: Dr. 1. Mark Perrin, University of Wisconsin-River Falls, River Falls, WI 54022.

Canada

Mount Saint Vincent University, Halifax, Nova Scotia.
- Level I, Ed. 302. Intro. to Family Life, July 4–Aug. 5, 1 credit.
Write to: Continuing Education Dept., Mt. St. Vincent University, Halifax, Nova Scotia.

DO YOU KNOW THAT...

Journal Special Issue

The October, 1976, issue of the Journal of Research and Development in Education is a special issue centered around the topic of "Sex Education in the Schools." Edited by Michael A. Carrera, Ed.D., Professor, Community Health Program, Hunter College of the City University of New York, the issue contains articles on sex education in elementary and secondary schools, college programs in sexuality, sex education in professional schools, sexual health care services in schools, peer group sex education, the effects of rap sessions on the sex knowledge of teens, and others. Contributing authors include James Maddock, Derek L. Burleson, Murray Vincent, Michael Carrera, John Pietrofesa, Paul Reichelt, and Barbara Shimmel. For ordering information, write to: Dr. Michael A. Carrera, Hunter College School of the Health Sciences, 106 East 106th Street, New York, NY 10029.

School Sex Education Attacks Increase

News filtering in from the school sex education field suggests that the sex education controversy of 1968–70 is reviving with some vigor in a number of communities. The same general groups are being recognized as being in opposition, and the same stale arguments based on nonfacts are again being used.

Communities which find themselves embroiled in a renewed sex education controversy should find two books published after the last, national attacks on sex education, both extensively annotated and documented, to be very helpful. These are:

Sex Education and the Public Schools, by Lawrence J. Haims, M.Ed., Ph.D. (Lexington, Mass.: Lexington Books, D.C. Heath and Co., 1973; $12.00). At the time of writing, Dr. Haims was assistant professor of education at Youngstown State University.

The Sex Education Controversy: A Study of Politics, Education, and Morality, by James Hottois, Ph.D., and Neal A. Milner, Ph.D. (Lexington, Mass.: Lexington Books, D.C. Heath and Co., 1975; $14.00). Dr. Hottois is assistant professor of political science and assistant dean of the College of Arts and Sciences, University of San Diego; and Dr. Milner is associate professor of political science, University of Hawaii.

An item originally produced in 1970 during the original controversy which still remains useful today is the "Statement on Sex Education" issued by the General Committee on Family Life Task Group on Sex Education, of the United Methodist Church. Addressed to pastors and coordinators of family ministries, it identifies the attackers and their apparent purposes, targets, and methods of attack, and the various techniques used by those opposing sex education, all still in evidence today. This Statement has been reprinted, with permission, by SIECUS, and is available free for a stamped, legal-size, self-addressed envelope.

SIECUS Report, March 1977
Book Reviews, Continued from Page 7

A person in whom the journalist's usual inquisitiveness and suspiciousness were heightened by the inevitable anxiety, despair, and denial that accompany a heart attack, Lesher was a compulsively driven perfectionist whose concern for perfect "copy" for his articles seemingly paralleled his concern about sexual performance.

Coincidentally, both patient and doctor were in the middle of a breakup of marriages, the stress of which was probably a factor in the patient's heart attack and possibly contributed to the doctor's ambivalent feelings about his patient. It certainly affected the feelings of the nursing staff, whose moralistic attitudes served to increase Lesher's difficulties.

Faced with the dissolution of his marriage and desperately dependent on his woman friend, Lesher had more than the usual postcoronary anxieties about his capacity to fulfill his sexual role. The fear of not pleasing Nancy, his new love, while not made explicit, was a prominent reason for constantly badgering his doctor about what he might expect regarding his ultimate capacity for sexual functioning. More fundamental than that, however, was Lesher's image of himself. A man who was found doing push-ups in his room two days after admission to the hospital for a heart attack—well, you just know he would be concerned about his "macho" image!

While Lesher may not be the "norm" for patients who suffer a myocardial infarction, his anxieties are typical even if exaggerated. His need to know was intense, for these patients do want to hear from their doctors about their chances for a pleasurable and satisfying sexual relationship—when they may resume sex, what kind of sex, and how often. Much of the time they are too embarrassed to bring up these questions, and too often the doctor avoids talking about sex (p. 129):

And, as usual, there was the entire question of sex. Of all the things that patients want to know after a heart attack, sex is always among the first three, but it is a subject they rarely broach in talking to their doctors and one that doctors even less frequently bring up in talking to their patients.

Patients will ask about returning to work and most will ask about pursuing physical activities. But even in these presumably permissive times, the hangover from the Victorian era is strong enough to dissuade most patients from frankly discussing sex. It doesn't seem to occur to doctors that men young and previously active enough to care about returning to work and to strenuous physical activity are almost always youthful enough to have or want an active sex life. Every year nearly 900,000 men under sixty-five suffer their first heart attack. They are ill-equipped to know what the attack may mean to their subsequent sexual activity, they usually don't ask about it, and the doctors prefer to stay away from the subject.

Halberstam was a different sort of physician. He was entirely aware of Lesher's concern and was not avoiding talking about sex because of his own discomfort. Rather, he was trying to walk a tightrope: wanting to show concern and understanding about his patient's sexual anxieties, at the same time he did not want to increase those anxieties by paying too much attention to sex. Aware of the danger of misperception—of the possibility that the doctor's words would increase rather than decrease his patient's anxiety—Halberstam tried to be casual about sex but was not too successful in this approach. Yet one can appreciate that even a caring, compassionate doctor can make errors in handling this delicate issue. Listen to Halberstam (p. 138): "Lesher and sex! Sex and Lesher! The two seemed synonymous. From all the questions, open and veiled, I was getting from my new patient I would have thought that his occupation before the coronary was as a free-lance stud, and that the illness was not only going to cut off a good deal of his fun but also his livelihood.

Lesher brought up the question of sex, and Halberstam responded, "I was just going to mention that." Halberstam writes (p. 139): "Indeed, I was. Like most internists, I had found that postcoronary patients needed a specific sentence or two reassuring them about intercourse . . . 'You don't have to have complete intercourse as soon as you go home or as soon as you feel like it. It's sometimes a good idea just to play around, get aroused and reassure yourself that getting excited isn't a strain on your heart. You can even masturbate, just to prove you can have an orgasm without any heart symptoms. That way you won't be nervous when you start to have intercourse.'"

Halberstam was rather proud of what he called his "little sexual do-it-yourself kit." "Coming from one who hadn't been able to say the word 'masturbation' out loud until he was thirty, it was delivered with, I thought, a minimum of embarrassment. Of course, I usually blushed a little while saying it, and the patient sweated slightly and looked uneasy, and we both pushed happily on to the next topic, such as sports.'"

The verbatim discussion of sex, of which this is a part, is interesting because of the patient's insistence on pinning down the doctor when he uses phrases such as "Take it easy at first." This was part of the doctor's attempt to convey a kind of nonchalance because, as he says, "the more patients fret about post heart-attack sexual problems, the more likely they are to have them."

In this reviewer's opinion, the physician would help more if he were as precise and thorough as possible. Better to err in this direction than to use vague phrases which do not really reassure.

It would be misleading to imply that sex is the central focus of the book. In alternating chapters covering roughly the same events in the patient's life, both doctor and patient disclose to the reader their introspections revealing their different perceptions of those events. The doctor-patient relationship is the focus and the relationship is shown to be a changing, growing one affected by their personalities, their impact on each other, their life situations, and, perhaps most important of all, the health-care system which molds the behavior and attitudes of the consumer as well as of those involved in the distribution of these services. It is an honest book about real people, and by the book's end the reader grows fond of both the doctor and the patient and wishes them well. A, PR


Reviewed by Robert L. Amstein, M.D., Psychiatrist-in-Chief, Yale University Health Service, New Haven, CT.

As one might anticipate from the grammatical form of this book's title, the author feels the answer is no. He documents this view with discussions of the origins of marriage, aspects of contemporary marriage, the nuclear family as it affects childrearing, and,
finally, a chapter entitled “The Destructiveness of Marriage: Failings of the Nuclear Family.” In the Preface he states that he is critical of marriage in order to redress an imbalance; that is, the pervasiveness of “the pro-marriage orientation of our society.”

In the last portion of the book the author details various alternatives to traditional marriage and, although he does not favor abolition of conventional marriage, there is the clear-cut intimation that it is for those individuals who, lacking the social skills to compete, need the security of such an arrangement. This idea may not appeal to all readers, but personal sensitivity probably should not be allowed to obscure his point that, for some, conventional marriage is not a satisfactory arrangement and good reasons for compelling it for everyone no longer seem to exist. His “proposals for the future” involving “permissive matrimony” cover a wide range of alternatives, many of which seem sensible and worthy of formalization.

The book is well-written and scholarly. The author has used an impressively wide variety of references and has footnoted thoughtfully. The two chapters on child-rearing may raise the most questions in the reader’s mind because he has questioned the negative effects of maternal deprivation on the child and in so doing has criticized some of the most widely accepted research on children, i.e., that of Ribble, Spitz, and Bowlby. All in all this is a stimulating and provocative book whether or not one agrees with its major thesis.

Sexual Surrogate: Notes of a Therapist.
Heather Hill, with John Austin.

Reviewed by Tiger Lily. A sexual surrogate herself, Tiger Lily works with patients referred to her by accredited sex therapists.

Sexual Surrogate, Notes of a Therapist by Heather Hill is one woman’s story of her work in this field. She has presented twenty-two cases as examples of her work. Ms. Hill begins her book by asking “Why a Sexual Surrogate?” and then defines her role as follows: “I am the accepted third party who helps keep marriages together when they are failing because of psychological sexual problems, impotence, or other causes beyond the day-to-day control of either husband or wife. I also counsel single people, straight or homosexual, with sexual or psychological problems that may result in serious maladjustments or in vague guilt feelings.” From her definition I’m unclear as to whether she is a surrogate or a therapist.

What is a sex surrogate? A sex surrogate is a substitute bed partner. Why a sex surrogate? Because there is a great need today for someone who can bridge the gap left by sex therapists who can only talk about the origins and problems of the sexual dysfunction. The surrogate observes and attempts to change these sexual behavior patterns. Most of the surrogate’s patients have no partner to work out these problems. That’s why they see a sex surrogate.

Prior to establishing herself as a surrogate, an individual must have participated in a variety of sexual encounters. Being a call girl will give the surrogate the necessary experience. Since a call girl gets to meet all kinds of people, some physically attractive and some not, she soon learns to accept people regardless of their appearance. She also sees clients who expect her to satisfy them often in rather diverse ways. This kind of contact will prepare her for the many kinds of problems for which therapists will be referring patients to her.

Of course, being a call girl is not necessarily a prerequisite for becoming a sex surrogate. There are indeed many other ways to gain sexual experience. Whatever her previous experiences, a surrogate must be a real person, one who is sincere and genuine.

Above all, the surrogate must be able to gain the trust of the patient by creating a protective and supportive atmosphere. This enables the client to discuss his sexual problems unashamedly. Then the surrogate may proceed to treat the dysfunction. The surrogate need not become involved with the cause of the particular dysfunction, but rather help the patient get as much satisfaction out of the sexual act as he or she possibly can. The goal of the surrogate and the patient is to succeed in having good sex, thereby giving the patient enough confidence to enjoy others.

The surrogate’s involvement with the patient is not haphazard. Everything is done very professionally. The client is usually referred by a therapist with whom the surrogate maintains at least minimal contact. Ms. Hill does not follow this policy, “... since I cannot approach patients’ personal doctors or psychiatrists for help.” Having patients referred by a therapist protects the surrogate from harassment by cranks. Advertising does not offer this safety. When she meets the patient for the first time, the surrogate must be able to determine for herself whether or not this is a sex problem with which a surrogate would be helpful. If she feels that she can help, then the surrogate establishes the fee and arranges the time and place for future sessions.

As a sex surrogate and an ex-call girl, I approached Heather Hill’s book with a great deal of interest. I had hoped that Ms. Hill would present the field of sex therapy to the lay public in a professional tone rather than exploit the sensational aspects of the topic. Much to my disappointment Sexual Surrogate, Notes of a Therapist dwells mainly on the bizarre.

There are essentially four male sex dysfunctions: premature ejaculation, impotence, retarded ejaculation, and sex avoidance (protracted virginity). Ms. Hill successfully avoids avoidance and retarded ejaculation! This represents a serious omission because these two common dysfunctions comprise roughly 50% of the male sex problems. The female dysfunctions are vaginismus, being inorganic, and sex avoidance (protracted virginity), and again there is not one case in this book representing these problems. It’s curious that Ms. Hill has presented eleven cases of fetishes and transvestism and describes them as a surrogate experience. I fail to see how the service that she provided differs from those of a call girl. It may be that Ms. Hill is making a perfectly honest mistake in confusing the functions of these two professions. If this is the case, she is misleading the public.

Five of her other cases should have been referred to a social worker or a psychotherapist. After reading about Rannie, the blind girl, I asked myself “Why a Sexual Surrogate?” In my opinion, the young lady should have been referred to an organization for the blind. Rannie’s problem was not primarily a sexual one, but rather a problem of functioning on a daily basis.
in the everyday world.

I asked myself "Why a Sexual Surrogate?" in the case of Kelly, Ms. Hill's own stepbrother. Kelly's visual handcap and his relationship with his family seem to be the bases for his psychological problems, rather than his homosexuality. It is acceptable for relatives to seek advice from each other, but when serious emotional problems manifest themselves, the troubled person should be advised to seek professional help. Ms. Hill at no time offers this option to her stepbrother, but proceeds to encourage him to become heterosexual. I believe that in treating male homosexuals, they should be encouraged to explore both lifestyles, otherwise they would have gone to a surrogate of their own sex.

One of her more extreme cases is discussed in the chapter entitled "S-M = Sadomasochism = Self-Murder." Ms. Hill makes the assumption that all S-M cases are destructive. There are various degrees of S-M, which are divided into two categories: S-M without paraphernalia and S-M with paraphernalia. S-M without paraphernalia includes slapping the face, pulling the hair, pinning down the arms, squeezing the nipples, spanking the buttocks, etc. S-M with paraphernalia (whips, chains, handcuffs, knives, etc.) can be used without leaving marks on the body. Contrary to Ms. Hill's assumption, many people who indulge in S-M set limitations which give them just enough pain so that the experience is pleasurable. The case Ms. Hill brings to our attention is so severe in its physical distortions that one has to wonder whether she understands the difference between a psychotic sufferer badly in need of psychiatric help and someone with sadomasochistic tendencies.

Playing out fantasies may be useful, but it is not the ultimate goal. The purpose of acting out the fantasy is to prove to the patient that he or she can perform adequately. Once that is accomplished, there is no need to continue the fantasy in reality. This serves to redeem the fantasy for personal and private enjoyment. In general, Ms. Hill never showed how acting out one's fantasy served a purpose in a sexual dysfunction. In dealing with transvestites, acting-out of fantasies is again emphasized. Transvestism is not a sexual dysfunction, but an alternate lifestyle. There was no sexual dysfunction to treat.

"If you feel like insulting them, insult them. Tell them that they smell, that they aren't sexual enough, that they don't appeal to you as a piece of ass." These are very shocking statements. One of the cardinal rules of a sex therapist or a surrogate is to tell a patient never to blame his sexual problems on his partner. One must take responsibility for one's own failures and successes. But I do agree with Ms. Hill that one can make excuses: "... just say you're too tired or give any other excuse you can think of."

It's unfortunate that the title of this book promises a lot more than it delivers, because the subject of sexual surrogates represents one of the fastest growing and least understood areas of sex therapy. There is a serious lack of complete information concerning practices, people, and techniques in this field. After reading this book, I'm left with the feeling that Heather Hill has exploited the sensationalism of work that potentially has great value in a therapeutic community. Her misrepresentation of the role of a surrogate is damaging to this profession in the eyes of professionals and the public at large. The great danger in this youngest of professions is its potential for confusion with the "oldest" of professions. Ms. Hill has failed to make clear that the very important distinction between a call girl and a sex surrogate. This book is too superficial and incomplete to be given serious consideration as literature that would be helpful in sex therapy. PR


Reviewed by Philip M. Sarrel, M.D., Associate Professor of Obstetrics and Gynecology, and Director, Yale Sexuality Program; member, SIECUS Board.

This booklet, developed by a Liaison Committee made up of representatives from the American College Health Association, Planned Parenthood-World Population, and SIECUS, gets right to the point: "Comprehensive sexual health services should be made available to all academic communities." In a series of statements, the need for sexual health care is documented and programs which provide sex counseling, contraceptive, and abortion services are described.

The discussion is for those students, faculty, administrators, and health service providers on campuses who recognize that the college years are an important time in the development of sexuality and that the development of sexuality affects sexual behavior, contraceptive utilization, and the occurrence of unwanted pregnancy. I thought Marian Hamburg's "Sexual Health Services and Sex Education: An Interdisciplinary Approach" the most concise yet comprehensive presentation I've read on this subject. In reading it, one can develop a plan for beginning a program in his or her own college milieu. Other topics covered include "Implementing the Health Service," "Conception Planning," "Abortion Services," and "Sex Counseling." The rights and roles of students are discussed by a college student committee member.

The 31 pages of appendices contain some of the most basic information in this field: Hollis and Lashman's "Family Planning Services in Academic Communities" summarizes the findings of the ACHA and National Center for Health Statistics surveys; "Pregnancy, Teenagers and the Law" is a lawyer's presentation of an analysis of those laws which could affect the delivery of sexual health in general and, in particular, to minors.

The goals of the Liaison Committee were:

1. "To develop guidelines for establishing sexual health care (including sexuality information, pregnancy counseling and conception planning) as part of comprehensive health care in colleges and universities."
2. "To develop resource material which will aid colleges and universities in developing quality contraceptive, abortion referral and sexuality counseling and information services."
3. "To provide suggestions for approaching administrations and/or trustees concerning the establishment of these services and for involving students in the planning."

The booklet is a worthy response toward meeting these goals. PR
Married Lives Today. 16mm, sound/color, 19 min. BFA Educational Media, 2211 Michigan Ave., Santa Monica, CA 90904. Purchase, $265; rental, $21.

Reviewed by Derek L. Burleson, Ed.D., Managing Editor, Medical Aspects of Human Sexuality.

Case studies have always served as good teaching material in many academic areas. They are well utilized in this educational film which examines three contemporary marriages and allows us to see the dynamics operating in three different but viable relationships.

The first couple are young and industrious. Both are hairdressers and run their own shop. Plans for children are sometime in the future; building the business is their immediate concern. Couple two are black, middle class, and live in the suburbs with their two schoolage daughters in an attractive but modest home. Both husband and wife work and life is quite busy (especially for the wife as she coordinates marketing, picking up the girls after school, and preparing meals). Stability is the word that comes to mind as you observe this family. The third couple, although separated, are good friends and take seriously the co-parenting responsibility for their two-year-old daughter. This couple present an interesting study in roles; while the daughter lives with her mother who is a school counselor, she attends a day care center where her father is on the staff and so is in contact with his daughter at various times throughout the day.

The film makes no judgment about these three marriage styles. As case studies they are different enough to provide students in upper high school or college with a variety of data for understanding the realistic options operating in American marriages today.


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

This 42-minute tape is one in a series of tapes on transexualism put out by Conﬁde, a counseling service. In this particular tape, Garrett Oppenheim interviews Richard Levidow, who is experienced in the law as it applies to transexuals. He provides valuable legal information for health care professionals dealing with transexuals, as well as for transexuals themselves. In spite of the absence of legal definitions for male and female, many laws exist which regulate gender behavior. Levidow emphasizes the point that transexuals are especially vulnerable to running afoul of laws governing gender behavior. For example, choice of gender-speciﬁc public bathrooms or dressing rooms may present a legal dilemma, especially for the preoperative transexual.

After identifying the lack of clarity in the law regarding gender behavior and the potential beneﬁts of transexual test cases, Levidow discusses possible legal problems and their solutions. He offers practical advice on such legal matters as change of name, and he elaborates on such speciﬁc issues as employment, cross-dressing, emergency health care, Social Security, and more. In dealing with these speciﬁc issues he fulﬁlls the purpose of presenting the legal pitfalls and possible solutions for transexuals and those health professionals they may contact.

This is a valuable addition to the tape library of all clinics and agencies which deal with transexuals.
Continued from Page 2

them at masturbation or sex play, to arranging for services of prostitutes for older teenage children who are not in a position to seek out sexual partners themselves! Schoolteachers who are accepting tend to be more interested in understanding the meaning of observed behaviors than in crushing it, and, in the efforts to teach time and place, they are much concerned with imparting useful information and with avoiding putting down either the child or sex itself. Some physicians are similarly defusing virtually all the childhood sexual behaviors as such—even the most innocent of which until recently were blowing most parental minds—and are raising questions as to consequences, meanings, responsibility, dealing rationally with critics, etc.

At the other extreme from elimination in the continuum of possible alternatives is what might be termed cultivation, actually a positive extension of acceptance of childhood sexuality, in the same sense that an accepted proclivity for artistic, mathematical, or sports interest may be cultivated by the individual. Thus, it may become not only a fully accepted dimension of life but an emphasized one. Its meaning to the individual may include the enhancement of love, tender friendship, health, awareness of self and others, in addition to pure enjoyment.

Although many people now favor the cultivation of their own sexuality, relatively few are willing to contemplate confronting the bugaboo of childhood sexuality with similar intent. Still, it was all of a decade ago that a little old lady in tennis shoes, looking like a warrior of the John Birch Society, stood up before one of our large workshop groups and declared: “Sex is so good and important a part of life that if children don’t happen to discover sexual enjoyment for themselves, if we really like them we will make sure that they do. God! We don’t leave reading to chance in a reading environment—and then punish kids for doing it, do we?”

But the rules of the childhood sexuality game are the same as always, and the much-needed research to obtain basic scientific knowledge on the subject is still a remote possibility. (When I asked William Masters when he expects his type of research to be done on children, his immediate response was: “It won’t happen in my lifetime.”) Still, even though the rules remain substantially the same, many people are questioning them and even marching quietly to a different drummer.

Sex education, meager as it has usually been, has at least helped to convey the realization that there is a body of knowledge here, and opportunity for deliberate, cognitive utilization of it. The veil covering childhood sexuality is thereby and unofficially being lifted somewhat. In his psychosocial history, Lloyd DeMause has shown that traditionally children have been viewed and treated as subhuman, lacking in significant emotions and having little or no right to humane treatment. In contrast, some people today look upon children as fully human, simply not adults but as deserving as adults of appropriate privileges and pleasures. The question is—what is appropriate? Facilitating childhood sexuality remains almost revolutionary thinking to many people.

Some parents and professionals who feel that children are ranked far below the automobile in our society’s pecking order of valued things hold a compensatory view of the role of sexual enjoyment. That is, they feel that if freedom of sexual enjoyment can help to compensate for the typical parental and societal indifference and uninvolvment (psychiatrist Nina Lief is actually reminding people that there is an alternative to day care: mothering!) and to the generally pointless regimentation, humiliation, and boredom of school, then there is every justification for children’s being so freed. Furthermore, evidence mounts that punitive efforts to eliminate or repress childhood sexuality are reflected in later adult life in the high toll of sexual dysfunctions that we see in marriage today, which just toleration or a mere grudging acceptance of childhood sexuality will not be sufficient to prevent.

In any event, we are clearly in a transitional period which, while rough and confusing, offers a perhaps historically unique opportunity. In the past, cultures have evolved largely brainlessly, without intent or planning, much in the manner of animal species evolution. Now at last we are in a position deliberately to construct cultural pathways into the future at least partially on the basis of rational thought. It is with respect to the patterns of sexual culture that will slowly emerge that we professionals have a critical role to play. We cannot presume to dictate what patterns of sexual behavior should be adopted by society, for these can only evolve on the basis of choices made by large numbers of people. But we can help people to see what their options are and to make choices on the basis of sound information. Perhaps cognitive processes can even become involved in the management of childhood sexuality, in the sense that children are sexual people, and the sexual options open to them should be just as soberly and realistically considered as to which are life-giving and which are life-denying, as we have begun to consider them for the handicapped, the aging—and ourselves.
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