What do we know today about childhood sexuality? Much. What of this knowledge should we share with parents? Everything. How shall we do this? That is a big question. Are parents aware that they would benefit from this knowledge? Do they want it?

What do we know about childhood sexuality? First of all, that it exists in every child from its very earliest days, from birth, even from before birth. Through the use of a sonar-like device, bouncing sound waves have revealed that fetal penises erect in the uterus—which after birth they will continue to do at regular intervals throughout the life cycle. The baby girl's vagina lubricates periodically after birth as it will in mature sexual responsiveness, and both boy and girl babies discover by the end of their first year that penis and clitoris are sources of pleasurable sensations when touched. Parents tend to equate puberty with the onset of sexual feelings when it actually only signals the onset of the ability to reproduce. However, it is also the moment when the sexual responsiveness present from birth begins to move into high gear. Thus, when the uncomprehended sexual responsiveness of childhood turns into the still uncomprehended but now turbulent and powerful sexual responsiveness of adolescence, in conjunction with the onset of reproductivity and the openness of a free and highly individualistic society, any reasonable person should expect exactly the troubles that we now have.

The explosiveness of these troubles first caused a sharp focus of official attention on pregnant adolescent females, resulting initially in a rash of solemn conclaves about how to care for and deliver them successfully. After delivery, we for the most part forgot them and their offspring—until the cumulative projected cost of supporting just one year's crop of first births to teenagers for the next 18 or so years began to penetrate public consciousness: $8 billion yearly (SRI, 1979). Attention by then had already shifted chronologically backward to the prepregnant adolescent female, and to the need for wide availability of contraceptive services to prevent her from becoming so. But to the amazement of all but a few (Gadpaille, 1976; Kappelman, 1977; Sarrel & Sarrel, 1979), contraceptive use rates remain low and pregnancy rates high. More conferences then—local, regional, national, and, increasingly, international—focusing on adolescent sexuality itself.

Conferences in themselves are rarely problem solvers or even effective consciousness raisers, as witness the various White House Conferences on any number of topics over the years. But a general focus on adolescent sexual behavior that could result in pregnancy began to force broader recognition of something that had long been fairly apparent within the gradually emerging discipline of sexology: adolescent sexuality itself, as an entity that, being universal, was therefore presumably normal. It was so normal, in fact, that if a magic yearly contraceptive pill were to be invented to be swallowed by every adolescent girl each time she blew out her birthday candles so that there would be no pregnancies to be worried about, would anyone hold a conference about the sexually active adolescent female? I doubt it, especially when reflecting on the scarcity, even nonexistence, of conferences on the sexually active adolescent male!

The absurdities, immaturities, and helplessness of our societal postures about sexuality in general and the sexuality of youth in particular are highlighted by the information vacuum in which we keep our prepregnant preadolescents floundering. Here our naiveté lead us to confine sex information for young children to the barest elements of reproduction. Solnit (1977), director of the Child Study Center at Yale University, and Peltz (1977), on the faculty of San Francisco Psychoanalytic Institute, both emphasize that the prime years for receiving factual information about sexuality are between the ages of 5 and 12—the years termed "latent" by Freud. His was an era that was silent on the topic of sexuality in any case, and we now know that children in these years are not sexually latent at all. Rather, because of their eagerness to master all aspects of their environment and the facts about it, they simply place sexuality in context with other important things they want to know about. It is certainly clear from research in the past 10 years that children in this age group fantasize and role-play various aspects of sexuality and are curious about most of these.

Continued on page 6
Mary Calderone has for several years been articulating a concept which today goes straight to the heart of the ultimate awareness of many a sex educator. And if we were truly to succeed in acting on this concept, reaching out broadly to society's primary sex educators—parents and other caretakers of our infants and young children—many of us would find our work drastically changed.

Imagine teaching a group of medical students who were comfortable with their own sexuality because of the messages they had, from their earliest days, received from their parents. In turn they would be working with patients who could be feeling equally free to ask those deeply felt questions regarding the possible impact of their individual health concerns on their own sexual lives. Much of the time and energy that must be directed to permission giving in sexual education and counseling—permission to ask a question or to choose to be or not to be sexual—could be greatly freed for building up knowledge and positive attitudes. The fantasy can be applied to other student professional groups and their potential clients. Our teaching and learning about sexuality could explore many more important issues in the same amount of time, without so much need for preliminary, careful "desensitization."

I especially remember a particular assignment in a graduate course at New York University, in which we students were asked to identify the single most important group to be reached by the limited number of trained sex educators available at the time, and to explain the rationale for our choice. Sounds simple, but we had to go through our own values-clarification process as we sorted through our individual vested interests and experiences, not just as sex educators but also as human beings ourselves. Small groups deliberated, reported back, reconsidered, and reported again. The winner: parents of young children!

Admittedly, graduate classes and national sexological organizations carry out their deliberations within a vision of an ideal world. Perhaps our dreams are exactly that—dreams which would have a hard time standing the test of reality. But we'll never know until we try, for without visions of the ideal there is nothing to guide daily work. Too often in any difficult field, efforts at creating change fail because we haven't stopped to identify what we are ultimately trying to accomplish.

Two recent studies document parental desire and need for an educational process in human sexuality. In a Cleveland survey of 1400 parents of children ages 3 to 11, conducted by the Project for Human Sexual Development in Cambridge, Massachusetts (Roberts, Kline, & Gagnon, 1978), 80% supported sex education in schools. Yet an even larger percentage, presumably including most of that 80%, believed that the responsibility primarily belongs to the parents. Yet when asked whether they had ever actually talked to their children about sexual intercourse, fewer than 15% of the mothers and 8% of the fathers responded affirmatively. Furthermore, from 80% to 90% of the parents surveyed reported their belief that most children do masturbate, yet 40% said that such activity in childhood is "not all right." The majority of the Cleveland parents also wanted some kind of assistance from the community in educating their children about sexuality.

Yankelovich, Skelly and White, Inc. (1979), have recently concluded another nationwide survey for General Mills entitled "Family Health in an Era of Stress." Of the parents involved, 80% claimed that it is a parent's responsibility to provide sex education instruction to their children. Yet only one in three of these same individuals who had children under 13 desired classes for themselves where they could learn how to carry out the responsibility they themselves proclaimed. This small percentage may in part reflect the...
The Sexual Rights of Children and Youth

The following statement was developed by Lester A. Kirkendall, PhD, Professor Emeritus of Family Life Education at Oregon State University, and Ronald Moglia, EdD, Associate Professor of Health Education, New York University. It was presented to the Fifth International Symposium on Sex Education, Tel Aviv, Israel, June 24-28, 1979; the International School of Psychology Colloquium, York, England, July 7-12, 1979; the Symposium on Childhood and Sexuality, Montreal, Canada, September 7-9, 1979; and will be presented to the World Congress on Sexology, Mexico City, December 16-21, 1979. As the United Nations Year of the Child comes to a close, it seems appropriate to highlight a positive outgrowth of this international celebration.—Ed.

Sexuality is today recognized as an integral part of the total personality structure of the human being. Sexual processes begin even before birth, and current research indicates that the foundation for lifelong sexual interaction is established in the early years of life. In later years this foundation is both modified and confirmed through the use of information, examples supplied by others, personal experience and private appraisals, interaction with peers, family members, other adults, and through coping with environmental forces.

Whether recognized or not, the parents are the first and primary source of education through the attitudes they express, and the objective information they provide. Beyond the family, the schools, organized religion, community organizations, the mass media exert their influence.

If caring adults from these various sources are to help children and youth, they must first be honest with themselves and acknowledge and respect their own sexuality. They must communicate readily and understand the pressure of the environment on both children and adults. Furthermore, they must believe in the positive power of knowledge to provide direction and insights.

Believing in the importance of a straightforward recognition of sexuality, we support the following sexual rights of children and youth. They have the right to expect that:

- their sexuality will be respected;
- equity between the sexes will be achieved;
- information and appropriate attitudes suited to their developmental level will be provided;
- human sexuality will be recognized as an integral part of all aspects of living—physical and mental health, interpersonal relationships, family life, the work world, the formation of values, the social/political structure;
- their sexuality will contribute to joyous living;
- in sexual associations, exploitation and advantage-taking will be renounced.

That is a general statement offered for the consideration of other groups. We hope that in whatever country this appears, parents and other educators, with the collaboration of children and youth, will develop their own unique statement expressing their explicit needs.

Resources to Write for . . .

The Source Book for the Disabled, by Glorya Hale, is a practical, well-illustrated guide to “easier, more independent living” for physically disabled people, their families, and friends. The section on sexuality, while brief, is positive and reassuring. Other chapters cover such areas as leisure and recreation, personal needs, the disabled parent, and the disabled child, and the appendix provides a selected listing of resources for further information. If it is unavailable at local bookstores, it can be ordered, for $9.95 plus 75¢ postage and handling, from Paddington Press, 95 Madison Avenue, New York, NY 10016.

Sexual Health Services for Academic Communities, an introduction to the problems and issues involved in establishing and administering such services, published by the George F. Stickley Company, is now being distributed by Van Nostrand Rheinhold Co., 7625 Empire Drive, Florence, Ky 41042. Prepaid copies cost $4.50 each.
Major Sex Education Study Conducted

One of the primary purposes of the contract was to identify the major methods of evaluation currently in use, and to suggest more appropriate methods for future program evaluation. Six new questionnaires were developed, some of which are subdivided into many different measures, to assess such factors as classroom atmosphere, topics covered, and changes in knowledge, values, self-esteem, attitudes, communication and assertiveness skills, and sexual and contraceptive behavior. They have been improved by repeated pretesting among many different groups of teenagers, and their reliability and validity range from acceptable to excellent. One of the unique aspects of the Social and Sexual Behavior Inventory is that it asks numerous questions about the care with which a person uses contraception. These questions can be combined into an overall measure of not just contraceptive use, but the probable effectiveness of contraceptive use. When combined with measures of how frequently contraception is used, we can estimate the probability of a person's becoming or getting someone pregnant. This is a particularly important measure because collecting data on actual pregnancy rates of a group of students and program participants is often difficult and inaccurate.

In the course of the contract, we extensively reviewed data on the effects of sex education. While this literature abounds with examples of poor evaluation (e.g., unreliable questionnaires, measurement of short-term program effects only, no controls, ambiguous program objectives), the overall trend of research results is consistent, and congruent with previous reviews of the literature. Sex education programs clearly increase students' knowledge about sexuality. They tend to make students more tolerant of the sexual practices of others, but they do not seem to change the students' personal values that guide their own behavior. Programs appear to have little effect on the amount of various types of sexual behavior such as petting and intercourse. It is also evident that programs which emphasize contraception may increase the use of effective contraception, and may decrease the use of ineffective contraception and the frequency of having intercourse without any contraception. Finally, programs which actually provide contraception or which provide a bridge to a specific clinic may dramatically reduce teenage pregnancy.

One of our principal findings has been that support for sex education is widespread. For example, when parents are given the opportunity to refuse permission for their child to take a sex education course, only 1-3% do so. In many communities, parents have been so involved in the process of program planning and curriculum review that they have requested sex education for themselves! These results are important backdrops to our other work. We are reviewing parent sex education programs and hope to design and evaluate several models over the next two years. In addition,
We have recently been awarded a contract from CDC to study the real and perceived barriers to sex education and to suggest methods of managing them. One of the key aspects of this project will be an intensive case study of about 30 communities nationwide, some of which have successfully dealt with sex education and some of which have not been successful in dealing with controversy over sex education. We are particularly interested in hearing from colleagues with firsthand knowledge of such controversies. We will apply the evaluation methods and curriculum development priorities identified in our completed project to about 10 of the exemplary programs around the country. We are also providing consultation to a number of agencies around the country, both to assist them in program development and to help them develop evaluation methods that are appropriate to their situations.

Priority, Continued from page 2

conviction held by many people in the society that sex instruction should not begin until puberty, and illustrates society’s perception of sexual feelings as commonly associated, actually confused, with the capacity for reproductive functioning that is initiated by puberty.

What then does all this evidence command sex educators to recognize? First, to define the ideal: a primary focus on the parents who constitute the key group to be reached in sex education. The role of parents and all parent surrogates in child development generally is fairly well accepted: parenting courses, centers, and books are proliferating here in the United States. What is not generally understood, much less accepted, however, and must be made widely known, is the early onset of the child’s sexualization process. The initial challenge, therefore, is to proclaim what science has presently established about the process of sexualization in infancy and childhood.

Second, it is evident that many ways to reach parents must be identified and tested. Sexuality education can be integrated into other programs or taught separately. It can be taught by professionals (imagine again if every pediatrician, family physician, or nurse practitioner asked the mother of every toddler, “What do you do when your son touches his penis or your daughter fingers her clitoris?”) or by peers (exchanges among parents at the park or playground, or discussion groups). It can be taught in informal exchanges such as those above. It can be discussed in the pages of family magazines sold in supermarkets. It can be part of television programming at hours that will reach fathers as well as mothers. It can be part of preparent education in childbirth classes, or discussed with caretaker grandmothers. In fact, all child care-givers must be addressed—in homes, day care centers, and agencies. One working mother I recently talked with about childhood sexuality suddenly realized that her year-old son’s “tsk-tsk” whenever she changed his diaper was simply echoing her babysitter’s reproving reaction when she changed him and he reached for his penis, as he almost always did. Societal definition of sex roles must also be considered. The Cleveland survey (Roberts et al., 1978) clearly identified distinct differences in the roles and responsibilities presently assumed by mothers and fathers regarding sex education. In most families it was assumed to be the mother’s responsibility for both the male and female children.

Third, what is to be taught must be identified, and effective methods for reaching learning objectives discovered. The publication of the book The prevention of sexual disorders (Qualls, Wincze, & Barlow, 1978) is exciting in that it is the first one to examine the hypothesis that early sex education might be preventive. Yet as Bertram Brown points out in his review (SIECUS Report, July 19/9), we need additional clarification of what it is we are trying to prevent: gender identity confusion? sexual dysfunction? teenage pregnancy? lack of sexual communication? The reverse side is to define what we are trying to promote, and to be certain that we ask parents for their answers to another key question, “What do you want your child to grow up valuing about his/her sexuality?”

Sharing what we know about childhood sexuality in the context of parental values provides a solid baseline which can guide parents in responding to their children’s sexual behavior and questions. It will also help them to recognize that “no response” is in itself a response, and has for centuries communicated a message with significant negative repercussions in children.

Fourth, we must find ways of evaluating the results of whatever work we do with parents in this field. Ideally, longitudinal studies would document the psychosexual development of children whose parents have had the benefit of preparation for their roles as primary sex educators. Minimally, there must be pre- and posttesting of parent groups, including some measure of behavior as well as attitude changes over a given period of time. It is exciting that the Bureau of Health Education of HEW has awarded a grant to MATHTECH, in cooperation with the Institute for Family Research and Education at Syracuse University, to develop offer, and carefully evaluate several model sex education programs for parents.

SIECUS, in its 15th anniversary year, is now launching a major campaign to establish a parent learning center as one of its projected Sexuality Learning Centers in the New York metropolitan area. What we learn from this experience will be shared with others working or planning to work with parents. Our new Resource Center and Library is already in existence at New York University. There we are collecting materials and adding them to our 2000-volume library for the use of individuals providing sex education. These materials include the 17 scientific periodicals now published in the field of sexuality. (If you are aware of promising programs or materials for parents, please advise SIECUS, so that we can collate and pass on a continuous flow of information to others via our Resource Center and Library, and the SIECUS Report.)

There is one issue on which both those favoring and those opposing sex education programs in the schools would appear to agree—that parents are truly the primary sex educators of their children. Now is the time to move together on this agreement.

References
Parents, Continued from page 1

In other words, the sexuality of early childhood involves more than the curiosity about where babies come from that parents believe is all they need to deal with. Especially pervasive and far more intense is the curiosity about the structures that are the sources not just of far-off potential babies, but of the pleasurable feelings the child is immediately aware of, and about the differences between those structures and feelings in the two sexes. Although this is a root question for children, it especially confounds parents and even many physicians, who can not, because they will not, believe that a child should "know" officially about the sexual pleasure that the smallest one already "knows" it has in actuality been experiencing. So begins the sad game of silent denial by the parents, and of equally silent knowing by the child, which continues throughout childhood and adolescence, and separates the child from both parents and society.

But worse, it serves also to separate the child from itself. Imagine, if you can, something you experience often and intensely as real and present being accorded no recognition of existence whatsoever by the world around you. Or imagine this real and intense experiencing of yourself being subjected over and over to severe, totally bewildering disapproval and punishment. What kind of silently tormenting existential hell is this to which we consign our children from their earliest memories? Do any ever manage to live through it with their God-given sexuality undistorted?

Parents are for the most part unaware that their roles could be otherwise. They lack the vital background information that would make them secure in learning the universal facts about childhood sexuality, in order to accept and deal with it in such a way that the preadolescence of their children is a time of learning and self-integration about all of their powers—intellectual, physical, emotional, social, sexual, reproductive—a time of their growing awareness of what the adolescence that lies ahead could mean as a direct and joyful bridge into adult life.

Margaret Mead (1975), in studying the South Seas society of Manus in 1928, noted that Manus parents, even though tense and competitive themselves, had happy, cooperative, loving children whom they did not involve in their own pressure for prestige. When she returned to Manus 25 years later, expecting to find a society that would reflect the nature of the children as she had known them, she found instead that those children now grown up were exactly as their parents had been—selfish and profit motivated. In her book New Lives for Old (Mead, 1975), she reflected: "The cultivation in children of traits, attitudes and habits foreign to them culturally is not the way to make over the world. Every new religion, every new political doctrine has had first to make its adults convert in order to create a small nuclear culture within whose guiding walls its children will flourish."

What this means to SIECUS is that we will add a new component to our original, now 15-year-old focus on education in human sexuality of health, behavioral science, and religion professionals. SIECUS intends to develop programs directly aimed at parents. We recognize that school sex education programs will be of importance in bettering children's lives only if they have the full support and participation of parents. For the next decade, then, SIECUS will bend every effort not only to develop programs for parents, but also to collect and collate data on programs anywhere that have involved parents and preparents in a learning process about sexuality in the entire life cycle.

References


DO YOU KNOW THAT...

Resources to Write for...

Men and Family Planning: An Annotated Bibliography, compiled by Douglas Beckstein, was designed for health care agencies seeking to improve their services for teenage men, but it is equally applicable for men in general.

Incest: Confronting the Silent Crime is a resource for professionals who provide services to victims of family sexual abuse incest. It covers such topics as identification of the victim and family, use of the judicial system, and prevention of abuse, as well as discussing techniques for collecting and evaluating information. Single copies are available from Douglas Beckstein, Health Education and Information Center, S. Louis County Department of Community Health and Medical Care, 801 South Brentwood Boulevard, Clayton, MO 63105.

“M.S.: The Right to a Sexual Life,” written for the M.S. Quarterly by Michael Carrera, EdD, professor at Hunter College School of Health Sciences and chairperson of the SIECUS Board of Directors, and Simi Kelley, chairperson of the Coalition on Sexuality and Disability, focuses on the sexuality concerns of people with chronic illness, in particular those with multiple sclerosis. The introductory portion, which provides insightful information and concepts about "Sexuality and Living with M.S.," is followed by answers to some of the more frequent questions and concerns of people with multiple sclerosis and their families. Reprints of this article are available for $5.00 from the CREP Foundation, 30 East 92nd Street, New York, NY 10028.
professional sexuality periodicals: a bibliography

alternative lifestyles. sage publications, inc., p.o. box 5024, beverly hills, ca 90210. annual subscription: $15 individual, $30 institutional.

this quarterly journal is edited by roger w. libby of the center for the family, university of massachusetts at amherst. it explores the sexual and social dynamics of intimacy both within and beyond traditional conceptions of marriage and the nuclear family.

archives of sexual behavior. plenum publishing corp., 227 west 17th street, new york, ny 10011. annual subscription: $36 individual, $72 institutional.

richard green, of the state university of new york at stony brook, edits this bimonthly journal of research studies on human sexual behavior.

british journal of sexual medicine. medical news-tribune ltd., 359 strand, london wc2r 0hp, england. annual subscription outside great britain: £14 (approximately $31).

a monthly publication for physicians, edited by eric timmer, providing medical information on research and treatment in the sexual field.

gay books bulletin. gay academic union, inc., box 480, lenox hill station, new york, ny 10021. annual subscription: $10.

a new quarterly, edited by wayne dynes, which reviews a wide variety of books and provides brief reports on research, forthcoming books, and other gay scholarship activities.

journal of homosexuality. haworth press, 149 fifth avenue, new york, ny 10010. annual subscription: $24 individual, $40 institutional.

john p. de cecco, director of the center for homosexual education, evaluation, and research (cheer) at san francisco state university, edits this quarterly journal. it presents empirical research and its clinical implications on male homosexuality, lesbianism, gender identity, and alternative lifestyles.

journal of sex and marital therapy. human sciences press, 72 fifth avenue, new york, ny 10011. annual subscription: $16 individual, $40 institutional.

emphasizes new therapeutic techniques, outcomes, and special clinical problems, as well as the theoretical parameters of sexual functioning and marital relationships. editors of this quarterly journal are helen singer kaplan, clifford sager, and raul schiavi.

journal of sex education and therapy. american association of sex educators, counselors, and therapists, 5010 wisconsin avenue nw, washington, dc 20016. annual subscription for nonmembers: $6.

a biannual journal edited by richard w. stander and carl lohmar, it includes research reports on sexual attitudes and behaviors, as well as sex education and therapy.

journal of sex research. society for the scientific study of sex, inc., 12 east 41st street, new york, ny 10017. annual subscription for nonmembers: $25 individual, $40 institutional.

clive m. davis, of the department of psychology at syracuse university, edits this quarterly publication. it serves as a forum for the interdisciplinary exchange of knowledge among professionals concerned with the scientific study of sex.

medical aspects of human sexuality. hospital publications, inc., 360 lexington avenue, new york, ny 10017. annual subscription: free to physicians on controlled circulation basis, $25 other subscribers, $12.50 students.

a journal covering the physical, psychological, and cultural components of human sexuality and related aspects of family life, it is published monthly.

sex news. p. k. houdek, 7140 oak, kansas city, mo 64114. annual subscription: $5.

p. k. houdek's monthly digest of news, views, events, publications, and resources in the sexuality field.


this is a monthly summary, edited by emanuel bund, of state and federal civil and criminal court opinions concerning sexual issues.

sex roles. plenum publishing corp., 227 west 17th street, new york, ny 10011. annual subscription: $24 individual, $65 institutional.

phyllis a. kauf of the institute for research on social problems in boulder, colorado, edits this bimonthly journal. articles presented are concerned with the basic processes underlying gender role socialization in children and its consequences.

sexual health and relationships (shar). p.o. box 627, northampton, ma 01060. annual subscription: $9.50.

a bimonthly forum for individuals and organizations in the sexuality field to raise issues, present views, offer resources, and ask for feedback. ron mazur and sharon dorfman edit this newsletter. continued on page 9
NEW A-V RESOURCES ON MASTURBATION

Reviewed by Deryck D. Calderwood, PhD, Director, Human Sexuality Program, New York University; member, SIECUS Board of Directors.

Attitudes about masturbation have changed drastically in the past decade in a more liberal and enlightened direction. It remains, however, one of the most difficult topics to discuss in groups or classes, between adults, and between parents and their children. These audio-visual resources, if appropriately used, will prompt more open communication about one of our most widely practiced but rarely discussed sexual behaviors.

A Masturbatory Story. 16 mm, 0 mm, video cassette; color, 15 min. Perennial Education, Inc., P.O. Box 855, Ravina, Highland Park, IL 60035. Price, $225; rental, $22.50.

A Masturbatory Story is a lighthearted approach to stimulating discussion between adults and children about masturbation. It is presented in an intriguing format as a motion picture composed of a series of still pictures of a young adult who enacts the typical male trials and tribulations in learning about autoerotic pleasure. The narration of this humorous history is in the form of a rhyming song with guitar accompaniment. The visuals, which are not explicit, show us a young man playing out this male saga from the age of three, through childhood and adolescence, and into young adulthood. The novel approach makes it an inoffensive and acceptable ice breaker for groups not used to open discussion of this sensitive subject. Despite being a bit too long, and despite photography that is not quite as professional as one expects from films today, this is an entertaining treatment and will be popular with a wide variety of age groups.

Feeling Good. 16 mm, video cassette; color, 25 min. Price, $330; rental, $50.

Self-Loving. 16 mm, video cassette; color, 34 min. Price, $395; rental, $55.

Both From Multi Media Resource Center, 1525 Franklin Street, San Francisco, CA 94109.

Before parents or educators can talk in a comfortable and relaxed manner with others about masturbation they must first resolve their own feelings about the behavior for themselves, as well as for children and adolescents. These two films which present role-model discussions among adults would be a positive experience for adults of all ages.

In Feeling Good, a group of men share their early boyhood experiences with masturbation and the accompanying guilt, emotions, and feelings. As they talk about their current adult autoerotic practices and the significance of this behavior for them now, scenes of actual self-pleasuring of two men in the group—one outdoors and the other in his bedroom—are woven into the discussion. Through their private experience and their frank sharing of feelings, these men have developed very positive attitudes about their bodies and their ability to give themselves—and their partners—rewarding sexual pleasure.

In a similar pattern, groups of women in Self-Loving are filmed in both urban and rural settings as they talk about self-pleasuring. They discuss their experiences candidly, with humor, and with an appreciation for the role masturbation played in developing each one’s total sexuality. Their sharing covers early childhood experiences, fantasies, use of vibrators, and their current variety in orgasmic experience. There are no explicit sequences in the women’s film.

While both films share the limitations of filmed discussions, skilled editing keeps them interesting and well paced. Both films will be of benefit to single-sex groups and are surefire discussion stimulators for mature coed groups.

Male Masturbation. 16 mm; color, 6 min. Focus International, Inc., 1 East 53rd Street, New York, NY 10022. Price, $100; rental, $25.

This short explicit film, without any attempt to create mood or atmosphere, straightforwardly presents a typical sequence of male masturbation from arousal patterns through manual manipulation to ejaculation and resolution. The camera captures nipple erection, the contraction and elevation of the testicles, and some of the skeletal muscle spasms that usually accompany male masturbation. It is an excellent teaching film with a frank presentation of the male experience. A companion film on female masturbation is in production.

Female Masturbation. 35-mm color slides. Multi Media Resource Center, 1525 Franklin Street, San Francisco, CA 94109. Price, $175; rental, $30.

This set of 36 slides focuses on the genitals of three women during their masturbation. The visuals record the physiological changes which take place throughout the female sexual response cycle, and show clearly the dramatic color changes in the genitals that occur with the approach to orgasm. While slides are obviously more static than a motion picture, there is a feel of movement to this program and, in allowing time for discussion of each frame, this format has definite teaching advantages.

Multi Media Resource Center has three other short motion pictures on female masturbation that have been widely used over the past years. Susan (color, 16 min. Price, $240; rental, $40) demonstrates a variety of masturbatory techniques. Margo (color, 11 min. Price, $175; rental, $30) follows a woman through manual stimulation to an intensive orgasm. Shirley (color, 13 min. Price, $200; rental, $35) shows masturbation with a vibrator while a narrator describes the woman’s progress through the stages of her exploratory experience.
Seeds of Trust. 16 mm. color. 29 min. Victoria Films, Heron House, Reston, VA 22090.

Reviewed by Barbara Whitney, RN, MS, Executive Officer of SIECUS.

This film was written and directed by Nancy Johns as a doctoral project. Her special interest in childhood sexual development led her to Booth Maternity Center in Philadelphia, where she worked in an environment emphasizing a family-centered approach which includes providing the expectant mother with the opportunity to choose out of her life those persons with whom she wishes to share her birth experience.

Through her interaction with patients and staff, Johns concluded that the primary basis of a child's sexual development is the early parent-child interaction; that the experiences parents have previously had with touching and communication influence in turn their ability to touch and communicate; and that therefore an important first step in dealing with early childhood sexual development is to encourage the staff working with prospective families to make "listening skills" and "touching" part of their own interaction with patients and their families. Thus the title, Seeds of Trust.

This film, which brings the viewer into contact with a number of families, including couples and a single parent, begins with prenatal scenes and concludes with some clips taken in the home after the birth of the new baby. The majority of the footage, however, was taken in the maternity center itself, and focuses on the prenatal care, labor, and delivery conducted by a nurse-midwife and attended by the father. Since the film has no narration or voice-over, using instead the voices of the family members and staff, it leads to some confusion when it shows the labor of one woman and follows in the same sequence with the delivery of a different woman.

The film contains some outstanding scenes showing staff listening to patients and discovering through skillful interviews the real questions that underlie their concerns. This is where Johns's decision to use the actual voices of the people in the film serves us well. Also effectively portrayed is the "feeling dimension" of the birth experience, from the labor and delivery scenes to a delightful sequence in which a newborn's father shows the baby to its brother and sister for the first time through the nursery window.

As a birth film or as a tool for staff development of physicians, nurses, and students working with expectant parents, Seeds of Trust could be useful. If the intent, however, is to explore with this film the development of childhood sexuality, a skilled discussion leader would be essential to lead the audience in discovering the linkage to John's thought process as outlined above, for the message is subtle indeed. The amount of actual parent-infant touching in the film is regrettably minimal, the only skin-to-skin contact shown being immediately after birth and during a nursing sequence. The film's ending, with the proud display of the new baby in its first finery, makes one wonder if the parents themselves did in fact get the message.

Periodicals, Continued from page 7


This monthly publication, edited by Frank Murray, reports on medical developments and treatment within the sexuality field.


Provides information on the successes and failures of judicial and legislative efforts at sexual law reform on the federal, state, and local levels. Published quarterly, it is edited by Thomas F. Coleman.


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SIECUS Report, November 1979

Reviewed by Paul D. Bishop, PhD, Assistant Professor of Psychology, Northern Kentucky University, Highland Heights, Ky.

As the title indicates, this text is designed to be a resource book for sex educators, offering both a current overview of the field, as well as model programs and reference materials to meet educators’ specific needs. It is organized into four major sections with original contributions by 28 of the leading authorities in the field. The major sections are: “The New Sex Education in Today’s Society,” “Sex Education in Today’s Institutions,” “Sex Education in Professional and Other Training Programs,” and “The New Sex Education—An Expanding Frontier.” Contributors include such well-known figures as Sol Gordon, Mary Calderone, Lester Kirkendall, Alan Bell, Patricia Schiller, the late James McCary, and many, many others. The editor, Herbert Otto, contributes an excellent introductory chapter as well as one later in the book.

Section I begins with a chapter promoting the concept of adult sex education as a preventive measure and as a means of encouraging optimal sexual health. A second chapter considers sex education in the context of the women’s movement, and the final chapter in this section presents a specific, community-wide program aimed at training parents to be more effective sex educators of their children.

In Section II, sex education as it occurs in the schools, churches, and a variety of clinics is presented. Although formal programs are practically nonexistent at the elementary school level, an excellent analysis of the needs and requirements of an “ideal” program is offered. In succeeding chapters, programs are presented for the junior and senior high school levels, and for colleges and universities. Next is a solid chapter on the current status of programs in the churches, and a final chapter in this section addresses the need for sex education in family planning, mental health, mental retardation, and pediatric and obstetric clinics where programs are currently very limited.

In Section III, programs for the training of health care and other helping professionals are considered. Specific programs are presented for doctors and nurses, social workers, ministers, clinical psychologists, secondary school teachers, police and prison guards, and those working with the aged. It seems clear that these programs are presently fairly common only in medical schools, and perhaps to a lesser extent in schools of social work. They are certainly in their infancy in schools of nursing and theological seminaries, and practically nonexistent in graduate schools for psychologists, in programs for training criminal justice personnel, and for those working with the elderly.

Section IV is meant to be a resource section presenting information of presumed general interest to sex educators, such as that on audio-visual aids, up-to-date information on birth control and abortion, and a survey of current attitudes and behavior. The opening chapter of the section is contributed by the editor and focuses on neglected aspects and future priorities for sex education. There are also chapters on teaching about homosexuality, on the controversy of the vaginal-clitoral orgasm, on values in sex education, and on the goals and future of sex education.

Overall, I feel this book makes a useful contribution and I would recommend it for the serious sex educator. It gives a good overview of the field and, although not always inspiring, is substantial. It is a consciousness-raising experience (and more than a little depressing) to see how far we still have to go, and to become aware of the acute needs for programs in areas one might not have considered. A good example here is in the field of law enforcement, where it is obvious that law enforcement personnel remain “lower middle-class conservative.” Exposed as they are to a wide range of sexual situations, one wonders how they will respond to rape, exhibitionism, and seduction attempts, to name a few.

Of the 25 chapters, there are probably six or seven which alone would be worth the price of the book, particularly if one were initiating a program in the area addressed. The chapter “Sex Training for Criminal Justice Personnel” is one of these. Others are: “The New Sex Education and Homosexuality,” “The Sex Education of Ministers,” “New Approaches to Sex Education: Kindergarten and Elementary Grades,” “Sex Education for Nurses,” and “The New Sex Education and the Aging.” These chapters are exceptional because of the new information of practical import that is presented and/or because they are inspiring, reflecting the depth of experience, personal involvement, and dedication of the authors. A prime example is the chapter by Alan Bell which addresses the current critical issue of homosexuality. In an area where most educators are especially poorly prepared, Dr. Bell offers several excellent, specific suggestions which will better prepare educators to meet this challenge. Likewise, in the chapter on new approaches to sex education for kindergarten and elementary grades, John Chaltas presents a treatise on the philosophy of education that is both moving and right on target, developing specific, practical suggestions for enhancing the personal growth and sexuality of the child.

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.

10  SIECUS Report, November 1979
Of the remaining chapters, most are solid and should effectively meet the needs of those interested in the areas addressed. Patricia Schiller, for example, presents a useful, comprehensive, and detailed outline for programs at the junior and senior high school levels. On the other hand, it is true that, like many volumes drawing on multiple authorship, some chapters are just not as strong or as useful as others. Some seem dated or present information that is not completely new, perhaps a fault not so much of the authors as of a very rapidly changing field. The chapter "Sexual Attitudes, Standards, and Behavior: A Current Assessment" falls into this category, as do "Birth Control and Abortion Updated," "The Vaginal–Clitoral Orgasm Controversy Re-examined," "The New Sex Education for Grades Six to Eight," "The Training of Sex Educators and Sex Education in Teacher Training Institutions," and "The Role of Sex Education in the Training Programs of Clinical Psychologists." Despite these limitations, there are still some excellent points made in each of these chapters.

In sum, then, I feel this book will be a very useful addition to the libraries of sex educators, and it is highly recommended. It should be especially useful to those initiating new programs or desiring an overview of the field. All too often sex educators get trapped into addressing only the issues in the area in which they happen to be most concerned, and lose the broad perspective. This book should go a long way in correcting this situation. PR


Reviewed by Daniel H. Labby, MD, Professor of Psychiatry and Medicine, Department of Psychiatry, University of Oregon Health Sciences Center, Portland, Ore.

It is the intent of the authors, who are psychiatrists at the University of Nebraska Medical School, to present in this book a synthesized version of "the current medical art and science of treating patients with sexual problems." It is especially aimed at primary medical care personnel, and is organized to provide both a general and practical background in the field of human sexuality, and descriptions of the authors' preferred techniques in treating sexual problems in medical practice.

The first three chapters are essentially devoted to history-taking, identifying patient concerns and, for so condensed a volume, giving an excellent presentation of normal sexual function with 20 color illustrations of the normal sexual responses of men and women, well done in the style of Masters and Johnson. There follows a description of "Sex in Everyday Life." This essentially takes sexual activity from birth through adolescence to adulthood as a form of psychobiological development, but in parallel, treats such problems as premarital intercourse, pregnancy, contraception, sexually transmitted diseases, sex and athletics, nonsexual sex, sexual frequency, noncoital sexual activity, and a host of resonating issues including extramarital affairs, menopause, divorce, and sexual activity in late life. Diversity is offered in abundance, at the expense, perhaps, of more in-depth consideration. Although it is broadly hinted at, one regrets that more was not said about the significance of the drive for intimacy and closeness. More information might have enriched the section on noncoital sex since, while the significance of simple kissing, French kissing, manual and oral stimulation of the erogenous zones, oral-genital contact, etc., are briefly described, a consideration of their part in intimacy would have extended the emotional relevance of these behaviors. The book would also have profited from some exploration of the interpersonal skills necessary for the establishment and successful maintenance of human sexual relationships. The major sexual dysfunctions, however, are very satisfactorily described and rich case illustrations are provided.

Of special note are the sections on "Sex During Sickness." Here, the problems of the patient are accurately and clearly delineated. The therapist-physician's role in providing adequate counseling, while heavily implied, is only occasionally spelled out in satisfying detail. More specific suggestions to the physician on how to respond to the patient's felt, but unexpressed, problems would enrich this section without much cost in space. Highly recommended is the chapter on "Sex and the Psychiatric Patient," especially for its emphasis on the need for a good sexual history. A general chapter on "Sex, Medication, Surgical Procedures and Advice" fills in many necessary detailed concerns of the primary care physician. Very good background chapters follow on the "Homo\penalty0 sexual Patient" and "Deviant Sexual Behavior," with clear clinical profiles, although with only modest reference to basic dynamics. However, a readable list of references is provided for those who wish more in-depth information. A general discussion of "Sex and Marital Discord" precedes the final chapters. These deal with "Office Counseling" of patients with sexual problems, problems of referral, and suggestions to the physician for his role as a sex educator in his community.

In general, the section on "Office Counseling" is well considered and clear, but as with most all-too-brief descriptions of treatment, is probably adequate only for very general guidance. Although authors generally are entitled to present their preferred methods of therapy, as Kentsmith and Eaton have done here, it is regrettable to this reviewer-therapist that the start-stop treatment for premature ejaculation is not mentioned as an alternative to the Semen squeeze technique. (There is an error, incidentally, in the reference to the figure illustrating this treatment on page 144. This Figure 8 is referred to as illustrating the woman-above position but actually shows the male above, and reference probably should be to Figure 10.) The figures in general are simple cartoon line drawings, but figure 7, designed to illustrate side-face-to-face intercourse, was less than clear and proved confusing to several readers who checked it. Although when one knows its intent it becomes clearer after a short study, it is still difficult to sort out precise ownership of all the arms and legs. One embarrassing typographical error should be corrected in subsequent editions: Eleanor E. Maccoby, referred to on page 11, would probably not appreciate being referred to as "he."

One can recommend this book for quick and ready reference and basic background orientation, for use by a variety of sexual health practitioners. As such, it could be most appropriately placed on the physician's office shelf, or in work areas for a variety of residents-in-training, particularly those who intend to be primary care physicians. One might speculate, though,
that a few dollars added to the $12 cost might have been better invested in a book of broader and deeper coverage for any practitioner truly inclined to provide sexual therapies in his or her practice. PR


Reviewed by Leigh Hallingby, MSW, MS, Librarian, SIECUS Resource Center and Library at New York University.

The preeminent sexuality library in the United States, if not in the world, is located at the Institute for Sex Research in Bloomington, Indiana. One of the primary services of the Institute, which has had an Information Service since 1970, has been the assembling of bibliographies, and this book represents those most frequently requested of the Institute's information officer, Joan Scherer Brewer, who is also one of the compilers.

The Institute for Sex Research is in an ideal position to formulate bibliographies on all aspects of human sexuality, not only because of the remarkable extensiveness of its collection, but also because of the uniqueness of its card catalog which, in addition to serving the traditional function of providing author, title, and subject access to the book collection, also provides an index to the periodical literature in human sexuality. The Institute comprehensively indexes the articles in the professional sexuality journals it receives—currently numbering 17 in the U.S. alone. Reprints of hundreds of other periodical articles on sexuality are obtained via searches of social science, medical, and legal indexes and abstracts, with each cataloged in the same way as a book, with author, title, and subject headings. These cards are then interfiled with the book cards, making the Institute's card catalog probably the most valuable research tool in the sexuality field, yet one that has been relatively inaccessible to many. Sex Research helps to remedy this situation.

Included in the 4000 citations along with books and periodical articles are book chapters, dissertations, conference papers, cassette tapes, and films, with some foreign-language items also listed. Priority is given to presenting basic works, other bibliographies, literature reviews, and contributions to the literature that might be too recent to have been cited by other researchers. Valuable sources of additional information such as agencies, publishers, and periodicals are included.

The bibliographies on some of the more extensively researched topics such as homosexuality and transsexualism and this book represents those most frequently requested of the Institute's information officer, Joan Scherer Brewer, who is also one of the compilers.

The Institute for Sex Research is arranged by 11 major subject headings which are in turn divided and subdivided into other headings. The organization becomes a bit confusing at times, for instance when a topic such as "Hormones and Sex Behavior" is used both as a major heading under "Sex and Gender" and also as a subdivision of itself. Subject organization, however, undoubtedly presents a major problem with any extensive bibliography, and in this case its disadvantages are more than made up for by the author and subject indexes in the back of the book where a much more detailed alphabetical list of subjects covered is presented along with references to the citations by number. Cross references are also provided. One could quibble over the choice of such headings as "physically handicapped" instead of "disabled," and "marriage forms" rather than "alternative lifestyles," but anyone who regularly uses card catalogs and indexes knows the importance of using them with some imagination.

The major concern in relation to this book is how researchers will obtain the materials cited. Some are already available at public and academic libraries. All, of course, are part of the Institute's collection. In light of this, it would have been helpful if more information had been included in the introductory material about the practical aspects of the use of the Institute's collection.

Sex Research is an extremely valuable new research and reference tool which I anticipate using a great deal in my work at the SIECUS Resource Center and Library at New York University. It is to be hoped, especially in light of the current lack of a published index to periodical literature in the sexuality field, that the book will receive wide distribution among individual researchers as well as libraries. This can not only facilitate current research efforts, but also point toward areas needing further exploration. PR


Reviewed by Simi Kelley, Chairperson, Coalition on Sexuality and Disability, New York, N.Y.; doctoral student, Counseling Psychology Program, New York University.

When Shere Hite compiled the thoughts and feelings of women about their sexual lives, their pleasures and their pains, she produced a valuable and important book. The popularity of the Hite Report is testimony to the need for women and men to understand each other's sexual response, needs, and feelings.

Elle Friedman Becker, in her book Female Sexuality Following Spinal Cord Injury, offers an opportunity to expand the heightened awareness experienced by many of the readers of the Hite Report an opportunity to understand the struggle of a quadriplegic or paraplegic woman living in a world that in many covert and overt ways represses and defines her sexual expression and sexual identity. After her own spinal cord injury, Becker, in a search to understand the nature of female sexuality in this new situation, interviewed other women like herself about their sexual lives. The resulting book brings out of isolation the joys and pains these women experience in their changed bodies, and reveals the struggle they have had in relearning how to find pleasure in their bodies, bodies that have been the site of much pain.

The book has a unique format. It is a compilation of interviews that Becker conducted with psychologists, a vocational rehabilitation counselor, physicians (a physiologist, a psychiatrist, a
neurosurgeon, two doctors of rehabilitation medicine, and a urologist), a physical therapist, two instructors in human sexuality, and 14 women with spinal cord injuries. These interviews, plus other chapters on birth control, the physiological, medical, and emotional aspects of spinal cord injury, and the responsibility of the medical profession, with a glossary and good bibliography, offer an unprecedented, multifaceted view of the sexuality of women who are quadriplegic or paraplegic.

Although the book does not pretend to be a scientific study with hard statistical data, it does reinforce what people who are sensitive to the issues involved in sexual expression of people with disabilities have been saying for a long time. The women interviewed repeatedly stressed the lack of support and recognition by hospital and rehabilitation staffs for their sexual concerns and their need for the privacy necessary to explore their possible new potentials as well as their limitations. This book will offer women who are in that often frightening, isolating, and alienating world that is the home of postinjury people, an opportunity to listen to other women who have come through it and who now lead full and pleasurable lives. The women speak of the pain of living with people who stare at them, misconstrue their abilities, and deny their sexuality. They also speak of the rewards of accomplishment, of loving relationships, and of fulfilling work.

Becker follows an informal interview schedule that includes questions on attractiveness, orgasm, bladder and bowel problems, spasticity, previous and current sexual pleasures, and sexual preferences. The questions are open ended, allowing the women to go as deeply as they care to with their answers. The author, herself a paraplegic, offers in sharing her own experiences a supportive and open atmosphere that contributes to the very personal sharing these women do. I often wished that each question had been answered in more depth, but that might have made the book unmanageably long.

Unfortunately, the phrasing of the questions in the interviews prevented the women from talking about possible sexual experience with or interest in involvement with other women. The questions focus entirely on interactions with, relationships with, and attractiveness to, men. The implication that women with spinal cord injury can or will be interested only in heterosexual relationships denies the experience of many and reinforces the secrecy surrounding homosexual experience.

Aside from this limitation, I am enthusiastic about the book, and recommend it as a valuable support and resource for women with spinal cord injuries or other physical disabilities. It presents information on sexuality and on disability in a simple, straightforward way. The interviews combine practical solutions to the limitations imposed by disability with discussion of the emotional response to those adjustments. Women with differing needs at different posttrauma times can read what they are ready to absorb and can later go back to the book for more information or to clarify an area of personal concern.

No book, this one or any other, can replace supportive counseling, education, and medical attention to women's sexual health following spinal cord injury. It should therefore not be offered automatically to all women in rehabilitation by a clinician looking for a simple solution to the complex needs of his or her patients. Furthermore, although it is written mostly for women who have had spinal cord injuries, it has value for many other people as well. Certainly the family and friends of a woman who is adjusting her life to a disability would profit from it. Also people whose lives rarely touch the lives of people with disabilities can learn about sexuality itself from these women whose words help the understanding that sexuality, orgasm, and the giving and receiving of pleasure are not contingent on physical “perfection” or genital sensation alone.

These women, and countless others who have lived for periods of time in rehabilitation and hospital environments, emphasize that the people who most need to be sensitized to the concerns of women and men with disabilities are the health care providers. There are, of course, many nurses, technicians, aides, physicians, and physical therapists who are responsive to the need for privacy and for sensitive, informed attention to concerns about sexuality. Indeed, several of the professionals interviewed by Becker seemed to be just such individuals. But there are many others who may still need to develop the capacity to support and advocate for the rights to sexual health care for women and for men with disabilities. This book is an excellent place to start listening to how it feels to have a disability and to learn what people with disabilities look to from the professional community, and from their families and friends. A, PR


Reviewed by Sam Iulty, author, lecturer, and educator in human sexuality and men's studies. His latest work, Men's Bodies, Men's Selves, will be published in December 1979.

When we acknowledge that none of us completely fits into the orderly and accepted patterns of society, we can begin to appreciate how narrow are the privileges when you are “similar,” and how broad is the pressure when you are “different.”

Probably the largest group kept outside the cultural mainstream and branded as misfits are the presently roughly estimated 20 million men and women who identify themselves as homosexuals and live the gay lifestyle. For them solutions cannot be found in therapy—humanistic or otherwise. Some of our laws place them outside the realm of the privileged, and our misinformation outside the scope of understanding. Consequently, many people are prone to go along with those few psychiatrists who still insist that homosexuality is pathological behavior, the cop who says it is criminal behavior, the school principal who says it is corrupting behavior, and the “liberal” who says it is okay behavior but “not on my block.” The sad fact is that heterosexist attitudes are rooted in the same ignorance which supports oppression against women, the aged, blacks, Jews, the disabled, and all others who are “different.”

Ripping through any excuses for ignorance about how gay men and women feel are these two fine books which give the results of extensive surveys conducted in the gay community.
Both are distinguished by the method in which the collected data are presented: instead of giving us just percentiles and means, the authors give us words and feelings.

The Gay Report is based on replies to widely distributed, extensive questionnaires designed specifically for gay women and gay men. Part One of the 16-page form had multiple-choice questions on sexual likes and dislikes; Part Two required written answers on sexual experiences and feelings. The fact that a book of more than 800 pages came out of a subsample of responses from 250 gay women and 419 gay men gives us some idea of how much the respondents want and need to be heard.

Organization of the book is excellent. Subject matter follows an orderly progression, with separate chapters devoted to male and female responses. Of considerable value to me was Chapter 19 which contains comments on the survey. Here and Young took off their hats as data gatherers and showed us their personal sides as they answered some of the criticisms they received about their work on the book. I was particularly moved by Karla Jay's response to an attack leveled against her by a group of women describing herself as lesbian separatists, because she was working on a book with a man. In a brilliant and moving way she maintained her integrity without attacking her sisters for their views. I found it difficult to be as charitable when I read the attempts by some female respondents to use this survey as a platform for antimale rhetoric.

The Spada Report, a survey of gay male sexuality, gives us more of a picture of the gay lifestyle. It is must reading for any man who says he doesn't understand what gay men are all about. In reading it I became aware that I was doing what most people do in areas not too familiar—judging by what is most visible. For instance, I have been assuming that leather bars and anonymous sex were essential parts of every gay man's lifestyle. This report points out that many gay men reject those aspects of the gay lifestyle and seek ongoing and loving relationships. There are also some wonderful passages detailing the love some of these men have for their fathers.

The format makes reading this book a pleasure. A survey conclusion in bold type heads up a block of personal testimony in the respondents' own words. I was disappointed, however, by the author's decision not to allow what he termed intrusion of his own comments. I wanted to hear what James Spada felt and thought about the results.

I believe these two books should be front-line reading for all human sexuality professionals. It is time for us to put aside our clinical findings, conference papers, and professional journals on the "homosexual problem" long enough to let in and absorb what the average gay person has to say about himself/herself. A. PR

BOOKS FOR YOUNG PEOPLE


Reviewed by Susan Fox Ziff, MA, SIECUS Sex Education Consultant.

These are two quite different books for adolescents who are concerned with sexual issues and questions.

The Facts of Love, written by the eminent Dr. Alex Comfort and his wife Jane, is attractively bound, with easy-to-read large type and sensitive, yet dynamic drawings. It begins with a straightforward "Preface to Parents" in which the authors outline their biases (e.g., that birth control should always be used if pregnancy is not the desired outcome of intercourse, and that one should never drive after drinking alcohol), and suggest that the book may best be used as a catalyst for conversations with young people. And, indeed, there is sufficient controversial material to provoke dynamic conversations. For example, in their chapter on nudity the authors contend that society has made too much fuss over the topic and that people should simply learn to feel comfortable with their bodies. There are other areas in the book where opinion might be construed as fact. In the discussion of circumcision, where the process is somewhat frighteningly described in terms of having pieces cut off the penis, the unsubstantiated statement is made that "most doctors now say that it is better to leave well enough alone." This "fact" is emphasized by the use of uncircumcised penises in all the drawings of nude males except that illustrating a circumcised one.

One of the best sections in the book is on "Love," the emotion so difficult to describe. Parents' traditional advice, "When it's real you'll know it," may sound romantic but is unrealistically vague. The Comforts try to explain the various components of mature love without making the young reader feel condescended to in any way. They even have a section entitled "Morals and Manners" which is helpful in distinguishing between teens' playful teasing and often hurtful taunting. In their description of the different sensitivities of boys' and girls' bodies and the ways in which each likes to be touched, the authors point out that such awareness is a positive step in avoiding future sexual problems.

The Comforts' book is written for educated, middle-class families who already have a basic knowledge of the subject and feel comfortable enough about their sexuality so that lively conversation about it could be shared, bringing the family closer together.

The Teenage Body Book is exactly what the title indicates: a book for adolescents that deals with the various psychological and physiological concerns of this age group. The "Dear Abby" format is used to good advantage, for the wide variety of personal questions and concerns reassures the young reader that his or her problems are not unique. Indeed, the first chapter focuses on the common question, "Am I Normal?" The underlying message is that all people have experienced this uncomfortable sense of being different, especially during adolescence. The authors point out that while most people are different, most people are also normal. "Although you are a unique individual, you are, in many ways, just like anyone you know. You're not alone!"

The book is clearly written and diagrammed, and welcome free of assumptions about the reader's gender or sexual orientation. Sexually related issues one does not usually find discussed (e.g., breast development and related concerns, and how best to use the various types of tampons) are dealt with effectively. The chapter entitled
"You and Your Sexuality" explains and provides the reader with six provocative strange; and that extreme dependence on props and objects be avoided. The section ends with a short description of group masturbation. This leads to a discussion of teens' common concerns about sexual orientation and a balanced, nonjudgmental review of homosexuality. Stressing the positive value of same-sex friendships, the authors caution teenagers not to jump to conclusions in making assumptions about the sexual preferences involved. Early experiences do not necessarily harden into lifelong patterns. The explanation of homosexuality is supportive and well documented with descriptions of the research by professionals of such stature as Dr. Evelyn Hooker.

The latter part of this chapter provides the reader with six provocative questions for determining readiness for sexual involvement. The chapter ends with a basic physiological description of sexual activity of the sort frequently not provided but left to the imagination in similar books. Possibly if such details were more readily available, there might be less unprepared sexual experimentation among teens.

The more specifically informational sections (i.e., birth control, pregnancy, venereal disease) are covered similarly, both in format and quality. Accepting the reality that increasing numbers of teens are becoming pregnant, the authors chose to include an entire chapter on the subject, presenting the reader with clear discussions of the various options available to pregnant teens. The volume has an extensive Appendix with referrals for each state. However, several notable agencies were omitted, such as SIECUS; The Door Center of Alternatives, which is one of the best adolescent services in New York City; and the Community Sex Information hot line which answers approximately 1000 questions every month.

The Teenage Body Book, one of the best of its kind, is a thoughtfully written resource for adolescents to read on their own or in dialogue with parents and teachers.
sional training in human sexuality that would encourage a nonjudgmental approach, and should have been cited as resources. The anthology of the summary section, “If You Want to Know More,” is thorough and includes materials expressing opposing attitudes, encouraging the reader to become familiar with other view points on the subject.

Sexologists will find this unique volume useful in their libraries, with the historical and resource sections particularly interesting. Certainly professionals who work in any capacity with adolescents will find the book filling a previous gap on the bookshelf—when someone hasn’t borrowed it! ET, LT, PR


Reviewed by Anne Backman, MA, SIECUS Publications Officer.

This book has a comfortable, quiet quality. The reactions from the few teenage readers I was able to reach, working with an unbound galley copy, were positive. The tone throughout is sincere, honest, and nonjudgmental.

Carlson begins with a discussion of love and sex, or as she terms it “loving-sex,” and presents here an excellent framework on which young readers can build an understanding of their sexual feelings. For example, she advises them: “A lot of your early decisions will have to do with how you were brought up. Sex education begins at birth, with our parents’ attitudes toward their own sex lives and toward our early-childhood sex play.”

With a preface pointing out that we are all not only human but sexual beings, the next chapters help explain the boy-girl relationship and the different feelings it can generate. This is followed by an illustrated section concerned with “his body,” “her body,” and “bodies together.” The discussion of prepubertal sex feelings is unusually informative for a book of this type. Its thesis is that “sex lives begin at the beginning for everyone—it’s only the talk and the attitudes that vary.” Masturbation is described as normal and healthy, and sexy feelings as natural.

Adolescent relationships are then explored, from touching and cuddling to the important step of sexual intercourse, with a listing of the pros and cons involved in the decision to go “all the way.” The key words here are “love,” “honesty,” and “responsibility.”

The chapter on homosexuality and other sexual variations, while brief, is helpfully informative and straightforward. My only complaint concerning the ensuing chapters on birth control and venereal disease is that the author failed to mention the benefit of using a vaginal foam along with the condom in both cases. I mention also that the implication that it is mainly Roman Catholics who object to mechanical and chemical methods of birth control is questionable.

The final chapter completes the idea that “two aware people love best.” While the book is not perfect, its ideas are sound and well expressed. The author, who has written extensively for young people, is obviously very sympathetic to their feelings and problems. I hope, however, that her pleasantly idealistic and value-oriented presentation has not moved her material just beyond the more realistically oriented scope of the average contemporary teenager. ET, LT

SIECUS is affiliated with the Department of Health Education of the School of Education, Health, Nursing, and Arts Professions of New York University.