

SIECUS

REPORT

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Sex Information
and Education
Council of the U.S.

This issue of the *SIECUS Report* celebrates the 20th anniversary of the founding of the Sex Information and Education Council of the U.S. The certificate of incorporation was signed on April 20, 1964, and a group of foresighted and boldly public-spirited individuals had thus brought into existence an organization dedicated to opening up the chrysalis of human sexuality study and understanding. These people included: George Packer Berry, Mary S. Calderone, Wallace C. Fulton, William Genné, Lester A. Kirkendall, Harold Lief, David Mace, Emily Mudd, Harriet F. Pilpel, Wardell Pomeroy, the late Isadore Rubin, Father John L. Thomas, and Clark Vincent.

In the May/July 1982 issue, Mary Calderone, on the occasion of her retirement from an active role in the organization, listed all the members of the founding Board of Directors and described SIECUS's steady progress through its first decades. For this issue, the *SIECUS Report* has asked Lester Kirkendall—a pioneer not only in SIECUS but in the entire field of human sexuality concerns—to describe through his own experiences how the stage was set in the early and middle years of this century for the expansion of the sexuality frontier, and to recount his recollections of SIECUS's initial work. We are grateful to him, and to all the other contributors to this issue, for taking part in this special celebration.

THE JOURNEY TOWARD SIECUS: 1964 A Personal Odyssey

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For this issue celebrating SIECUS's twentieth anniversary, I was asked to carry out an interesting and challenging task—to describe the opening up of the sexuality field as I remember it, and also the situations which culminated in the founding of SIECUS. Meeting this challenge has called for me to take differing personal experiences and relate them specifically to this important assignment. Thus my discussions will be historical in nature and

will explain how I came to be associated with the founding of SIECUS.

I really didn't think much about "sex information and education" in my boyhood, but had there been an organization such as SIECUS, it might have helped me with some of my sexual problems. Mainly I was distressed over my inability to cease masturbating. This was around 1914 or 1915 and I had discovered hidden away in an attic an old book published in 1897, *What a Young Boy Ought to Know* by Sylvanus Stall. It was intended to help males "avoid vice and deliver them from solitary and social sins." After I had read the pages on the "abuse of the reproductive organs," I realized that I was on my way to having a "sallow face, glassy eye, drooping form, [lacking in] energy, force, or purpose, [being] a laggard in school, shy, avoiding the society of others, disliking good books, avoiding the Sunday-School, and desiring to escape from every elevating Christian influence." I was unsuccessful in stopping my "solitary sinning," but I did watch fearfully for these terrifying symptoms. They never did show up, though once when I

stepped on a nail and ran it into my bare foot I thought perhaps this was the consequence of my secret vice. But nothing further happened. So I concluded that something was amiss somewhere. I wasn't aware of it then, but this provoked an energy I have always carried with me. This called for getting troubling concepts into the open, whether they concerned sexuality or something else. Certainly this energy motivated me when I became involved in founding SIECUS.

Belief in this philosophy went with me through high school, college, and on to graduate study, during which time I read whatever I could lay my hands on. Much of what I read about sex reflected Stall's 1897 views; so as a graduate student at Teachers College, Columbia University, I decided to meet and talk with leaders in the field of *social hygiene*, the terminology commonly used at that time. (There was an American Social Hygiene Association then with headquarters in New York City.) Among the persons I met was Dr. Maurice Bigelow, author of *Sex Education*. He taught at Teachers College, and in 1934 I took his course dealing with sex education. At the close of the class he asked me to come to his office, at which time, unknowingly to him and to me, he started me on my journey toward SIECUS. He told me that he would be retiring in a few years, and he hoped that someone would carry on his concern with sex education. He felt I was qualified to do that, and I was pleased at his assessment.

From 1927 to 1933 I had served as an elementary school principal and instructor, and then as a high school teacher. That experience showed me that I could talk to pupils easily, so I found myself discussing, particularly with males, various sexual concerns that troubled them. (At that time, apparently, only males had sexual problems. What females wanted to discuss

was "How can one tell if one is in love?") Working with pupils at that level convinced me that much of what had been taught was erroneous and that there was a need for organizations that could promote and direct sex education. The American Social Hygiene Association seemed to be moving in that direction, though its major emphasis was the elimination of venereal disease. My concern, however, really lay in the field of human relations; I felt that sex education had to be considered an integral aspect of complete and satisfying living. I expressed my views on this in a book, *Sex Education as Human Relations*, published in 1950. Furthermore, I had felt for some time that research based on the actual experiences of individuals was necessary. In 1936 I began teaching courses in Adolescent Psychology, Tests and Measurements, and Methods of Teaching at the Teachers College of Connecticut, later called the Central Connecticut College of Education. On the side I was doing informal counseling; this resulted in my first book on sexuality, *Sex Adjustments of Young Men*, published in 1940. But by then I had developed at least two concepts which would later be incorporated into SIECUS programs: the necessity of integration (remember that when SIECUS was formed, its purpose was to further the concept of sexuality as a *health entity*), and the need for promoting research.

When World War II began, I was on the faculty at the University of Oklahoma. With enrollments depleted because so many men and women were serving in some aspect of the war effort, I was essentially left with no one to teach. So I was swept into the maelstrom of war, but I was also having experiences that would stand me in good stead when the time came to establish SIECUS.

Through Thomas Parran, Surgeon-General of the U.S. Public Health Service, who knew me and was familiar with my work, I was asked and consented to be on the staff of the Venereal Disease Education Institute at Raleigh, North Carolina. I had been there only a few months, however, when I was asked if I would accept an assignment to the U.S. Office of Education in Washington, D.C. J. W. Studebaker was the Commissioner of Education. The objective of the assignment was to promote sex education in the schools. I accepted without knowing exactly what was involved, or how the assignment had been decided upon. I very quickly found that, while there were avenues to pursue, Commissioner Studebaker was very fearful of political repercussions. The plan developed was for me to travel to different states to discuss with State Superintendents of Schools the possibility of promoting sex education in their schools, and during my tenure I actually visited 36 states. One thing Studebaker asked was that he see any correspondence which came from state superintendents or from other political sources. This requirement was certainly justifiable, but what impressed me was the degree of caution and fear he displayed. Looking back, I now suspect that in some way Dr. Parran maneuvered Commissioner Studebaker into accepting this arrangement, and that basically the deciding argument was that effective sex education programs would help cut down the wartime venereal disease rate. As soon as it became clear that the war was ending, I was informed that the Office of Education no longer needed the program. It was therefore being dropped.

One event during this time had a particular bearing upon my being favorable to the establishment of a non-government-sponsored organization through which promotion of an integrated sex education program could be handled. As I have noted, one agency, the American Social Hygiene Association, was already in existence. But to my way of thinking and that of

others, it was too closely tied to venereal disease. A broader, more inclusive approach, yet one particularly concerned with sexuality, was needed. Thus, the event I have in mind was a Social Hygiene Education Conference which I organized. Held at the Office of Education headquarters in Washington in December 1944, it was attended by 38 persons. Some came from various states; others represented different groups and a variety of educational endeavors. Several governmental agencies were also represented. All conferees were influential individuals in their fields. Commissioner Studebaker appeared and made a short address in which he examined the overall Office of Education program, making only fleeting references to the sex education program and the purposes of and expectations to come from the conference itself. The conferees were organized into five committees to discuss and summarize the following topics: principles and philosophy of sex education; materials and methods in the schools; special problems; teacher education; and program implications. A report presenting their conclusions was mimeographed, but contained this stipulation: "This report or any portion of it is not available for printing unless permission for such printing has been secured from the Commissioner of Education, U.S. Office of Education, Washington, D.C." I have never seen this report reproduced anywhere. I retained a single mimeographed copy for myself. This experience supported my belief that any agency related to sexuality concerns should be non-governmental. One positive experience did come from serving in the Office of Education—namely, my discovery of the many people throughout the U.S. who were supportive of sex educa-

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tion programs, and the numerous programs which were functioning quietly but effectively. When it came time for the formation of SIECUS, I found myself much less fearful of negative repercussions than were some others, much more aware of supportive persons and organizations. As I look back, I think my Office of Education experience was very helpful to me, and I hope it made me more effective in working with others as well.

Following the collapse of the Office of Education program I served briefly as an instructor and counselor for American soldiers enrolled at the Army University at Florence, Italy. This university had been set up for men who had fought in World War II and were awaiting transportation home. It was staffed by American professors, and the hope was that the GIs who enrolled could transfer credits to colleges and universities in the U.S. I was to teach courses in Educational Psychology. I arrived in Florence just a few days before classes were to begin in August 1945. My recollection is that eight GIs had indicated their intention of taking Educational Psychology and there were five instructors ready to teach this course. Since I was obviously not needed, and since my interest in marriage and family life was high, I proposed that my three classes be changed to Psychology of Marriage. A quick agreement was reached. My fellow academicians from the U.S. greeted my assignment with snickers and risqué jokes ("Will this be a laboratory course?"). But not the GIs! The University was housed in Mussolini's aviation school, and I was assigned a classroom that would seat 100 students. By noon the first day of enrollment all my classes were over-subscribed; they were closed with 320 registrants.

I had no more awareness than my joking colleagues of what was ahead; however, I found out very shortly. Many of the men wanted not a course, but catharsis. They needed to talk about what had happened to them. They were eager to go home; yet in a very real sense they were afraid. Some had set up relations with Italian women and now wanted to bring them back to the U.S.; they had been sexually involved; some had produced pregnancies; some had had homosexual experiences. Others had lost buddies; under the emotional impact of battle and the awareness that life was transitory and might end at any time, these relationships had become extremely binding. Many knew they could never discuss their experiences with their families and loved ones. At the university my counseling schedule was always filled; men came to my room at night and on the weekends to talk about their experiences. At the end of the first term, the commanding officer (serving as president of the university) suggested that, since there was so much enthusiasm (and so much need), my classes be moved to the auditorium for the second term. There around 275 could be seated. I agreed. These classes were over-enrolled also. I never did get the roll called, but I do know that I had between 825 and 850 in the three classes.

But what does this have to do with the founding of SIECUS? Just this: I became totally aware that the methods we use in relating to others, sexually and otherwise, are of highest importance. I knew then that the rest of my life would be devoted to helping people learn how to build relationships. This was the reason for my decision to concentrate on stabilizing marriage and the family. Sexuality would be clearly recognized, particularly through educational channels, as an integral part of healthy, satisfying human living. Help was needed in this enterprise, both in properly preparing individuals to do this work and in creating and enlisting support from organizations specializing in human sexuality concerns.

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Following my return from Italy I became for several years the director for the Association for Family Living in Chicago. When, however, it became possible to return to the academic world, I joined the teaching staff in the School of Home Economics at Oregon State College (later Oregon State University) at Corvallis. Here I taught courses in various aspects of family life, interpersonal relationships, and counseling techniques. I also did much counseling myself. In 1960 I initiated a course in Human Sexuality. It was new for Oregon State, and so far as I know it may have been the first undergraduate human sexuality course taught in the United States.

During the time we lived at Oregon, my wife and I made several trips to Europe, two before the founding of SIECUS. On both of these trips we visited the Scandinavian countries. I went to Stockholm particularly for the purpose of visiting the National Association for Sex Education (RFSU), headed at that time by Elise Ottesen-Jensen. Here I learned about the sex education program in Sweden, sat through one of the meetings of the executive board, and acquired the names of other Swedish authorities in the field, including Brigitta Linner, Maj-Briht Bergström-Walan, Jan Trost, Lars Ullerstam, Joachim Israel, and Georg Karlsson—all of whom were involved in the Swedish sex education program in one way or another. They sought to show me what was going on in the schools, and to discuss objectively the criticisms of the Swedish programs which were being bandied about in the U.S. at that time, points at which their program might be improved, and the part both youth and parental associations had taken in improving their program. I also stopped in Denmark, visited with Dr. Kirsten Auken, and learned more about the sex education program in that country. Finally I arrived at the Netherlands, where they had an organization similar to the one in Sweden, and learned about programs in Holland.

By this time I was sure that something should be done in the U.S. Later I attended the North American Conference on Church and Family, held at Green Lake, Wisconsin in 1961. Here I met Mary Calderone for the first time. In our conversation I expressed my concern about the need to deal with sexual problems, and about the need for some group to promote sex education in the schools. Dr. Calderone said she had been thinking about the need for such an organization herself and that she knew others who would be interested in pursuing the idea. It wasn't SIECUS yet, but at least SIECUS was in embryo form.

For me this initiated numerous interchanges with other concerned professionals on such issues as these: Is there a need for an organization relating particularly to sexual matters? If there is such a need, should the organization not become a part of some presently existing group, such as the National Council on Family Relations, Planned Parenthood, or the Association for Marriage Counselors? If it were set up independently, would there be a Board of Advisors arranged so that various important organizations would each be represented by a member, or would individuals of prominence in the field be chosen instead? Should sex be specifically mentioned in its title? If so, would people respond to it or would they be turned off by this reference to sex? And where would the money come from? I think that for current *SIECUS Report* readers the answers to practically all of these questions are obvious.

Although I had expected that there would be some support for such an organization, the high degree of enthusiasm generated in debating these questions surprised me. It actually took those of us involved about two years to get all the details arranged, but the articles of incorporation were issued in April

1964, and finally SIECUS came into existence. I have always remembered a comment made by Earl Ubell, then science editor for the *New York Herald-Tribune*, in a story he prepared: "... the group's first action has been most noteworthy. It formed." And this evidently was very significant for Mr. Ubell, for a year or two later he joined the SIECUS board.

The original professional staff consisted simply of the executive director—Mary Calderone. She did have secretarial help, but being minimally staffed was part of the price the organization paid for remaining independent and apart from existing agencies. The nearest it came, of course, to allying itself with any discipline was in its intent to "establish man's sexuality as a health entity." (Notice the wording used in this statement of purpose. *Sexuality* was used instead of *sex* because that word was thought to be more inclusive and to be moving away from a concentration on the physical. I now wish we had said "human sexuality" instead of "man's sexuality.") What I appreciated, however, was the number of disciplines and occupations represented on the first Board of Directors. Professors predominated with six sociologists, a health educator, a family life educator, two who were in Schools of Medicine, and two who were preparing other educators. There was a college president, and four who were executive directors of clinics and research and health care centers. There were three psychiatrists, three marriage counselors, three people working with religious organizations, an executive with a life insurance company, the editor of *Sexology* magazine, an author/lecturer, and a partner in a law firm. A number of these people remained on the board for several years, and later boards have maintained this vital diversity.

From the beginning there was a definite concern about finances. SIECUS did not offer membership then, but sought grants. Fortunately the venture was innovative enough to attract donors. The first grant came from the Commonwealth Fund, and this was soon followed by additional ones from several other organizations. One development which I believe was very important in obtaining such grants was the evidence that SIECUS was meeting a genuine need. The Summer 1966 issue of the *SIECUS Newsletter* called attention to the fact that from January 1965 to August 1966 requests for services or information totaled 3,930 and came from every state in the Union.

Schools (public and private), the medical profession, religious groups, Parent-Teacher Associations, and health, service, social, and welfare organizations, as well as individuals, accounted for these requests. At the same time, Mary Calderone was beginning her peregrinations all around the U.S. and abroad, and the staff was growing. Providing materials for schools, medical services, other organizations, and individuals was an important feature of SIECUS's service. Each newsletter contained a list of significant publications—books, journals, articles—and curriculum and teaching aids. In the meantime, the SIECUS Board had initiated a series of Discussion Guides. I was particularly pleased that one I had prepared, *Sex Education*, began the series in 1965. The next two guides dealt with homosexuality and with masturbation. A total of 14 guides constituted this series, and other publications followed.

The result was that by this time some governmental support was forthcoming. In November 1966, the Minnesota Department of Education issued a position statement supporting and encouraging family life and sex education in the schools. And better yet, the U.S. Office of Education in 1966 granted SIECUS funds to hold a conference in Washington, D.C. This conference was called "Sex, the Individual, and Society: Implications for Education." It brought together over 70 specialists, some of whom presented papers which were discussed and evaluated. These and some additional papers were then assembled by Carlfred Broderick and Jessie Bernard, and appeared in 1969 as a SIECUS handbook for teachers and counselors.

Those of us who sought to get SIECUS under way in the early 60s were undoubtedly working with an idea ripe for development. For example, in December 1964, the American Medical Association decided to drop its "neutral" policy on birth control and contraception, and this in turn was followed in 1965 by a Supreme Court decision invalidating the Connecticut state law prohibiting the use of contraceptives. In 1965 the Sex Information and Education Council of Canada (SIECCAN) was established, following the same basic principles that had been used in the establishment of SIECUS. And so the whole field of human sexuality was expanding, becoming more open. Without doubt, however, the formation of SIECUS and its pioneering efforts gave both power and direction to that idea "whose time had come."

SIECUS 1984

Barbara Whitney, RN, MS
Executive Director, SIECUS

The present is only a tiny moving dot on the continuum of time—a dot marking the intersection between the past and the future. Thus writing about SIECUS as I see it today is impossible without acknowledging the legacy of what has already been done and the potential of what is yet to come. When I look back on the five years I have served SIECUS as Executive Director, it seems to me that there have been tremendous changes in the organization. And yet when I read through minutes from board meetings of the early years, I am struck by the similarity in the expression of concerns then and now: What is the purpose of SIECUS? With what programs can it best address the needs of the public? What is the optimal structure for board

and staff, together and independently? And, the bottom line, how do we raise money to make all this happen?

Thus, as I share some of my perceptions of SIECUS as it exists today, I do so with the hope that the reader can experience the thread between the past and the future, emphasized by the other viewpoints shared by my fellow contributors to this 20th anniversary issue. Perhaps it would be helpful if I envision SIECUS as being somewhat like a jigsaw puzzle, with many interlocking pieces which together create a unified whole. Imagine the surface as a snapshot, frozen in time, giving us today's picture. SIECUS's snapshot at the moment shows a collage of programs, constituents, and "enablers." Two grada-

tions of color are present in each segment of the picture, one representing the collection and dissemination of information, the other representing advocacy in support of vital issues confronting our field—the two core functions of SIECUS.

The puzzle's program section has three primary components. Our Information Service and Library, housed at New York University's Department of Health Education (with which SIECUS affiliated in 1978), last year answered over 5,000 inquiries by phone or mail. The constantly expanding library collection forms the basis for information dissemination, and the library staff regularly updates bibliographies and other reference materials so that inquiries are responded to with current information, much of it not indexed in any other compilation.

The *SIECUS Report* is the star of the second component, our publications program, which was augmented this last year by *Winning the Battle for Sex Education* and *Oh No! What Do I Do Now?* (in English and Spanish). Our long-standing clearinghouse function, which the above two programs facilitate, becomes increasingly important as more individual resources are available in local communities throughout the country. SIECUS sees itself as providing a vital link in the flow of information to and from such communities.

The third program component is the development of model programs and materials for parents, assisting them to be the primary sex educators of their own children. Like all our programs, the parent learning project is a combination of both advocacy and information dissemination, and represents for SIECUS a way of moving from talk to action.

SIECUS's increased awareness of and responsiveness to our multifaceted constituents represent one of our current strengths. One key group among our constituents is our 2,000 members, a vital group of professionals from over 30 occupations in diverse settings across the country. In a recent survey, our members indicated that, second only to receiving the *SIECUS Report*, they especially value their identification with an organization whose work they believe in and respect.

A second category of constituents consists of the people who benefit from our programs and services. About half the inquiries received by the Information Service are from the general public—parents, media professionals (writers, producers, filmmakers, etc.), persons with disabilities, senior citizens, prisoners, judges, teenagers, and many more. The rest involve students or professionals whose work is directly concerned with sexuality information—teachers, physicians, nurses and other health care providers, clergy, researchers, authors, librarians, professors, etc. Our New York City Parent Learning Project now serves an urban Hispanic population, one which is burgeoning in the U.S. The distribution of *Winning the Battle* was targeted in part to policy-makers or those influencing policy, governmental officials in health and education agencies, PTA members, and Planned Parenthood affiliates throughout the country.

A final category consists of our donors, individuals who believe in what SIECUS does and support its work with financial gifts. About 80% of SIECUS's current yearly income is derived from a core group of approximately 8,000 individual contributors and foundations. In 1984 we enter the second year of a three-year challenge grant from the Hewlett Foundation, awarded to SIECUS in recognition of its role in the prevention of unintended teen pregnancy through its support of sexuality education—a grant which is helping us identify additional contributors who understand the importance of full access to information about sexuality.

There is one additional aspect of the present which I feel is especially critical to our future. This involves SIECUS's interaction with other sexuality-related organizations. In the past year, SIECUS has actively participated in discussion on cooperative efforts with Community Sex Information of New York City and the Coalition on Sexuality and Disability; with the American Association of Sex Educators, Counselors, and Therapists (AASECT), the Society for the Scientific Study of Sex (SSSS), and the Society for Sex Therapy and Research (SSTAR); and with the Center for Population Options, the National Family Life Education Network, the National Council on Family Relations, and the Education Department of the Planned Parenthood Federation of America. These ongoing explorations of cooperative efforts are an acknowledgment of three, down-to-earth facts: No one group can be all things to all people; no one group can do the whole job all by itself; and collective efforts can expand the potential for effective accomplishment of mutual goals. In recognizing each other's expertise and uniqueness, we can negotiate areas of overlap and support each other's strengths. Some degree of overlap will be inevitable, especially as we begin to identify the differences in our constituencies and acknowledge that individuals turn to different groups for their own personal reasons. But the important goal is for all of us to be involved—talking, planning, and creating together.

Our "enablers" are those who make it all happen—a board of 24 committed people whose combined skills provide SIECUS with a wealth of talent to direct its efforts; and a staff of four full-time and nine part-time women and men.

This is SIECUS 1984. Being a not-for-profit organization concerned with human sexuality issues is not perhaps the most secure position to occupy in a world concerned with survival. But as long as enough people recognize that, in our confrontation with today's realities, anything that can be done to learn more about living together as physical, emotional, and rational human beings is well worth the effort, SIECUS will find the support it needs.

The Future of SIECUS

A Long-Range Planning Committee Report

Ann Welbourne-Moglia, RN, PhD
SIECUS Chairperson elect

In the 1960s, there was a need to establish human sexuality as an important health issue. Under the leadership of Dr. Mary Calderone, SIECUS vigorously advocated this concept. In the 1970s, one of the major issues was the training of professionals working in the areas of sexuality education, counseling, and therapy. Research about human sexuality was also moving forward as a legitimate scientific endeavor. SIECUS served as an active resource and clearinghouse during this time. In the 1980s, the field of human sexuality must look at the basic theoretical and scientific components from which it operates, and critically assess its strengths and weaknesses. The creation of model education programs and the maintenance and expansion of training programs for professionals continue to be vital needs. Because of the communication explosion about human sexuality, there is also a need for professionals to provide updated and current information to the public about emerging sexual research and issues. And today, more than at any other time,

the public has an increasing need for information and discussion about sexuality across the life cycle including all segments of the population. Given these needs, what does the next decade hold for the direction of SIECUS?

In 1982, the SIECUS Board of Directors began discussing the future of the organization and its role in promoting information and education about sexuality. A Long-Range Planning Committee (LRPC) was formed, with Shirley Everett Clark as chairperson, and Deryck Calderwood, Nancy Esibill, William Stayton, Ann Welbourne-Moglia, and Barbara Whitney (SIECUS Executive Director) as members. With the future needs of sex education in mind, the committee was charged with developing a long-range strategic plan for SIECUS. One year and many meetings later, this committee, in collaboration with the Board of Directors and staff, has almost completed its task.

The LRPC began its work by looking at SIECUS historically through its documents. The purpose and goals of the organization were considered in relation to its history, original purpose, and current functions. The present organizational and financial structures were reviewed. The SIECUS programs currently in operation were also assessed in relationship to societal needs. In addition, the external forces that impact on the organization—economic, political, ethical, religious, as well as other organizations themselves—were appraised. This process gave the LRPC a sense of SIECUS's progress and a realistic/optimistic assessment of what SIECUS is and could be. What also emerged was a substantiated appreciation of what information, techniques, and knowledge are needed in the area of sexuality education.

Briefly, the LRPC and Board concluded that: (1) SIECUS is unique in its service delivery inasmuch as it deals with human sexuality through the life cycle and with human sexuality in all its manifestations; (2) SIECUS is primarily concerned with education and information; (3) SIECUS is a service organization with a membership; and (4) SIECUS has a clearly defined, distinctive role to play as an organization within the field of sexuality, as a developer of new models of education, and particularly as a public information and resource clearinghouse, providing publications and position statements, and serving as an advocate.

Since its inception, SIECUS has been a resource to professionals who are interested in, or who provide services related to, human sexuality. The *SIECUS Report*, study guides, annotated bibliographies, material reviews, pamphlets, and the Resource Center and Library's individualized responses to questions have been the means through which SIECUS has consistently provided "sex information and education." As this function of SIECUS was examined, it became clear that the needs for this type of service will only intensify in the future. With more and more information and research emerging about sexual topics, there will be a need to compile and critically analyze the strengths and weaknesses of all of the relevant information. When information about current sexual topics is not readily available, pertinent publications will be developed by SIECUS. The membership of SIECUS represents an exceptional depth of expertise in the area of human sexuality. In the future, therefore, members will be asked to participate more actively in the work of the organization, particularly in relation to resource and information exchange, critical analysis, and needs assessment. Thus, the SIECUS Information Service and Library (formerly called the Resource Center and Library) will become one of the major future functions of SIECUS, serving both professionals and the public. Computerization of the

library collection is obviously a high priority, and preliminary plans have been initiated.

The second major role of SIECUS in the future will be in the area of advocacy. With changing ethical, economic, and political climates there is an increased need for a public voice which supports social policies, legislation, and individual rights related to human sexuality. The Board of Directors will continue to adopt position statements (see p. 14) on topics of concern. Projected for the near future is a Public Information and Advocacy Department from which press releases, articles, and statements about sexual issues of concern will be made.

In summary, the future of SIECUS is full of new and old initiatives. The excitement generated by the needs of the next decade is challenging. The future of SIECUS can best be predicted through the revised statements of its Purpose and Goals:

Purpose: To affirm and promote the concept of human sexuality as the integration of the emotional, intellectual, physical, and social aspects of sexual being in ways that are enriching, and that enhance health, personality, communication, human caring, and social justice.

Goals: (1) To analyze and be supportive of scientific research which leads to a fuller understanding of all aspects of human sexuality. (2) To disseminate information and provide education, training, and leadership programs in the field of human sexuality. (3) To support each individual's right to acquire knowledge, to develop responsible standards of behavior, and to exercise non-exploitive sexual choices. (4) To identify, develop, and advocate social policies that foster positive attitudes, values, and practices related to human sexuality.

We look forward to your joining us in these efforts!

DO YOU KNOW THAT...

Resources to Write for . . .

Human Sexuality: A Curriculum Guide (1983), a 35-page manual for teachers of grades 9–12, was written by Martha Roper of the well-known sex education program at University City (Missouri) High School, as part of the Mathtech grant from the Center for Disease Control. Topics covered include communication skills, sex roles, teenage relationships, human sexual response and behavior, STDs, family relationships, decision making, pregnancy and birth, parenting, and sexual abuse. For each topic are listed what students should know at the end of that lesson, several activities for accomplishing this, and appropriate films to use. This resource is available for \$5.00 (including p/h) from: School District of University City, 8346 Delcrest Drive, University City, MO 63124.

For Men Only: Testicular Cancer and How to Do TSE (1982), a four-page pamphlet published by the American Cancer Society, gives men information on how to do a monthly three-minute self-examination for detection of this type of cancer which is most common in men ages 15–34. The same organization also produces a 10-page pamphlet entitled **Facts on Testicular Cancer** (1978) which provides information on the four types of testicular cancer, risk factors, signs and symptoms, diagnosis, treatment, and prognosis. Both are available at no cost from local chapters of the American Cancer Society whose national offices are at 777 Third Avenue, New York, NY 10017.

IN MY OPINION . . .

Human Sexuality Across the Life Cycle: Present Realities and Future Trends

So far in this issue we have talked about *SIECUS's* past, present, and future. In order to continue to meet the needs and challenges in the sexuality field, however, *all* of us must try to envision what the future trends will be and what these will imply for the professionals involved. Such questions can perhaps best be approached through the life cycle framework and, to this end, the *SIECUS Report* has asked seven people to respond from their unique perspectives.

Children: Prime Asset, Endangered Species

Mary S. Calderone, MD, MPH

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In 1983 my life was markedly changed for the better by two factors; both have certain processes in common, but the older one, more or less fixed, must bow to the younger in capacity for growth, elegance, and complexity. The first is my computer, the second my new granddaughter, who will for some time remain unaware of the fasci-

nating role she plays in my life.

As I learned "computering" in order to computerize my creative activities to their own benefit, I early became aware of how similar are the workings of computer and human brain. In decision making, for instance, my brain goes through a train of lightning binary "yes-no" or "maybe" sub-decisions. The difference lies in the "maybe" which is outside the range of possibilities for the computer's firing-chain pattern, for "maybe" is a human concept. Also, even though the computer exists to serve me and my needs, I must always determine those needs and program the computer before it can act on my behalf.

Human beings are born as ready-made programmers. My granddaughter had been at home for two days when I arrived on her eighth day of life-on-the-outside. I was aware that her life-on-the-inside had lasted for nine months plus 14 days, and that her 8 pounds-12 ounces and her Apgar scores had indicated instant readiness to steam ahead with her business of living. So it was no surprise when it was reported by an aware observer, her father, that one of her very first acts after her emergence from the womb was to turn her head in the direction of her mother's voice. I tried to be casual as I muttered, "That's to be expected; after all she's been hearing it for nine months!" But it was exciting: To expect what is unbelievable and then actually to get it is a shaking experience.

My role as mother's household aide left plenty of opportunities for standing to one side and watching as baby, father,

and mother went about learning their new roles and integrating their drives toward getting what they wanted from each other. Being familiar with some of the increasingly revelatory and fascinating infant research by Brazelton and others, I was aware that a normal baby is pre-programmed to act as programmer for processes absolutely necessary for its survival: (1) locate and get socially intimate with your source of survival, and (2) program that source for immediate access to your primary needs, i.e., nourishment, security, and pleasure. I watched as these very things happened. With little or no fuss, within a week Ariana had successfully programmed her mother to put her to the breast at quite short intervals, and to facilitate almost uninterrupted close body contact by allowing her to sleep at her mother's side instead of in the bassinet. As side-effect, she managed to program her father and me also: When her mother herself felt like taking a little nourishment, it seemed natural for one of us simply to lie down and place Ariana face down on our chest—by the magic of body contact, she would be asleep in a moment. In her second week, she also acquired two social skills: When I centered my gaze on hers and sing-songed her name over and over, she would return my look with deep fascination and there would come a fleeting smile. When her father, after capturing her attention, stuck out his tongue at her, she became intent on this phenomenon, and quickly began not only to return it but to use it first herself to initiate a moment of social exchange—again to smile.

Thus in the first two weeks Ariana programmed us all to her own satisfaction (and ours), and snapshots of her reveal a certain smugness of expression that we could share. All was easy and quite peaceful, and I kept remembering and comparing a different way of seeing, and dealing with, a new baby in the "conditioned reflex" era of Pavlov and Watson when I began my own family, as well as almost two decades later in the "on demand" era of Spock when Ariana's own mother had been born. In the first instance, emphasis was on "not spoiling" the child, who was to be permitted to "cry it out" until the clock said it was okay to feed. In the second instance, Spock and others intuited what research now substantiates: the remarkable rapidity and untaught skill with which a healthy term infant can manage to get its drives and needs met by a reasonable and responsive caregiver. Of course, to continue the cyclic reciprocation successfully there must be some meshing of the baby's and the caregiver's own programs in such ways that growth for both is assured, in symbiosis rather than in

mutual or one-sided exploitiveness. It's "different folks, different strokes" right from the beginning.

How can new parents be helped to understand and accommodate to this for all Arianas and their brothers? Under our present social structuring, babies and mothers are discharged from hospitals very early, after far too short a time to permit all but the most elemental instruction of any kind. And few are the first-time mothers who have had any previous experience at all with babies and young children, much less insights into their most elemental needs and a few simple ways for meeting them, or who have the self-discipline to put their infants' needs first in these earliest days. Many dangers exist in our (lack of) system for taking genuine "care" for human beings: There are the mounting numbers of abused children, among which the proportion born as prematures is almost five times as high as the proportion of prematures among those not abused—no one knows why. Not long ago a group of professionals went to China on a family study tour that brought them into contact with other professionals. When they inquired about the numbers of abused children in China, the term had to be explained, but the question was answered clearly when a wide-eyed Chinese worker responded with another question: "Do people in your country *really* strike children?"

Today the very special human sub-species known as children is truly endangered. Leave aside the dangers all humans share—pollutions of earth, air, and water; nuclear radiation; epidemic food shortages; pestilences new and old; war and violence of many kinds, including sexual—and consider also a certain kind of authoritarianism that is particularly noxious to growth and development of the young. It is an attitude that denies the child's personhood: In the face of all we are learning about the wonderfully essential humanness of every child, this attitude is one of denial, for it insists on unquestioning obedience at the moment of the demand. Meanwhile, as is usually the way when authoritarianism and scientific illiteracy hold sway and children grow up with only dim awareness of the workings of their own lives and beings, there is no interpretation of these at all, nor of creative ways of socializing their own behavior and drives.

Sexual development is as natural to the human species as symbiotic bonding. Hence the assumption of moral authoritarianism by the parent in dealing with the sexual development of the infant/child/youth may be as wrongheaded and counter-productive as the behaviorist's conditioning of the infant to a rigid feeding schedule. Both the moral authoritarian and the behaviorist have opted for a structured approach designed primarily for the assurance and convenience of the parent and only secondarily for the healthy development of the young, and which stems from fear, rather than trust, of human nature and of the child and its inborn potentialities. After all, during the evolution of the human species in the last million years or so, is it not possible that a natural wisdom may have been "imprinted" in us that infants understand better than parents? Authoritarianism refuses to learn from research and insists on enforcing as moral values what in essence is only a self-determined set of moralistic rules that bear little relevance to developmental needs of children. The caregiver thunders, "Obey me this instant and don't ask why!" Then parents obstruct school sex education programs, and claim the "'right' to do this for my child," but refuse to honor what is in actual fact their *obligation* because "I will protect my child's innocence." Others who may see things more clearly often feel too weak or alone to stand up to such a bellicose stance.

Think of the many dangers to children which no longer exist or have been greatly reduced. In areas with even minimal medical facilities former decimators such as diphtheria, tetanus, whooping cough, and polio are gone for as long as immunization programs are kept current. But still other dangers have cropped up, not the least of them the ones that are brown-bagged insidiously over such transoms as television screens, song lyrics, lurid news headlines, and magazine pages. What immunization can be devised against these perils? A concerted campaign to form family circles to discuss them together would be a beginning. Wide dissemination of research findings about human sexuality would go even further. Parents and children today have a real longing to be on the same, rather than opposite, sides of a fence that appears tall and opaque to voice, vision, and especially to feelings. Counselors know that the most difficult sentence for an uneasy client to complete, whether with the counselor or a critically involved family member, begins with "I feel that . . ." When husbands and wives are encouraged to begin and finish that critical sentence when they are alone together, stymie can often result, for the one addressed may reiterate, "Why are you always attacking me?" Children from the youngest ages up can feel this way too, especially in the area of their own central and infinitely precious sexuality. Communication that includes parental validation in the years under five of the sexuality and sexual feelings of their small child, girl or boy, constitutes the most important and crucial measure for possible prevention of future sexual problems. For the coming decades, we should envision and facilitate an increased understanding of and reverence for human sexuality as playing a positive role in the development of lifelong education about sexuality and thus, ultimately, of realization of social mores that not only govern but enhance sexual behavior and all our relationships.

It is my hope that SIECUS in the immediate years to come will continue its highly significant contribution in these areas, and I wish for it Godspeed, literally and symbolically, because SIECUS stands and has always stood, in honesty and trust, for much of what is best in our children and in ourselves.

Communicating With Pre-Adolescents

Judy Blume

Author; member, SIECUS Board of Directors.

(Transcript of an interview conducted November 27, 1983, by Jane Quinn, ACSW, Director of Program Services, Girls Clubs of America; member, SIECUS Report Editorial Board.)

Quinn: To round out SIECUS's 20th anniversary issue, the *SIECUS Report* has asked experts in the field to comment on the foreseeable trends in sexuality education for the several age groups throughout the life cycle. Because of your special empathy with pre-adolescents, you have been chosen to share your ideas about this group—that is, nine- to twelve-year-olds.

Blume: Well, I'm happy to do this, as long as you'll let me start out by saying that I'm not an expert in the field of sexuality



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education. The only information I have about preadolescents comes from their letters to me. But I do receive a great number of letters from young people in this age group, and through these letters I am privileged to know what concerns them.

Quinn: What does concern them?

Blume: The main thing is that they have lots of questions and have no one to provide answers. This central concern has not changed much over the 10 years that I've been writing for—and hearing from—preteens. They simply aren't being educated about sexuality. This is very upsetting to me. Many young people don't even know that there are books that can answer their questions about "personal subjects" as kids often call their sex-related concerns.

Quinn: In your opinion, are the reasons for this lack of communication the same as they were 10 years ago?

Blume: Yes. I think kids sense that their mothers are embarrassed—they change the subject whenever a question is asked. So kids sense very early that their questions are not going to be answered at home. I don't mean to single out mothers for their lack of comfort but, honestly, fathers seem to be almost totally uninvolved in their children's sex education. Unfortunately, our schools aren't doing a terrific job either.

Quinn: I'm interested in hearing how you respond to these letters.

Blume: I tell kids that it's terribly important that they try to get answers for their questions. I tell them to ask their parents to help them find a book, and sometimes I recommend, or even send, specific books. I have received some incredibly poignant letters from children whose parents were undergoing divorce, and I have found myself sending them a copy of *The Kid's Book About Divorce*.

Quinn: Is divorce a big concern among this age group?

Blume: Without a doubt—it's one of the biggest. It's not just divorce, but also the issue of stepfamilies. In fact, to me as a writer, that's an issue I have to deal with more. My latest adult novel, *Smart Women*, deals with the stepfamily issue from the perspectives of a 12-year-old, a 17-year-old, and two adult women. When kids write to me, they rarely complain about their own parents, but often complain about their stepparents. Often these complaints are registered in statements such as, "He doesn't understand me," or "Why do I have to listen to her? She's only 10 years older than I am." I don't think these statements really tell what the kids are worried about. I think the real issues are rivalry and resentment. I hope to write a book for young people about these issues, and I do have one in mind. The main character is 14 when the story begins.

But getting back to the sexuality part of it, I want to tell you that I also get letters from parents. Many times they thank me for writing books that introduce sexuality topics, saying that my books have helped them initiate discussions with their own children. Many parents just don't know how to bring up these topics. I am happy when they discover that books can be excellent bridges to communication. Parents feel insecure; they don't know the facts well enough themselves. I feel that we've got to get sexuality education going somehow. Kids want it at home. They'd like parents to talk with them. Parents have got to start when the kids are younger.

Quinn: Well, you certainly have done a wonderful job in reaching kids when they are "younger." I believe your book, *Are You There, God? It's Me, Margaret*, has revolutionized preadolescent sex education. Do you have any new observations about the important event of menarche?

Blume: I've observed that most girls look forward to this

event, but they still don't understand it. Most girls are confused about the facts, and I think that we should be reaching girls by age nine with appropriate information.

Quinn: Are any of the letters you receive from boys?

Blume: I do receive letters from boys, but I am not sure they are as able as girls to express their worries. When I do hear from boys, they are worried about the same basic issues that concern girls: body shape and size, and particularly the desire to be accepted. I think this is a universal feeling, and something that is never going to change. It would be nice if adults could help young people feel good about themselves—by accepting them.

I've had several letters from kids who are worried about their sexuality, worried that they might be gay. I suppose these young people are a bit older than the age group we're discussing right now; they're probably more like 12 to 15.

Quinn: How do you respond to these letters?

Blume: I try to be friendly and reassuring, and encourage them to find someone trustworthy with whom they can talk. I might even recommend specific kinds of people, such as the school counselor. It's very hard for me because there's an enormous responsibility inherent in this task. This is not what I've set out to do, but it has come to me and I certainly can't ignore it.

Quinn: Your comment about responsibility makes me wonder if kids ever write to you about incest or child abuse.

Blume: Yes, I have received a few letters about incest. This is new in the last couple of years. I recall receiving one letter from a girl who had been sexually abused by her brother for seven years, and another from a girl whose father had abused her and her sister. I seem to receive more letters about incest than about physical abuse that is non-sexual. I must say that fortunately I haven't had many letters of this type, but when I do get them, my reaction is always the same. I say to myself, "Oh my God, I'm really a stranger. What can I do?" But I always answer these letters, and my message is that you've got to find someone to talk with, so it can stop.

Quinn: Let's think about the future for a minute. What are the trends that you see for preadolescents in the area of sexuality education?

Blume: I think that parents and kids both need a lot more sexuality education. Kids are curious and have a right to truthful answers. After they have a solid grounding in the facts, they also need education regarding choices and decision making. They need to know that they can say "No" and they need to be encouraged to take responsibility for their own actions. I don't want to go back to the 50s, but I do think that if the choice is there, we have to help kids make choices intelligently and responsibly. I hope in the future to see more parents and kids communicating positively about sexuality. I see some of that now, but not enough that it could be viewed as a trend.

Quinn: The *SIECUS Report* appreciates this opportunity to hear your thoughts and your insights.

Blume: I recognize that I am in quite a unique position. Although it's not direct, not through any kind of program, I do have this fabulous link to the children of America from every social and economic group. I guess I hear from them most when they're worried and feeling alone. It gives me great comfort that they feel friendship toward the characters in my books. And I hope that what they've told me is useful to readers of the *SIECUS Report*. There's no doubt in my mind that sex education programs for kids and parents are as important now as ever before.

Reconceptualizing Adolescence

Michael A. Carrera, EdD
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In my opinion, adolescence is not a handicapping psychiatric condition characterized by unstable emotions or behaviors. On the contrary, I believe the majority of adolescents cope well with this stage of their development. And although a major adaptation of both a social and psychological nature has to occur, it is my impression that most young people appear to adjust to

this period of growth and change with relative health and resilience. Further, I believe that adolescents have an urgent need to be seen and respected as individuals and real people, with their own unique thoughts and feelings; they do not want to be seen simply as members of a stereotypical group or movement.

However, the ability of parents, professionals, or interested observers to clearly see what adolescents are really like has been seriously limited by what seems to be a prevailing "wisdom" about adolescents and their behavior. Just what is it that has shaped contemporary judgments about young people? I believe it is the proliferation of data about adolescents which tend to center exclusively on their intercourse experiences and their contraceptive practices. Our generalizations about 39 million adolescents (those in the second decade of life) are derived essentially from findings in clinical settings that simply are too few in number and too problem-oriented to be meaningfully representative—where adolescent males are almost always absent or under-represented, where information is gathered about males in ad hoc discussions with females.

This distorted and continually compounded emphasis has obscured the fact that adolescence is more than simply a period of transition between childhood and adulthood characterized by the acting-out of emergent, difficult-to-control sexual urges. If we are able to curb our preoccupation with the genital sexual expression of young people, we will learn very quickly what it truly means to be a typical, ordinary adolescent in the 1980s. We will see that the majority of young people have compelling feelings and concerns about their self-esteem and self-worth; that they have ideas and feelings about their roles and experiences in family and in friendship groups; that they are concerned about race, religion, employment, school performance, and what their near- and long-term future will be like in a world filled with conflict and tension. Add to these dimensions their natural erotic interests and expression and we have a more integrated vision of what young people are like, and how we need to view them in the 1980s and beyond.

There is a great deal riding on such a reconceptualized view; after all, they will be the adults of the next generation to whom we entrust the future.



Parents as Sexuality Educators

Sol Gordon, PhD
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member, SIECUS Board of Directors.



The word is out. The single message is not working. "No." "Don't." "Stop."—It's not effective with alcohol and drug abuse, smoking, and surely not with sex. Also not working are silence and ignorance ("If you think education is expensive, try ignorance").

What is working with young people in all these areas, including sex, is the double message: "Look, honey, you know my position about sex. I think you're too young. Sex changes things between people and you are not ready." (There has to be some disadvantage in being young. It's even okay to say, "I think you should wait until marriage"—despite the fact that these days less than 10% of couples are both virgins on their wedding night.) The parent then adds, "But I want you to know about birth control and if you ever find yourself in a position where you are not accepting my values, at least protect yourself with contraception."

A double message? Yes, of course. Does it imply hypocrisy, or encourage teenagers to have sex? No, and in fact parents who talk to their children openly about sexuality and their values find that there is a tendency for their children to delay their initiation of sexual intercourse. Children make mistakes. It's up to parents to help them turn these mistakes into lessons.

Parents are the sexuality educators of their children whether they do it well or badly. Silence teaches no less eloquently than words. Studies consistently reveal that children do not acquire the information they need from parents. It is time for parents to reclaim this responsibility. They cannot, of course, be the exclusive educators of their children unless they are prepared to raise their families in virtual isolation—no books, newspapers, magazines, television, movies, public bathrooms, and most certainly no friends at all. However, parents can be the *primary* sex educators of their children, with schools, churches, synagogues, and community organizations as their partners in a lifelong process.

Society consistently underestimates the capabilities of parents and children. You can't tell a child too much. Ignorance, not knowledge, stimulates inappropriate or irresponsible behavior. If you tell children more than they can understand they will simply turn you off. Parents must work toward being askable, not only about sexuality but about everything. This does not mean that parents will always have an immediate answer. But if children know that they are always welcome to ask, parents are in the best position to educate as their own values direct them.

Although most parents want to educate their children about sexuality, they are often uncomfortable and afraid that they don't know how. They need support. But how many chances are they being given to prepare themselves for this role? It's only recently that churches and other groups which offer parenting programs have taken this seriously—we have a long way to go. Indeed, in terms of the values and spiritual life of the child, no outside group or agency could possibly replace the family. Education for sexuality needs to be seen within the

context of a family value-system which strives to repudiate racism, sexism, child abuse, and prejudices against people with differing sexual orientations such as homosexuality. This is not always possible, but parents exposed in a non-threatening setting to other people's values might well come to question or modify their own.

Parents often think they have to wait until a child asks. What parents might not realize is that children are constantly asking, if not with words, then by action. When mother goes into the bathroom, her child of two or three may trail behind. When father takes a shower, the same child wants to watch. This inquisitive behavior offers an excellent opportunity to broaden the teachable moment. Parents who fail to take advantage of such propitious moments discourage children from asking them important questions later on when their ability to use language has caught up with the curiosity they have always had.

Children are sexual human beings and remain so throughout their lives. The best way for parents to help their children develop healthy attitudes about sexuality is by example. If parents are honest and well-informed, children will learn the value of knowing the facts. If they're generous with affection for the children and for each other, children will themselves learn to be loving partners and parents. In effect, if they are appreciative of their own sexuality, children will have an excellent opportunity to lead sexually healthy lives. And they will have learned how from the people who can teach them the best and who care about them the most—their parents.

Parents need to teach early the difference between "private" and "public." They might say to a child, "Your genitals are private and sexual behavior (e.g., masturbation) should be private. No one—even someone you know—is supposed to touch your private parts, or ask you to touch theirs. If this ever happens, tell Mommy or Daddy right away." Sex may be private, but it's not meant to be a secret.

Single parents, relax. There's no reason to suppose you can't be perfectly good sexuality educators of your children of either sex. Parents of children with handicaps, your responsibilities to educate are the same. Your children are just as sexual as everyone else. Parents who didn't talk to your children before your child's "burst" of adolescent sexuality frightened you, it is not too late. But for heaven's sake, don't start by asking them about their sexual behaviors. Begin by raising the issue, perhaps by talking about other people's attitudes. "What did you think about Ann Landers' response to the 16-year-old who wanted to have sex with her 18-year-old boyfriend whom she deeply loved but . . .?" Let the child know you are willing to discuss the subject at the dinner table, for example. Be a little playful. Put an appropriate book on the coffee table and suggest to the child, "Don't read this book!" Most children will get the point and come around to you, provided that there is some explicit understanding that you will respect their privacy if it's requested.

Here are a few brief messages that need *parental* support in order to prepare today's youth for tomorrow's mature and responsible family: (1) Of the 10 most important aspects of a good adult relationship, sex is number nine. Love and caring is number one. Number two is a sense of humor. (2) Sex is never a test or a proof of love. "If you really love me, you'll have sex with me," is always a line. (3) If you feel yourself to be in love, you are, but unfortunately there are two kinds: mature and immature. Mature love is energizing; immature love not only feels like a burden, but it is also exhausting. (4) Masturbation is

a normal, healthy expression of sexuality at any age. How much is too much? Once is too much if you don't like it. Any behavior—eating, drinking—can become compulsive. People sometimes masturbate too much not because they are "horny" but because they are nervous, tense, and upset. (5) Homosexuality: It's not okay to be anti-gay. People are not gay because of one form of parenting or another. They don't choose to be—they just are, for reasons we don't as yet understand. It's important, however, to appreciate that one or even a few homosexual experiences don't make a person homosexual. The best definition is: an adult who has and most often prefers sexual relations with members of his or her own sex. (6) A key point: People who feel good about themselves are not available for exploitation and don't exploit others. Our responsibility as parents and educators is to promote self-esteem. Everyone is unique, but we have some human qualities which we share with everybody. The message: "We are not complete without you."

My nomination for the bumper sticker of the next decade: "No one can make you feel inferior without your consent" (Eleanor Roosevelt).

Adult Sexual Relationships

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The single most significant trend affecting adult sexual relationships in the foreseeable future is the trend toward diversity in the form of relationships. Adults will cohabit, marry, divorce, remarry, establish informal and complex kinship groups, have non-monogamous relationships of varying kinds, and have both same-sex and other-sex relationships. In fact, many individuals will ex-

perience *all* of this in a single lifetime. We had better begin preparing ourselves and others for flexibility.

Marriage will almost certainly remain the single most common form of heterosexual union. However, particularly among blacks, there is a trend away from marriage. In 1979, three-quarters of white women between 25 and 44 were married and living with a husband, but this was true for fewer than half of black women this age. The trend is expected to continue. Increasingly, for blacks, extended kinship groups are replacing the nuclear family. It is difficult to foresee what this may mean for adult man-woman relationships over time, but new styles of relating may evolve to fit these new developments (and according to Andrew Cherlin in *Marriage, Divorce, Remarriage* these are fairly new trends—not the end result of slavery or even northern migration).

If current trends continue, brides will be older when they first marry and many will already be mothers. Even now, one in eight white women and two out of three black women having their first baby are unmarried. At least for a black woman, having a baby before marriage does *not* decrease her chances

of eventually marrying. This trend plus the widespread prevalence of stepparenting (not to mention surrogate mothers) may suggest that, for the first time in western history, "permanent" pair-bonding may become separated from reproduction.

In the future, as now, most couples will marry for "modern" reasons—for companionship, regularity of sexual contact, and emotional support—and (for most) with the expectation of rearing children. These personal bonds, as opposed to bonds for survival and economic necessity, are and will continue to be fragile. Professionals in the sexuality field may be able to help shore up these fragile personal bonds by helping people to have realistic sexual expectations. Certainly we must not add to the sexual "hype" so prevalent in our culture.

More than half of American wives hold jobs outside the home and, barring a major, prolonged recession, that figure is likely to increase. Yet husbands are not doing half or even a quarter of the housework. Will this inequality continue to be a source of stress in future marriages? Can professionals in the sexuality field help couples move toward less stereotyped role-definitions? And what of the women who remain "just" housewives? Will their discontent grow? In Germany, sex therapist and researcher Gunter Schmidt and his colleagues found that housewives had a particularly poor chance of benefiting from sex therapy. What implications does this have for sex therapists now and in the future?

Divorce is becoming so widespread that it will soon be normative. Reaction to this growing trend doesn't call for handwringing and cries of societal dissolution. Instead we need effective marital counseling, pre- and post-divorce counseling, help for couples trying to create new families. Sex therapists and educators must be understanding of the impact of divorce on sexuality and be familiar with both the dilemmas of "dating" when you are a single parent and the special problems of remarriage.

Hopefully the trend toward accepting freedom of choice for mutually consenting adults will continue and there will eventually be equal rights and freedoms for persons who are homosexual or whose sexuality is in some way different from traditional norms. Sexuality professionals and organizations such as SIECUS should continue to be advocates for the rights of sexual minorities. The need for such advocacy can be expected to continue up to and beyond the turn of the century.

The future also holds promise of new discoveries which may help more sexually dysfunctional adults—for example, greater understanding of the physiology of erection and orgasm and of hormonal influences on sexuality, and perhaps the discovery of genuine aphrodisiacs. There will be a need for lay and professional persons alike to continually update their knowledge and skills and to apply new learning wisely so as to increase human well-being.

Perhaps the most important thing all of us need to understand in order to cope with adult sexual relationships in the future is that sexuality continues to evolve and change over the course of a lifetime, influenced by personal and societal events. Sexual learning doesn't stop at the end of ninth grade, or even at marriage. As we move into the future, expert teaching and counseling should be available to everyone at each step along the course of the life cycle.



Sexuality and Aging

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What an extraordinary 20 years it has been since the beginning of SIECUS! The attribution of sexlessness to age has been one of the great prejudices that has been increasingly recognized while not totally set aside. It is now known that desire, capacity, and satisfaction are possible. Thus one can celebrate the continuing sexuality of old age as one also celebrates the continua-

tion of SIECUS.

Much remains to be done. There are the very special problems of women who so dramatically outlive men, of the disabled (older persons often become disabled, and disabled persons usually become old), and of gay older persons who have been forced to lead secret lives.

The trends and issues relevant to sexuality and aging in the future turn principally upon the quintessential importance of scholarship and science. There are abundant research needs and opportunities. Among the more critical is the need for further insights into the role sexual frustration (physical and emotional) plays in the development of frequent late-life depression. There is also the importance of establishing longitudinal studies in both sexes and various racial, ethnic, and cultural groups. It would be our prediction that even contemporary descriptions of normative aging may give way to a better understanding of the subtle influences of nutrition, circulation, atherosclerosis, and a variety of other conditions that may adversely affect sexuality. Liberation from such subtle impacts may demonstrate even greater continuing capacity for love-making in late life.

During the last decade we have benefited from greater knowledge of the role of physical factors in male potency and sexual dysfunction in contrast to previously emphasized psychological bases. There is the continuing need for neuroendocrine studies of libido and the basic sexual apparatus of both women and men. We need to better understand everything from the hot flash to the role of dihydrotestosterone in so-called prostatic hypertrophy.

There are opportunities to enhance sexuality through a greater understanding of the ways in which various diseases adversely affect sexuality and more importantly of interventions that can offset such effects. Examples range from arthritis to angina. Drug-induced impotence and reduced libido can be offset with greater education of patients and physicians related to the many medications that can have such effects. The importance of the personal and social life situation is indicated by



Richard Braaten photo

widowers' guilt-related impotence, a topic of important study.

It seems more than likely that a variety of nutritional, pharmacological, hormonal, and, indeed, surgical interventions will be introduced in the next several decades. We will learn more through longitudinal studies of the long-term value of penile implants. We will understand better the safe boundaries of estrogen and other hormones.

With proper investment in research we can move toward learning the basis for means of controlling the lifestyle, genetic, and other mechanisms that underlie the extraordinary differ-

ential in life expectancy between the sexes. How wonderful it would be to equalize the lives of men and women!

Finally, and perhaps most of all, there is the continuing need to eliminate the myths and distortions that have interfered with the human capacity for love and sexual expression. We increasingly see the marvelous celebration of life in those triumphant survivors who are well into their 70s, 80s, and beyond. They remain vigorous, happy, constructive contributors to themselves, their family and their community. And they have the right to enjoy human intimacy to the very end of life.

DO YOU KNOW THAT...

Resources to Write for . . .

The Womanly Art of Breastfeeding, a publication of La Leche League International, is now available in its third edition (1983). Originally published in 1958, this expanded 368-page guide covers all aspects of breastfeeding including nutrition, the father's role, and "special circumstances." It also provides background information on La Leche League, a bibliography, and resource group listings. To obtain a copy, check local bookstores, or send \$7.95 (paperback) or \$12.95 (hardcover) plus p/h to: The New American Library, 1633 Broadway, New York, NY 10019.

Sexually Transmitted Diseases in Homosexual Men: Diagnosis, Treatment, and Research (1983), edited by David G. Ostrow, Terry Alan Sandholzer, and Yehudi M. Felman, presents a well-written, comprehensive clinical coverage of this important topic by experts in the field. Since, as Sandholzer documents, medical school training in the U.S. in regard to the management of STDs is often lacking and, where it exists, is generally concerned with heterosexually oriented presentation, this book will be of value to healthcare providers currently or potentially involved in the treatment of homosexual men. Section headings are: General Considerations (which includes a chapter on "Setting Up the Physician's Office for the Diagnosis and Treatment of Sexually Transmitted Diseases"), Bacterial Sexually Transmitted Diseases, Enterically Transmitted Diseases, Anal Disorders, Dermatologic Disorders, Acquired Immune Disorders, and A Special Consideration ("Medical Consequences of the Inhalation of Volatile Nitrites"). To order this 272-page, hardcover book, send \$35.00 to: Plenum Publishing Corp., 233 Spring Street, New York, NY 10013.

No More Secrets for Me (1983), a 47-page book for children of elementary school age by Oralee Wachter, presents four stories of situations depicting potential or actual child sexual abuse. In one story, for example, 10-year-old Nickie has a problem when Gus offers her money to play video games so that he can sit close and put his arm around her. In another, Maureen is upset and frightened when her stepfather pretends to "tuck her in," but instead touches her in a way that she doesn't like. The children in these stories learn that it is never a good idea to keep a secret about such touching and that it is good to talk about it so that adults who respect the rights of children can help. To order this book, send \$12.95 (plus p/h) to: Little, Brown and Co., 34 Beacon Street, Boston, MA 02106.

A Selected Annotated Bibliography: Minority Adolescent Sexuality and Pregnancy is a 48-page publication of the National Urban League's project, "Preparing Adolescents for Responsible Parenthood." Its aim is not only to present information relevant to minorities, but also to include references developed by minority scholars. Some of the specific topical areas covered are: sexuality, contraception, pregnancy, parenting, sex education, adolescent fathers, and programs and services. Single copies are available at no charge from: National Urban League, 500 East 62nd Street, New York, NY 10021.

Self-Help for Premenstrual Syndrome (1982) was written by Michelle Harrison, a physician who specializes in treating women with premenstrual difficulties. In this 50-page publication she defines the term *premenstrual syndrome* (PMS) and discusses symptoms, causes, diagnosis, treatment, and the social and political factors involved. Treatment approaches include diet, vitamins and minerals, drugs, exercise, stress reduction, and peer support. Also included are a bibliography and charts for keeping records of possible symptoms. Single copies are priced at \$4.50 (plus \$1.50 p/h) from: Matrix Press, P.O. Box 740, Cambridge, MA 02238. Bulk prices available.

Arthritis and Sex is a six-page pamphlet designed to help people with arthritis think of their body as a source of pleasure in spite of the pain that this disability may be causing them. The text contains sound advice about sharing feelings with one's sexual partner, planning a time of maximum comfort for sexual activity, and finding alternative means of expressing affection in intimate ways. Illustrations indicate intercourse positions which tend to be most comfortable for arthritic people and their partners. These pamphlets are available for 50¢ each from: Rosalind Russell Arthritis Center, University of California, 1442 Fifth Avenue, San Francisco, CA 94143.

Strategies for Free Children: A Leader's Guide to Child Assault Prevention (1983) is a 250-page publication of the Child Assault Prevention Project of Women Against Rape, Columbus, Ohio. The authors (Sally Cooper, Yvonne Lutter, and Cathy Phelps) have put together a complete guide to conducting a Child Assault Prevention (CAP) Project, beginning with background information on child sexual abuse and extending through outlines for the theoretical development, administrative follow-up, and evaluation of a CAP. There are detailed narratives of workshops for children and adults, which include commonly asked questions and suggested answers. Two final chapters are on "Closure: Leaving a Community" and on "Resources" which include print, audio-visual, and three-dimensional aids, as well as names and addresses of other CAPs. To order, send \$18.50 (plus \$1.50 p/h) to: Intrepid Clearing House, P.O. Box 02084, Columbus, OH 43202. Bulk rates are available.

SIECUS POSITION STATEMENTS 1984

Since its inception, SIECUS has consistently taken stands on major sexuality issues confronting society. As the current Board of Directors explored the issues challenging us in the 1980s, its members saw the need for SIECUS to clarify and rearticulate its stance in today's evolving ethic. After intensive discussion, the SIECUS Position Statements presented below were formulated and officially adopted in January 1984. The Board is in the process of developing statements on masturbation and sexual orientation, and the list will be expanded as the need arises. These statements will be printed individually for broad dissemination to the general public. *SIECUS Report* readers are encouraged to use them in whatever way may be appropriate in their own advocacy of human rights issues in sexuality. If you have identified issues in your work that are not covered in this list, the Board also encourages you to submit them to the SIECUS office for their consideration.

SEXUAL HEALTH CARE

SIECUS believes that all individuals have a right to information, education, and health care services which promote, maintain, and restore sexual health; and that this right mandates that providers of health services: (1) recognize the importance of sexual health for people of all ages and lifestyles; (2) understand how variations in health—such as those resulting from pregnancy, illness, disease, surgery, diet, and medication—may affect an individual's sexuality; and (3) assess an individual's sexual functioning and sexual concerns as integral parts of his/her health care and make appropriate interventions and/or resources available.

SIECUS therefore advocates that education in sexual health concerns, needs, and therapies be integrated into professional training in all health care fields, at both entry and continuing education levels.

SEXUAL EXPLOITATION

SIECUS has always opposed exploitive sexual acts and behaviors such as rape, sexual harassment, and child sexual abuse, incestuous or otherwise. SIECUS believes that coercing anyone to participate unwillingly in a sexual act is by definition exploitive and immoral, almost always with harmful results for the victim.

SIECUS therefore supports intensified efforts to prevent sexual exploitation, with such efforts coming through information and educational programs, as well as through laws to deter and punish such acts. SIECUS also supports treatment programs to minister to the victims of sexual exploitation, both through rape and incest crisis centers and ongoing treatment programs. SIECUS also urges intensified research to increase the understanding of the causes and effects of various forms of sexual exploitation, and the development of appropriate treatment programs for the offenders.

CONTRACEPTIVE CARE FOR MINORS

SIECUS advocates that comprehensive information, education, and services in regard to contraception be readily accessible to all, regardless of sex, race, income, or age. SIECUS believes that health care providers have a special obligation to help adolescents to understand the issues surrounding conception, contraception, and parenthood.

SIECUS also believes that while it is generally desirable for parents to be involved in their children's contraceptive decisions, the right of every individual to confidentiality and privacy in receiving such information, counseling, and services is and should be paramount. SIECUS accordingly opposes any legislative or governmental attempts to infringe on this basic right.

USE OF EXPLICIT VISUAL MATERIALS IN SEXUALITY EDUCATION

SIECUS supports the use of a variety of explicit visual materials as valuable educational aids to reduce ignorance and confusion and to contribute to a wholesome concept of sexuality. Such visual materials need to be sensitively presented and to be appropriate to the age and developmental maturity of the viewer.

SEXUALITY AND THE MEDIA

SIECUS believes that the media have a responsibility to present matters relating to sexuality accurately, without exploitation, and with sensitivity to a wide range of values. Sexuality should be presented as a positive aspect of the total human experience at all phases of the life cycle. SIECUS condemns gratuitous sexual violence and all dehumanizing sexual portrayals by and in the media.

SEXUALITY EDUCATION IN THE PUBLIC SCHOOLS

SIECUS supports sexuality education in the public schools. Programs conducted by specially trained educators add an important dimension to the sexuality education given children by their families and religious and community groups. Such programs must be carefully formulated by each community in order to respect the diversity of values and beliefs represented in a public school classroom.

SIECUS recommends that school personnel, in consultation with community representatives including parents, clergy, and health care professionals, plan and implement public school sexuality education programs with curricula and resources appropriate to the ages of the students.

SEXUALITY AND AGING

SIECUS notes with approval the increased general understanding that sexual expression and desire very often continue throughout the life cycle. The available evidence indicates, however, a need for continued education of both professionals and non-professionals concerning the sexual feelings, attitudes, and sensitivities of older men and women.

SIECUS supports the right of older persons to engage in sexual activity if they so wish, and deplores institutional arrangements which prohibit or discourage such activity.

THE RIGHT TO CHOOSE ABORTION

SIECUS believes that a woman has the right to obtain an abortion under safe, legal, confidential, and dignified conditions, and at reasonable cost. SIECUS supports the 1973 Supreme Court decision which affirmed the constitutional right of a woman to seek and obtain an abortion, and advocates that no one be denied abortion services because of age, inability to pay, or other economic or social circumstances.

A woman has a right to fair and unbiased information and counseling concerning the nature, the consequences, and the risks of the abortion procedure. Under every circumstance, a woman is entitled to have full knowledge of the alternatives and choices available to her when making a decision to continue or terminate a pregnancy.

SEXUALITY AND PERSONS WITH A DISABILITY

SIECUS believes that persons with a physical and/or mental disability have the right to receive sexuality education, sexual health care services, and opportunities for socialization and sexual expression.

SIECUS therefore urges social agencies and health care delivery systems to develop policies and methods that will guarantee their services and benefits on an equal basis to all persons, without discrimination because of disability.

NON-TRADITIONAL LIFESTYLES

SIECUS affirms the right of individuals and couples to choose a lifestyle, whether it be traditional or non-traditional, that will most fulfill them as human beings. Non-traditional lifestyles include, among others, those involving men and women who choose to remain single, and couples who choose to remain childless or to live together responsibly without marrying.

SIECUS advocates that individuals living in a non-traditional lifestyle are entitled to all the rights and benefits of more traditionally accepted lifestyles, as long as no inherent physical or emotional harm and no infringement on the rights of others are involved.

SEXUALITY AND RELIGION

SIECUS believes that organized religion has a very great contribution to make in promoting an understanding of human sexuality as one of the most positive expressions of mutual respect, caring, love, and equality among men and women.

SIECUS therefore urges religious groups and spiritual leaders to involve themselves not only in sexuality education but also in discussion of the sexual concerns of all the members of their congregations, not excluding the young, the elderly, the ill, or the physically or emotionally disabled. SIECUS also believes that it is important for religious institutions to minister to, and accord full religious participation to homosexual and bisexual women and men and to single adults and those living in non-traditional but responsible relationships.

RESEARCH NOTES

"Research Notes" is prepared by Elizabeth Rice Allgeier, PhD, Psychology Department, Bowling Green State University, Bowling Green, Ohio.

The Personal Perils of Sex Researchers: Vern Bullough and William Masters

The final presidential address by Vern Bullough and the presentation by William Masters (Virginia Johnson was unable to attend) at the national meeting of the Society for the Scientific Study of Sex in Chicago in November 1983 underlined the personal perils experienced by those doing sex research in the U.S. during the middle of the 20th century.

This special issue of the *SIECUS Report* commemorating the 20th anniversary of the formation of SIECUS coincides with several anniversaries for Masters and Johnson. Thirty years ago, Masters received permission at Washington University in St. Louis, Missouri, to investigate human sexuality. New Year's Day marked a quarter of a century since Masters and Johnson began their clinical research program, and 20 years ago they began the Institute. In his introduction of Masters, Bullough pointed out that, "from the historical viewpoint, Masters' great contribution was to reemphasize the importance of physiology in understanding the human sexual response." Bullough also noted that, although Kinsey was a biologist and other sex researchers have come from varying backgrounds, psychology has dominated the area in the last 30 or 40 years. In his opinion, this has resulted in the "distortion of the problems associated with human sexuality since sex is not only psychological, it's biological, it's sociological, it's cultural, and many of these fields are spanned by modern medicine. It is largely due to Masters and Johnson that today's practitioners and researchers recognize the critical importance of the biological."

Bullough traced Masters' intellectual genealogy, noting that he studied with George M. Corner (as did Mary Calderone). Corner, in turn, was deeply influenced by the physician Robert Latou Dickinson, who was a major figure at the turn of the century in trying to get American medicine to deal with human sexuality. Bullough told several stories of 19th-century physicians who suffered considerable professional difficulty when they attempted to brave the stigma associated with studying and/or teaching sexuality. For instance, James Platt White, as part of a teaching technique he called "demonstrative midwifery," allowed 20 medical students to do vaginal exams of a consenting pregnant woman prior to and during her labor. In response to the ensuing outcry of other physicians who felt that it was improper for a physician to see women's genitals even while delivering babies, the American Medical Association essentially expelled White in 1851, and passed a resolution against demonstrative midwifery. On another occasion, when Dr. Emo Nograth presented the results of his work on venereal disease to the newly founded American Gynecological

Society in 1875, he was booed, and an invitation to present a paper the following year was withdrawn. And an 1885 graduate of Jefferson Medical College reported that he had received his medical degree without ever having seen a maternity case, although he later specialized in this area.

Bullough and Masters both recalled events in their own careers that cast some doubt on the idea that we left these kinds of attitudes toward sex research behind when we left the 19th century. After Bullough reviewed the Wolfenden Report's (1957) study of prostitution and homosexuality for the *Humanist*, he was repeatedly invited by a publisher to write a book on either of these topics. Eventually he consented to do the book on prostitution: "Please note that I did not consent to write about homosexuality because, at that time, I was very concerned about being labeled a homosexual. I didn't mind being labeled a prostitute. I also took great care to publish research on a number of other topics so that I would not be labeled as a sexologist."

Bullough has dealt with the kinds of comments that many of us who study human sexuality must learn to handle with grace and humor. For example, when he was being introduced at the American Historical Association before presenting a paper on medieval universities and professionalism, the chair of the session described him as "a historian who specializes in whores, queers, and perverts, but who occasionally could do some real research if he put his mind to it."

In 1976, under the provisions of the Freedom of Information Act, Bullough requested his FBI file because he had heard from various colleagues that the FBI had been inquiring about him. It took him almost a year to obtain the file, which was a little over 100 pages, and when he did he was "shocked and horrified" to see that the FBI had classified him as a security risk under various categories. Subsequent correspondence indicated that inclusion in these categories meant that he could be detained in a concentration camp in the event of a national crisis. Further, when he was awarded a Fulbright in the late 60s, the overseas agencies were alerted to keep watch on him and his family because they were regarded as "dangerous subversives." One wonders how a so-called dangerous subversive could be awarded a Fulbright but, as Bullough put it, "Sometimes one wing of the government doesn't know what the other wing does." In trying to explain the FBI's interest in him, Bullough concluded that it was derived from a general charge to keep track of sex researchers, which was heightened when, under J. Edgar Hoover's administration, the FBI became

obsessed with anyone involved with sex research.

In commenting on the early history of sex research, Bulough made what may be a very insightful, if difficult to document, suggestion. He said that those people who did get involved in sex research did so with some professional risk and that this risk may have been reduced by treating various aspects of sex as distasteful and/or pathological: "In retrospect, it seems that the majority of writings on venereal disease, on prostitution, on homosexuality, and on other forms of stigmatized activity, had this kind of mindset." Even (especially, given the emphasis on applied value) in the 1980s, when we write grants to get our research funded, we know that we must demonstrate the 'solution to a societal problem' that our research might provide. One cannot simply be interested in sexual response and pleasure; the Gräfenberg spot researchers have been singularly unsuccessful thus far in getting grant support for their work.

And now let me turn to Masters' presentation. He began with a general history of his movement toward sex research. Between his first and second year of medical school at Rochester, Masters had worked in George Corner's laboratory, trying, among other things, to demonstrate that rabbits menstruate. ("I was spectacularly unsuccessful; they just wouldn't do it for me.") After Corner moved to Baltimore to head the Carnegie Institute of Embryology, he invited Masters to visit his laboratory where, on this occasion, he had gathered the major reproductive biologists in the country to join him. While listening to their discussion about the difficulties of working with monkeys, Masters asked about the knowledge of the sexuality of human females and how one could go about finding out what we didn't know. For the last two or three sessions, Masters, Corner, and the rest of the group discussed and developed a set of criteria for those who might conduct such an investigation. The criteria were that the person (1) had to be a male (Masters noted that this was, after all, 1941); (2) had to have a certain amount of chronological seniority ("Well, I've been bald since 23, so that helped"); (3) had to have a definitive research reputation in an extraneous field; and (4) had to have university, and better still, medical school support.

Shortly thereafter, Corner and Alfred Kinsey got together to try to raise money for what was to become the Kinsey Institute, and "obviously, Kinsey met the criteria." Masters said that although he shook hands with Kinsey at a reception once, he never knew him. "But this is how the entanglement began." Acknowledging a debt to the Kinsey group, Masters said: "Without their original foot in the door, we would never have been allowed to work, there's no question about that whatsoever. These people broke the ice. When I went to the powers that be at Washington University in 1953, the [Kinsey] male book was out and the female book was just being published. I asked for permission to work in human sexuality. Well, obviously, there was a precedent set."

In spite of this precedent set by Indiana University's President Wells in being supportive of the Kinsey group's work, the authorities at Washington University "were terrified . . . but had they known what we were going to do, they'd have been even more so. They thought it was going to be more of the same, and we weren't about to play in the Kinsey league. We were completely outbatted, and that wasn't our frame of reference." Masters was interested in the basic physiology and psychology of sexual functioning. It wasn't until June 1954 that he got approval from the university's Board of Trustees for his research—approval given "on the basis of academic freedom."

When Masters went to the university library to see what

had been written on the subject, he found Dickenson's *Atlas of Human Sexual Anatomy*—but only full professors were permitted to check it out, and Masters at that time had just become an associate professor. He eventually got to read that book, but the general lack of reference people and materials led him to ask the chancellor for permission to "work with those who know something about it." Specifically, he wanted to work with prostitutes for a year. "The man turned deathly pale." But Masters was given the permission to conduct the research, working with a review board headed by the chancellor, a newspaper publisher, the chief of police, and a member of the clergy.

Masters worked with both male and female prostitutes in the midwest, and to a lesser extent, the west coast, Canada, and Mexico. He said that he learned a lot from them about sexual function and stimulation techniques, and about obtaining a sexual history:

People inevitably tell you first what they want you to know, then the second time through, they might tell you what they think you want to know, and it's rarely before the third or fourth time through an intensely personal subject that they tell you "like it is" with them. . . . But the most important thing that ever happened . . . in terms of the research productivity developed in March of '56 with a most attractive prostitute who had a PhD in sociology and had hit upon a uniquely tax-free method of enhancing her university salary. . . . She was trying desperately to get across this thought on the subjective aspects of female sexual arousal and I had no frame of reference of what she was talking about. . . . Finally, in utter exasperation, she said, "You know, you're never really going to know anything about the subjective aspects of female sexual functioning, are you?" Of course . . . she was right. She said, "What you need is an interpreter."

The more Masters thought about it, the more he agreed with her. He said that he would love to take credit for developing the concept of the dual-sex team for research and/or therapy, but the credit belongs to that sociologist. At the university employment office, Masters placed a "chauvinistic" job description for an interpreter, "and oh my, was it chauvinistic! I'll give you the criteria to give you some idea of what I'm talking about." He interviewed a number of people, but "it wasn't until December '56 that I ran into Ginny [Johnson], and she met the following criteria: (a) good with people, because I'm not; (b) have to work; (c) married and divorced, and at least one child (this is not chauvinistic, of course); (d) intelligent; and (e) no post-graduate degree." This last criterion was included because Masters did not want the responsibility of having a woman risk the loss of her degree (advanced degrees for women were rare in the mid-50s), although he was well aware that he himself "had a good chance of losing an MD."

Masters and Johnson began working in the physiology laboratory in 1957, and always had two different populations, those they studied in the research laboratory and those who were seen in clinical practice. The research laboratory volunteers were capable of responding to manipulative stimuli or coital stimuli. "Otherwise we wouldn't have them in the laboratory. . . . Despite any rumors to the contrary, we have never had a dysfunctional man or woman in the physiology laboratory. Can't imagine putting that type of pressure on them." They began working with female physiology first because they thought females would be much more difficult than males.

"How wrong we were! The male is infinitely more difficult to work with in the laboratory than the female." To assure their volunteers' anonymity, they worked unusual times and hours. "This is what began the 7-day week."

In 1958 Masters and Johnson began theorizing about the clinical applications of the physiology they were studying, and they became convinced of the multidisciplinary nature of the specialty. Masters noted that neither Johnson nor himself had any training in psychotherapy beyond Masters' three-month Department of Psychiatry course in interview techniques. But they saw this as a positive factor: "We didn't know what couldn't be done, and that was a tremendous advantage in the mid-50s in terms of psychotherapy." Their development of the rapid treatment of sexual dysfunction was based primarily on their definition of psychotherapy as an educational process. They originally set up the program for three weeks, but since that exceeded most vacation schedules, they shortened it to two weeks, with 12 days being the average time in therapy.

In discussing the dual-sex team, Masters said that the greatest mistake they could have made would have been to use only one person, male or female, instead of a team representing both genders, in their basic physiology work with couples. "Are dual-sex teams always necessary? Of course not. Do they have an advantage? Certainly . . . if you're dealing with a concept of sexual dysfunction as a relationship problem. . . . We never considered impotence as a male problem or anorgasmia as a female problem if there was a relationship. We considered it as a problem in the relationship."

Masters said that the basic principle on which all their work has been based is that sex is a natural function. He believes that he has gotten nowhere with this position, "because none of us ever treat it that way. The culture won't allow it. But it is a natural function and it's in exactly the same category as respiratory, bowel, or bladder function." He believes that until we as a discipline can educate the medical profession and the general public on this point, we will have difficulties with professional acceptance.

Masters noted that he had seen many an appendix removed for psychosocial etiology and that he thinks it is "just as inexcusable" to accept clients for psychotherapy in an overt case of organic dysfunction. When a surgeon takes out too many normal appendixes, a "member of the tissue committee" will tap him on the shoulder and say "'Old boy, let's have a little chat.' Who taps the psychotherapist on the shoulder when he or she had done several cases of organic etiology for a matter of a long period of time?" Masters illustrated this point in his description of dealing with ejaculatory incompetence. He said that three questions should be asked:

First question: Have you ever been able to ejaculate in another vagina? If the answer is "no," you ask the next question. If it's "yes," you do not have to bother with the other questions. Next question: Have you ever been able to ejaculate with the penis either with self-manipulation or by partner-manipulation? If the answer is "no," you have to ask the last question, which is: Have you ever had a wet dream? If it's "no" to all three things, before you ever do psychotherapy, you must introduce this individual to a competent—and I mean a really competent—urologist . . . to find out whether this man has congenital absence of the ejaculatory ducts.

Of the six men that Masters and Johnson have seen who said "no" to all three questions, three had congenital absence of

the ejaculatory ducts and those three people "had a combined total of 23 years of psychotherapy for ejaculatory dysfunction."

Masters and Johnson have insisted on social isolation of their clients. Masters said that he'd seen debates on the relative merits of once a day for two weeks versus once a week for 14 weeks, "but everybody neglects the social isolation. I find it very difficult to conceive of a socially isolated couple for 14 weeks, but not for two weeks, and it's an incredibly important factor, as we pointed out in *HSI* [*Human Sexual Inadequacy*]. If you're going to follow the presumption that you're dealing with a relationship, then [the more] extraneous factors you can remove during that two-week period, the better." Also Masters was told that therapists could never get a couple to come in together for therapy. He noted that the idea of working with both partners actually goes back to 1946 and infertility problems when it was "insisted that the husband had something to do with getting the wife pregnant. . . . Well, we made it very easy [then]. We wouldn't take the wife if the husband wouldn't come, and now all over the world, if there's an infertility problem . . . the husband and wife are expected to come in for examination. The same thing will be true in sex therapy in another 10 years if we stick to our guns, but it takes some time."

Initially Masters and Johnson conducted five-year follow-ups of their clients. After 13 years, they concluded that, since over 90% of any problems appear in the first two years after therapy, they could reduce the follow-up period to two years. They began their therapy program in 1959, and I was surprised to hear that for the first five years they did not charge their clients. They told them that they were "totally inexperienced" and that it was an experimental program. "We felt it totally unfair to charge for therapy if we didn't know what we were doing, and, boy, we didn't know what we were doing."

In 1960, Masters taught one of the early required courses for medical students on reproductive biology. "The first hour was devoted to female infertility and that was totally acceptable. Then we devoted an hour to male infertility; that wasn't so acceptable. Finally, the next hour was on female sexual physiology. After the lecture, a number of the medical students objected." About 20–25% of the students went to the dean and demanded that the lectures be discontinued. Three members of the executive faculty did the same thing. "The dean, also a great friend of George Corner's, took advantage of a little 'deansmanship' and said, 'Bill, they just complained, they didn't put it in writing, and down here in the small print it says I don't have to bring it up in executive faculty unless I have it in writing.' And so nothing ever happened."

At the end of the 1950s, Masters and Johnson began contending with sabotage which went beyond people trying to identify their volunteers. For instance, when they borrowed the medical school's two-channel recording equipment, parts began to disappear, making it necessary for someone to stand guard over it. And then, "personal attacks began, but the fascinating thing is, the personal attacks we had expected. What we didn't expect was how they were done: They were fundamentally carried out against our children. Our children were socially ostracized [and] bitterly attacked as being sex-mongers. I had to move my daughter from St. Louis and send her to prep school."

In 1960, Masters and Johnson submitted their first publication on sexual physiology to the OB-GYN and psychiatric journals. "Psychiatry rejected the material outright as pornographic, and OB-GYN banned me for life in both [its] journals. That

ban has since been rescinded voluntarily."

Masters discussed the rationale for the order he and Johnson chose for publication of their work. They thought that if they published the physiology book first, everyone would call them "mechanics," but if they published the psychotherapy book without being known in the field, they would be called "kooks." "Well, we published the physiology first and everybody called us mechanics. . . . The hate mail was unbelievable. . . . For the next year and a half, we had extra secretaries . . . just answering mail. We scheduled the mail in three categories: drop dead, legitimate questions, and hurray for you. The drop dead category was about 90-95% of the mail."

Masters and Johnson used the same approach to the physiological study of homosexuals that they had with heterosexuals. They did various phases of the physiology from 1964 to 1970, but "not in any sense [with] the rush or the driving demand that we did for the physiology of heterosexuality. The main reason for doing that driving demand . . . was we were afraid we'd be stopped at any time." They began treating homosexuals for dysfunction and disorder, and Masters was amazed at medicine's response to impotent homosexuals or anorgasmic lesbians. The medical people either refused to treat gays or they attempted to convert them to heterosexuality. Masters and Johnson were willing to treat homosexuals for dysfunction. They also accepted people who wanted "to convert or revert to heterosexuality and in one instance a couple who wished to convert to homosexuality."

In the mid-1970s, Masters became concerned that our growing field "had no ethical standards." Since that time, the Institute has sponsored collective efforts to develop a set of such standards. Masters and Johnson's interest in this issue led to the publication of two of their nine major books. Of those nine, *The Pleasure Bond* (1970) was the only one written for the general public, and Masters thinks that it was "ten years before its time, because it fundamentally presented the concept of sex as a natural function."

Although Masters believes that a lot of their work has been inadequate, he thinks that their greatest failure has been that they have not convinced people in medicine and the behavioral sciences that sex is a natural function:

Every one of you know it, but none of you live it, and very few of you practice it. And until we do accept the concept of sex as a natural function—this boy in utero with an erection, a baby girl who lubricates eight or 12 hours after birth, these are things they were congenitally determined to do, they've had no chance to be taught—we will always be in difficulty in our therapy. If you try to teach a man to have an erection, you can't do that; it's like teaching him to breathe. You can remove the roadblocks and let Mother Nature take over, but you can't teach him.

These excerpts represent only a small portion of Masters' and Bullough's presentations. I hope that ultimately they will be published in their entirety. But being able to hear the nuances in the voices of these two research pioneers both in person and on the tapes adds a special dimension to our understanding of the risks associated with attempting to obtain knowledge about sexuality in the middle of the 20th century.

[Note: The Bullough and Masters presentations, as well as many of the other papers delivered at the 1983 SSSS Annual Meeting, are available on tape from Audio-Stats. See p. 31 for further information.]

DO YOU KNOW THAT...

Resources to Write for . . .

Implementing a Young Men's Sexuality Education Program: A How To Guide by André Watson and Debra W. Haffner is based on the premise that most sexuality courses focus on females and that males also need similar attention. To help overcome this deficiency, this booklet describes eight steps to follow in organizing a program for males of different age categories which will teach them about growth and development, decision making, values clarification, and other issues related to sexual activity. The booklet includes suggestions for resources, curriculum guides, and audio-visuals. To order, send \$2.50 to: Planned Parenthood of Washington, D.C., 1108 Sixteenth Street, NW, Washington, DC 20036.

Basic Facts About Sexual Child Abuse (1982) is a four-page pamphlet put together by the National Committee for Prevention of Child Abuse. The question-and-answer format provides responses to such inquiries as: "What should I do if I suspect that a child is being sexually abused?" "What factors contribute to incestuous behavior?" "What proof is there that sexual offenders can be helped to change their behavior?" **Dealing With Sexual Child Abuse** (1982), a 30-page booklet by Josephine Bulkley, Jo Ensminger, Vincent J. Fontana, and Roland Summit, contains chapters on the law, the medical professional, the social worker, and the psychotherapist as they each relate to child sexual abuse. Gary May's **Understanding Sexual Child Abuse** (1978) examines in 30 pages the range of nontouching, touching, and violent sexual offenses committed against children; the sexual offenders; the father/mother/child incestuous triangle; and the effects of sexual abuse on children. These three publications are priced at \$1.25, \$3.50, and \$3.50 respectively, and the set of three can be purchased for \$7.00. Order from NCPA, 332 South Michigan Avenue, Suite 1250, Chicago, IL 60604-4357. Bulk prices for each booklet are also available.

How to Talk With Your Parents About Birth Control is a two-page fold-over pamphlet written by Jan Hiatt and directed toward adolescents. It presents advice which is both realistic and reassuring on why to talk with parents about sex and birth control, what reaction to expect from them, how to begin discussions, how to communicate effectively, and where young people who feel they cannot talk with their parents can go for help. Prices are: 1-49 copies, 15¢ each; 50-199, 14¢ each; 200-499, 13¢ each; over 500, 12¢ each. Add 15% p/h. This pamphlet is available from: Network Publications, 1700 Mission Street, Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506.

One Teenager in Ten: Writings by Gay and Lesbian Youth (1983), edited by Ann Heron, is a collection of courageous and moving accounts by 28 young men and women describing how they discovered their homosexuality, how they felt about it, whom they decided to tell, and what happened when they did. In its review of the book, *Publishers Weekly* stated: "What surfaces repeatedly is the great need for support groups for gay and lesbian teenagers." To order, send \$3.95 (plus \$1.00 p/h) to: Alyson Publications, P.O. Box 2783, Boston, MA 02208.

SUMMER 1984 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 1984 SIECUS Report.

California

The Institute for Advanced Study of Human Sexuality, in association with the National Sex Forum, San Francisco, Calif.

- *Course I, Human Sexuality*, for elementary, secondary, and junior college teachers, counselors, and nurses. Includes SAR XXIII. July 16–August 25, 9 credits.
- *Course II, Human Sexuality*, as above. August 13–25, 6 credits.

Write to: The Institute for Advanced Study of Human Sexuality, 1523 Franklin Street, San Francisco, CA 94109.

National Sex Forum, San Francisco, Calif.

- SAR XXII, #311 (*Sexual Attitude Restructuring*). June 23–30, 4 units/60 hours.
- SAR XXIII, #311 (*Sexual Attitude Restructuring*). August 18–25, 4 units/60 hours.

Note: Continuing Education or graduate credit 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.

District of Columbia

American University, International Council of Sex Education and Parenthood, Washington, D.C.

- *Sex Education* (for trainers and educators). July 9–13, 3 credits.
- *Advanced Sex Therapy*. July 9–13, 3 credits.

Write to: Dr. Patricia Schiller, 5010 Wisconsin Avenue, NW, Washington, DC 20016.

Illinois

Western Illinois University, Macomb, Ill.

- *Sex Education in the Home School Community*, July 3–August 9, 3 semester hours' credit.
- *Workshop in Sexually Transmitted Diseases*, July 2–August 8, 2 semester hours' credit.

Write to: Robert J. Synovitz, Health Sciences Department, Western Illinois University, Macomb, IL 61455.

Indiana

Ball State University, Muncie, Ind.

- HSC 561. *Health, Sexuality, and Family Life*. June 11–July 13, 4 quarter hours. Also being given July 16–August 16.
- HSC 563. *Sex Education and School Health*. July 16–August 16, 4 quarter hours.

Write to: David C. Marini, PhD, Department of Psychology and Health Science, Ball State University, Muncie, IN 47306.

Kansas

Emporia State University, Emporia, Kans.

- *Sex Education*. June 11–29, 3 credits.

Write to: Dr. J. Jack Melhorn, Emporia State University, Emporia, KS 66801.

Kansas State University, Manhattan, Kans.

- *Sexuality and Middlescence*. June 4–28, 2 hours' credit.

Write to: Dr. M. Betsy Bergen, Family and Child Development Department, Kansas State University, Manhattan, KS 66506.

Maryland

Towson State University, Towson, Md.

- *Adolescent Sexuality*. June 9–30, 3 credits.
- *Human Sexuality*. June 6–July 12, 3 credits.
- *Sex Education and Family Living*. June 6–July 30, 3 credits.

Write to: Neil E. Gallagher, Chairman, Health Science Department, Burdick Hall, Room 141, TSU, Towson, MD 21204.

Nevada

University of Nevada-Reno, Reno, Nev.

- *Human Sexuality*. June 11–July 13, 3 credits.

Write to: F. Scott Christopher, PhD, School of Home Economics, University of Nevada-Reno, Reno, NV 89557.

New York

Cornell University, N.Y.S. College of Human Ecology, Ithaca, N.Y.

- *Health Issues and the Sexual Development of Adolescents*. July 16–20, one credit.
- *Teaching Human Sexuality in Schools and Community Settings*. July 23–27, 2 credits.

Write to: Andrea Parrot, PhD, Department of Human Service Studies, N132 MVR Hall, Cornell University, Ithaca, NY 14853.

Hofstra University, Hempstead, N.Y.

- CPRE 279. *Human Sexuality and Counseling*. May 24–June 7, 3 semester hours' credit.
- IS 241. *Values in Sexuality*. June 11–26, 3 semester hours' credit.
- HPER 290. *Sexual Health*. July 9–24, 3 semester hours' credit.

Write to: Efreem Rosen, PhD, New College, Hofstra University, Hempstead, NY 11550.

The Institute for Family Research and Education (see new address below) and **Summer Session of Syracuse University**, Syracuse, N.Y.

- *Sexuality Education Through Promotion of Self-Esteem and Moral Development*. Annual Workshop on Sexuality: An Advanced Training Program. July 5–13, 2 or 3 credits (limited number of non-credit participants).

Write to: Alison M. Deming, Coordinator, 201 Slocum Hall, Syracuse University, Syracuse, NY 13210.

Long Island University, C. W. Post Campus, Greenvale, N.Y.

- *Summer Institute on Human Sexuality*. July 30–August 3, 3 credits. Approved by AASECT and AMA (30 hours in Category 1 of Physicians Recognition Award).

Write to: Dr. Mary-Anne Newman, School of Education, C. W. Post Center, Greenvale, NY 11548.

Oregon

Oregon State University, Corvallis, Oreg.

- *H 461. Sexuality Education*. June 19–July 12, 3 credits.

Write to: Margaret M. Smith, EdD, Department of Health, Waldo 321, Oregon State University, Corvallis, OR 97331-6406.

Southern Oregon State College, Ashland, Oreg.

- *Teaching Human Sexuality*. June 11–15, 3 hours' credit.

Write to: Karen Salley, PhD, Psychology Department, Southern Oregon State College, Ashland, OR 97520.

Pennsylvania

Indiana University of Pennsylvania, Indiana, Pa.

- *Psychology of Teaching Sex Education for Disabled People*. July 9–13, 3 credits.

- *Problems in Teaching Sex Education*. August 7–11, 3 credits.

Write to: Prof. Leonard B. DeFabo, 246C Stouffer Hall, Indiana University of Pennsylvania, Indiana, PA 15705.

University of Pennsylvania, Philadelphia, Pa.

- *Concepts in Human Sexuality*. May 14–18, 3 semester hours' credit. Also being given June 25–29 and August 13–17.

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

West Chester University, West Chester, Pa.

- *Sexuality Workshop*. July 5–11, 3 credits. Also being given July 18–24.

Write to: Dr. Robert P. Nye, West Chester University, West Chester, PA 19381.

Wisconsin

University of Wisconsin-Madison, Madison, Wis.

- *Education and Sex Role Socialization*. June 18–July 15, 3 credits. Also being given July 16–August 12.

- *Child, Adolescent, and Family Psychotherapy*. June 18–August 12, 3 credits.

Write to: Susan Disch or Nancy Gebert, UW-Madison Summer Sessions Office, 433 North Murray Street, Madison, WI 53706.

DO YOU KNOW THAT...

Resources to Write for . . .

For Your Information is a set of five 1983 foldover pamphlets available from Planned Parenthood of Miami Valley, Ohio. *Options in Pregnancy* raises questions that a woman facing an unplanned pregnancy should consider regarding parenthood, marriage, adoption, and abortion, and it also offers a list of resource people and places. The major developmental stages from birth to age 18 are presented in *A Parent's Guide to Sexuality Education*, along with helpful hints about dealing effectively with the sexuality and sex education of children. *The Pelvic Exam* describes the need for and procedure involved in performing this important examination, as well as suggesting questions that the woman might want to ask of the clinician. Facts and findings from the Alan Guttmacher Institute publication *Teenage Pregnancy: The Problem That Hasn't Gone Away* are summarized in *Teenage Pregnancy*. Finally, *"There's Nothing Wrong With You If"* lists concerns such as rate of physical maturation, penis and breast size, and masturbation which adolescents may have and attempts to allay their fears regarding these matters. The pamphlets are priced at 20¢ each for up to 100 copies, and less expensive bulk rates for larger orders are also available. Order from: PPMV, 224 N. Wilkinson, Dayton, OH 45402.

Hot Under the Collar (1983) by Johannes W. DiMaria-Kuiper is a 177-page autobiography of a man who came originally from the Netherlands to Canada and then moved to the U.S. During the course of his travels he became a pastor, married, and ultimately recognized that he is a homosexual. Although aware that homosexuality and the ministry are "two lifestyles considered incompatible by most," Johannes decided that this was not true in his case. He divorced his wife, adopted a son, became a speaker for gay rights in his social and religious communities, rebelled against his church, and "married" his lover. His story is one of determination and it gives the reader an insight into the gay and lesbian Christian movement. To order this book, send \$7.95 (plus \$1.00 p/h) to: Mercury Press, P.O. Box 811, Columbia, MO 65205.

A Book About Sexually Transmitted Diseases by Donna Cherniak is a 1983 publication of the Montreal Health Press designed to replace the *VD Handbook* of 1972. Information is provided on such topics as understanding infectious diseases in general, social attitudes toward STDs, legal aspects, and prevention and self-care, as well as on 15 specific STDs. This 50-page booklet is illustrated with many photographs and includes excellent drawings of male and female sexual and reproductive anatomy, self examination, and examination by health care professionals. Single copies of this fine resource cost \$2.00, and bulk prices are available. Order from: Montreal Health Press, Inc., P.O. Box 1000, Station La Cité, Montreal, Quebec H2W 2N1, Canada.

Singles in Connecticut is a report on a 1982 survey of 1,100 singles conducted by leaders of the eight-year-old Westport (Conn.) Unitarian Singles Group, a 4,200-member nondenominational organization. Compiled by Marvin Berkowitz, this 24-page summary analyzes the responses to a questionnaire covering the demographics, attitudes, goals, and lifestyle decisions of those in the group who participated in the survey. To obtain a copy, send \$1.00 to: Westport Unitarian Singles Group, 10 Lyons Plain Road, Westport, CT 06880.

Guide to Birth Control Methods: Six Accepted Methods of Contraception is one of four 1983 pamphlets (all priced at 50¢ for single copies) available from the Planned Parenthood Federation of America. This 23-page publication provides information on the pill, IUD, diaphragm, condom, vaginal contraceptives, and fertility awareness method. Bulk prices are: \$24 per 100, \$180 per 1,000. **Vaginal Contraceptive Sponge**, an 11-page pamphlet written in question-and-answer format, includes illustrations on insertion and removal of this new method of birth control. Bulk prices: \$15 per 100, \$115 per 1,000. **Daughters and Sons of DES Mothers**, also written in question-and-answer format, provides four pages of information on the effects of diethylstilbestrol on the offspring of mothers who took this drug to prevent miscarriages. Bulk prices: \$12 per 100, \$95 per 1,000. **Vaginitis** (13 pages) discusses normal and abnormal vaginal discharges, prevention and treatment, and six specific forms of this infection. Bulk prices: \$15 per 100, \$120 per 1,000. All are available from: Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY 10019.

AUDIO-VISUAL REVIEWS

Audio-Visual Review Panel members for this issue were: Carmen Reyes Aviles, MSEd, SIECUS Parent Training Program; Joan Bardach, PhD, Clinical Professor of Rehabilitation Medicine (Psychology), and Supervisor, Postdoctoral Program in Psychoanalysis and Psychotherapy, New York University; Patti O. Britton, Planned Parenthood Federation of America; Martha D. Calderwood, MA, University of Medicine and Dentistry of New Jersey; José Cartagena, MS, SIECUS Parent Training Project; Leigh Hallingby, MSW, MS, Manager, SIECUS Information Service and Library; Jean Levitan, PhD, Assistant Professor, Health Sciences Department, William Paterson College of New Jersey; Pat Murphy, MSW, Rutgers College Counseling Center, Rutgers State University; Herb Samuels, MSSW, Instructor, La Guardia Community College, New York City; Alex Sareyan, President, Mental Health Materials Center; and Linda Schwarz, Education Department, Planned Parenthood Federation of America. The reviews were written by Leigh Hallingby.

Home, Sweet Home: Kids Talk About Joint Custody. 1983, 16 mm or video, color, 20 min. Purchase, \$400 (16 mm), \$350 (video); rental, \$40. Filmmakers Library, 133 East 58th Street, New York, NY 10022; (212) 355-6545.

Mel Roman, a psychologist, creates a relaxed atmosphere in which five children, aged 8 to 12, share their feelings about living alternately with their mothers and fathers after their parents were divorced. All of the children express positive feelings about this arrangement. Although the logistics can be problematical, it allows them to remain close to both parents and, in some cases, to get to know sides of them which they never knew before the divorce. In these particular instances joint custody is apparently made more feasible by the

fact that the parents live in close proximity to each other, are on a high socioeconomic level, and have divorced relatively amicably. In fact, two panel members found the selection of children so elitist (all Manhattan-based and from white, affluent families) as to make the film offensive and inappropriate even for the specific audiences for whom this topic is most applicable. There were also feelings expressed that it glossed over the negatives of joint custody, presenting instead a highly idealized image.

On the other hand, there was virtually unanimous agreement that the children are delightful, spontaneous and thoughtful, and that Dr. Roman (whose wife has joint custody of her children) does a sensitive job of drawing out their feelings about both divorce and joint custody. A majority of panel members felt that, despite the film's limited vantage point, it is valuable to have a positive film on joint custody available so that, as an illustration of a viable alternative, it can be presented to classes on family life education, marriage and family, and alternative lifestyles; to mediators, lawyers, and judges; to couples involved in divorce; and to teachers and counselors working with child and adult members of families involved in divorce. **C, ET, LT, A, P, PR**

Women and Sexuality: A Century of Change. 1983, 16 mm, 36 min. Purchase, \$500; rental, \$65. Altana, 155 West 168th Street, New York, NY 10023; (212) 595-0058.

This exceptionally well researched and produced film documents past views of women's sexuality and sex roles and compares them with those held today. The development of late twentieth-century attitudes is seen as part of a historical process which is still going on and which represents positive change, although it can also be confusing and

upsetting at times. *Women and Sexuality* was made by Dan Klugherz and Arth Zitrin, who, in making the film, enlist as consultants some outstanding feminists, including Barbara Ehrenreich, Elizabeth Janeway, and Nancy Cott.

The Victorian woman is portrayed through the use of a wide variety of pictorial materials (paintings, prints, cartoons, sculptures, and photographs from such archival sources as the British Museum and the Library of Congress). The use of quotations and music from the period also helps to bring the past to life and provide a sharp contrast to the images and ideals of today. Contemporary women are depicted through images of women in today's media, clips of women demonstrating for equality rights, and especially through interview with four appealing and articulate young women (three white and one black) sensitive to the changes in women's lives brought about by both the sexual revolution and the women's movement.

The panel members' reactions to this film were generally positive, although some reservations were expressed. One concerned the length, which is about 10 minutes more than most educators generally prefer. There was also some sentiment that the film tries to cover too much territory and is not narrowly enough focused. And the women represented from both the historical and modern perspectives tend to be well-educated, young, and of at least middle-class socioeconomic status. On the positive side, however, *Women and Sexuality* is of fine technical quality and is unique in its subject matter and approach. It presents many ideas from the women's movement in a gentle, non-threatening way which should help raise the consciousness of women and men who do not particularly identify with feminism. Audiences from late teens onward should find the film enjoyable and enlightening, and for facilitation

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.

tors it would be a useful resource for initiating discussion of many significant topics for members of both genders. **LT, A, P, PR**

Circles. 1983, 151 color slides, 2 cassettes, 19 color pictures, 5' x 10' floor or wall graphic, and leader's guide. Purchase, \$325. Stanfield Film Associates, P.O. Box 1983-B, Santa Monica, CA 90406; (800) 421-6534.

Circles is a curriculum package for use in helping moderately retarded/developmentally disabled individuals grasp the concepts of personal space, social distance, appropriate kinds of touch, and protection against inappropriate touch and advances from others. The authors are Marklyn P. Champagne of the Rhode Island Division of Retardation and Leslie W. Walker, administrator of Alternatives, which offers residential facilities for mentally retarded individuals. This package will enable educators working with this population to use the Circles Concept, as presented in an article in the Fall 1982 issue of *Sexuality and Disability* (pp. 172-174). The two slide-cassette programs tell the story of the circles through the central character named Joyce, her family, friends, and acquaintances.

Part 1, "Social Distance," develops the understanding that there is a relationship between the level of intimacy among people and the way people acknowledge each other through gestures and greetings. The innermost "Purple Private Circle" is Joyce herself, the most special person in her world. Around this is the still small "Blue Hug Circle" that has room for only a couple of very special persons such as mother, father, or a girl/boyfriend. A larger "Green Big Hug Circle" accommodates a few friends and relatives with whom hugging and kissing are more limited to special events such as birthdays and occasions involving congratulations. The "Yellow Handshake Circle" includes people whose names are known, and beyond this, with particular emphasis for children, is the "Orange Wave Circle" of people with whom touching is not appropriate. Finally, there is the "Red Stranger Circle" of people the person at the center does not know, some of whom occasionally may try inappropriately to touch her/him.

Part 2, "Relationship Building,"

expands the model to demonstrate how a person may move appropriately from one circle to another, emphasizing the role of mutual choice between acquaintances who decide which circle (level of intimacy) will characterize their relationship. Also included in the curriculum is a large plastic graphic of the concentric colored circles that can be used on a wall as a background for teaching activities or on the floor so that students can actually role-play the different types of relationships taught in *Circles*. There are also 19 color snapshots of the characters in the slide/cassette program which can be used on the plastic mat to demonstrate interactions.

The final part of this curriculum package is a 72-page leader's guide which explains the Circles Concept presented in the slide/cassette programs and then goes on to use the model of the six concentric circles to teach many related concepts in sex education. These include: self-esteem, autonomy, personal hygiene, feelings, puberty, masturbation, marriage, sexual intercourse, parenting, and pregnancy. Each topic is related to as many of the circles as are appropriate. With marriage, for example, the student is told that, in regard to the innermost circle, one must have self-esteem, autonomy, and community living skills in order to consider this step. And one would choose a marriage partner, other than family members, of course, from among those in the "Blue Hug Circle." Whether married or not, one continues to have friends in the "Green Big Hug Circle."

None of the SIECUS Audio-Visual Review Panel members convened for this issue has special expertise in working with mentally retarded/developmentally disabled individuals. However, it was the panel's best professional judgment that *Circles* is an excellent way to make concrete the complexities of acceptable social and sexual behavior and to help retarded individuals gain control over the degree of intimacy which evolves in their relationships. Of course, *Circles* is attempting to quantify concepts and relationships which are not totally quantifiable, and it is possible to think of many exceptions to the examples presented. But these can be discussed by the teachers and students in each instance. For educators working with people whose capacity for learning is limited, *Circles* is a creative, workable, and probably very enjoyable teaching tool, and it is highly recommended.

A final word about this curriculum concerns its packaging. All components except the large floor mat come in a sturdy plastic box. The slides are placed in pockets on plastic pages in a looseleaf notebook which makes it very easy to pull out one section of the total program for use at any given time. The slides would be easier to load and unload, however, if they were all labeled at the top rather than some at the top and some on the side. **LT, A, P, PR**

To Be a Man. To Be a Woman. 1983, 16 mm, 18 min. each. Purchase, \$295 each; rental, \$40 each. Billy Budd Films, 235 East 57th Street, New York, NY 10022; (212) 755-3968.

These two companion films, obviously aimed at adolescents, are advertised as "completely updated" versions of earlier films of the same titles. Yet it is hard to imagine what has been updated. Their aim may have been to present contemporary ideas about new options available to both genders, but they actually present very stereotypical images of women and men. For instance, in the film about males, men are shown doing construction work, mining coal, playing basketball, fighting fires, etc., but there is not one image of a man engaged in a nurturing role or in any household task. The films also include clips of adolescents talking about men's and women's roles. The bare classroom setting chosen for most of these conversations is an unappealing backdrop, and this atmosphere may be one reason why the young people's comments tend to be stiff, stilted, and superficial.

At the end of each film, the narrator talks with one more person who will serve as the final authority of "what is a real man/woman." The choices could hardly be more traditional, as the male authority is a basketball coach—whose definition is really that of a "real person," since it lists some of the qualities of a mature, mentally healthy adult but says nothing that is specific to men—and the female authority is a beautician who gives the familiar "nice but strong when she needs to be" line which can only serve to perpetuate sexist stereotypes.

It was the unanimous consensus of the panel that *To Be a Woman* and *To Be a Man* were so superficial and unenlightening that they are not recommended for any audience.

BOOK REVIEWS

Sexual Practices: The Story of Human Sexuality. Edgar Gregersen. New York: Franklin Watts, 1983 (320 pp.; 320 illustrations; \$18.95).

Reviewed by Alex Comfort, MD, DSc, Adjunct Professor, Neuropsychiatric Institute, University of California at Los Angeles.

This book is the update of the extensive treatises on *Sittengeschichte* written during the late nineteenth century, being an anthropological survey of the diversity of human sex-associated behaviors, and helped out, as against its older predecessors, by modern photography and contemporary anthropological methods.

Much of the book's material is already familiar, but it does provide a compact resource book for those seeking examples. The best part is the contemporary anthropology and the good bibliography which goes with it; the least satisfactory is the author's inspiration which led him to coin new and rather infelicitous words for fairly well-known sexual practices, e.g., *gantize*, "to insert a non-penile extremity into the anus, less commonly the vagina"; and *forate*, "to insert the penis into some nonvaginal opening or other body fold." One could argue about some of the factual matter—that, for example, *penis captivus* (genital locking, the penis trapped by vaginal muscle contractions) never occurs in Man; this has been disputed. But the volume is useful and, for those not already full to the brim with the subject, entertainingly written.

Quite a few striking instances are left out: In the discussion of rape, and the critique of bar-room sociobiological judgments which cleave to the fantasy of "cave man" behaviors, there is no mention of the Pokot "rape ceremony." In general, the fantasies of the civilized concerning the ways of the tribal are not really confronted. (They make an interesting anthropological study in themselves.) The overdetermination of

sex-related behaviors appears implicitly, but the link between human folk practices and biology calls for another book. The picture of diversity in Man probably makes Americans feel easier about their own idiosyncrasies; more comprehensive explanation of the meanings involved might make them feel easier still. **A, PR**

Menopause: A Guide for Women and the Men Who Love Them. Winnifred Berg Cutler, Celso-Ramón García, and David A. Edwards. New York: W. W. Norton, 1983 (245 pp.; \$15).

The Menopause. Mary Anderson. London, England and Winchester, Mass.: Faber and Faber, Ltd., 1983 (112 pp.; \$4.95).

Reviewed by Vidal S. Clay, EdD, Lecturer in Human Development and Family Studies, University of Connecticut, Stamford, Conn.; author, *Women: Menopause and Middle Age*, 1977.

It is interesting to compare these two new books. Both are clearly written, educational works for lay people—women and men. One was published in the U.S., the other in England. Both have the best interests of women in mind. Each views health and illness from the medical model: Cutler is a reproductive biologist, García an obstetrician/gynecologist, and Edwards a psychologist and sexologist; Anderson is an obstetrician/gynecologist in England. Each book suggests that hormone replacement therapy (HRT, a combination of estrogen and progesterone) is the treatment of choice for some women at menopause.

Within these basic similarities can be seen interesting cultural differences in points of view. The American voice repeats all the things we used to hear about the benefits of estrogen replacement therapy (ERT) for the deficiency disease of menopause, but then goes on

to suggest HRT as today's choice of treatment. (This point of view about ERT has gone out of style because of the connection established between estrogen therapy and cancer of the endometrium.) The English voice which comes from a country where ERT never really did catch on sees menopause more as a state of health than of illness, a "change" during which most women will not have serious problems but where HRT is useful for those who do.

Anderson has two fine chapters on female anatomy and physiology. The chapter which discusses menopausal symptoms explains that only one-third of all women will have symptoms that trouble them. At the head of the list Anderson would have us put "None." She follows this point with a discussion of vasomotor (hot flashes), metabolic (effect on bones, skin, and genital organs), and psychological (nervousness, insomnia, etc.) symptoms. Compare this with Cutler et al. who list 10 symptoms of menopause. Seven of the 10—aging skin, loss of libido, memory loss, formication (skin tingling), eye problems, back-ache, and emotional problems—have been eliminated by other medical authors as not being the result of estrogen loss but of normal aging. Cutler et al. point out that menopausal distress (which means this list, plus hot flashes, night sweats, and vaginal problems) will occur in both healthy and unhealthy women. Studies show that the women who are more at risk are married, have given birth, and have had painful menstruation when younger. The authors do not give any data on the prevalence of symptoms except to say that hot flashes and emotional distress are very common. For severe hot flashes, which these authors say will affect 85% of women, they suggest cooling the self with a fan or cool water. If this is not enough, HRT is recommended. Anderson believes that the women who have hot flashes and vaginal atrophy should be treated with HRT, but, no feminist, she

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.

has as one of her criteria for the treatment of hot flashes their disruption of sleep and interference with the marital relationship. Then women should take HRT "to break the vicious cycle as soon as possible."

In today's bright new world of biomedical research, loss of calcium in the bones (osteoporosis) is considered the most critical change of the menopausal years. Both books agree that it can be serious, pointing out, for example, the dangers of hip fractures to the elderly. Cutler et al. say that 50% of women will have bone loss after menopause and that women in the U.S. consume only half the calcium they need. Both books agree that small doses of estrogen taken indefinitely can prevent or minimize bone loss, although giving estrogen after such loss will not reverse the process. After describing the results of osteoporosis (forearm and hip fractures, pain, and dowager's hump), Cutler et al. suggest three things: regular exercise, adequate calcium through diet and/or supplements, vitamin D, and enough estrogen to maintain bone mass. Anderson believes that exercise and a good diet which provides enough calcium and vitamin D will help keep the bones strong. "It goes without saying that this is a much more natural and healthier approach to the problem."

Both books discuss thoroughly the issue of the risks of cancer to women who take estrogens, with both agreeing that women with certain health conditions—including high blood pressure from having previously taken ERT—should not take estrogen at all. Cutler et al. have adopted the position that low dose estrogen can be taken without risk of endometrial cancer. When higher doses of estrogen are needed, the estrogen should be opposed by progestogen (HRT). This will lead to "menstruation" each month which is thought to protect against the development of the overgrowth of the endometrium which sometimes leads to cancer. Anderson believes that drugs should not be taken unless absolutely necessary, and in that case she suggests prescribing HRT for a year and then weaning the woman off it gradually which might take another year. She considers the bleeding which results from HRT a natural event but finds it may not be acceptable to some older women. Both books state that women on HRT will need more frequent medical checkups, every six months to a year, of breasts, cervix, and blood pressure, and a regular testing of the

endometrium. And they also stress that women should be responsible for their own health care and balance the advantages of HRT against the risks. But Anderson writes: "... often it has to be left to the doctor to weigh up any evidence that is available and to make a decision about medical treatment accordingly."

It pleases me to report that both books show a new appreciation for a woman's keeping a healthy uterus and ovaries even though she is no longer of childbearing age. In the U.S. today, half of the older women can expect to have a hysterectomy. Cutler et al. say clearly that a hysterectomy is major surgery, involving its share of risks and complications, and that it is not in a woman's best interests to have a healthy uterus removed for reasons of birth control or cancer prevention. Also, in their view hysterectomy can have a negative impact on sexual sensation and sexual satisfaction. (Cutler has a paper in press on the sexual deficits of hysterectomy.) About a woman's ovaries, Cutler et al. believe that they are important throughout life because they are "active hormone producers." Anderson, on the other hand, says that sexual intercourse is unaffected by hysterectomy. In regard to removing the ovaries during a hysterectomy, she takes a conservative position: Before menopause they stay; after, they come out—but women should discuss this issue carefully with their gynecologist beforehand.

Both books recognize the importance of men in the lives of middle-aged women. Cutler and her two male co-authors have a preface directed specifically at men. In it they urge them to encourage their wives to get medical help. Anderson's final chapter on the "male menopause" tells each woman going through the change of life that it "behooves her to remember her partner also." She should remain "attractive, caring, interesting, and interested."

To conclude my comments, Cutler et al. do present the state of the art of current biomedical research. Thus their book, with its extensive references and long bibliography, is a good resource for anyone interested in checking the latest data on menopause. But one would need to maintain a critical attitude about how the data are put to use. For instance, when aging skin is listed as a symptom of menopause, one must consider the fact that the studies were done on castrated women. In regard to osteoporosis, it is pointed out that women in Scandinavia and England have a much higher inci-

dence than women in China or South Africa, but the questions this raises about prevention of bone loss in the American population are not pursued. Anderson's book is a more simple presentation. She cites few studies and provides only a short list of suggested readings instead of an extensive bibliography. Its tone is more optimistic than that of Cutler et al. as it presents menopause as a "milestone in life" and not a deficiency disease.

What is lacking in both is a voice of moderation and caution about the use of exogenous estrogens for non-life-threatening conditions. Neither book mentions that there is not yet available any long-term study of the effects of HRT on the women who take this new combination therapy. Since it is well known that estrogen stimulates growth and maintains the blood vessels, it is proper to question whether we will have to wait another 20 years to find that this treatment again puts women at risk. And if, as is now being suggested, osteoporosis is one of the diseases of our affluent western culture (along with diabetes, gall stones, and diverticulosis), how about considering a treatment which involves changing the diet and encouraging weight-bearing exercise? These two books are not the place to look for questions and answers of this nature. **A, PR**

Alcohol and Sexuality: An Annotated Bibliography on Alcohol Use, Alcoholism, and Human Sexual Behavior. Timothy J. O'Farrell, Carolyn A. Weyland, and Diane Logan. Phoenix, Ariz.: Oryx Press, 1983 (131 pp.; \$37.50).

Reviewed by Leigh Hallingby, MSW, MS, Manager, SIECUS Information Service and Library.

A few words from the porter's speech in Shakespeare's *Macbeth* summarize what lay people and professionals alike have discovered about the influence of alcohol on sexuality: "... drink provoketh the desire, But taketh away the performance." Clinicians, educators, and researchers interested in exploring more recent and scientific works on the relationship between alcohol use/abuse and human sexuality have an excellent and essential new resource in O'Farrell's, Weyland's, and Logan's fine bibliography.

Alcohol and Sexuality brings together 542 citations of materials published from 1900 to 1982. The search for appropriate

citations made use of computerized databases, journals on alcohol and on sexuality, and unpublished bibliographies from such places as the Kinsey Institute for Research in Sex, Gender and Reproduction and the Rutgers Center for Alcohol Studies. Materials included focus on the sexual arousal, orgasm, and sex behavior attitudes. Materials on sex roles, sex differences, and reproduction have been excluded.

Each of the four chapters begins with a detailed description of its contents and information about how the citations within it are organized. The first chapter deals with the ways in which alcohol influences sexual behavior in both social drinkers and alcoholics. Section A deals with psychological and social influences. Section B focuses on the endocrine system as the pathway through which alcohol affects sexual behavior and concerns hormone metabolism first in drinkers without detectable liver damage and then in those with cirrhosis of the liver.

Chapter 2 addresses the sexual problems commonly associated with chronic, excessive alcohol use. Its first section presents information on the sexual maladjustments and dysfunctions reported by alcoholics, and the second addresses sex education and therapy.

Chapter 3 contains works on the relationship between sex and alcohol as reflected in history, culture, and social problems. Section A examines the role of alcohol use in rape, sexual abuse of children, and other criminal aspects of sexual behavior. Section B explores the relationship between alcoholism and sexually transmitted diseases. Section C deals with alcoholism among lesbians and gay men and includes resource guides listing treatment services for homosexuals. Anthropological and historical reports on the cultural meaning of drinking practices as they relate to sexual customs are cited in Section D. The concluding section in this chapter provides a look at the relationship between sex and alcohol as represented in the media.

A number of articles which cut across several of the categories used in the first three chapters are listed in chapter 4. This is followed by four appendices: resources for alcohol information, resources for sexuality information, sexuality journals, and alcohol journals. This is the one area of the book that is disappointing since addresses given for such organizations as AASECT and SIECUS are several years out of date.

The annotations in *Alcohol and Sexuality* are substantial and frequently extensive. They enhance the usefulness of this bibliography which is highly recommended to anyone involved in research, education, or treatment in these two fields. **PR**

Being a Man. Donald H. Bell. Lexington, Mass.: Lewis Publishing Co., 1982 (158 pp.; \$12.95).

The Male Experience. James A. Doyle. Dubuque, Iowa: Wm. C. Brown Publishers, 1983 (321 pp.; \$13.95).

Reviewed by Sam Julty, sex educator and specialty writer on men's roles, health, and sexuality; author of Men's Bodies, Men's Selves (Dell, 1979).

Men's Studies is a fairly new and sometimes misunderstood discipline. It is not a classification for all works which cannot be filed under Women's Studies. Nor is it a vehicle for the advancement of an ideology about men based on predisposed belief systems. Properly approached, Men's Studies is an investigation of the natural and socialized behaviors of men, with an emphasis on their social conditioning within a given cultural milieu. Not often can we find well-written books and monographs by men that will examine men in relationship to the world around them, and that will assess with honesty the potentially broad range of men's behaviors that are stultified by the narrow range of men's role conditioning.

Being a Man is a fine example of a book that properly belongs in this discipline. Bell offers us an intimate view of his thought processes in this age of blurred gender lines, altered sex roles, and changing values. And by so doing he gives other men not the solutions to questions, but pegs upon which they can build their own thinking. His basic theme is this: While many of today's men are no longer comfortable with their learned attitudes, behaviors, and stereotypes, their earlier experience has not prepared them to deal with the changes now open to them.

Bell points out that a large part of the process which transmits ideas and ideals about manhood comes from the father-son relationship. But the changes which men need to make in this era were never envisioned by their fathers. "In a rapidly changing world we are finally left with the formidable and scary

task of creating ourselves as men . . . or learning how to transmit our new sense of manhood to our children." As Bell reveals the nuances of his relationship with his parents, his same- and other-sex friendships, his courtships, and his marriages, he keeps returning, in a variety of ways, to his basic theme: "Having to live with tradition and change is really hard."

It takes great skill to advance his point of view that men need to change on the basis of a personal experience and make it meaningful for other men going through the same process. One of the reasons I believe Bell has done this so successfully is that he has the skill to advance an ideology without acting like an unyielding ideologue. His final chapter, "The Paradox of Masculinity," is 5 pages of wisdom in its recognition of the various contradictions which the changing man is heir to. Rather than bemoan them, or worse, present some hard-nosed, smart-aleck "answer," Bell tells us how to live with them and go forward with our changes.

This is not to say, however, that *Being a Man* is without fault. My main objection is the same I have for other books written by men on similar subjects—the author's need to include quotes from other men. While I am sure it was his intent to illuminate his ideas through these quotes, I personally found them intrusive. Bell is an articulate, almost poetic writer who does well in presenting his ideas. He doesn't need the backup of other voices. **A, PR**

Doyle's *The Male Experience* is a example of the use of men's studies as a vehicle for ideology under the guise of scholarship. Its first fault is the use of the word *male* in the title, and it reveals Doyle's blind spot regarding men. Back in sixth grade I learned that the terms *male* and *female* pertain to the biological aspects of a species—what is true of one male must be true of all—and that terms *man* and *woman* pertain to the social aspects—what is true about women in one culture may not be true about women in another. Hence, the male sex role is fixed; it appears among men in all societies at any stage of development. Men's gender roles are, for the most part, learned, and thus variable with each society. Doyle's constant interchange of *male* and *man* leads the reader to believe in the universality of the faults and the disabilities of being a man which the author feels so free to postulate.

Another point of confusion is his use of the term *male sex role* when what he

actually belabors is men's learned gender role and learned behaviors. In addition, his assertions that the "male role" did not begin until the establishment of the patriarchy and that antihomosexual bias originated with the founders of the Christian Church are not the products of assiduous research.

In his chapter on men's sexuality, Doyle really gets in over his head. Because his ideological bias forces him to assume that men owe all behaviors (and disabilities) to learning, he follows one blunder with another. On fantasies, he says that little boys are more apt to engage in human sexual fantasies rather than in *genuine* and *fulfilling* human sexuality (emphasis mine). On erectile dysfunction, he still uses the inaccurate term *impotence*, one associated with men's concepts of sexual power and prowess. He tells us that "the most common form of impotence is psychological," when this position has been constantly eroding since it was first proffered in 1972. (At the last meeting of the American Urological Association, it was generally agreed that 60% of erectile dysfunction can be traced to organic causes.) On premature ejaculation, he states: It "occurs before his partner has a satisfactory sexual experience," a theory roundly challenged by many workers in the field. On celibacy: "It sounds strangely familiar, like a repackaging of the old moral precept that sex must be reserved for people who are willing and able to accept more than a passing responsibility in their relationships."

Clearly the book has little value for anyone who works with men and is seeking a better understanding of the variable of cultural conditioning found in boys and men. Certainly it is not recommended for men involved in a personal struggle for self-identity—it might even make them self-destructive.

Pornography and Censorship. David Copp and Susan Wendell, eds. Buffalo, N.Y.: Prometheus Books, 1983 (414 pp.; \$22.95 hardcover, \$11.95 paper).

Reviewed by Albert Richard Allgeier, PhD, Clinical Director, Wood County Mental Health Center, Bowling Green, Ohio.

As I was in the process of reviewing this book, the Minneapolis City Council passed an ordinance that would have, in essence, defined pornography as discrimination against women, thus mak-

ing it possible for women to sue distributors of pornography on the grounds of discrimination. The ordinance was quickly vetoed by the city's mayor because of the broadness of the definition of pornography contained therein. Reactions to this latest episode of societal response to pornography were highly emotional. The Minnesota Civil Liberties Union considered the ordinance a travesty of the First Amendment, whereas some local women's organizations viewed the rejection of the ordinance as one more example of societal tolerance of the degradation of women. The debate over societal control of pornography in Minneapolis was often marked by what David Copp, one of the editors of *Pornography and Censorship*, calls "impassioned rhetoric and misinformation."

Pornography and censorship is indeed an extremely complex issue and anyone who thinks otherwise should peruse Copp and Wendell's book. Their work adequately fulfills their stated purpose which is to "facilitate rational and informed debate" on the topic. The book is divided into three parts. The first section consists of philosophical essays representing a variety of carefully

thought-out positions on the subject. Definitions of pornography, balancing the needs of public welfare against the right to freedom of expression, the risk of harm associated with pornography, the use of children and coercion in pornography, the limitations of experimental research, and art and obscenity are just a few of the thorny issues addressed in this section.

Part 2 consists of a number of scientific studies that reflect the current state of the art in research on the effects of pornography. Such leading lights of research in this area as Malamuth, Donnerstein, Zillman, Berkowitz, and Kutichinsky have key studies reprinted in this section.

Part 3 presents essays that are selections from judicial decisions in Britain, Canada, and the United States. They were chosen for their argumentative qualities and the theoretical issues they raise. This part gives readers an opportunity to broaden their understanding of how social policy is often formulated and applied by the courts. Each of the three sections is followed by a selected bibliography which is useful for those who want to pursue an issue in more depth.

I found the book a valuable addition to my library and recommend it—both to adults in the general public who wish to gain a rational and more informed view of the many dilemmas posed by pornography and censorship and, as a useful reference book, to professionals interested in this particular area. **A, PR**

Sexual Dynamics of Anti-Social Behavior. Louis B. Schlesinger and Eugene Revitch, eds. Springfield, Ill.: Charles C Thomas, 1983 (317 pp.; \$31.50).

Reviewed by Meg Kaplan, MA, PhD cand., Human Sexuality Program, New York University; researcher on sex offenders, New York State Division of Parole.

The editors of this book have compiled a wide range of materials that examine the relationship of antisocial and criminal behavior to sexual motivation or distinct sexual psycho-dynamics. In general, the contributors are clinicians who focus on psychopathology and the psychodynamics of sexual behavior, with clinical approaches taking precedence over statistical data.

The book is divided into three major sections: socially tolerated acts, non-

films and video

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tolerated offenses, and rare and bizarre sexual behaviors. The first section includes such topics as prostitution, pornography, nymphomania, hostile sex, sexual permissiveness, and gender dysphoria. Especially interesting was the chapter on "Pornography: Its Consequences on the Observer" by Edward Donnerstein and Neil Malamuth in which they emphasize that all pornography is not the same; that pornographic material devoid of aggressive behavior patterns seems to have little or no effect upon observers. In their review of current research on the relationship between aggressive pornography and subsequent aggressive behaviors on the part of individuals exposed to such stimuli they report that new data suggest that aggressive pornography can lead to increases in aggressive-sexual fantasies, greater acceptance of interpersonal violence against women, altered perceptions of rape, and aggressive behavior directed against women. This ongoing research implies that "long-term attitudes about rape, women and violence can be both reinforced and shaped by exposure to material that combines sexual and aggressive images of women."

The second section covers various behaviors which if engaged in can be criminal. These include genital exhibitionism, kleptomania, sexual assault, burglary, and pyromania. The incidence of genital exhibitionism in women is discussed, as are female kleptomania and women who rape. The part that sexual motivation plays in such antisocial acts as burglary, pyromania, and assault is theorized upon. The focus is on psychopathology; clinical treatment issues are presented in each chapter, as well as psychoanalytic discussions. In Chapter 8, "Dynamics of Sexual Assault" by A. Nicholas Groth and William Hobson, myths about rape are presented, as well as discussion on the etiology of sexual assaultiveness and the incidence of sexual dysfunction in coercive (as opposed to consenting) sex. The authors conclude that rape is a pseudo-sexual act which expresses issues of hostility and control more than those of sexuality.

The third section presents an overview of a variety of unusual behaviors rarely described in the literature, and includes discussions of eroticized hangings, necrophilia, vampirism and auto-vampirism, and the sexual dynamics in homicide. With a clinical perspective, the contributors describe and examine these behaviors from the standpoint of sexual motivation, providing views on

the psychopathology and psychodynamics involved. The authors' points are illustrated through case reports and a review of the literature.

Although it is not a comprehensive coverage of all the pertinent types of behavior, this book provides a well-organized compilation of material for professionals interested in the sexual dynamics of antisocial behavior. **PR**

Children and Sex: The Parents Speak.

The Study Group of New York (Emily Trafford Berges, Shelley Neiderbach, Barbara Rubin, Elaine First Sharpe, and Rita Weinberg Tesler). New York: Facts on File, 1983 (282 pp.; \$16.95).

Reviewed by Floyd M. Martinson, PhD, Research Professor of Sociology, Gustavus Adolphus College, St. Peter, Minn.

In a sense, the members of The Study Group of New York remind me of the college undergraduate who says, "I don't want to go to the library. I want to do my own research!" One wonders why these five talented and energetic women did not build on what we already know. Despite their disclaimer that "our focus would be different," it is a good canon of research that most research questions are not so unique that they cannot be improved upon by a literature search. Their primary question, which can be stated concisely as "What is the parents' perspective on child sexuality?" is no exception. There is no indication that the authors are aware of relatively recent published works on child sexuality, including material on the issue of the parents' perspective (Martinson, 1973; Oremland and Oremland, 1977; Roberts, Kline, and Gagnon, 1978; Samson, 1980; Constantine and Martinson, 1981). If the authors had been familiar with the literature, would they have given their book the same title as one currently on the market? How much further along they could have taken us had they built on prior work!

Before indicating some of the major findings, a word on methodology and sampling. Data were gathered through parent interviews, apparently utilizing a schedule devised by the five interviewers. A copy of the questionnaire is not included in the book and nothing is said as to pretesting or as to tests of its validity. Interviews were conducted with 225 parents who "lived all over the country" but primarily in suburbs and major cit-

ies. They were "primarily" middle class, representing various family types (married, divorced, separated, widowed, never married) and the three major religious categories. About an equal number of mothers and fathers were interviewed. The book includes chapters on parent attitudes and behavior patterns and parent-child interaction centering around the topics of reproduction, nudity, touching, sensuality, privacy, sexual language, the media as sources of information, and alternative lifestyles.

Some major findings are the following: (1) A vast majority of the parents wanted their children to be informed about sexuality, but most admitted difficulties in deciding whether and where to set limits on such information. (2) Mothers gave more sexual information to their children than did fathers. (3) Parents discovered that sex education had to be an ongoing process continuing until the children were teenagers. (4) Many parents were unsure as to how much nudity should be permitted in the home and under what conditions. This was one of the areas where parents thought it useful to find out what child psychologists had to say. (5) Almost all of the parents were enthusiastic and positive about the value of touching. (6) Parents were aware of and "awed" at the power of sensuality even in very young children. Mothers, as a rule, were more comfortable with sexual aspects of physical contact than were fathers. (7) There were limits as to how much intimacy and affection parents were willing to model for their children. They did not want their children to see them engaging in their most intimate love-making. (8) Parents wanted to avoid punishing their children if they used "dirty" words. They preferred to talk with them about it instead. (9) Although parents did not like to condemn other people's lifestyle choices and believed that children must learn to respect others' rights to live as they wish, very few could accept certain lifestyle choices, such as homosexuality, with equanimity if it were their own child that was involved.

The authors' interviews about and discussion of touching and sensuality in the family are impressive. The development of the topic is sensitive, balanced, and judicious and can lay claim to a measure of originality. At a time when research and writing on child sexuality has been heavily skewed in the direction of its negative aspects—child sexual abuse and incest—it is refreshing to read about

sensuous and sensual interaction within normal (non-pathological) family life patterns.

The book aims to be descriptive rather than prescriptive. As such, it supports no particular point of view regarding how children should be brought up in regard to sexuality concerns. **A, P, PR**

The Treatment of Sexual Disorders: Concepts and Techniques of Couple Therapy. Gerd Arentewicz and Gunter Schmidt, eds. New York: Basic Books, 1983 (350 pp. \$25.00).

Reviewed by Lorna J. Sarrel, MSW, Assistant Clinical Professor of Social Work in Psychiatry, Yale University Health Services, New Haven, Conn.; member, SIECUS Board of Directors.

This book distills the empirical findings and the clinical experience of an excellent sex therapy clinic in the Department of Psychiatry at the University of Hamburg in West Germany. The editors and primary authors, Arentewicz and Schmidt, with the help of several colleagues, are reporting on a long-term follow-up of 262 couples treated with modified Masters-Johnson therapy. They are also sharing their philosophy, methods, and techniques through ample case illustrations and a final section entitled "Manual of Couple Therapy for Sexual Dysfunctions."

Let me say at the outset that I like this book and think everyone working in sex therapy would benefit from reading it. In a superbly readable translation from the original German, it is intelligently written without being overly "jargonized." The therapy style described is what I would call eclectic, although several colleagues have told me they consider it to be psychoanalytic.

The introduction by Schmidt, actually a brief essay on sexuality and relationships, is a potentially controversial statement—a sober, verging on somber, view of long-term relationships. Perhaps it is a healthy corrective for Western romanticism.

Chapter 1 offers a descriptive approach to sexual symptoms. The authors suggest that, rather than struggling with labels and classifications, we simply describe which functions are affected, when and how the disturbance appeared, and how it affects sexual approach, sexual stimulation, intromission, and so on. The authors do not consider lack of desire to be a separate

diagnostic category or a syndrome but as one possible descriptive characteristic of sexual problems. Therapists should note that the definition of sexual aversion used in Hamburg is much broader than that used by Masters and Johnson (who consider aversion to be anxiety of phobic proportions). This may introduce unfortunate confusion in any comparison of therapy approaches and of outcome results. Chapter 1 also includes a statement with which I disagree, the kind of unsubstantiated pronouncement therapists and researchers should avoid. It states that "vaginal stimulation . . . obviously does little to bring about orgasm."

Chapter 2 discusses etiology, making the point that sexual problems usually have multiple causes. I am glad to see that the authors consider an understanding of etiology to be crucial to good therapy. Chapter 3, entitled "Psychotherapy," is a succinct summary of the Hamburg approach to sex therapy with which, I imagine, the vast majority of sex therapists would agree.

The book then shifts to a lengthy and detailed section describing the long-term therapy outcome study and its findings. The authors and their team are

to be congratulated for their efforts at systematic outcome-study. If one could argue with some points of their study design, the result is nonetheless a major contribution to this field. Multiple approaches to rating were used, including assessment by therapists, by the couple, and by an independent therapist. They assessed sexual function as well as overall relationship. They found, in summation, a good outcome at the end of therapy in 75% of their couples (35% cured, 17% distinctly improved, and 23% improved). Four-fifths of all couples felt their relationship was better after therapy and half of them described it as "much better."

Some of the findings confirm those of others such as LoPiccolo and Bancroft. Co-therapy does not produce a better outcome than a single therapist, nor is daily therapy superior to an intermittent format. One interesting and quite new finding was that "... women who only took care of the family had significantly lower chances of achieving a decisive improvement in their sexual disturbances."

The long-term follow-up of couples was conducted at three points: three months, one year, and then two-and-a-half to four-and-a-half years after completion of therapy. Here we encounter a flaw in the study: Only between 60 and 70% of couples who completed therapy returned the follow-up questionnaires. The authors and we, the readers, thus have no way of knowing if the long-term findings are valid for the entire group. The results they did obtain suggest that two-and-a-half to four-and-a-half years after therapy there is a slight reversal in initially positive results. For the majority, however, therapy results are unchanged or improved. "The long-term stability of therapy results can thus be considered satisfactory."

The final section of the book, a reproduction of the manual used in Hamburg in sex therapy training, is a useful tool for those involved in training although it has several specific areas of weakness. To my mind the sensate focus instructions fail to give sufficient emphasis to the concept of touching for one's own pleasure, a concept I believe to be of central importance. The discussion of dealing with performance anxieties at the stage of vaginal containment is inadequate. And, finally, the treatment approaches to vaginismus are not nearly as helpful as they should be. I have observed that discussions about vaginismus tend to be less satisfying when the orientation of

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the authors is purely psychological. Vaginismus is one problem for which the presence of a medical doctor on the team adds an important dimension of understanding.

This book also provides an important meta-message simply by its existence: Sex therapy, as described by Masters and Johnson, can be adapted for use in other countries—it can transcend cultural differences and translation into a different language. **PR**

What's Happening to My Body? A Growing Up Guide for Mothers and Daughters. Lynda Madaras, with Area Madaras. New York: Newmarket Press (Schribner, dist.), 1983 (191 pp.; \$14.95 hardcover, \$7.95 paper).

Growing Up Feeling Good. Ellen Rosenberg. New York: Beaufort Books, 1983 (432 pp.; \$19.95 hardcover, \$12.95 paper).

Reviewed by Peggy Brick, MEd, trainer and consultant, Affirmative Teaching Associates, Englewood, N.J.

Girls who read *What's Happening to My Body* will discover the wonder of their own bodies and will understand how to care for them as they grow into womanhood. Originally, Lynda Madaras planned to write this book for her daughter Area, but ultimately they wrote it together, working with the issues that must be confronted if pre-adolescents are to replace the negative messages they receive about menstruation and other aspects of being female with positive feelings about themselves as growing women. This book tells girls from nine to thirteen the simple truth about their bodies—that truth may set them free!

In the introduction, Madaras reasserts an idea suggested by Nancy Friday that pre-adolescent girls reject their peers because of their own feelings of rejection of their feminine and sexual selves by their mothers. In Madaras's words: "I . . . can't help but suspect that the cultural taboo about menstruation, a mother's ignorance of and reluctance to deal with the topic, and the phenomena of playground politics are inextricably tied up with one another." As Madaras shares her knowledge and feelings about puberty with her daughter, Area becomes able to assert her own true feelings with her friends. Madaras hopes this "Guide for Mothers and Daughters" will alleviate young girls' rejection of

each other and of themselves, as well as lead to healthier communication about issues of vital importance to their growing up.

This intention is well served by the book's organization. The first chapter gives a succinct overview of the process and significance of puberty, answering some of the most anxiety-producing questions about basic body changes, the sex organs, slang words, intercourse, making babies, and menstruation. The tone is conversational, matter-of-fact, and honest. For example, on a page showing a gynecologist's eye-view of the external male and female genitals, Madaras describes how she starts her classes in puberty education: "I pass out the copies of the drawings . . . the kids are usually giggling like mad . . . I just say, 'Okay, the penis itself has two parts: the shaft and the glans. Find the shaft on your drawing and color it blue . . .' The business of coloring works well because it gets everyone laughing and makes it easier to deal with the nervousness many of us feel when we talk about sex organs." By sharing her thoughts and methods with her young readers, Madaras demonstrates her respect for their ability to understand such adult thinking.

A feminist perspective gives young readers the chance to see themselves in a social context. In explaining "Changing Size and Shape," Madaras goes beyond biological descriptions to an analysis of the historical and social meanings of these changes. She notes that we get many of our ideas about what's "best" or "most attractive" from the media, but the "tall, thin, blond, blue-eyed, white-skinned" media ideal is not the way most of us really are. Fortunately, "we come in a pleasing array of sizes, shapes, and colors." She also observes that fashions change and vary from culture to culture, illustrating this fact with portraits of a 1920s flapper, a woman from the 1500s, and a heavy Polynesian woman, each beautiful in her time and place. Madaras concludes: "If you can manage to find your own body attractive, other people will too. . . . We guarantee it." Not an easy assignment for a pre-teen, but she is right!

The beauty of this book is the absolutely natural way Madaras encourages the young woman to explore, understand, and accept her own special body at the same time she is learning the basic facts of female development. It may be difficult to believe, but "Body Hair, Perspiration, and Pimples" rate a full chapter because Madaras is aware that these are

critical areas. She cites one girl's fears: "I saw these curly black hairs and I didn't know what they were, so I got the tweezers and pulled them out." The ensuing discussion covers feelings about pubic hair, the five stages of its growth, and color and amount—the full treatment! And, under Madaras's guidance, nothing could seem more natural than examining this area of your own body: "If you press down on the mons, you can feel the pubic bone. . . . If you look at your mons, you will notice that, toward the bottom, it divides into two folds or flaps of skin. These are the labia majora, or outer lips." Thus, she provides a balance of scientific description and personal experience.

"Boobs, Boobies, Knockers, Melons, Jugs, Tits, and Titties: Your Breasts" is the lusty title of the chapter that asserts: "Judging from the number of words we have for breasts . . . breasts must be an important part of our lives." Again, Madaras is in tune with young girls' concerns. She is de-sensitizing and providing social analysis, as well as giving accurate developmental information. Each chapter includes pertinent suggestions about how to handle embarrassing or unfamiliar situations, such as when boys and men stare at newly developing breasts and whistle, or when the decision looms as to whether or not to wear a bra.

Simple line-drawings effectively reinforce the discussion. Illustrations clearly depict important growth stages in breast development, pubic hair development, and male genital development, and also show the position of the uterus in young girls and adult women. Other drawings emphasize the normal diversity in women by showing variations of labia and hymens. Menstrual cramp exercises, the breast self-exam, and the genital self-exam are all clarified by diagrams.

I read this book with a sense of excitement and of anger: anger because in 1984 our girl children are still so thwarted by ignorance and negative feelings about their developing bodies and their femaleness—excitement because this book provides a wonderful opportunity for mothers (and fathers, too!) to help daughters understand and celebrate their sexuality and themselves. **C, ET, P, PR**

In *Growing Up Feeling Good* Ellen Rosenberg gives boys as well as girls advice for surviving puberty. She focuses on a broad spectrum of issues besides physical maturation, including friendship, being popular, peer pressure, drinking and smoking, parents,

and a variety of family-related problems. Although Rosenberg is certainly sensitive to the concerns of growing girls and boys, her approach reminds me of an overprotective parent who smothers the child with anxiety-producing advice on every conceivable problem rather than helping the child develop confidence to act intelligently on his/her own. All but the most lecture-loving children will duck her well-intentioned, but often patronizing advice.

A few examples will serve to illustrate Rosenberg's unfortunate style. In response to the question about taking baths and showers during a menstrual period, she says, "Yes, yes, yes. Go right ahead and wash! (You know, the thing you do with soap and water.)" To the question, "What if you get your period in school?" she answers with 10 (yes, 10) pages of "What ifs." "What if I have a man teacher?" "What if you're too embarrassed to tell the nurse?" "What if the nurse isn't there?" "What if you get your period and you have white pants on?" Et cetera! Well, if you weren't panicked *before* you read these pages, you surely will be *after* you read them. One more example will suffice—a poem for the boys:

Wet dreams don't mean you're sickly,
Just cause they're a little sticky.
So be cool if you wake up one
morning to see
A "funny" spot that you know is
not pee.

Rosenberg's intentions were good, but unfortunately they are not effectively fulfilled in this book.

The Intimate Male. Linda Levine and Lonnie Barbach. Garden City, N.Y.: Anchor Press/Doubleday, 1983 (364 pp.; \$16.95).

Reviewed by Gary F. Kelly, MEd, Headmaster, The Clarkson School, and Director, Student Development Center, Clarkson College, Potsdam, N.Y.; Editor, Journal of Sex Education and Therapy.

This is one more addition to the long list of books that present explicit respondent statements and authors' insights drawn from personal interviews with people about their sexual lives. As its subtitle explains, the book focuses on men's "candid discussions about women, sex, and relationships." It is the male-oriented counterpart of Barbach

and Levine's earlier volume, *Shared Intimacies: Women's Sexual Experiences*. As these interview-based books go, this is certainly one of the better efforts, and it is soundly backed by both authors' impressive credentials and sense of professionalism. A few years ago, the book would have constituted a revolutionary inside look at male sexuality. Today, it offers some fascinating perspectives and some good twangs on readers' voyeuristic strings, but little that is really new or innovative.

This type of study inevitably sparks a debate about how the interviewees were selected and how representative the sample is. Levine and Barbach are wisely direct in stating that their study was not meant to be scientifically controlled or to represent the views of men in general. However, they also seem rather defensive in several insistent statements about how convinced they are of their respondents' honesty. I personally was skeptical about the rather vague criterion used for selection of men to be interviewed: They were to be "satisfied with their sex lives." Yet, since the authors sought volunteers from audiences around the country where they were lecturing, it would seem that it

was basically a process of self-selection. Do "satisfied" men volunteer for such interviews, and how many were simply anxious to be able to say they were "satisfied"? But I do not wish to succumb to moot issues of this sort. The interview books should be taken at face value for their peeks at sexual individuality.


The chapters cover the full range of topics relevant to male sexuality, including: how men learn about sex, communication, masturbation, first times, sexual problems, and aging. I was most impressed by the two chapters that dealt with the special sex-related concerns and pressures of pregnancy and fatherhood, namely, "Sex, Pregnancy, and the New Baby" and "Fathers Are Still Lovers." It is in these chapters that the book makes its most original contribution. Men frankly discuss many of the feelings and problems associated with maintaining a satisfactory sexual relationship during pregnancy and during the first few months of having a new baby at home. It would be great reading for any expectant father. Also covered are the many pressures of maintaining complicated family agendas and still finding time and energy for sex. The men interviewed even offer useful suggestions for securing private time. This section also focuses on some of the special concerns of single fathers, and the influences these have on their sex lives.

With occasional abruptness in the transitions, the comments from respondents are interspersed with therapeutic advice from Levine and Barbach. These sections, which contain suggestions for improving sexual functioning and partnership communication, enhance the general usefulness of the book. **A**

No More Hot Flashes and Other Good News. Penny Wise Budoff. New York: G. P. Putnam's Sons, 1983 (272 pp.; \$14.95).

Reviewed by Jane Porcino, PhD, Director, National Action Forum for Midlife and Older Women; Assistant Professor and Director, Gerontology Project, Center for Continuing Education, State University of New York at Stony Brook; Editor, Hot Flash, a newsletter for mid-life and older women.

There are now 40 million women in the U.S. who are postmenopausal, each with a life expectancy of 30 or more years. Many of them are caught in the middle of the "raging estrogen controversy"

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taking place between their physicians and researchers. Physician Penny Budoff offers women a hormone replacement therapy for hot flashes, osteoporosis, depression, and "other emotional difficulties of menopause." A significant portion of her recent book, *No More Hot Flashes and Other Good News*, is based on the theory that menopause is "a medical condition," "a hormonal deficiency illness" requiring treatment with estrogen and progesterone.

In 1966, another physician, Robert Wilson, wrote *Feminine Forever* which is based on the same theories, urging women to take estrogen at the first sign of menopause and throughout their lives in order to stay young forever. By 1975, 28.3 million American women had heeded his advice. Between 1975 and 1980, however, studies published in reputable medical journals established links between this widespread use of estrogen and a corresponding increase in endometrial (uterine) cancer. Questions were also raised about the alarming rise in breast cancer (now affecting one in 11 women) and its possible link to estrogen use. Women were confused, and many (about half) stopped taking this hormone. Now Budoff writes: "The increase in uterine cancer resulting from

estrogen replacement therapy is a physician-caused problem." Her book assures us that if we just add a second hormone, progesterone, we can forget about hot flashes (a nuisance, but not dangerous) and other menopause-related problems.

Recent policy statements by the American Medical Association and the College of Obstetrics and Gynecology add to our dilemma by pointing out that no generalized guidelines can be formulated on hormone replacement therapy. Most physicians are not yet convinced that the benefits of such therapy outweigh the risks. As women, we are caught in the middle. Whom do we believe? In my handbook for women over 40, *Growing Older, Getting Better* (Addison-Wesley, 1983), I tell women that menopause is a natural process not requiring medications for most of us, and I advise women not to use hormones or drugs until all the evidence is in. Budoff's arguments do not convince me that that time has yet arrived.

Having said all that, I want to recommend several sections of Budoff's book. In an excellent, detailed chapter entitled "No More Mastectomies," she tells women that breast removal has not improved survival rates, and recom-

mends an alternate procedure of removing only the lump and administering radiation therapy. She also takes doctors to task for doing so many unnecessary hysterectomies: "What they fail to realize is that women have feelings about their sexual organs too. They may not be visible, but still I think they are precious to us." Budoff gives solid facts about treating both the frequent urinary tract infections affecting mostly younger women and the incontinence problems of many older women. Birth control methods for women of all ages are described within a framework pertinent to the woman over 40 and with guidelines for help in choosing the most appropriate method. In addition, this book contains an unusual feature—a guide to the laboratory tests recommended most frequently to women, providing information which should make it easier both to comprehend the tests prescribed by the doctors and to discuss intelligently the test results.

Women without some medical background may have difficulty reading certain sections of this book. However, with the above-mentioned reservations, I consider it a good reference guide to many of the health concerns of women over the age of 35. **A, PR**

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