

HUMAN SEXUALITY TEXTBOOKS: AN EXPERIMENT IN EVALUATION

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In the late 1950s I was teaching several sections of a Marriage and Family Living course under the direction of Lester Kirkendall, and the students were requesting heavier concentration on the material dealing with sexuality. Proceeding cautiously—we were a conservative land-grant college—we let it be known that one section would be open only to engaged couples or those in a “serious relationship.” We focused on sexuality, and undergraduate response was so enthusiastic that more sections of what the students dubbed the “sex class” were added—still officially designated as Marriage and Family Living, of course. And so, in the early 60s, we had in effect a course in sexuality. I’m sure that other professors were exploring and experimenting in similar fashion all over the country, but what none of us had at the time was a textbook. Our prime resources were mimeographed readings, journal article reprints, and *Sexology* magazines—minus the covers some thought vulgar.

Then in 1967, the first edition of James L. McCary’s *Human Sexuality* was published, and we had a text! It was a milestone in education for human sexuality. Not just because it was the first book; it was also a good book. Based on his teaching experiences with thousands of students over several years, it was well conceived, well organized, readable, and it articulated for the field what a sexuality text should be. In its preface, the author stated: “The aim of the book is to explore the physiological, sociological, and psychological components of human sexuality in a readable yet sufficiently detailed manner so that the mystery and confusion enveloping this needlessly hypersensitive subject can be dispelled. It is my earnest hope that each reader will be able to integrate these components in a meaningful pattern into his own life. I further hope that he not only will be able better to understand and accept his own sexual needs and behavior, but also, at the same time, will be more accepting and understanding of his fellowman whose sexual attitudes and behavior might differ from his own.” (This was written before we said “person” instead of “man.”) The book gave legitimacy to college sex education and enabled “Interpersonal Relations,” “Social Issues,” and “Family Life” classes to come out of the closet. It was used as supportive evidence of

the academic respectability of requests to college administrators to initiate similar courses.

The success of McCary’s book, both as a text and book club selection, encouraged other educators to put their lecture notes, selected readings, and teaching experiences into book form. By the end of the decade there was what the *SIECUS Report* in 1977 (Vol. VI, No. 1) then called a “surfeit of college-level sex texts.” Six texts, four texts with readings, and four books of readings were reviewed in that issue with acknowledgement that this was only a representative sampling.

Today, just five years later, college classes in sexuality, offered primarily through Sociology, Psychology, Health Education, or Physical Education departments, continue to increase. It is not unusual today for department chairpersons to have to find instructors for 10, 20, even 30 sections of Human Sexuality. The classes continue to be rated by students as important to their lives and typically as “one of the best classes I’ve ever taken.” Publishers are competing for this market and so the flood of new texts continues to swell.

Browsing through McCary’s first edition now makes it dramatically apparent how sophisticated the publishing of sexuality texts has become. McCary’s first book is of modest size with dignified black binding. Its traditional format with content over-reliant on good old *Sexology* magazine is unrelieved by illustrations other than mechanical-looking renderings of internal organs and charts courtesy, again, of *Sexology* magazine. In contrast, students today find the information in new texts (including McCary’s later editions) documented by references from a wide range of authoritative sources drawn from a spectrum of disciplines. Page format is creatively designed and many illustrations, using art work and/or photography, include nudity and positions for intercourse. In many, humor relieves the academic tone. The binding is usually pastel, size approaches that of coffee-table volumes, and the covers are full-color art.

The proliferation of texts and the competitive merchandising make the decision of which to purchase or adopt for class a difficult one. In an effort to update its coverage of the textbook

scene and assist its educator-readers in their evaluation process, the *SIECUS Report* requested that a new special survey of current tests be conducted. Since this involved not only reviewing the newest books but also providing an overview of what is currently available, it became necessary to make some editorial decisions. First, consideration would focus on sexuality textbooks and would not extend to marriage or health texts, although these might contain relevant material on sexuality. Nor would collections of readings be reviewed. Second, to eliminate as much reviewer bias as is possible in the touchy task of evaluation, the project would be carried out by a group of educators who would first reach consensus on what their "ideal" text would include, and what factors they felt might influence the decision to purchase. Third, texts would be compared to each other by the group while being rated. Finally, the group would not attempt an overall ranking of the books, but would provide information so that other educators might decide for themselves which is "best" in the sense of most appropriate to their own classes, and to their own approach to the study of human sexuality. We therefore created two charts—one giving basic information, the other rating topics felt to be necessary to an effective text on human sexuality. In addition, a bibliographic listing is provided on page 13.

Obviously the evaluators had to have practical teaching experience. Qualified doctoral students in the Human Sexuality Program at New York University were invited to participate in the project. The interest was enthusiastic, but the necessity of attending several group sessions together limited the number who could actually involve themselves. To these following individuals I owe a great debt of gratitude for their devotion to the completion of an arduous task: Geri Abelson,

Natalie Alfandre, Sydelle Berlin, Martha Calderwood, Meg Kaplan, Jean Levitan, Robert Lipka, Ray Noonan, Felicity Pool, and Barry Sepekoff.

As you will see from Chart No. 1 on page 11, our experiment indicates that, on the basic qualities of an effective text other than consideration of cost and availability of supporting guides, etc., there is little to distinguish one text from another. However, assessment of content coverage resulted in a more discriminating evaluation, as shown in Chart No. 2 on page 12. We recognized that the authors did not write their books with our content criteria in mind. Thus, the fact that in some books some subjects were not covered or were given only passing mention may reflect choice of emphasis rather than of omission. We also found that the arbitrary criteria did not allow for consideration of special contributions; for example, some texts included excellent coverage of sex and drugs, a category not listed in our criteria. Self-help resources at the ends of chapters or in the appendices were considered to be effective learning aids, but we had no way of including these virtues in our considerations. Some texts utilized a second color for headings and for highlighting material; several used outstanding visuals, with care to include people of all races, ages, and sizes. In spite of these limitations, it is hoped that the use of our criteria will at least narrow the search that each educator must make to locate the "perfect" textbook.

Working on this project has generated in all of us who were involved a real enthusiasm about the variety and general excellence of textbooks available today. In a sex-negative society, it is encouraging to find that the authors all approached the study of sexuality with an optimistic, positive point of view.

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DO YOU KNOW THAT...

International Symposia

The following symposia are being planned for 1982-83: International Symposium on Sexuality and Mental Retardation, August 27-29, 1982, Toronto, Canada; International Symposium on Sexuality and Disability, March 10-13, 1983, Vienna, Austria; International Symposium on Surgery and Sexual Dysfunction, August 22-25, 1983, Copenhagen, Denmark; and International Symposium on Sexuality and Deafness, November 12-14, 1983, San Francisco, California. For further information on any of these conferences, write to: Dr. E. Chigier, International Institute for Sex Education and Therapy, 203 Dizengoff Street, Tel Aviv 63 115, Israel.

Conference on Sexual Arousal

The Department of Psychiatry and Human Behavior, Jefferson Medical College of Thomas Jefferson University is planning the Fifth Annual Conference on Psychosomatic Disorders to be held in Philadelphia April 21-23, 1982. This year's theme, "Sexual Arousal: New Concepts in Basic Sciences, Diagnosis, and Treatment," will be of interest to all health care professionals. For detailed information, write to: Miguel Ficher, PhD, Jefferson Medical Center, 1015 Walnut Street (314 Curtis), Philadelphia, PA 19107.

RESEARCH NOTES

Empiricism, Evaluation, and Advocacy

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Shortly before attending the annual meeting of the Society for the Scientific Study of Sex in November 1981, I was invited to become the editor of "Research Notes" for the *SIECUS Report*. Since the first column had to be completed shortly after my return from the SSSS meetings, it was very much on my mind during these meetings. Although there were a number of good papers and presentations, the highlight of the conference promised to be (and was, for me) the plenary session. That session, and subsequent conversations about it, helped to clarify some of my ideas about the field with which I identify (the empirical study of human sexual behavior) and some of the difficult issues we face. In this first column, then, I will describe the SSSS plenary session briefly and I will react to some of the issues raised during the session as they relate to the field, and to my intentions for this column.

Despite the plenary session's rather leaden title, "Theoretical Issues in Sexology: Assumptions, Implications, and Implementations Related to Education, Therapy, and Research," the large hall at New York's Sheraton Centre was filled. The constituency of the panel promised something for everyone. With humorous quotes from various authorities, Thomas Szasz wittily demonstrated the basis of his belief that behaviors defined as "sexual" have been and are inseparable from judgments of good and evil. Erwin Haeberle's presentation, with the wonderful title "The Manufacture of Gladness," extended notions reminiscent of some of Szasz's earlier books by suggesting that contemporary American sex therapy does little more than attempt to help unhappy individuals adjust to contemporary societal mores rather than to question the present context in which individuals attempt to express their sexuality. John Gagnon argued that what constitutes normal and acceptable versus abnormal and unacceptable sexual behavior is determined by powerful and contending forces in society. Mary Calderone, asserting that we are sexual beings from birth, discussed the factors that should be considered in education for sexuality throughout infancy and early childhood. The session also included a tape presentation by Joseph LoPiccolo, who had to cancel his personal appearance, regarding the issues needing to be considered by sex therapists, and remarks by discussant Richard Green and by Al Freedman whose *Forum* magazine had supported the session.

The plenary session presentations were well done, provocative, and entertaining, but until the post-presentation com-

ments, most of the heat in the room appeared to be due to the hotel's inability to regulate the thermostat. The discussion period provided different sources of discomfort. In the most important of these, John Gagnon gently but firmly announced that for the first time he was about to disagree publicly with Mary Calderone. He said that he did not believe that infants and children were "sexual." Gagnon's disagreement with Calderone's position illustrated and probably stems from at least three problems in the area variously known as sexuality, sexual science, and sexology. These problems include the absence of consistent definition of terms, the confusion of empiricism with social advocacy, the difficulty of differentiating observation from evaluation, and the scattershot effects of solutions proffered for knotty issues.

With respect to the issue of definitions, we have yet to arrive at satisfactory agreements regarding what we mean by various terms we associate with sexuality and with the meaning of the word "sexual" itself. The problem of definition of terms pervades scientific circles, societal and religious attempts to regulate thoughts and behavior, and social discussion. We argue as to whether what is now called sexual assault is really sex or aggression. There are exhortations against "lust" in which it is suggested that it is permissible to make love to one's spouse as long as one isn't feeling lustful. We are unable to define what is meant by pornography (although some may be comforted by the fact that one Supreme Court judge knows it when he sees it!). And in attempting to understand and reconcile Calderone's and Gagnon's statements, I realized that I wasn't altogether clear on what either of them meant by "sexual" when they asserted their beliefs that babies are/are not "sexual." Having read much of what both of them have written, I believe that Gagnon means something different by that term than does Calderone. I believe that Gagnon is saying that babies don't conceptualize a set of experiences, attitudes, and motives which adults might label "sexual," nor do they differentiate that class of experiences from others. Calderone, on the other hand, seems to be saying that humans are universally capable of feeling sensation from touching and stimulating their genitals from birth on. In attempting to clarify this issue, it may be helpful to use another common human experience which tends to be more readily separated from the kinds of good/evil judgments of which Szasz spoke. Gagnon would probably state that newborns don't conceptualize, interpret,

and differentiate hunger pangs from other sources of discomfort such as temperature extremes. Calderone would probably say that humans are capable of feeling hunger from infancy on. And I don't believe that Gagnon or Calderone would necessarily disagree with either of those statements about hunger. If I am making unwarranted inferences about their position or what they mean by their terms, I would appreciate receiving corrections from them. In the meantime, their apparent disagreement may involve more of a disagreement about the definition of what each of them means by the term "sexual" than a disagreement about what infants do or do not feel. And, in fact, it is very difficult to know one way or the other what an infant is feeling. New parents can become quite frustrated in attempting to determine the source(s) of an infant's discomfort. The main point is that our discussion in these areas is clearly in need of greater precision in the way in which we define terms. Further, the insistence of behaviorists that we rely on "observables" is not always necessarily helpful. For example, erections of the penis or nipples may indicate sexual arousal, and may also be associated with the urge to urinate in the morning or with reactions to a cold shower.

A second problem involves the differentiation of scientific observation from social advocacy. During his plenary session presentation, and later in accepting the 1981 SSSS Award for Outstanding Contributions to Sexology, Gagnon suggested that we learn in one way or another to label certain events and behaviors as "sexual." Some of these "sexual" behaviors are defined by societal forces as "normative" and healthy and thus permissible, whereas others are defined as "abnormal" and to be avoided, prevented, cured, or punished. Leaving aside the issue of what young children experience or how they interpret their experience, adults do interpret and label some of the behaviors of children as "sexual" that may not be, and possibly fail to label as "sexual" other behaviors that are. Gagnon's position (which I infer stems from his role as a scientific observer) is that societal interpretations and labels contribute to the difficulties of understanding what is experienced by children. He asserts that we cannot even know what our own childhood experiences were. His remarks were consistent with his role as an empiricist. He made no social recommendations.

Mary Calderone has a totally different role. Her emphasis is on the effects of parental and societal interpretation. A large body of research indicates that sexual socialization practices during the developmental years are correlated with later adult sexual attitudes and experiences. Calderone advocates greater acceptance by adults of the behaviors they may perceive and label as "sexual" in their children. In short, Gagnon suggests that powerful forces do evaluate and label various behaviors as "sexual," and Calderone is attempting to alter some of the contemporary evaluations and labels.

The third issue, distinguishing scientific observation from evaluation, is highly problematic. As noted, according to Szasz, behaviors labeled as "sexual" are inseparable from evaluative judgments. Actually, this claim might be made of all human behaviors to a greater or lesser extent. That is, we are an evaluating species, and there is no reason to expect sexual behavior to be immune from this process. We judge behaviors such as work ("he's lazy, she's a workaholic, he's a good worker") and cleaning ("she's a slob, he's anal compulsive"). We even attach positive or negative connotations to activity in general—"she's aggressive, he's passive." The issue is, on what basis shall we reach these judgments?

Some progress over reliance on unexamined myths, hopes, and fears may be made if societal and individual judgments

are based on empirical demonstrations of the presence or absence of particular consequences for diverse sexual behaviors. I agree with the positions taken by both Gagnon and Szasz that science is not value free. Further, even after determining the consequences or correlates of, say, genital self-stimulation or of surgical castration of convicted sex offenders, individuals and societies will still make judgments both about the behaviors themselves and about the consequences of the behaviors. However, attempts to obtain information by following the rules of science can provide some correction of unsupported beliefs and value judgments.

That brings me to the goals I have for this column. When I was invited to accept the editorship of "Research Notes," I looked over back issues of *SIECUS Reports* to see the focus of the column in the past. Since a variety of formats and strategies was used, I have felt free to create my own. In teaching a sexuality course at a time when the field of sex research is very active, I am continually looking for recent summaries of findings relevant to such topics as male and female sexual arousal and response, gender identity and sexual expression, sexual orientation or preference, reproductive and contraceptive behavior, abortion decisions and policies, and other issues commonly covered in human sexuality courses. This column, then, will be devoted to reviewing groups of studies on such selected topics. In doing so, I will try to be sensitive to the three issues raised in this column. The next column will focus on the evaluation of research findings, as I believe that this is an important component of educating people about our accumulating knowledge of sexual behavior. I welcome letters from readers regarding topics they would particularly like to see covered, research of their own that they believe might be useful to others who are engaged in transmitting information about human sexual behavior, and reactions to this column and future ones. Letters should be sent directly to me, in care of the Psychology Department, Bowling Green State University, Bowling Green, Ohio 43403.

DO YOU KNOW THAT...

Alfred C. Kinsey Institute for Sex Research

At a Dedication Conference held at Indiana University in Bloomington on November 10-11, 1981, the Institute for Sex Research, in honoring its founder, formally changed its name to the Alfred C. Kinsey Institute for Sex Research. Also announced was the establishment of a program designed to attract researchers and scholars to the Institute.

In this program, three categories of research appointments are available: Associates, Fellows, and Affiliates. Associate and Fellow appointments are equal in status and benefits, with the exception that Fellows receive a stipend during their term. The category of Affiliate is reserved for researchers whose background to date is not in sex research or whose training in sex research is as yet in its early stages. Inquiries and applications are welcomed throughout the year, but appointment decisions are usually made by February for the following July fiscal year. For further information or for application forms, contact: Dr. Paul H. Gebhard, Director, Alfred C. Kinsey Institute for Sex Research, 416 Morrison Hall, Indiana University, Bloomington, IN 47405.

"When he holds me in his arms . . ."

I have a kitchen gadget that is worth its weight in gold for the prevention of boil-over disasters. It carries no brand name. I bought it long ago and who knows from what catalog (of which I'm a raving maven), but I can knead dough, chat on the phone, or run downstairs to the laundry, secure in the knowledge that the milk, cocoa, soup, spaghetti, or what have you will boil, yes, but never boil over.

And that's our problem with teenage sexuality, which everybody knows will boil, given the natural nature of adolescents from time immemorial (remember?). But pregnancy, welfare and p.i.n.s. (persons in need of support) services all attest to the boil-overs thereof—meaning babies, of course. And we have found neither social nor scientific gadgetry to contain this epidemic.

Yet everybody keeps right on taking for granted that contraceptive (including abortion) services will constitute such preventive gadgetry. Not so. For the boil-overs keep reaching down to ever younger age groups (surely they will stop at nine years?) and the count keeps going up—not just of babies born, but of babies born prematurely—which automatically brings with it increases in various forms of dependency and of acute and chronic illness of mothers and babies both. Prematurity also carries with it higher rates of mental retardation and therefore of ultimate dependency of the babies of adolescents. And of one more thing: increase in child abuse by the adolescent mothers and fathers who themselves were, or still are, abused children.

There's a chain reaction here, an important link of which was noted by one of Margaret Mead's insights: that time spent in hospital for most deliveries today, probably averaging only three to four days, is inadequate. It may suffice for a mother who was seasoned by a family upbringing or perhaps by a previous baby or two that might have served to imprint in her the will and capacity for the long period of mothering stretching out before her. But many more days and carefully planned efforts would be required for the seasoning of adolescent mothers, who are just about 100% unprepared to meet the needs for mothering of an infant and young child. Their background for such mothering is in effect nonexistent. They telegraph this constantly to society by their often heard stated "reasons" for "having" and "keeping" their babies. For having become pregnant the commonest reason is: "When he holds me in his arms is the only time I feel somebody loves me." For keeping the baby their reasons boil down to: "Then I'll have someone of my very own who will 'love' me." Staring us in the face, in my opinion, is the underlying cause of adolescent pregnancies: Children who have not been helped to develop self-esteem will have children who in turn will not be helped to develop self-esteem. Self-esteem, self-love are developed by receiving love and esteem unconditionally and unlimited when we need it most—in helpless infancy and childhood.

Retrospective individual and familial studies of the chain reaction preceding adolescent pregnancy and birth usually reveal emotional deficiencies in the home backgrounds of the adolescents themselves: unstable homes, poor or nonexistent parental interrelationships, one or both parents absent, non-functioning, or abusive—whether sexually, physically, or emotionally. The mother as an infant was herself starved for the touching and nurturing caresses that research with primate young and in early infantile development reveals as absolutely crucial for later well-being.

Projected further, the chain reaction is equally discouraging to envision, and frightening: Abused children become abusing parents; emotionally deprived children become emotionally crippled adults who then cripple their children emotionally. And this does not just apply to females but also to the males who impregnate them. Their early childhood background of emotional deprivation produces in them a flawed capacity for affect—for empathy, warmth, nurturance, grief, remorse. From this group come the ever younger vandalizers, looters, arsonists, muggers, rapists, murderers. From the statistics one has to conjecture whether this criminal population is increasing in numbers of individuals or in numbers of crimes per individual. Probably both.

Meanwhile research shows that rape of men by men is increasing outside the prisons where we used to think it was contained, and there is even the suggestion that the previous findings that such rapes were primarily by heterosexual males on other males may no longer be valid. Male rapes may be occurring without reference to whether the raper as well as the victim is heterosexual or homosexual, all this outside as well as within prison walls. But certainly jail incarceration of a youth practically guarantees that he will be raped within the first 24 hours.

Of disastrous social boil-overs among youths we have a plenty, far beyond those of adolescent pregnancy. So, Mr. Schweiker, your efforts to institute "chastity" classes for the young, presumably primarily for the girls, will scarcely serve to inculcate the capacity to control reproductive boil-overs in that huge stratum of young people whose spirits and souls have been irretrievably starved and forever maimed by their very earliest experiences as infants and young children. No gadgetry that we can think of today can mitigate the future costs within our society of these early scarrings and maimings. They relate very closely to the lack of sexual self-image, self-esteem, and capacity to feel in charge of their own bodies and sexuality, that our present approach to child-rearing instills in our young.

It is a bewildering dilemma with, as John Hersey once said, "no place to hide." Where and how does one find and pick up the thread that somehow might unlock the seemingly endless chain stitch? I do not believe that any solution exists that is

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WHERE THE ACTION IS

Medical Students as Sex Educators

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An innovative sex education program for preadolescents in selected District of Columbia public schools has resulted from training third-year medical students from Howard University College of Medicine as sex educators. During the past seven years more than 150 students have volunteered to participate in a Sex Education Practicum, an elective during the third year Psychiatry rotation, which has been added to the existing human sexuality program. During the first few years the training and supervision were provided by sex educators from Planned Parenthood, the Department of Human Resources, and Family and Child Services. The training is now done by the Howard University Department of Psychiatry, and the supervision by a pediatric nurse practitioner in the School Health Program of the District of Columbia Department of Human Services. Upon request of the principal or counselor in an individual school, the medical students provide a five- to six-session sex education program for fifth and sixth graders.

Although over 90% of medical schools offer some form of organized sex education program, most emphasize didactic learning, and some offer desensitization via films and small group discussions. In this program medical students have the opportunity to reverse roles from passive learner to active teacher, to carry primary teaching responsibility for decision making, and to translate knowledge they have mastered into terms that are useful to others. They are challenged to discover and interpret the sometimes hidden or unconscious meanings behind the preadolescent's questions, and to respond on this level as well as to the manifest question. The brief training focuses on helping medical students learn to deal with their own anxieties: discussing sex, value-laden issues, and personal questions; differences in language; the developmental struggles of the children; and discipline in the classroom. Role-playing helps the students practice with typical questions. They are helped to see how increase of instinctual pressure in preadolescence might lead to the sexualization of almost any experience and to difficulties in controlling impulses. Since preadolescents are concerned with the functioning and intactness of their bodies and sexual organs, their questions and concerns range to include fetal death, birth defects, multiple births, abortion, erections, homosexuality, vaginal discharge, and body injury.

It is well known that physicians, when discussing sexual problems, tend to use the same unconscious strategies as do their patients—denial, isolation, avoidance, and rationalization. Although medical students today may be equipped to teach human sexuality as far as actual knowledge of anatomy and physiology are concerned, they need practical training to develop teaching skills and to address their own values and

attitudes regarding sexuality and education about it.

Each session begins with a film or filmstrips considered appropriate to break the ice with a large group. Except for one session, boys and girls are together in small groups. Because of residual anxiety, some medical students may opt to begin by sharing the teaching with a classmate, but usually they quickly develop the confidence to do it alone. (When the medical students feel threatened, they tend to overuse sophisticated terminology or avoid "hearing" difficult questions.) They briefly summarize the content of the film, often using charts made by previous medical students, but the focus is on answering questions or reflecting them back to encourage class interaction. One student recalled her one "failure" when a student demanded bluntly, "How do faggots do it?" "I choked," she remembers. "I couldn't tell him what he wanted to know." Her hedging led to guilt feelings, and made her realize that physicians are human and might feel uncomfortable when discussing some aspects of sex unless they have confronted their own anxieties about all aspects. "I learned a great deal from that session, and now I know I could answer that question without letting my own feelings get in the way. Otherwise I experienced little difficulty in establishing rapport or communicating with the students, partly because medical school gave me confidence to teach the facts."

Another factor weighing in favor of good communication is that the medical students are generally closer in age to the students than their regular classroom teachers are, and they can relate in a nonauthoritarian manner. Yet, due to their connection with the medical profession, they are accepted by school staff as knowledgeable, competent, and effective instructors in health care. The preadolescent's immense curiosity about sexuality is easily brought to the surface by the acceptance and responsiveness of the young medical students. This natural curiosity is less apparent when teachers in more authoritarian roles inhibit communication because of their need to avoid, deny, and rationalize the preadolescent's developmental interests. Once the opportunity is offered, there is a flood of questions and misconceptions that the young people have not previously dared to discuss with any adult. Certainly the clarification of misconceptions and the presentation of sound knowledge about sexuality serve as an organizing function for the ego, so that it becomes better able to counter instinctual pressure for immediate gratification. Also, by evaluating consequences of behavior, there is more opportunity to use thinking as a substitute for action.

For male elementary school students, the presence of male instructors (approximately 65% of the participating medical students) in a primarily female teaching environment enhances

identification and learning for boys. A further expectation is that a positive experience with physicians-to-be will enable these young people to feel more comfortable in future discussions of sexual concerns with their physicians.

The participation of predominantly black medical students in the Washington, D.C. school system seems to offer a particular advantage, since the student population is 95% black. The upwardly mobile medical students serve as role models, and many are asked for information about health careers during the class discussion periods.

This program, which could easily be replicated, appears to have benefited all groups involved. The D.C. schools have received a needed service for their students; the health agencies have broadened their outreach work in the public schools without adding any cost to these efforts; the medical school has enhanced its human sexuality curriculum and found a mechanism which permits it to increase its interaction with the community; and the medical students have been involved in direct health practice which they deem exciting and clearly relevant to their future practice. It is a long-range objective of this program to encourage, within the medical profession, a heightened sense of awareness and confidence when dealing with patients' sexual concerns.

[The sex education program described above was originated by Dr. Sklarew, who is currently serving it as a coordinator, and by Jane Quinn, ACSW, who was a coordinator/leader for five years. She is now Director of Program Services for the Girls Cubs of America, Inc., and a member of the SIECUS Board of Directors. Anyone interested in obtaining more detailed information about the development and implementation of this program should write to: Bruce Sklarew, MD, 5840 Wisconsin Avenue, Chevy Chase, MD 20815.—Ed.]

In My Opinion, Continued from page 5

global. I do believe that approaches can be made that, combined, might produce gradual amelioration. Foremost is the message to be spread as rapidly and widely as possible: The sexuality of children exists; believe this to be good and normal. And its very existence at the outset of life might lead us to proclaim its right to the protection and development that we try to give to children's minds and bodies.

Second, in all birthing facilities every young mother, no matter what her age, who comes in for her first baby should be treated like the precious object that she is. She needs the warmth, attention, and caring that she may never have had, and if time permits before the actual labor and delivery, she should be told in simple words exactly how important she will be to her coming baby and what it will need from her. All birth attendants should be instructed in the art as well as the science of making it possible in the immediate postbirth hour for mother and baby to confront, get to know, and fall in love with each other as nature apparently intends for all mammal mothers and their young. This must be helped to happen even with the most unprepossessing mother and sickly baby. In particular, mothers of prematures must be given the opportunity as early as possible to touch, hold, and communicate directly with these tiny creatures who probably need it more than all the others. And for those who have no home to go back to, some kind of halfway house situation should be available at the end of the hospital stay so that they can spend the rest of the baby's first three or four weeks in a sheltering

DO YOU KNOW THAT...

"I Read Banned Books" Month

April 1982 has been designated as "I Read Banned Books" Month. The Institute for Family Research and Education, in cooperation with the American Society of Journalists and Authors, is sponsoring this Month in order to raise public awareness of censorship. Activities will include bookstore and library displays of books which have been banned in different locales. A special issue of *IMPACT*, the official publication of the Institute, is being devoted to First Amendment rights. For more information about the scheduled activities, write to: The Institute for Family Research and Education, 760 Ostrom Avenue, Syracuse, NY 13210.

Graduate School of Homophile Studies

In August 1981, ONE Institute Graduate School of Homophile Studies secured authorization to operate as a degree-granting institution from the Office of Private Postsecondary Education, California State Department of Education. Beginning in March 1982, the Graduate School will offer a multidisciplinary program of courses leading to the Master of Arts and Doctor of Philosophy degrees, with courses in history, sociology, psychology, philosophy, law, literature, and the arts, all focusing on the gay and lesbian experience. Inquiries should be directed to: Assistant Dean for Student Affairs, ONE Institute Graduate School, 2256 Venice Boulevard, Los Angeles, CA 90006.

environment that will cement the mother-baby relationship. Once this has been done, the adversity which many of these poor young things are bound to experience may not so inevitably turn into a child-abusing one.

Third is the message to be gotten to every young mother and father: The very fact that they are parents makes them potentially the best sex educators of their children—a role their children want them to take on, a role we want to help them learn.

Fourth, simple tools for producing continuing growth and attitude changes in young parents are needed—films, meetings, leaflets—but these will be ineffective in the absence of general supportive services for these young parents. Thus ways must be found to reach them wherever they are, to gather them together into warm, socially reinforcing groups where their own lacking self-esteem and self-confidence can be helped to grow so that, in turn, they might do the same for their own babies and children—with a sense of competence, vigor, and commitment.

Where, in this chaotic time of deprivation and loss of social services, can these things be helped to happen—and with what funds? That is a bleak question. How can a fifteen-year-old's energy be focused on the well-being of her child when her own self is cold, ill-housed, ill-fed, alone, and feeling unloved and abandoned? Unless we can begin to find some answers to that very question, 15 years from now we can expect that the 1982 babies born to such young parents will be showing us exactly what does happen in the absence of those answers.

SUMMER 1982 GRADUATE WORKSHOPS IN HUMAN SEXUALITY AND SEX EDUCATION

Workshops are listed alphabetically by state. Announcements arriving too late for this listing will be published in the May 1982 SIECUS Report.

Arizona

University of Arizona, Tucson, Ariz.

- *Health 434. Sex Education.* June 7-July 8, 3 hours.
- *Health 330. Human Sexuality.* July 12-August 11, 3 hours.

Write to: Mrs. Judith Nevin, MEd, Health Education Department, University of Arizona, 1435 N. Fremont, Tucson, AZ 85718.

California

National Sex Forum, San Francisco, Calif.

- *SAR XVIII, #311 (Sexual Attitude Restructuring).* June 26-July 3, 60 hours/4 units.
- *SAR XIX, #311 (Same program as above).* August 14-21, 60 hours/4 units.

Please note: Credit is available through The Institute for Advanced Study of Human Sexuality.

Write to: Phyllis Lyon, EdD, Co-Director, National Sex Forum, 1523 Franklin Street, San Francisco, CA 94109.

Connecticut

Southern Connecticut State College, New Haven, Conn.

- *IDS 545. Sex Education Institute.* July 6-30, 6 credits.

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

District of Columbia

The American Association of Sex Educators, Counselors and Therapists (AASECT), Washington, D.C.

- *SAR. Raleigh, North Carolina,* April 30-May 2.
- *Sexuality and Theology.* Boston, Mass. June 21-24.
- *Sex Therapy: Perspectives and Techniques.* Amherst, Mass. June 27-July 2.
- *Sex Counseling: Issues and Methods.* Amherst, Mass. July 5-9.
- *SAR. Seattle.* Wash. July 16-18.
- *Sex Education in Schools and Communities.* Seattle, Wash. and St. Louis, Mo. July 18-23.
- *Sex Therapy: Perspectives and Techniques.* Washington, D.C. July 25-30.
- *SAR. Washington, D.C.* July 30-August 1.
- *Sex Education in Schools and Communities.* Washington, D.C. August 1-6.
- *Enhancing Skills for Sex Educators (Advanced).* Washington, D.C. August 7-13.

A brochure is available giving detailed information about the above programs.

Write to: Margot C. Natirbov, AASECT, 600 Maryland Avenue, SW, Suite 300 East, Washington, DC 20024.

The American University, International Council of Sex Education and Parenthood (ICSEP), Washington, D.C.

- *Sex Education: Finding Innovative Pathways.* July 11-16, 3 credits.
- *Advanced Sex Therapy Skills.* July 18-23, 3 credits.

Write to: Jane Rollins, ICSEP, 5010 Wisconsin Avenue, NW, Suite 304, Washington, DC 20016.

Kansas

Emporia State University, Emporia, Kan.

- *Sex Education.* June 1-18, 3 hours.

Write to: Dr. J. Jack Melhorn, Chairperson, Department of Sociology/Anthropology, Emporia State University, Emporia, KS 66801.

Massachusetts

For Massachusetts listings see the AASECT entry under the District of Columbia heading.

Missouri

For the Missouri listing see the AASECT entry under the District of Columbia heading.

New Jersey

Kean College of New Jersey, Union, N.J.

- *Developing and Teaching a Family Life Education Program.* July 5-22, 3 credits.
- *Parenting Education for Supervisory Personnel in Early Childhood Education.* July 5-22, 3 credits.
- *Guiding Teachers to Work in Pre-Kindergarten Through Grade 3 in Multi-Cultural Settings.* July 5-22, 3 credits.

Write to: Dr. Marjorie W. Kelly, Center for Family Studies, Early Childhood Department, Kean College of New Jersey, Morris Avenue, Union, NJ 07083.

Montclair State College, Upper Montclair, N.J.

- *Psychological Aspects of Human Sexuality.* June 28-August 6, 3 credits.
- *Human Sexuality.* June 1-11, 3 credits.
- *Human Sexuality.* June 14-August 5, 3 credits.

Write to: John H. Leffler, Director of Summer Sessions, Montclair State College, Upper Montclair, NJ 07043.

New York

The Clarkson School/Clarkson College, Potsdam, N.Y.

- *Counseling Strategies for Adolescent Pregnancy and Sexual Concerns: First Annual Clarkson School Conference on Adolescence and Youth.* June 22-25.

Write to: Gary F. Kelly, Headmaster, The Clarkson School, Potsdam, NY 13676.

Institute for Family Research and Education and the Summer Session of Syracuse University, Syracuse, N.Y.

- *Family Life Education for Children and Youth—12th Annual Workshop on Human Sexuality.* July 8-15, 3 or 2 credits.

Write to: Alison M. Deming, Coordinator/Instructor, Institute for Family Research and Education, 760 Ostrom Avenue, Syracuse, NY 13066.

New York University, New York, N.Y.

- 1982 *International Health Seminar in Human Sexuality: Sri Lanka (formerly Ceylon)*. June 28–August 20, 12 credits.

Write to: Dr. Ronald Moglia, New York University, Department of Health Education, South Building, Fifth Floor, New York, NY 10003.

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

- 1982 *NYU–SIECUS Colloquium in Human Sexuality: Sri Lanka (formerly Ceylon)*. July 24–August 11, 3 credits, optional.

Write to: Deryck Calderwood, PhD, New York University, Department of Health Education, South Building, Fifth Floor, New York, NY 10003.

Teachers College, Columbia University, New York, N.Y.

- TS 4113B. *Human Reproduction and Sexual Development*. July 12–August 20, 2 or 3 credits.

Write to: Ms. Jennifer Shew, Admissions Counselor, Office of Admissions, Teachers College, Columbia University, Horace Mann Building, Room 146, 525 West 120th Street, New York, NY 10027.

North Carolina

University of North Carolina–Greensboro, Greensboro, N.C.

- *Anthropological Perspectives on Homosexuality*. July 6–23, 3 credits.
- *Health 360. Human Sexuality*. July 6–August 12, 3 credits.

Write to: Summer Session, University of North Carolina–Greensboro, 101 Julius Foust Building, Greensboro, NC 27412.

For an additional North Carolina listing see the AASECT entry under the District of Columbia heading.

Pennsylvania

University of Pennsylvania, Philadelphia, Pa.

- *Concepts in Human Sexuality*. May 18–24, 3 semester hours.
- *Concepts in Human Sexuality*. August 9–13, 3 semester hours.

Write to: Dr. Kenneth D. George, Professor, Human Sexuality Education, University of Pennsylvania, 3700 Walnut, Philadelphia, PA 19104.

Vermont

University of Vermont, Burlington, Vt.

- *Sex Education and Counseling*. August 2–13, 3 credits.

Write to: Kay Frances Schepp, EdD, University of Vermont, Counseling and Testing Center, Burlington, VT 05405.

Washington

For Washington listings see the AASECT entry under the District of Columbia heading.

Canada

St. Jerome's College, Waterloo, Ontario

- *Arts 249. Introductory Studies in Family Life Education: Sexuality and Sex Education*. July 5–23, 1 full credit.
- *Arts 349J. Advanced Studies in Family Life Education: Sexuality and Sex Education*. July 26–August 13, 1 full credit.

Write to: John Theis, St. Jerome's College, Family Life Program, Westmount Road, Waterloo, Ontario, Canada N2L 3G3.

DO YOU KNOW THAT...

Resources to Write for . . .

The Magic of Structure: A Manual for Planning and Evaluating Family Planning Education Programs by J. Stephen Kirkpatrick

is a 1981 publication of the Planned Parenthood Federation of America. Part One contains information on how to set priorities, assess needs, write goals and objectives, plan program budgets, set fees, allot staff time, and plan programs. Part Two includes specific instructions on writing tests and test questions; constructing questionnaires with sample items and whole questionnaire forms; conducting surveys and analyzing the results; using experimental research techniques to evaluate programs; following simple steps for calculating basic statistics; and locating sources of data and information. Also included are an index, bibliography, and glossary. The manual, which comes in a vinyl-covered, three-ring binder, costs \$15.00 (plus \$2.00 for postage and handling) and is available from: Department of Education, Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY 10019.

Sexuality and the Disabled: An Annotated Bibliography (June 1981)

was compiled by Gloria A. Roberts and Julia McCartney for the Katharine Dexter McCormick Library of the Planned Parenthood Federation of America. Subject areas covered are: General (Disabled), Mentally Retarded, Emotionally and Psychologically Impaired, and Physically Impaired (with separate listings for the Hearing and Visually Impaired). Single copies at \$5.00 each may be ordered from: Department of Education, Planned Parenthood Federation of America, Inc., 810 Seventh Avenue, New York, NY 10019.

Human Sexuality: A Training Manual for Job Corps Centers

(1981), written by Jeanette M. Calnek and Steven G. Levine for the Genesee Region Family Planning Program, outlines a two-part program specifically designed to train corps staff members to deal with questions, problems, and concerns about human sexuality and then through these trainees to provide similar instruction for peer leaders in the corps leadership training program. Corps members for the pilot program ranged in age from 16 to 21, with 69% black, 23% Puerto Rican, and 15% white. Although each component is set up for a two-day presentation, the program could be adjusted to allow for greater flexibility in timing. Included are pre- and post-tests for both the staff and students. To obtain a copy, send \$3.50 (includes postage) to Genesee Region Family Planning Program, Inc., 315 Alexander Street, Rochester, NY 14604.

The Search for Intimacy (1981) by Bill Stackhouse and Manford

Wright-Saunders is a resource designed for use with young people (ages 5–18) in a church setting. Its aim is to help them "explore their understanding and experience of their own sexuality and the need for love and intimacy in the light of biblical faith so that they may clarify their own decision making in the realm of sexuality." Programs for six sessions are outlined in the book's 32 pages. Copies, at \$3.50 each, may be obtained from: Pilgrim Press, 132 West 31st Street, New York City 10001.

Sexuality and Aging: An Annotated Bibliography (1981) by

George F. Wharton III is a compilation of 1,106 publications and research studies on the topic arranged in 13 different classifications including those on which it is often difficult to find specific information, such as Sexuality and Aging in Nursing Homes and Homosexuality and Aging. The annotation is very thorough, with each entry giving the number of references in the work cited. To order, send \$15.00 to: Scarecrow Press, Inc., 52 Liberty Street, P.O. Box 656, Metuchen, NJ 08840.

DO YOU KNOW THAT . . .

Reproductive Health Conference

In Philadelphia on April 19-21, 1982, TRAINING 3, a program of the Family Planning Council of Southeastern Pennsylvania, will sponsor its second Annual Medical Update on Reproductive Health. Cosponsored by the College of Physicians of Philadelphia and in cooperation with the Center for Continuing Education of the University of Pennsylvania School of Nursing, this conference will be of interest to physicians, nurses, health educators, social workers, college health center personnel, and others who provide family planning and primary health care. In addition to offering 21 workshops, the conference will also present exhibits, special films, and post-conference courses. For more information, write: Update/TRAINING 3, 2 Penn Center Plaza #616, Philadelphia, PA 19102.

Resources to Write for . . .

To Comfort and Relieve Them by Felicia Guest is a manual for professionals and volunteers who work with victims of rape and their families in counseling, medical, and criminal justice settings. The first half of the 90-page booklet contains five chapters delineating special counseling procedures, and the appendices of the second half provide bibliographies and samples of pamphlets, data forms, training curricula, and public information materials. The manual costs \$6.25 (postage included) and is available from Reproductive Health Resources, 1507 21st Street, Suite 100, Sacramento, CA 95814.

Communicating About Sexuality: Parent and Child (1981) by Anne Wuerscher and Phyllis R. Goldman is a guide designed to train family educators and counselors to help parents become the primary sex educators of their children. Emphasis is on the need for effective communication skills and basic information about sexuality and reproductive health. The preface, course goals, and overview provide a comprehensive picture of the curriculum content. Session objectives, sample lesson plans, and teaching materials are indicated for each of the 15 sessions. Published by the Family Planning Program of the University of Connecticut Health Center, the guide has been used extensively throughout the state. To receive a copy, send \$10 to Family Planning Program, Department of Obstetrics and Gynecology, L-4071, University of Connecticut Health Center, Farmington, CT 06032.

Sex and Sexuality is the topic of a 26-page section of the October 1981 Issue of *Independent School*, a publication of the National Association of Independent Schools. The six articles are entitled: "Where Is Sexuality Education Today?" "Sex Ed' or 'Human Sexuality': What Makes the Difference?" "Strengthening Family Life Through Parent Sexuality Education," "Family Life Curriculum for Junior High School," "Evaluating Sexuality Education Programs," and "Resources for Sexuality Education." To order a copy, send \$4.50 to: *Independent School*, 18 Tremont Street, Boston, MA 02108.

The Childbirth Picture Book (1981) by Fran P. Hosken, with drawings by Marcia Williams, and published by Women's International Network News, is the first adaptation from the *International Childbirth Picture Book* prototype. Subtitled "A Picture Story of Reproduction From a Woman's View," this 60-page booklet, written in precise yet simple terms and well illustrated, contains information to be shared by every member of the family. The actual text is followed by a glossary, photographs, a discussion guide, and a resource listing. (Cost: \$7.00, postage included.) Coordinated with the *Childbirth Picture Book* is a flip chart of a series of 34 drawings with an accompanying text and leader's guide, designed for use in training workshops. (Cost: \$19.50, plus \$2.00 postage.) Orders should be sent to: WIN NEWS/Fran P. Hosken, 187 Grant Street, Lexington, MA 02173.

Aging and Sexuality is the special topic for the Fall 1981 issue of *Generations*, the journal of the Western Gerontological Society. Guest edited by Robert Butler and Myrna Lewis, this issue features 17 articles which go beyond the already proven fact that sex exists after sixty, and move into the practical realm of "educating the public, doctors and other providers of health and social services, and older people themselves about the facts of late-life sexuality and about techniques of proper diagnosis and treatment of sexual problems that can occur." They also introduce the names of new people working in this growing field. Single copies of this issue of *Generations* may be ordered for \$4.00 each from: Western Gerontological Society, 785 Market Street, #1114, San Francisco, CA 94103.

Sexuality (1981) by Diane Duggan is a 31-page, illustrated, spiral-bound booklet designed for use with learning disabled high school students who have difficulty reading. The text is appropriately straightforward, using uncomplicated terminology. The two-page introduction to the general topic of sexuality is followed by logically arranged discussions of the physiology of sex, sexual decision making, birth control, and venereal disease. Single copies are priced at \$2.50 and may be obtained from: Diane Duggan, School for Career Development, 113 East 4th Street, New York, NY 10003.

Lesbians, Gay Men and Their Alcohol and Other Drug Use (1980) is a 14-page resource listing prepared for use by alcoholism counselors and treatment staff members, as well as for lesbians and gay men who are concerned with alcohol and drug abuse in their communities. It was compiled by Susan Christenson and Gayle Ihlenfeld, with Janice Kinsolving. The unit price of 60¢ includes postage. Order from: Wisconsin Clearinghouse, University of Wisconsin Hospital and Clinics, 1954 E. Washington Avenue, Madison, WI 53704.

NAGAP Bibliography: Resources on Alcoholism and Lesbians/Gay Men (revised ed.) and **1981 Directory of Facilities and Services for Gay/Lesbian Alcoholics** are recent publications of the National Association of Gay Alcoholism Professionals. Copies of both these resources are available for \$2.50 each from NAGAP, 204 West 20th Street, New York, NY 10011.

HUMAN SEXUALITY TEXTBOOKS CHART NO. 1

✓ = Yes
Blank = No
Books listed alphabetically.

	Cost (\$)	Number of Pages	Hardcover	Paper	Student Guide	Instructor's Manual	Index	Glossary	Reference Bibliography	Attractive Format	Chapter Summaries	Author States Position	Well Documented	Comprehensive View of Sexuality	Cross-Cultural Coverage	Up to Date, Current	Range of Viewpoints Supported	Non-Sexist Approach	Readable Style
1. Becoming a Sexual Person	18.00	752	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. Fundamentals of Human Sexuality	19.00	534		✓		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓
3. Human Sexualities	13.00	432		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. Human Sexuality (Godow)	18.00	669		✓			✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
5. Human Sexuality (Janda & Klenke-Hamel)	19.00	475	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6. Human Sexuality (McCary)	20.00	685	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7. Human Sexuality (Masters, Johnson, Kolodny)	20.00	548	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8. Human Sexuality (Rosen & Rosen)	19.00	554	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9. Human Sexuality (Schulz)	17.00	511		✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10. Human Sexuality: A Biological Perspective	14.00	485		✓			✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓
11. Human Sexuality: A Social Psychological Approach	16.00	396		✓			✓		✓	✓		✓	✓		✓	✓	✓	✓	✓
12. Human Sexuality: Current Perspectives	20.00	248	✓			✓	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
13. Human Sexuality: Essentials	13.00	348		✓	✓		✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓
14. Human Sexuality: Making Responsible Decisions	21.00	503	✓			✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
15. Interpersonal Sexuality	11.00	344		✓		✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	✓	✓
16. Introduction to Human Sexuality	20/14	293	✓	✓			✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓
17. Our Sexuality	19.00	559	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18. Psychology of Human Sexuality	20.00	546	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19. Sex and Human Life	13.00	300		✓			✓	✓	✓	✓		✓	✓		✓				✓
20. Sexual Choices	18.00	692	✓			✓	✓		✓	✓		✓	✓		✓	✓	✓	✓	✓
21. Sexual Decisions	18.00	548	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
22. Sexuality: The Human Experience	19.00	566	✓			✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
23. Sexuality: The Human Perspective	14/9	312	✓	✓			✓		✓	✓		✓	✓		✓	✓	✓	✓	✓
24. Understanding Human Sexuality	19.00	565	✓			✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
25. Understanding Sexual Interaction	19.00	592	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓

HUMAN SEXUALITY TEXTBOOKS

CHART NO. 2

4 = EXCEPTIONAL Accurate, up-to-date, well-documented, in-depth coverage
 3 = THOROUGH Complete coverage with solidly documented information
 2 = ADEQUATE Basic information only, or limited viewpoint
 1 = SUPERFICIAL Missing information, misleading because of brevity
 0 = NOT COVERED

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		Abortion	Alternate Lifestyles	Anatomy and Physiology	Body Image	Communication	Contraception	Decision Making	Fantasy	Fertility—Non-Fertility	Homosexuality	Incest	Intimacy/Relationships	Legal Aspects	Marriage	Masturbation	Non-Standard Behaviors	Partner-Sex Techniques	Pornography	Prostitution	Psychosexual Development	Reproduction and Childbirth	Sex and Aging	Sex and the Disabled	Sex and Health	Sex and History	Sex and the Media	Sex Education	Sex Roles	Sexual Assault	Sexual Dysfunction	Sexual Response Cycle	Sexual Orientation	Values and Ethics	Venereal Disease		
1.	Becoming a Sexual Person	3	3	4	3	1	3	4	3	0	2	2	2	4	3	3	1	3	3	3	3	3	1	1	3	3	1	1	3	4	4	3	3	4			
2.	Fundamentals of Human Sexuality	2	1	3	1	0	1	3	0	2	2	2	1	4	2	3	2	2	2	1	2	2	1	0	1	2	2	1	0	1	3	3	2	2	3		
3.	Human Sexualities	1	2	1	4	1	0	1	1	2	0	3	1	1	2	3	3	3	4	4	3	1	1	0	2	3	1	1	2	2	2	3	3	1	1		
4.	Human Sexuality (Gordow)	2	3	3	0	0	3	4	1	2	1	3	3	3	1	2	3	3	3	2	3	4	4	0	1	3	0	3	4	2	4	3	1	1	3		
5.	Human Sexuality (Janda & Klenke-Hamel)	1	2	3	1	0	2	3	1	1	3	3	1	3	1	3	1	3	3	2	1	3	3	0	0	3	0	2	3	3	3	2	2	3	3		
6.	Human Sexuality (McCary)	3	0	4	0	0	4	4	0	1	4	4	3	4	4	2	3	4	3	3	2	0	4	4	0	1	2	0	4	0	1	4	4	1	2	3	
7.	Human Sexuality (Masters, Johnson, Kolodny)	3	2	3	2	0	2	3	2	4	2	3	2	3	2	3	4	3	3	1	1	3	3	2	1	2	3	4	0	3	4	4	4	1	4	3	
8.	Human Sexuality (Rosen & Rosen)	3	1	4	2	0	0	4	0	1	3	3	1	3	1	1	4	2	4	3	4	4	3	2	0	1	0	2	1	3	4	4	1	1	3		
9.	Human Sexuality (Schulz)	3	2	1	4	0	3	4	3	4	3	4	3	4	1	3	2	1	3	3	3	3	3	0	0	3	1	2	3	1	3	3	3	2	3		
10.	Human Sexuality: A Biological Perspective	3	0	3	0	0	0	4	0	1	4	3	1	0	3	0	2	1	2	1	2	1	4	3	0	0	2	0	1	0	1	1	3	3	1	3	
11.	Human Sexuality: A Social Psychological Approach	2	1	2	1	3	3	3	1	3	0	3	1	3	1	2	2	3	3	0	1	3	3	0	1	0	2	1	0	2	1	3	3	2	0	2	2
12.	Human Sexuality: Current Perspectives	3	1	4	2	1	1	4	1	2	3	2	1	1	2	0	3	2	1	3	2	3	2	3	3	3	0	1	3	3	4	4	1	2	3		
13.	Human Sexuality: Essentials	2	0	1	0	0	4	3	0	3	2	2	1	3	2	2	3	2	1	1	2	2	2	0	0	3	2	0	2	1	3	1	0	1	3		
14.	Human Sexuality: Making Responsible Decisions	3	2	4	2	0	3	4	4	2	2	4	1	3	3	4	4	3	4	2	3	2	4	2	1	3	0	0	1	0	4	3	4	0	3	3	
15.	Interpersonal Sexuality	1	1	1	1	0	2	1	3	1	0	3	1	3	0	2	1	2	2	1	0	3	1	1	0	0	0	0	2	3	1	2	2	1	3	1	
16.	Introduction to Human Sexuality	2	1	3	1	0	1	3	0	0	3	2	0	1	1	1	2	2	2	0	2	1	2	2	0	0	0	0	0	2	2	2	3	2	1	3	
17.	Our Sexuality	2	2	4	0	2	4	4	3	3	3	3	2	3	4	3	2	4	3	2	4	3	4	4	1	4	1	1	1	3	2	4	4	2	1	3	
18.	Psychology of Human Sexuality	3	3	1	1	0	2	3	2	0	1	4	0	1	3	2	2	3	2	4	2	3	2	1	0	0	3	0	2	4	2	3	3	1	3	2	
19.	Sex and Human Life	1	0	2	0	0	0	2	0	0	1	1	0	1	1	1	1	1	1	1	2	1	1	2	2	0	2	0	0	0	1	2	0	1	2		
20.	Sexual Choices	3	4	2	2	3	2	4	2	2	3	3	3	4	0	3	4	0	4	3	4	2	4	4	2	4	0	1	3	1	4	3	4	1	2	4	
21.	Sexual Decisions	3	3	3	0	0	2	4	3	2	1	2	2	3	3	3	3	2	3	2	3	2	2	2	1	0	3	0	0	3	1	2	3	2	3	4	
22.	Sexuality: The Human Experience	2	0	4	2	3	0	4	3	0	4	3	2	1	3	1	4	3	3	2	1	4	4	2	2	0	3	0	2	1	2	4	4	3	4	4	
23.	Sexuality: The Human Perspective	1	1	3	1	1	2	2	1	2	0	4	1	1	2	1	3	2	3	2	2	4	2	1	0	0	1	3	2	4	2	4	2	1	2	4	
24.	Understanding Human Sexuality	3	2	3	1	0	2	4	0	2	2	3	2	3	3	3	3	3	3	3	3	3	3	2	2	2	2	0	3	3	3	3	3	2	3	3	
25.	Understanding Sexual Interaction	3	4	3	3	0	1	2	2	3	3	4	3	2	3	3	3	3	3	4	4	3	3	3	1	1	3	2	2	3	4	2	3	4	1	1	

HUMAN SEXUALITY TEXTBOOKS: A BIBLIOGRAPHY

Listed below are the college-level human sexuality textbooks included in the SIECUS Report survey tabulated in this issue. They represent the texts known to the evaluating group as of January 1982. For the most part, they are available for use at the SIECUS Resource Center and Library at New York University. (In the listing, SG stands for *Student's Guide*, and IM for *Instructor's Manual*. While prices are listed for a number of the latter, they are usually complimentary if the accompanying text is adopted for class use.)

Book numbers match chart numbers.

1. BECOMING A SEXUAL PERSON

Robert T. Francoeur

John Wiley & Sons (1982), 605 Third Avenue, New York, NY 10016; ca. \$18.00 hardcover; SG and IM prices not yet available

2. FUNDAMENTALS OF HUMAN SEXUALITY Third Edition

Herant A. Katchadourian and Donald T. Lunde

Holt, Rinehart & Winston (1980), 383 Madison Avenue, New York, NY 10017; \$19.00 paper; IM, \$20

3. HUMAN SEXUALITIES

John H. Gagnon

Scott, Foresman & Co. (1977), 1900 East Lake Avenue, Glenview, IL 60025; \$13.00 paper; SG, \$3.95; IM, free

4. HUMAN SEXUALITY

Annette Godow

The C. V. Mosby Co. (1982), 11830 Westline Industrial Drive, St. Louis, MO 63141; \$18.00 paper

5. HUMAN SEXUALITY

Louis H. Janda and Karin E. Klenke-Hamel

Wadsworth Publishing Co. (1981), 7625 Empire Drive, Florence, KY 41042; \$19.00 hardcover; IM, \$2.50

6. HUMAN SEXUALITY

Fourth Edition

James Leslie McCary and Stephen P. McCary

Wadsworth Publishing Co. (1982), 7625 Empire Drive, Florence, KY 41042; \$20.00 hardcover; SG, \$7.95; IM, free

7. HUMAN SEXUALITY

William H. Masters, Virginia E. Johnson, and Robert C. Kolodny

Little, Brown & Co. (1982), 34 Beacon Street, Boston, MA 02106; \$20.00 hardcover; SG, \$7.95; IM, free

8. HUMAN SEXUALITY

Raymond Rosen and Linda Reich Rosen

Alfred A. Knopf (1981), 201 East 50th Street, New York, NY 10022; \$19.00 hardcover; IM, free

9. HUMAN SEXUALITY

David A. Schulz

Prentice-Hall, Inc. (1979), Englewood Cliffs, NJ 07632; \$17.00 paper; IM, free

10. HUMAN SEXUALITY: A BIOLOGICAL PERSPECTIVE

Weldon L. Witters and Patricia Jones-Witters

Wadsworth Publishing Co. (1980), 7625 Empire Drive, Florence, KY 41042; \$14.00 paper

11. HUMAN SEXUALITY: A SOCIAL PSYCHOLOGICAL APPROACH

Jeffrey S. Victor

Prentice-Hall, Inc. (1980), Englewood Cliffs, NJ 07632; \$16.00 paper

12. HUMAN SEXUALITY: CURRENT PERSPECTIVES

Jack Sandler, Marilyn Myerson, and Bill N. Kinder

Mariner Publishing Co. (1980), 10927 North Dale Mabry, Tampa, FL 33618; \$20.00 hardcover; IM, free

13. HUMAN SEXUALITY: ESSENTIALS Second Edition

Bryan Strong, Sam Wilson, Mina Robbins, and Thomas Johns

West Publishing Co. (1981), 50 West Kellogg Boulevard, P.O. Box 3526, St. Paul, MN 55165; \$13.00 paper; SG, \$7.50

14. HUMAN SEXUALITY: MAKING RESPONSIBLE DECISIONS

Linda Brower Weeks and Philip Heit

Holt, Rinehart & Winston (1982), 383 Madison Avenue, New York, NY 10017; \$21.00 hardcover; slides, ca. \$250.00; IM, \$10.95

15. INTERPERSONAL SEXUALITY

David F. Shope

Holt, Rinehart & Winston (1975), 383 Madison Avenue, New York, NY 10017; \$11.00 paper; IM, \$1.95

16. INTRODUCTION TO HUMAN SEXUALITY

Bernard Goldstein

McGraw-Hill, Inc. (1976), 1221 Avenue of the Americas, New York, NY 10020; \$20.00 hardcover, \$14.00 paper

17. OUR SEXUALITY

Robert Crooks and Karla Baur

Benjamin/Cummings Publishing Co., Inc.

(1980), 2727 Sandhill Road, Menlo Park, CA 94025; \$19.00 hardcover; SG, \$7.95; TM, \$4.95

18. PSYCHOLOGY OF HUMAN SEXUALITY

Zella Luria and Mitchel D. Rose

John Wiley & Sons (1979), 605 Third Avenue, New York, NY 10016; \$20.00 hardcover; SG, \$9.95; IM, free

19. SEX AND HUMAN LIFE Second Edition

Eric T. Pengelley

Addison-Wesley Publishing Co. (1978), Reading, MA 01867; \$13.00 paper

20. SEXUAL CHOICES

Gilbert D. Nass, Roger W. Libby, and Mary Pat Fisher

Wadsworth Publishing Co. (1981), 7625 Empire Drive, Florence, KY 41042; \$18.00 hardcover; IM, free

21. SEXUAL DECISIONS

Milton Diamond and Arno Kalen

Little, Brown & Co. (1980), 34 Beacon Street, Boston, MA 02106; \$18.00 hardcover; IM, free

22. SEXUALITY: THE HUMAN EXPERIENCE

William H. Gotwald, Jr., and Gale Holtz Golden

Macmillan Publishing Co., Inc. (1981), 866 Third Avenue, New York, NY 10022; \$19.00 hardcover; IM, free

23. SEXUALITY: THE HUMAN PERSPECTIVE

Gary F. Kelly

Barron's Educational Series, Inc. (1980), 113 Crossways Park Drive, Woodbury, NY 11797; \$14.00 hardcover, \$9.00 paper

24. UNDERSTANDING HUMAN SEXUALITY Second Edition (First edition evaluated)

Janet Shibley Hyde

McGraw-Hill, Inc. (1982), 1221 Avenue of the Americas, New York, NY 10020; \$19.00 hardcover; IM, \$10.00

25. UNDERSTANDING SEXUAL INTERACTION Second Edition

Joann S. DeLora, Carol A. B. Warren, and Carol Rinkleib Ellison

Houghton Mifflin Company (1981), 1 Beacon Street, Boston, MA 02107; \$19.00 hardcover; SG, \$5.95; IM, \$1.00

BOOK REVIEWS

Spinal Cord Injuries: Psychological, Social and Vocational Adjustment. Roberta B. Trieschmann. New York: Pergamon Press, 1980 (234 pp.; \$25.00).

Reviewed by Stanley H. Ducharme, PhD, Chief Psychologist, Department of Rehabilitation Medicine and New England Regional Spinal Cord Injury Center, Boston University Medical Center, Boston, Mass.

This book presents a "state of the art" study of the psychological, social, and vocational adjustment to spinal cord injury. A major portion of the research was funded by a Rehabilitation Services Administration grant to complete an exhaustive review of the literature and to address areas in need of future study. The book is thus a valuable overview of the field in its examination of both current areas of knowledge and the large gaps that still exist between theory and empirically tested data.

The particular issues involved in sexual adjustment are discussed throughout the book and are interwoven in the chapters on psychological adjustment (Chapter 3) and social factors (Chapter 4). Chapter 6 is entirely devoted to a more detailed examination of sexual adjustment and is divided into two main parts: sexual functioning following spinal cord injury and programs dealing with sexuality in a medical rehabilitation setting. Trieschmann approaches the topic of sex with a clear research perspective and a bias toward behaviorism. Her focus on empirical data rather than on abstract concepts sets this book apart from other writings on psychological adjustment. This is an important distinction and is especially worthy of note in her discussions of sexual functioning following spinal cord injury, a difficult area to discuss from a research perspective.

Her bias toward behaviorism, however, strongly influences her review of programs and counseling approaches to spinal cord injury and sex. She dismisses traditional counseling techniques in

favor of implementing behavior change programs in the rehabilitation center. Attitudes and feelings appear secondary to behavioral techniques that can be measured and quantified. It is obvious that the controversy between psychodynamics and behaviorism has remained an issue in the various schools of psychology. Does sexual counseling result in behavioral change or does change in attitude follow newly learned behavior patterns? Trieschmann believes the latter, recommending that we develop behavioral strategies and then subsequently determine attitude change.

In describing the development of intervention programs for people with spinal cord injury, she emphasizes the need to distinguish between sex drives, sex acts, and sexuality since otherwise it is difficult to identify clearly the relevant parameters of the problem. Sexuality concerns, in her opinion, cannot be separated from psychological, social, and cultural issues. In a similar manner, Trieschmann emphasizes that sexual functioning after traumatic injury involves both an organic and a behavioral component. Although both parameters need to be explored, this is not always the case in medical centers. She cites the surgical implantation of penile prostheses in males with spinal cord injury without presurgical evaluation of the patients' psychosocial status as an example of how psychological issues are often ignored in favor of the strict medical model.

From a clinical perspective, this book has a wealth of information that can be directly applied to working with people who have physical disabilities. It dispels many of the old myths that have influenced rehabilitation for the past two decades regarding sexuality and the adjustment process. In their place are empirically tested data presented in a very readable and practical manner. This is essential reading for the rehabilitation professional, providing valuable insights into the psychological framework surrounding a physical disability. **PR**

Sexual Preference: Its Development in Men and Women. Alan P. Bell, Martin S. Weinberg, and Sue Kiefer Hammer-smith. Bloomington, Ind.: Indiana University Press, 1981 (242 pp.; \$15.00).

Reviewed by Judd Marmor, M.D., Adjunct Professor of Psychiatry, University of California, School of Medicine, Los Angeles, California.

This new volume from the Kinsey Institute is based upon the same cohort of the 979 homosexual and 477 heterosexual men and women from the San Francisco Bay area who were the subjects of Bell and Weinberg's 1978 book, *Homosexualities: A Study of Diversity Among Men and Women*. In the present study the authors' focus is on factors that seem to be etiologically related to the development of homosexual preference. Data were obtained in 3- to 5-hour face-to-face interviews by trained interviewers, and then subjected to a process called Path Analysis, a technique that "provides a statistical basis for sorting out the extent to which differences between homosexuals and heterosexuals may or may not be interrelated in a more complex developmental pattern."

Based on their data, and this analytic technique, the authors arrive at a number of conclusions that sharply contradict many long-standing myths and preconceptions concerning the genesis of homosexuality in both men and women. Among a host of significant findings only a few can be mentioned in a brief review. For example, contrary to popular assumption, closeness to mother or a negative mother-son relationship was not found to be a causative factor. In fact, over half the male respondents did not report such a relationship. Similarly, a seductive mother-son relationship was not a frequent finding. On the other hand, the homosexual men did tend to report less favorable relationships with their fathers than did the heterosexual men. However, as many as 40% of the homosexual men felt close to their fathers and 17% reported that they had

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.

been their fathers' favorites!

The strongest evident precursor of later homosexual preference in both sexes turned out to be gender nonconformity in childhood. Nevertheless, over one-third of the homosexual males did not report gender nonconformity. For example, 30% of them liked sports in their childhood, 64% did not enjoy playing girls' games, 63% never cross-dressed, and 32% of them did not particularly enjoy so-called feminine activities such as drawing, music or reading. Alienation from peers was found to be a reflection of feeling different rather than a cause of it. Parental sexual attitudes, interestingly, also were not found to be a significant factor in the etiology of homosexual preference. In the female group, too, no single significant factor was elicited other than the fact that a poor relationship with the father was somewhat more common in the homosexual females than in the heterosexual ones.

In an eloquent paragraph toward the end of the book the authors make the following statement:

For the benefit of readers who are concerned about what parents may do to influence (or whether they are responsible for) their children's sexual preference, we would restate our findings another way. No particular phenomenon of family life can be singled out, on the basis of our findings, as especially consequential for either homosexual or heterosexual development. You may supply your sons with footballs and your daughters with dolls, but no one can guarantee that they will enjoy them. What we seem to have identified—given that our model applies only to extant theories and does not create new ones—is a pattern of feelings and reactions within the child that cannot be traced back to a single social or psychological root; indeed, homosexuality may arise from a biological precursor (as do left-handedness and allergies, for example) that parents cannot control. In short, to concerned parents we cannot recommend anything beyond the care, sympathy, and devotion that good parents presumably lavish on all their children anyway.

Although the above paragraph suggests that the authors place great emphasis on a biological predisposition for homosexual behavior, in fact they state their conclusion much more tenta-

tively, as "not inconsistent with what one would expect to find if, indeed, there were a biological basis for sexual preference." The fact, of course, that a predisposition develops very early in life does not in itself necessarily prove that it is biologically rooted; such predispositions could develop from early child-parent relationships also. Nevertheless, an important consideration to which future researchers will have to pay attention is the question of whether or not the poor relationship with parents in some homosexuals—for example, the alienation of the father and the overprotectiveness of the mother toward a son—may be a result of that child's biological predisposition toward a cross-gender identification rather than a cause of that behavioral pattern.

In summary, this is an important volume that should be read by all mental health workers who deal with sexual variant behavior, and particularly with homosexuals and lesbians. Intelligent laymen, and especially parents of gays, will also find this to be a book well worth reading. **A, P, PR**

[Note: Readers interested in the complete sets of diagrams and tables of the above study are referred to its companion volume by the same authors, *Sexual Preference: Statistical Appendix*, Bloomington, Ind.: Indiana University Press, 1981 (321 pp.; \$20.00).—Ed.]

Surpassing the Love of Men. Lillian Faderman. New York: William Morrow, 1981 (480 pp.; \$18.95 cloth, \$10.95 paper).

Reviewed by Ina Luadtke, PhD Candidate, Human Sexuality Program, New York University; instructor in Family Living; writer.

In 1849, Geraldine Jewsbury wrote to Jane Carlyle: "We are indications of a development of womanhood which as yet is not recognized. . . . There are women to come after us who will approach nearer the fullness of the measure of the stature of a woman's nature. . . . I can see there is a precious mine of a species of womanhood yet undreamed of by the professors and essayists on female education, and I believe also that we belong to it." Now, over a century later, "professor and essayist" Lillian Faderman has provided the results of voluminous historical research and analytical commentary on woman's nature

as envisioned by Geraldine Jewsbury.

Subtitled "Romantic Friendships and Love Between Women From the Renaissance to the Present," *Surpassing the Love of Men* is chronologically organized into three parts covering the sixteenth through the eighteenth centuries, the nineteenth century, and the twentieth century. These are followed by 64 pages of extensive notes documenting the resources which, spanning five centuries, include fictional and non-fictional writings, and previously unpublished, letters and trial transcripts. The work was motivated by the author's study of Emily Dickinson's passionate letters and poetry to Sue Gilbert. Why, Faderman wondered, was there such a lack of secrecy, guilt, and anxiety surrounding the romantic friendship between these two women—in a time when gay liberation still lay years in the future? A search for the answer led her to a historical study of relationships between women.

Faderman discovered that, although society appeared to condone these "romantic friendships" even to considering them in some eras as ennobling, not every aspect of female same-sex relationships was accepted. Transvestite women who dressed like men were seen as usurping male prerogatives to power, position, and property. Also, any desire of women to recognize their bond by marriage was considered a challenge to male rights. Sexologists writing in the late nineteenth century described the love shared by women as "morbid and diseased." Particularly influential were the writings of Havelock Ellis whose first wife, Edith Lees, described herself as a "romantic friend," while he termed her a "congenital invert."

The experience of intense affection between women was common in all eras explored by the author and occurred at all levels of society. The actuality of overt sexual expression appears largely to have been in the fantasies of those who judged the character of such romantic female friendships. Faderman suggests that the term "homoemotional" could be useful in describing these relationships. In a phallogentric universe romantic friendships between women were viewed as harmless attachments, since the possibility of physically expressed satisfaction was taken for granted to be lacking.

Faderman's extensive perusal of fictional works suggested to her that female friendships can be looked upon as capable of nurturing a kind of mutual-

ity and support that has not been present in heterosexual bonds. The citations of poetry further emphasize the emotional rather than the erotic components of female pairings. Faderman gently insists that, although no genital contact may actually have been involved, these were love relationships in every other sense.

This work addresses political questions in a historical context. Intolerance toward sexual variation has been traditionally coupled with political and religious intolerance. Puritanism in some form seems to have been a usual accompaniment or sequel to revolutions, and along with today's second wave of the feminist movement, we see forces of puritanism currently rearming.

This impressive, scholarly work will provoke some interesting questions for debate, such as: Can the treatment of women's love for each other by early sexologists be dismissed as misogyny, or might it be more accurately examined in the context of the nearly total lack of understanding about sexuality in general? Is it accurate to assume an asexuality on the part of same-sex friends simply because evidence to the contrary is not readily apparent? Is lesbianism, as this compilation of historical information implies, a matter of intellectual and emotional choice or preference? Although women may no longer deprecate their relationships with other women, can a feminist woman simultaneously maintain commitments to herself, to other women, and to a man? And, another interesting question, for whom was this book written? In any case, termed by author Michel Foucault as "a beautiful story of forgotten passions," it merits a place in the ever growing body of literature concerning women's history. **A, PR**

Managing Sexual Dysfunction: A Basic Guide. John F. O'Connor. Florence, Ky.: Medical Economics Books, 1980 (168pp.; \$10.95).

Reviewed by Sam Julty, author, Men's Bodies, Men's Selves (1979); sex educator, lecturer in men's studies, Berkeley, Calif.

One of the questions sometimes debated among sexologists is: Should a person with a sexual disorder be treated by an MD or a PhD? Fortunately, most professionals will begin their answer with, "Well, that all depends on . . ."

indicating their appreciation for the value of both medicine and psychotherapy in treating people with sexual problems. Perhaps Dr. O'Connor had in mind a bridge between the practitioners of both arts when he wrote *Managing Sexual Dysfunction*, since it is aimed at doctors who have no special training in human sexuality, and addresses the psychodynamic components in sexual dysfunction. Unfortunately, the bridge he builds turns out to be no more than a narrow walkway, indeed a one-way path, made so by his strict psychoanalytic approach toward human sexuality.

His opening chapters on male and female sexual anatomy and the sexual cycle in men and women are brilliant, concise, and instructive, as is his chapter on how to take a sexual history. But the trail constricts when he begins to apply the Freudian overview to his descriptions of sexual dysfunction. The keystone of the problem, I feel, is O'Connor's (and other analysts') view that ground-zero for "normalcy" in sexual relations is heterosexual intercourse—anything short of that is dysfunctional. Hence his definition of erectile dysfunction (he calls it "impotence") is "the inability to maintain an erection and experience orgasm during coitus." Penile anesthesia is defined as "lack of sensation; it is a manifestation of conversion hysteria." In the chapters that follow we are given case histories, results of studies, and advice on treatment of inversion or conversion hysteria, disrupted latency periods, oedipal complexes, and unresolved incestuous manifestations.

I am amazed that the author, as a physician, has almost totally ignored the many physiological causes of sexual dysfunction. Surely he is aware that diabetes can play havoc with the blood supply to the penis and thus impair erection. Surely as an M.D. he has heard of diabetic neuropathy which can produce penile or vaginal anesthesia in a quite emotionally healthy person. Then there are the other disease processes that affect sexual functioning; the effects of drugs, whether prescription, "over-the-counter," or illicit; and various physical environmental factors. Is everyone with a sexual problem stuck in an anal/oral rut? The author would have you think so.

As an analyst, O'Connor is entitled to his point of view. But as a physician he also has a responsibility to tell his non-medical readers about the physical aspects of sexual dysfunction that must

not be ignored. This is a slim book, both in size and in scope.

Sex and Dialysis: Steps Toward Renewed Sexual Pleasure for the Dialysis Consumer. Barbara Ulery. Available from the author, P.O. Box 462, Durango, Colorado 81301; 1979 (59 pp.; \$3.75).

Reviewed by Vincent J. Longo, MD, Chief of Urology, Lawrence and Memorial Hospital, New London, Conn.; AASECT-Certified Sex Therapist and Educator.

This cleverly organized and pragmatically simplistic handbook embodies many of the concepts of behavior modification and cognitive therapy that the author has found helpful in the management of a select group of clients with sexual problems. Barbara Ulery, a licensed social worker in the State of Colorado, has devoted much time and energy to helping men and women on dialysis for chronic renal disease. The 59 pages she presents are full of valuable do's and don'ts for those whose nephrologists may not have discussed sexual function in detail. It is also a helpful handbook for the professional who sponsors and monitors the dialysis.

The author begins by defining the problems, listing the various concerns and attitudes pertaining to human sexuality and then covering the subject broadly for men and women on dialysis as well as for their sexual partners. She describes the effects of anemia, uremia, fluid-electrolyte balance, hormonal changes, body image perceptions, and depression. All of these are, at one time or another, part of the burden of the artificial kidney procedure, be it hemodialysis or peritoneal dialysis.

Ulery's work embodies many of the Masters and Johnson principles: there is no such thing as an uninvolved partner; sensate focus is truly the basis for touching as the universal language; there is much more to sexual expression than penile-vaginal containment. And these ideas are not merely presented in general terms, for she outlines steps toward renewed sexual pleasure along with rational cognitive methods for resolving emotional issues, improving self-image, and arriving at a practical understanding of one's sexual attitudes (the sex value system). She also emphasizes the value of sex education, the practice of various enhancing sexual techniques, the importance of fantasy, and adequately covers the issues of dating, marriage, divorce

and, finally, death. There are sections of special value to the various age groups regarding all of these matters, including birth control and the devastating effects of performance fears. *

The author writes that the intention of this little handbook is to "turn you on," and it succeeds. **A, PR**

Changing Bodies, Changing Lives: A Book for Teens on Sex and Relationships. Ruth Bell et al. New York: Random House, 1980 (241 pp.; \$7.95 paper).

Reviewed by Leigh Hallingby, MSW, MS, SIECUS Librarian.

The inspiration for *Changing Bodies, Changing Lives* came from *Our Bodies, Ourselves*, and, in fact, several of its writers were part of the group that wrote that much acclaimed best-seller. The authors of this equally praiseworthy book spent three years meeting with and talking to teenagers all across the United States. The young people range in age from 12 to 20, are from a wide variety of socioeconomic and ethnic backgrounds, and represent both straight and gay sexual preferences. The book is liberally sprinkled with direct quotations from these adolescents on virtually every topic covered.

The book's two major goals in reaching its teenage readers are: (1) "to give you information about sex and body development that will help you understand and trust your own feelings and so will give you more control over your own future"; and (2) "to give you an opportunity to hear from other teenagers who are going through some of the same changes and experiences you are." The authors are wonderfully successful in carrying out both of these aims. The thorough and balanced fashion in which the information is presented is most impressive, as is the reassuring, confidence-building approach. Even someone familiar with much of the material presented will find *Changing Bodies* highly enjoyable reading.

Much of this enjoyment comes from the direct use of the voices and experiences of so many honest-to-goodness teenagers. For example, on the subject of her reproductive anatomy, one young woman says: "I always thought my womb was so far up in there that I could never touch any part of it. The first time I touched my cervix you could have knocked me over with a feather. Amazing!" A young man remembers a painful

early experience: "I had my big chance with this girl I liked a whole lot, because we were at a party on the couch together and we started kissing. But I didn't know what to do. I mean, it was so romantic, but I didn't know how to be romantic. I felt really out of it."

The book is divided into three sections. The first, "Changes," discusses adolescents' changing bodies and their changing relationships with their parents and friends. The second, entitled "Sexuality," is composed of three chapters, on exploring sex with oneself, exploring sex (both heterosexual and homosexual) with someone else, and sex against one's will. The final section, "Taking Care of Yourself," deals with both emotional and physical health care, and includes long discussions of birth control, pregnancy and pregnancy options, and sexually transmitted diseases.

Thus the subtitle, *A Book for Teens on Sex and Relationships*, does not fully encompass the riches within. For instance, the section on emotional health has an excellent discussion of the disturbing feelings often experienced by adolescents (everything from moodiness to suicidal inclinations) and how to

deal with them. There is also a chapter on drugs and alcohol, and general information about going to the doctor for a complete physical.

One important group seems to be left out of *Changing Bodies*—that of disabled teens. There is no particular attempt to address them; nor is there any attempt to help other teens to understand more fully their disabled peers. Perhaps this can be added in a revised edition.

Throughout the book are photographs, cartoons, and simple but adequate drawings. Some poems by teens are included. Resource and referral information of national scope is included within the appropriate sections and chapters. The bibliography at the end of the "Sexuality" section could have been more thorough (it does not, for instance, list *A Way of Love, A Way of Life*, the best book for teens about homosexuality) and might have been handier to find for reference if placed at the end of the book.

In most people's estimation *Changing Bodies, Changing Lives* would probably be ranked on the liberal end of the continuum of sexual behavior standards for adolescents. Those looking for a book which advocates that it is usually preferable for adolescents to delay sexual intercourse until they are closer to maturity, or that parenthood involves many responsibilities that adolescents are usually unable to assume, will not find this to be the one. The approach instead is to present a variety of options and explain the ramifications of each thoroughly and responsibly. For instance, in the section on teenage parenthood, we meet six teen parents for whom (in their own opinion) life has not been easy, and it is pointed out that many teen parents do not fare even as well as these did. However, there is no "voice of authority" saying that it is better not to get pregnant during adolescence.

In summary, the publication of this consistently rewarding book should be cause for much rejoicing by most teenagers, their parents, and those working with youth groups who are able to see why its nonjudgmental approach makes it so valuable for the youth of today. *Changing Bodies, Changing Lives* belongs in every public and high school library, on every bibliography of books recommended for adolescents, and in the homes of our millions of teenagers. It is available at a substantial discount to clinics and other state-licensed organi-


Aspects of Contemporary Sexuality

NEW! HUMAN SEXUALITY
By Annette G. Godow, Psy.D.
1982. 646 pages, 103 illustrations.

NEW! COUNSELING LESBIAN WOMEN AND GAY MEN: A Life-Issues Approach
By A. Elfin Moses, D.S.W. and Robert O. Hawkins, Jr.; with 3 contributors.
1982. 276 pages.

NEW! SEXUALITY AND PHYSICAL DISABILITY: Personal Perspectives
Edited by David G. Bullard, Ph.D. and Susan E. Knight, M.S.W.; with 45 contributors.
1981. 333 pages, 4 illustrations.

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zations offering health education and information to teenagers, for distribution to their members or clients. Details concerning this discount offer appear on the book's copyright page. **ET, LT, P, PR**

Stages: The Crises That Shape Your Marriage. Laura J. Singer, with Barbara L. Stern. New York: Grosset and Dunlap, 1980 (276 pp.; \$12.95).

Reviewed by Alan P. Bell, PhD, Counseling and Counselor, Education Department, Indiana University, Bloomington, Ind.; co-author of Homosexualities (1978) and Sexual Preference (1981).

Written by a well-known psychoanalytic psychotherapist with considerable training and experience in marriage and sex counseling, *Stages* notes those predictable transition points which occur during the marital life cycle: from the "honeymoon" phase through the various junctures of parenthood and on to the "empty nest" phenomenon, grandparenting, and retirement. It is the author's hope that the reader, made aware of such stages and of the stress which they may introduce to the marriage, will be better able to anticipate them and deal with their effects in ways that promote growth and fulfillment for both the individual and the partnership. In addition to this major focus, the author addresses herself to the important topic of marital communication, to such common crises as financial and job changes, sexual problems, sex outside of marriage, and illness and injury of a spouse or child, and finally to the matter of how to go about selecting a marital therapist and what one has a right to expect from therapy itself. The book ends with a 14-page appendix where more than 50 books, with brief annotations, are listed for those readers interested in pursuing in greater depth the various topics presented in the text.

Using clinical material from her practice of marital therapy, the author does a good job of illustrating the kinds of problems that can erupt at various points in a marriage and of sharing her own responses to couples she has worked with. These include heavy doses of "down home" wisdom and charm, all aimed at the major point she emphasizes throughout the book: Individuals need insight into their emotional reactions to whatever transpires in the marriage, and into the often unconscious motivations

which account for their behavior. For example, the reader is encouraged, through lists of questions, to explore the reasons why the mate was selected in the first place, to examine the extent to which reactions to one's parents are being transferred to the mate, and to discover the ways in which one's reactions to one's children may reflect unsolved problems from one's own childhood. Again and again we are challenged to learn what is really happening inside us, to share our deepest selves with our marital partner, and never to take ourselves at face value.

While I agree entirely with this major theme, I suggest that the kind of self-examination urged is much less easily accomplished than the book tends to suggest. The approach borders on that of the "how to," self-administered-remedy genre which usually delivers more to the publisher than to the individual in desperate need of help. Even some of the case illustrations make it appear that saving insights may come with hardly any struggle at all, often as the result of the therapist's wisdom rather than the client's active and painful determination. While it's true that we need to be reminded of our "inner child of the past" and of the extent to which he/she may hold sway in adulthood, just as much do we need to know that he/she gives ground most grudgingly!

On the whole, *Stages* presents some important points and food for thought regarding a host of marital issues. And if it inspires the reader to carry on a further exploration through additional reading and/or by means of individual or marital therapy, it will have accomplished as much as the author could possibly have intended. **A, PR**

True Love and Perfect Union: The Feminist Reform of Sex and Society. William Leach. New York: Basic Books, 1980 (320 pp.; \$18.00).

Reviewed by Sarajane Garten, MA, Doctoral Candidate, New York University Human Sexuality Program.

True Love and Perfect Union is one of those rare books that will be read by students and professionals for years to come despite the fact that it is a terror to complete. Sexuality professionals today are trained within an interdisciplinary approach utilizing the richness of biology, medicine, sociology, psychology, and anthropology. In this book, Leach

adds another dimension by illuminating a portion of the history which lies behind many of our current ideas and practices in the field.

The book is divided into three sections. The first, of most interest to readers concerned with human sexuality, discusses the efforts of nineteenth century feminists to change how people thought about sexuality. They were not involved, as are today's feminists, in founding activist women's centers or in changing sexual behavior itself, but in striving to elevate the level of relationships between the sexes. Living in a time of strict sexual segregation, a time of strongly delineated boundaries between the public and private spheres of life, these women were intellectuals seeking reasonable solutions to identifiable problems.

Central to their goal was the search for "perfect union" between men and women, leading to the development of better marital relationships through more open communication. The doctrine of "no secrets" was crucial to these efforts. Recognizing that most women at that time married with no foreknowledge of what a sexual relationship entailed, feminists stressed the need for sex education for women, the need for access to scientific information about sexuality and physiology (men, it seems, had somehow already gained this information). Thus this doctrine of "no secrets" could "protect women from the deceit, exploitation, and conflict that accompany sexual ignorance. 'No secrets' made private mysteries public property for both sexes . . . form[ing] the foundation for rational decision making." And this continues to be the intellectual foundation of sex education today.

Leach delineates the impact of science and the developing power of the medical profession on women's lives. Sexuality was firmly in the hands of (male) doctors during the Victorian era, having survived its possession by lawyers and clergymen. In order to improve women's lives, feminists had to gain access to the information rigidly held within this medical profession. Thus, with more and more institutions offering co-educational opportunities, women began entering medical schools. The early feminists realized that women needed to gain control of their own bodies and learn the physiology of birth control.

The second section deals with the feminist activities to improve women's position in the job market, and the third

presents an enlightened look at how the feminists carefully and thoughtfully consolidated their power and influence into reform activities that gave credence to their ideology and permitted their ideas to survive and become part of future generations.

It is difficult to describe the wealth and richness of the material Leach shares with the reader, material that can be valuable to so many different people. The sexuality professional may choose to study only the first section. The feminist of today may continue and gain more insight into how to translate radical thought into social action. The "unenlightened" will learn, among other things, that the popular social image of early feminists as women striving solely to gain the vote is merely a glossy, superficial image, falling far short of the true depth within this early social reform movement.

The major fault of this volume is its ponderous style—it is by no means easy to read. Perhaps this derives from the fact that it was originally a doctoral dissertation. Improved techniques in the transition of scholarly research into readable literature would certainly benefit both the academic and the non-academic reader. But those who have the tenacity to complete *True Love and Perfect Union* will gain important insights into the history of social change and the first wave of the feminist movement in America. **A, PR**

Drug Treatment of Sexual Dysfunction. T. A. Ban and F. A. Freyhan, eds. New York: S. Karger, 1980 (194 pp.; \$58.75).

Reviewed by Robert C. Kolodny, MD, Masters and Johnson Institute, St. Louis, Mo.

The title of this uneven collection of papers is misleading since relatively little material is presented on the role of drugs in treating sexual dysfunctions. A lengthy opening review of drugs, neurotransmitters, hormones, and "mating behavior" that draws principally on animal data to make its points is followed by a number of papers only loosely tied together in a format lacking both cohesiveness of style and content.

Fortunately, three thoughtful papers rescue this volume from total oblivion. Petrie discusses "Sexual Effects of Antidepressants and Psychomotor Stimulant Drugs" in a balanced, understandable fashion; Shader and Elkins expert-

ly review "The Effects of Antianxiety and Antipsychotic Drugs on Sexual Behavior"; and Renshaw describes a number of generally neglected concepts in her review of "Pharmacotherapy and Female Sexuality." The material presented by these authors is mainly data-based and oriented toward the needs of sex therapists and other clinicians working with sexual problems. The remainder of the book suffers from a regrettable degree of superficiality in most regards.

The editors of this volume have thus failed to compile a truly useful and well-balanced presentation on drug treatment of sexual dysfunction and have simultaneously left too many gaps in coverage for their book to be useful as a compendium of the sexual side effects of pharmacologic substances. Although the three chapters cited above are of interest, the book, taken as a whole, cannot be recommended.

Sex, Love and the Physically Handicapped. Evelyn West Ayrault. New York: Continuum, 1981 (145 pp.; \$11.95).

Reviewed by Harilyn Rousso, ACSW, Director, Disabilities Unlimited Counseling and Consultative Services, New York City; Chairperson, The Association of Mental Health Practitioners With Disabilities, Inc.

This book is "an attempt to sexually liberate the physically handicapped." It seeks not only to broaden the attitudes of parents, professionals, and society in regard to the sexuality of the disabled, but also to provide people who have disabilities with a beginning manual about the development of social and sexual relationships. One of its major themes is that disabled people, like all people, are sexual, but that the negative attitudes of the able-bodied world and of disabled people themselves often work against the growth of healthy sexuality in the latter. The author traces the growth—and barriers to growth—of sexuality, from infancy through adulthood, for the congenitally disabled, while also noting some of the attitudinal issues facing people who become disabled as adults. In addition to painting a developmental picture, Ayrault describes several aspects of the socialization process, including the development of self-esteem, sex appeal, dating, and employment. The book ends with a varied listing of resources, mainly in rehabil-

itation, and a promise for a follow-up volume on specific lovemaking techniques.

Though impressive in purpose, this work is disappointing in its accomplishments. It seeks to cover too much ground and reach too many audiences, thereby precluding an in-depth look at major issues. Also, stylistically there is unnecessary repetition, with insufficient focus or distinction among the chapters. Thus, while the book does offer an overview, it is somewhat cumbersome, offering relatively little that is new for those professionals or consumers with some familiarity with the field.

Far more problematic, however, is that at times the author presents disabled people in a stereotypical and demeaning light. This is particularly disturbing in view of the civil and human rights era in which the book has been written—and the fact that the book aims at attitudinal change. For example, disabled people are assured that they are whole, sexual people, equal to anyone else, yet they are advised to accept pleasantly without protest or anger the societal view of them as distasteful and burdensome, gracefully retreating into solitude when others find them too much to bear. While indeed disabled people, in order to survive, surely need to understand and learn to cope with rejection and negative attitudes, the strategy of passive acceptance that is repeatedly recommended unfortunately communicates that the societal views are correct, are facts rather than distortions to be confronted, and that disabled people are "subnormal." Any such advice fails to recognize that oppression of disabled people is part of the broader sexual oppression of many minority groups, including racial minorities, women, and homosexuals. Historically we know that all such oppression requires a concerted, assertive protest if there is to be attitudinal change—and such protest can be healthy and esteem-building.

In a slightly different yet equally distressing vein, Ayrault too often implies that disabled people are reclusive, self-centered, and unkempt, and she instructs them to come out of their shells to join the social world. This is a traditional, yet highly narrow view of the diversity within the disabled community. In fact, many disabled people lead active, involved lives; yet they, too, often face attitudinal barriers which may significantly limit their sexual satisfaction; they, too, are in need of helpful

suggestions so sadly lacking in this volume. It should be noted that even for those disabled people who are withdrawn and isolated, there is a danger in offering simplistic solutions which do not adequately take into account the psychological complexities involved.

On a more positive note, Ayrault does offer some useful suggestions to parents on ways to foster their disabled children's sexuality, and some important comments to professionals on their need to examine their own attitudes and motivations. Also, in the chapter on "Adulthood," she provides some helpful guidelines on assessing the disabled person's readiness for independent living. Finally, scattered throughout the book for the benefit of the careful reader are a number of brief, thoughtful insights which the author provides from her successful practice as a counselor. **A, P, PR**

The Private Life of the American Teenager. Jane Norman and Myron Harris. New York: Rawson, Wade Publishers, 1981 (311 pp.; \$14.95).

Reviewed by Donald E. Greydanus, MD, Director, Adolescent Medical Clinic, Department of Pediatrics, University of Rochester Medical Center, Rochester, N.Y.

This survey, by a writer-television producer and an assistant professor of clinical psychiatry, is designed to reveal to parents what American teenagers think about various critical issues of adolescence. The authors placed "a special questionnaire" in several magazines for teenagers, inviting answers to various questions on certain topics. Though the actual questions are not revealed, we are told that over 160,000 teenagers responded. Then a more "extensive" question survey was given to 857 young people at shopping centers across the United States. Again it is not made clear what this survey was or how these young people were selected. Finally, over 100 specifically chosen teenagers were given more "in-depth interviews." From such data the authors seek to detail and then comment on what the private views of American youth actually are. References to any type of literature as supportive evidence for their interpretations are not given.

What can be said about such a survey? Certainly the methodology is so weak that reliable conclusions about "the

American teenager" cannot possibly be derived from it. It is impossible to know who, and how truly representative, these 160,000 or 857 or 100 teenagers are—out of some 40 million in the United States. They do appear to be a highly select group. For example, as many as 92% are confident of achieving their life goals and 81% believe that their parents have happy marriages. I am not sure whom such statistics actually represent in American life today.

Questionnaire data are always suspect, of course, as usually representing only those individuals willing to answer certain questions and ignoring the unknown group who are not willing. Also, what one says on a form may not be an accurate picture of what actually occurred. This may be especially true for inquiries about sex or drugs, when some braggadocio may be expected. For example, the survey notes that one out of every three 13-year-olds has become sexually (coitally) experienced. It is unclear, however, as to how many of these respondents are cognitively mature enough to separate fact from fantasy, both with regard to themselves and to their peers. Many people do believe that today's youth are indeed more coitally experienced than their parents were as teenagers, but the data in this book cannot be used to justify such a conclusion.

Also, such a survey may be seen by some young people as an opportunity to express their anger at society—and especially at their parents. Thus, while perhaps being a therapeutic device, it is not necessarily an accurate vehicle of communication. In addition, no attempt is made to correlate the statements the teenagers make with their level of cognitive and pubertal maturation. Since children mature at different ages, any study of youth which does not correlate such important aspects of adolescent change becomes less useful as a source of reliable information.

While I cannot agree with the dust jacket description of this report as a "landmark study," it does contain some interesting and worthwhile reading for parents seeking information about their children's generation. The book presents 14 chapters which summarize views on sex, drugs, education, peers, siblings, negative behavior, and, of course, parents. Although nothing is scientifically proven, some interesting thoughts are expressed in a clear and easy-to-read style. For example, most of those surveyed have positive feelings about their

parents and express a clear desire to be brought up in a loving, disciplined environment where direct communication is allowed. They also indicated that their parents do not discuss sexuality with them, something all children feel should be done. Since teenagers are more sexually active now than a generation ago, they obviously need accurate information to help them make responsible decisions. They did express the opinion that sexuality is made up of more than sex, i.e., love and affection are more important than coitus. Yet parents must realize that young people are placed under tremendous pressure to be sexually active and yet are given limited education in this area. This leaves us with millions of sexually active but sexually uninformed teenagers in America—a group that alone accounts for a million pregnancies a year and millions of cases of sexually transmitted diseases. Thus, the message is clear: Parents, you are the best teachers of your teenagers in this vital area but you are neglecting this important task.

There is good advice to parents offered by these young people: Parents should be honest, be willing to listen to their children, and be prepared to compromise with maturing teenagers on some issues. Parents will perhaps realize that it is important to allow their children to mature under guidance, even to permitting some mistakes to occur. In conclusion, *The Private Life of the American Teenager*, while in no sense a "landmark" study, does provide worthwhile reading for the interested parent who approaches the book with an open mind. We can hope once again that the comments it contains might be used to open up much needed dialogue between parents, young people, and other concerned individuals in many parts of the country. **P**

The Father Book: Pregnancy and Beyond. Rae Grad, Deborah Bash, Ruth Guyer, Zoila Acevedo, Mary Ann Trause, and Diane Reukauf. Washington, D.C.: Acropolis Books, 1981 (263 pp.; \$17.50).

Reviewed by Mark Schoen, PhD, Focus International, New York, N.Y.

This book is an invaluable resource for any expectant father. Written in layman's terms, it outlines in a nonjudgmental manner a wide range of options

for the many decisions that must be made along the way to fatherhood. For instance, the father who chooses not to be present in the delivery room is given the same emotional support as the one who opts for an active role during the birthing process. This decision-making process comes to life through actual person-to-person interviews.

The first chapter explores the decisions that a father-to-be and the prospective mother must make concerning the method in which the baby is to be born. The next chapters look at the possible effects of pregnancy on the emotional, intellectual, physical, and sexual aspects of the expectant father's life, providing an inside look into how other males have decided on how much or how little to be involved in the whole process. Various types of childbirth classes are outlined in Chapter 5, with the following sections describing the various coaching roles available if the father-to-be has opted to be actively present during labor and delivery. Chapter 8 covers the complications possible during pregnancy, labor, and birth. Chapter 9 the postpartum period, while Chapters 10 through 12 deal with details of life after a newborn has entered the scene.

Overall, this book takes a refreshingly untraditional view of "pregnancy and beyond" and makes an excellent guide for fathers-to-be. **P**

A Disturbed Peace: Selected Writings of An Irish Catholic Homosexual. Brian McNaught. Washington, D.C.: A Dignity Publication, 1981 (125 pp.; \$4.95).

Reviewed by Sol Gordon, PhD, Professor, Department of Child and Family Studies, Syracuse University; member, SIECUS Board of Directors.

Brian McNaught is probably the most articulate and effective spokesperson for Gay Rights in this country today. He moves easily from addressing Catholic clergy to Bible College students to gay political rallies, and is usually rewarded each time with a standing ovation.

Brian McNaught now presents to us an exciting, unique, and revealing autobiography in a collection of short, terse essays he has written over the past few years for gay newspapers. In the book's four sections—"On Being Yourself," "Growing Up Gay," "Friends and Lovers," and "The Church"—he exposes us

all to the struggles and the joys of growing up gay, and does this with such personal charm and conviction that it would be hard for even the most intransigent homophobe not to empathize.

Here lies the strength of McNaught's book. His story—growing up in a large, almost stereotypical upper-middle-class Irish Catholic family—contains none of the "stereotyped" ingredients for the emergence of a homosexual son, who additionally is a conscientious objector. For all of us, gays and straights alike, he stands out clearly as a first-class *mensh*. That's why the book is so important. I can't think of a better one for introducing straights to the authentic world of gays; and I can't think of a better one for those gays whose self-esteem may need enhancing. Fortunately, McNaught's essay "Dear Anita," first accepted for publication by *The New York Times Sunday Magazine* section and then mysteriously rejected with no explanation, is included. It is a classic. Only a Brian McNaught would have had the *chutzpah* (read the stature) to appeal to Anita Bryant, while she was still in her heyday, to understand what human dignity is all about.

The last essay is a brief, brilliant affirmation of his gayness. In part, it reads:

I like being gay. I like knowing there is something very unique and even mysterious about me which separates me from most of the rest of the world. I like knowing that I share a special secret with a select group of men and women who lived before me and with those special few who will follow.

... I like walking at life's edge as a pioneer; as an individual who must learn for himself the meaning of relationship, love of equals, sexuality and morality. Without the blessings of the Church and society, my life is one outrageous experiment after another. I like knowing that if I settle into a particular frame of thought, it is because I have found it appropriate and not because I was raised to believe that's the way things must be.

A Disturbed Peace, a compelling testimony for gay rights by a gay person, could easily "pass" as a declaration of human rights for everybody. It also stands as a stunning portrait of one man's inner struggle for identity, sense of worth, and spiritual wholeness. The sociological, research-oriented expositions on homosexuality published within the past decade certainly have a place, but they can be seen to exist only as epilogues to

the verities contained within the pages of *A Disturbed Peace*. Read it, and your own stature will be increased. **LT, A, P, PR**

Adolescent Pregnancy: Perspectives for the Health Professional. Peggy B. Smith and David M. Mumford, eds. Boston: G. K. Hall and Co., 1980 (267 pp.; \$16.50).

Reviewed by Penny Breiman, RN, Supervising Community Health Nurse, Trainer, Adolescent Pregnancy Prevention Program, Children's Aid Society, New York, N.Y.

"Adolescent pregnancy is one of the most pressing, persistent and poignant problems facing our society today." This quote by former Secretary of Health, Education and Welfare, Joseph Califano, is taken from the foreword to *Adolescent Pregnancy: Perspectives for the Health Professional* and it sets the tone for this consideration of a national problem. Recognizing that any attempt to meet this crisis must be through a multidisciplinary approach, the editors have collected articles by professionals in a variety of health fields, thereby presenting the social, emotional, legal, medical, and educational aspects of adolescent pregnancy. The aim was to open a dialogue between these disciplines within the health field, to deal with misinformation and prejudices, and to discuss new approaches to the problem. They successfully accomplished their goal.

One vital point made is the importance of separating adolescence into stages of development that are not always related to chronological age. This is particularly helpful to professionals who need to understand the developmental tasks if they are to find ways of relating to the teenager. The essay dealing with the motivational aspects of adolescent pregnancy can also help us gain insight into adolescents' thinking. In another essay, discussing the persuasive media presentation of sexual messages on television and in the movies, the author poses a provocative question: Why not use our creative ability to make commercials about contraceptives that would appeal specifically to adolescents?

Although thorough, the article on venereal disease does not completely relate to adolescent pregnancy, being very technical and excessively medical in orientation. In neglecting to look at the social and emotional aspects of that issue, the authors left a large void.

I would recommend this book to health professionals and child care workers who are beginning to look at the issues related to adolescent pregnancy, especially those issues outside or on the periphery of their field. It is important to recognize that sexuality is connected to all aspects of life. The articles have a very constructive tone; rather than trying to place the blame on the adolescent or on society, they seek an avenue of solutions to this difficult problem. The references at the end of each essay are good resources for further reading. **PR**

Religion and Sexuality: Judaic-Christian Viewpoints in the U.S.A. Monograph #1. John M. Holland, ed. San Francisco: The Association of Sexologists, 1981 (69 pp.; \$5.95).

Reviewed by Bill Stackhouse, MTS, ACS, Director, SIECUS Parent Projects; adjunct lecturer, Human Sexuality, Manhattan Community College, New York, N.Y.

Professionals in the sexology field are routinely confronted with individuals, families, or groups for whom religious issues are a significant concern. Many sexuality professionals shy away from any in-depth discussion of these issues for fear either of offending people or of revealing their own ignorance. It has been my experience that, when I refer to my own theological background, I am met with an eagerness to discuss personal concerns relating sexuality and religion.

The above monograph is now available to provide a basic framework that will be useful in this broad area of concern. In his brief introduction Holland provides an overview of the major points in the history of the Judeo-Christian religions in their relation to sexual attitudes and behavior in the U.S. Here he sets the tone for the next three essays which represent the major religious perspectives—Jewish, Roman Catholic, and Protestant. (The current trends among the ultra-conservative religious right wing, while acknowledged here, are given no in-depth consideration.)

Allen Bennett's essay on "Jewish Views of Sexuality," which provides an excellent account of the evolution of ideas concerning sexuality among the various traditions of Judaism, points out that there has been and continues to be much diversity among Jews on sexuality

issues. His presentation does a good job of relating the historical context to positions held today.

More so than the other essays, James H. Schulte's "Roman Catholic Views of Sexuality" seems aimed at the counselor or sex therapist who deals with individuals making decisions that relate to their "moral convictions." He therefore sets out to expound on three "somewhat arbitrary categorizations" of moral convictions among Roman Catholics. These are: "the older view" (traditional, natural law-based, generative), "the newer view" (love-based), and "the middle view" (arising from the laity, influenced by many sources). The first two are presented by streams of thought from official church tradition. The third relies chiefly on a theology grounded in human experience.

"Protestant Views of Sexuality" by Letha Scanzoni begins with a very good historical overview of major Protestant thinking on sexuality issues. Many will find the distinction she makes between "evangelical" Protestantism and "mainstream" Protestantism especially helpful. After summarizing both the history and current thinking on today's pressing ethical issues in sexuality, she closes with a call for a "theology of sexuality."

Scanzoni's call is well answered by James Nelson in his essay "Toward a Theology of Human Sexuality," where he presents in a personal, humorous, yet scholarly way a distillation of the major themes from his book *Embodiment: An Approach to Sexuality and Christian Theology* (1978). He outlines his concept of an ethic based on principles, as opposed to rules relating to specific behaviors. Following a clear elucidation of his assumptions, Nelson presents specific propositions—"proposals toward some fresh thinking and experiencing." As he himself says, the essay could have been called "Toward a Sexual Theology," for what he does is to focus on what our experience as sexual human beings might have to say about theology. It is a readable, exciting, and thought-provoking essay.

The monograph ends with an afterword by William Simon. From the stance of an avowed secularist position, he does raise some important questions, but I am unsure why Holland chose to end the booklet with this somewhat downbeat secular critique, particularly following Nelson's comprehensive essay.

Although relatively brief, this monograph is an excellent starting point for

anyone interested in a serious consideration of religion and sexuality in the U.S. It would also be a good basic background resource for anyone facing opposition from the vocal conservative religious minorities currently attempting to impose their morality on the nation. Certainly the booklet should be read by clinicians and educators seeking to become sensitive to the religious concerns of those with whom they work. **A, PR**

So Desperate the Fight: An Innovative Approach to Chronic Illness. Warren R. Johnson. New York: Institute for Rational Living, 1981 (176 pp.; \$6.95).

Reviewed by Robert C. Kolodny, MD, Associate Director, Masters and Johnson Institute, St. Louis, Mo.

Embodied in this autobiographical chronicle of a struggle with the debilitating disease of scleroderma is another message, broader in scope, that presents readers with a philosophy for an approach to serious chronic illness. This message, in essence, is that unless a person takes active, rational steps—both attitudinally and physically—to deal with his or her health problem, that person becomes all too easily victimized by the illness. While this idea is far from new in relation to both sexual health and a broader sense of well-being, Dr. Johnson succeeds in depicting poignantly his own struggles and triumphs in evolving and practicing this philosophy.

One wishes that the practical insights of the author had been captured in more vivid prose and more systematized discussion of principles that surely apply to different categories of chronic illness, since the types of personal coping required are often quite different from those described here. Nevertheless, readers interested in exploring a rational approach to holistic health will be moved by both the emotions and wisdom found in these pages. **A, PR**

Book Review Correction

The name of the co-editor, with Andrew C. von Eschenbach, of *Sexual Rehabilitation of the Urologic Cancer Patient* was inadvertently omitted in the January 1982 *SIECUS Report* review of this book (p. 20). Her name is Dorothy B. Rodriguez.

AUDIO-VISUAL REVIEWS

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

The reviews this month demonstrate the spectrum of resource formats available to the educator. Each displays a special creativity that may well prompt similar "home grown" aids or trigger ideas of new ways to use available materials and equipment.

The Love Tapes. Video cassette, BW, 30 min. Price, \$250; rental \$55. Filmmakers Library, Inc., 133 East 58th Street, New York, NY 10022.

The Love Tapes is the outgrowth of an unusually creative video project which has received nation-wide publicity recently. In public and semi public locations—malls, museums, etc.—a booth was set up containing a video camera and TV screen which allowed one person at a time to sit and talk in privacy for three minutes on their feelings about love. Such conditions might seem to make for stilted or inhibited "interviews," but left on their own for the duration of a three-minute recorded musical segment which serves as background to their impromptu sharing, the individuals on this tape are surprisingly spontaneous and their feelings and emotions come through in a most effective cinema verité manner. A young black male college student, a middle-aged disabled woman, an 80-year-old teacher, a gay male, a divorced man, an ex-show girl, a young man whose Spanish is translated in subtitles, a high school girl—all express their feelings about the power of love, "ideal" love, the search for love, deciding whether it is really love, the lack of love, and being worthy of love. Despite the impersonal nature of a TV format, the sincerity, the deep emotion, and a special radiance are communicated. *Love Tapes* is an effective and moving resource. The program includes suggestions for setting up a similar project which would lend itself well to various aspects of human sexuality. First knowl-

edge of sex, being female, being male, body image, use of contraception, attitudes about sex-related social issues come to mind as topics for similar treatment.

Child Abuse. Three color filmstrips with 3 cassettes and a printed guide. Price, \$74 complete; \$18 per single filmstrip, \$12 per single cassette. Society for Visual Education, Inc., 1345 Diversey Parkway, Chicago, IL 60614.

Child abuse is a sensitive issue and the creators of this program are well aware of the need to handle the subject material carefully. The program contains one filmstrip *Handling Child Abuse* (56 frames, 19 min.) for adults, and the remaining two are aimed at elementary school age children. *Physical Abuse: How To Get Help* (49 frames, 13½ min.) uses the example of abusing a pet to

help children recognize abuse and suggest what they can do to get help. *Negative Touch: Ways to Say No* (52 frames, 16 min.) deals with the most delicate aspect of abuse—sexual molestation. Using some examples in a non-threatening way, children are shown effective methods of preventing unwanted forms of touch. To provide some necessary emotional distance from the subject matter, stylized cartoon art is utilized which wisely avoids any attempt at realistic visuals. A cartoon cat is the narrator for all three strips; children will likely take "Kool Cat—from CAT (Child Abuse Tactical Unit)" in stride, but adults may resent some of the stereotypes associated with the character. The information presented is authoritative and presented in a commendably matter-of-fact manner. The teacher's guide is well written, contains the script of each filmstrip, follow-up activities and a national list of resource agencies. The program demonstrates how a cooler medium than motion picture can be an asset in dealing with sensitive subject matter, and how effective the less expensive format can be.

Teach-A-Bodies. Soft rag adult dolls. 22" long. Price, \$65 per pair; \$75 per pair with clothes. Child dolls. 17" long. Price, \$50 per pair; \$60 per pair with clothes. "Teach-a-Bodies," 2544 Boyd Street, Fort Worth, TX 76109.

These dolls can be used with classes or individuals of all ages to teach about human sexuality from the "plumbing" aspects to social issues such as child abuse, disability, birth control, etc. The sets of dolls come in Caucasian or Black models. The adult males have moustaches, body hair, and exchangeable penises—circumcised and uncircumcised! The adult female comes with sanitary napkin and belt, tampon, and an equally magic body-change—she can be pregnant or not, with a baby complete with umbilical cord. Potential teaching could be expanded if the male had his own jock strap to prompt discussion of scrotum and testicle care. The child dolls have genitals, but appropriately lack the

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secondary sex characteristics of the adults. A total family of Teach-A-Body dolls would lend itself to many aspects of therapy as well as education, and are limited in their use only by the creativity of the educator or therapist.

Killing Us Softly: Advertising's Image of Women. 16mm, sound, color, 30 min. Price, \$450; rental \$46. Cambridge Documentary Films, P.O. Box 385, Cambridge, MA 02139.

This powerful film is a combination of media formats. It is a motion picture (or video cassette) of a slide presentation accompanied by Jean Kilbourne's lecture on how the media traps us within stereotyped gender roles. Kilbourne never accuses Madison Avenue of creating our views of women, but she makes a compelling case against the cultural conditioning of the media. Using hundreds of ads from magazines and newspapers, she demonstrates how the advertising industry plays on the fears and insecurities of women in order to sell cosmetics and a wide range of consumer items. She includes a short sequence on how the same technique is used with men with appeals for achiev-

ing a macho image, but the primary focus is on how women are affected by the stereotypes in media. Impossible standards of beauty, perfection as housekeepers, infallibility as mother, and constant availability of support or of sexual readiness for mate are demanded of women by the implications and blatant messages of the ads. Ms Kilbourne is a popular lecturer and she combines knowledge, insight, and outrage with a quick sense of humor that keeps audiences with her throughout. The film is an excellent stimulant to discussion of stereotyping, gender roles, body image, and sexuality. It also serves as a model for student or faculty-created programs.

Sex Is A Three-Letter Word. Cable Television Show (Home Box Office).

Both commercial and public television have offered drama-documentaries which make appropriate "homework assignment" and stimulate effective discussion on a myriad of sexuality-related subjects. Segments of programs like *60 Minutes* have been made available in 16mm format for classroom use. Some feature films made for TV are also available and have been reviewed here in the

past. Home Box Office has now presented the first of a projected three programs about sexuality in a quiz format. Basic questions about sex were asked of individuals on the street. Their answers and a prepared multiple-choice set of answers flashed on the screen allowed viewers to select the answer they felt was correct, and then to hear responses from authorities in the field of sex, answering and supplying supportive information. The idea was a good one; the realization left something to be desired. The person-on-the-street sequences were lively, spontaneous and added a touch of humor. The experts presented their views in a straightforward and thought-provoking manner. The questions were carefully selected to appeal to a wide television audience. But the animation used as a filler while the home audience pondered the best answer, though undoubtedly intended to liven the proceedings, instead managed to trivialize and tarnish the program. At best inane, several segments were actually vulgar, and in clear opposition to the high goals of the presentation. It is to be hoped that future offerings will show greater respect for the audience's integrity and intelligence. "A" for effort, but back to the drawing board, fellows!

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



REPORT

Sex Information and Education Council of the U.S.

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