

SEXUALITY AND VISUAL IMPAIRMENT

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For all human beings, able-bodied and disabled alike, sexuality is an integral part of the human condition. Until the 1970s, however, there was a lack of attention to the sexual concerns of people with disabilities. At that time, a number of professionals in the field began concentrating their efforts on overcoming the mythologizing, dehumanization, and infantilization inflicted on these people by the attitudes not only of able-bodied people in general but also of those who cared for and taught disabled people. The new work tended to focus on the medical and reproductive aspects of sexuality and disability, and the visually impaired, because they are not genitally disabled, were often overlooked. At the present time, there is still too little solid information or good research on the subject of visual impairment. The literature is full of anecdotal reports and impressions with a scarcity of hard facts and reliable documentation.

Although many blind adults achieve personally satisfying and socially acceptable sexual adaptation, there are certain problems and concerns which can be directly attributed to this disability. These include: (1) intrinsic factors derived from the blind person him/herself, his/her temperament, personality, educational and intellectual resources; (2) extrinsic factors, stemming from the individual's family, environment, community and social influences; (3) time of onset of the disability, i.e., whether congenital or acquired early in life, before puberty and before learning sexual behaviors; or adult onset, after patterns have been set; (4) the disablement process itself—whether progressive or stable, of acute and sudden, or gradual onset, its severity, its visibility, whether there is accompanying or other disease or disability. Some visually disabled people may have impairment of sexual function due to the same process which caused the blindness, as in diabetes.

Even though most congenital or early-onset blind persons have no physical difficulties with sexual function per se, their lack of sexual knowledge and experience, and the restrictive attitudes of those important in their lives may result in poor adjustment to self and sexuality. They have the same sexual needs and conflicts as the sighted, but these are often complicated or obscured by (1) the reality problems of stresses in daily living, illness, other handicaps, rehabilitation, or financial constraints and (2) the ubiquitous prejudices and superstitions in our society derived perhaps from the unconscious significance of the eye as a sexual or destructive organ (the evil eye).

There is strong evidence that healthy sexuality is dependent on a healthy self-image. Those whose impairment begins early, at birth or before puberty, are often brought up feeling that they have no sexual identity. They are treated as perpetual children, needing protection and, therefore, as not being or becoming sexual. There are no expectations and no plans for dating, romance, marriage, no preparation for living as a sexual person. Because of parents' and caretakers' concerns, such as fear of exploitation, fear of risk, and guilt, the normal issues of these young people's developing sexual needs are never addressed. Parents, teachers, and caretakers are often not only overprotective but also emphatically negative regarding any potential sexual experience—"this is not for you"—and so these children are brought up to think of themselves as "different" from their peers and siblings for all of their lives.

The young blind are likely to lack early sexual experience which normally produces sexual identification, knowledge, and development. They miss the exposure to a variety of important inputs which sighted children enjoy, not only because of loss of ability to respond to the visual stimuli that most children depend on for learning but also because of diminished contact with others. They aren't exposed to the variations of the human body seen in public and private, at home, on the beach, in locker room and bath, and in magazines, movies, television, and pornographic literature. They know their own bodies if they are allowed to explore them freely, which they may not be. They may know something about the bodies of peers of their own sex through play. But they usually know nothing about the bodies of the opposite sex or of adults because of the societal taboos against gaining knowledge about others' bodies in the way they learn most things—through touching. Although we are beginning to develop acceptable learning resources for blind children's use through touch, such as life-like models, dolls, statues, and, in some countries, live models, most people blind from birth or early childhood have grown up with little if any experiential information about human bodies, even though their book knowledge and terminology may be excellent. Learning at home through touching the bodies of family members would seem to be the most appropriate setting, but this is usually not available because of parental embarrassment and the fear of incest. In residential and school settings for the blind, early explorative sex play has been repressed, and, in many, sexes have been segregated. Blind

children and adolescents are commonly denied privacy by constant supervision. They often can't tell if they are alone or if others are watching. Therefore, attempts at sexual exploration or experiment may result in embarrassment or a scolding, with a consequent decreased willingness to experiment again. The learning deficits resulting from such lack of opportunity frequently lead to misconceptions about the size and location of body parts, especially the genitals, and may be the source of unrealistic fears about sexual acts.

Blind children miss important cues to social and sexual feelings and behavior. Eye contact, facial expressions, body language—all important to successful interpersonal communications and development of relationship skills—are not available to the blind child. Such stimuli are necessary to assessment of physical attractiveness in oneself and others, social and sexual interplay, and activation of eroticism. Though no impairment of libido or response to sexual activity exists, the resulting deficits in body image, self-esteem, and skills may lead to awkwardness in social and sexual situations and to eventual development of sexual and marital problems. Unawareness of social cues, such as when someone is flirting, and of the importance of responding, handicaps the blind adolescent in her/his beginning exploration of sexual interaction. This lack of visual input can also be a dangerous source of sexual exploitation or abuse, either because of the child's unawareness of alarming visual cues directed at her/him or because of having unintentionally sent out what are interpreted as provocative messages.

There is considerable concern among the blind about their physical looks and attractiveness, how they are dressed and groomed. One young man uncomfortably remembered sporting a crew cut long after long hair became stylish, because he couldn't tell that styles had changed. These struggles of the developing young blind person with her/his ignorance and sexual curiosity may lead at times to bizarre behaviors, apparent insensitivity, or even exaggeration of sexual desire because of the desire for peer acceptance.

Sufficient and appropriate education about sexuality provided at home, in schools, and in the community is lacking for many blind children. Most people rely strongly on visual input for sex information and viewpoints through observing others, especially peers and adults, from books, and, informally, from constant exposure to the media. The blind must depend on verbal input, usually formal, and often limited. Where adequate programs on sexuality exist, they are often not accessible to the blind because of the taboos mentioned above and the discomfort of those responsible for teaching. For example, a teacher using nude mannequins to teach her class about the human body and its variations would probably not allow a blind child to explore them by touch even though the other children in her class were allowed to explore them freely with their eyes. The blind child is often reluctant to discuss with others the information he/she has obtained for fear of exposing him/herself to ridicule because of possible misconceptions or misunderstandings. Input from other senses that the blind child must rely on is more difficult to interpret and less informative. "The world presents itself to the sighted child; the blind child must learn to seek his/her world."

Visually impaired young persons follow usual sex behavior patterns of development including sex play ("doctor"), kissing, petting, but typically later than sighted children by one to two years. Physical sexual development, especially in blind boys, may be a little slowed, and existing research indicates that initial sexual intercourse occurs at about 21 years old compared

to 17 years old in the sighted population. Most of this delay has been ascribed to difficulty in meeting and dating potential sexual partners, often a major barrier because of the attitudes of sighted adolescents toward their blind peers.

Loss of light perception has an effect on the pineal gland and its hormone (melatonin), which is involved in regulation of gonadal development and function. Totally blind girls who have no light perception have been observed to undergo menarche earlier than cecutient (some light perception) and sighted girls. Menstrual irregularities are not uncommon in blind women, even, at times, in those whose blindness is acquired after normal menstrual cycles have been well established. Schumann described decreased erectile potency in males with prepubertal onset of blindness, and Fitzgerald described impotence in a percentage of recently blinded males but also noted that this could have been due to diabetes, multiple sclerosis, or depression (Cornelius et al., *Who Cares?* 1982).

When the onset of visual impairment occurs in adult life after sociosexual activities and experiences have begun, the individual must deal with her/his loss and the reactions of anger, frustration, grief, and depression that follow. Feelings of being ineffectual, powerless, and helpless are generated, with a loss of reality contact with the environment. These losses, plus changes in mobility, independence, daily activities, lifestyle, security, and career, may be overwhelming and lead to social and sexual withdrawal. However, although the newly disabled adult may have lost many necessary skills, which he/she must relearn, the adult has the advantage of having already estab-

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lished sexual patterns and social relationships. If the impairment develops slowly and gradually, there may be time and opportunity for adjustment to these changes, though a progressive impairment provides an unstable base from which to plan for the future.

It is easy to attribute all sexual problems a blind person might have to the physical limitations of the disability. Some people are unwilling to accept the fact that they have problems in adjustment as the basis of their dysfunction and prefer to blame everything on a medical disorder over which they have no control. All of these factors make it difficult to differentiate between organic and psychogenic causes of sexual problems that develop.

The adult blind person is also likely to be concerned about the reactions of his/her partner or spouse to the disability. Some of the problems that develop between partners are the consequence of ineffective interpersonal communication which may be increased by the disability. Those who hold to rigid sex-role stereotypes face difficulty in adjusting to the changes in roles and dependency that the disability may require. Relationships which were marginal before the disablement occurred usually worsen with the stresses and new demands of the disability. People who had a good relationship before the disability onset are often able to work out most of their new challenges with minimal professional support which may consist mostly of information, suggestions, and perhaps some permission.

Rehabilitation programs directed at retraining in mobility and self-care influence sexuality through the changes they effect in self-concept and esteem, and on the patient's role in sexual and family relationships. Some of the mechanical adjustments learned in order to promote independence and ease in going through the daily activities can also assist in sexual activities. Whereas the early-onset blind child uses input from other senses continuously as part of his/her development, the newly blind person must learn to increase his/her awareness of stimuli he/she is receiving through other senses by means of special sensory training.

Sexual expression works best when the other dimensions of the personality are functioning properly. A healthy self-image and self-love are basic to sexual and social integration. The young visually impaired person who is unaware of his/her own physical appearance and attractiveness compared to others is often slow to develop a positive self-concept. The adult who loses sight may feel ineffective, unloveable, socially and sexually inadequate. Some blind people have a sense of mutilation, feeling that they look grotesque, and this insecurity may greatly inhibit self-acceptance. Some never work out their body-image problems, have low self-esteem, and avoid or withdraw from social situations. This, combined with their anger and self-pity, produces a self-fulfilling prophecy about their lack of attractiveness and the inevitability of social and sexual failure.

Many learn to overcome these negative feelings and realize that they must "sell" themselves. They concentrate on their personal assets and seek to grow and develop in positive ways. They are able to accept who and what they are and live fulfilling lives—"I am the best me there is." These people serve as models for others who are struggling to adjust and also as examples which influence the attitudes and expectations of people in general about the blind.

Attitudinal barriers are essentially the most serious that the visually handicapped must surmount. Overprotection on the part of parents and teachers prevents the young blind from

learning to seek and take appropriate risks, as their sighted peers do, in the process of developing knowledge and assertiveness, and tends to produce young people who have a decreased interest in the world around them and an exaggerated interest in their own thoughts and feelings. They are ill-prepared to cope with the increasing awareness of their own sexuality and predisposed to learn autoerotic accommodation to their emerging sex drive. Those who are uninformed or misinformed about sexual matters may develop poorly regulated, ineffective behaviors of shyness or overaggressiveness, and often lack the self-confidence or sensitivity to facilitate the development of adult sexual relationships.

The start of dating is an especially difficult time for blind adolescents due to the attitudes of potential dates as well as those of the young blind people about themselves. (Consider, for example, the implications of the expression "blind date.") Sighted dates often regard a relationship with a blind person as purely platonic, and the blind person may suspect the sighted date of being a "social worker" or "do-gooder." The young blind person may test her/his date's motives with a tentative advance. Physical advances, no matter how innocent, often produce panic in the sighted date. One young blind man said of the young women he met in college, "They treat me as if I don't have a penis." The blind must depend far more on conversation and touching for social contact than sighted peers do, and therefore it is important that they find "touching" people to interact with, which can be difficult in a society where touching is often taboo.

Dates are hard to find not only because of peer pressure for conformity and fear of what is different but also because of the resistance of parents and families of potential dates. One young blind man said that he called 11 girls before he was able to get a date for his junior prom. Another young man, who felt that "no one would go out with a blind person," was helped when his loving but outspoken sister told him to take a good look at himself and how he handled himself on a date and not to blame everything on his disability. The same qualities of reaching out, which lead to social and sexual success in the sighted, have to be learned better and used more effectively by the visually impaired.

Certain techniques have been used by and with blind individuals to promote social and sexual success. Role playing in groups with blind and sighted peers allows practice of needed social and dating skills and cuts down on unpleasant surprises. Meeting a potential date in the course of daily activities such as classes, clubs, religious groups, or at work gives people the chance to be seen without awkwardness and in their natural personality. Large heterogeneous groupings of strangers, i.e., "mixers," can be a disaster since they do not provide the background and backup that enables the blind person to reach out and keep trying despite rejection.

Unfortunately, the myths and superstitions about sex and disability persist. No doubt there still exist people who believe that excessive masturbation causes blindness. Freud himself equated blindness with castration. And the paucity of research and adequate genetic counseling has promoted myths about the inheritance of blindness. The conviction that blindness begets blindness may interfere with opportunities for a visually impaired person to develop relationships that might lead to parenthood. Parents and friends, even some professionals, declare that it's all right to be friends, maybe even to date, but there should be no intimacy, no marriage and children, not only because of genetic fears but also because of a commonly held opinion that the blind are unfit to be parents.

For those who, because of personal, situational, or historical influences, are unable to deal with the hesitations and negative experiences they may face, or who have withdrawn into the limitations imposed upon them by inside and outside elements, appropriate counseling and therapy should be offered and be easily accessible. Such professional assistance is increasingly available from professionals with a special interest in the visually impaired and in sexuality, as well as through blind advocacy groups. Expert genetic counseling, when indicated, is an important part of the rehabilitation process. Problems of the deaf-blind, or of blind people who are homosexual, require specific knowledge and skills in counseling. Their problems may well be intensified by the complexities of these combined factors.

Health care professionals cannot restore sexual health. They can correct physical and psychological problems amenable to treatment and act as catalysts in the process of helping blind people and their "significant others"—parents, partners—to understand and take responsibility for their sexuality, and make sexual choices based on good solid information and freedom from fear and ignorance. This requires a holistic approach that integrates consideration of the emotional and social aspects of sexuality and blindness with the physical aspects. Creative research and careful documentation are essential in order to clarify the uncertainties and inadequacies that exist in available information. Education of society in general and particularly of the families and professionals working with the visually impaired is the most important way to ensure that blind individuals will have the same chance as all other people to achieve social and sexual fulfillment. "What disabled persons need as much as anything is a courteous nation, capable of social maturity" (Stolov).

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WHERE THE ACTION IS

Sexuality From the Perspective of the Visually Impaired

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[The following article summarizes a panel discussion from a seminar for professionals on "Sexuality and the Visually Impaired," sponsored by Planned Parenthood of Southeastern Pennsylvania and held in Philadelphia on December 14, 1983. The panelists were: Barbara Davis, BSW, Janice L. Knuth, ACSW, David Pruszyński, ACSW, and Sandra Smith, MSW. All are social workers at Associated Services for the Blind in Philadelphia, and all are visually impaired.—Ed.]

This article discusses sexuality and visual impairment from the perspective of people who are visually impaired and who deal with the issues related to this topic in their work with visually impaired people.

First of all, let us define visual impairment. The legal definition of blindness is: 20/200 in the better eye after best conventional correction, or no more than 20 degrees of vision in the better eye. Thus, many persons who are legally blind have a significant degree of useful vision and are often referred to as being visually impaired or as having low vision. Also included in this category are persons whose vision is just above the legal definition of blindness with acuity of 20/70 or less. In other words, in talking about persons with visual impairment we are talking about individuals who range from those who see nothing, to people who have some vision but cannot read print, to people who can read print at close range. People with low vision usually have difficulty seeing facial expressions, gestures, and other kinds of body language.

Blindness itself presents no physical barriers to normal sexual functioning. The issues that do have a profound impact on a blind person's sexual feelings and behaviors center around questions of attitude and self-concept. The visually impaired are subject to many of the same stereotypes as are other disabled individuals. In general, the sighted do not think of blind individuals as being normal people who happen to be blind. Instead they react as though the only significant characteristic of the blind person is his/her blindness. And that reaction is greatly colored by negative attitudes about blindness. People with low vision may be less apt to be victims of stereotypical thinking, but they, too, are subject to a great deal of misunderstanding.

Blind people are often thought of as not being sexual. When they are seen as having sexuality, they are often thought of as being at either end of the spectrum, i.e., as being undersexed or oversexed. Some people believe that blind people should not become involved in sexual activity; after all, they might pass their blindness on to their offspring. Some even think that blind people should have sex only with each other

and not have children. A sighted person interested in dating or marrying a blind person is viewed as "peculiar," needing someone to care for, or needing to relate to an inferior person. Still others believe that, since the blind need to be cared for, they should date and marry only sighted persons. Of course these beliefs are implicitly based on the false assumption that blind people are inferior and/or dependent. Blind persons are fully as capable of making their own decisions about sexual activity, sexual partners, and childbearing as are their sighted peers.

In considering the effects of visual impairment on sexuality, it is important to discuss the difference between those visually impaired from birth and those whose visual impairment is acquired later in life. Let us first turn our attention to those who are born blind or who become blind early in life. When parents learn that their child will be visually impaired, issues about sex and sexuality do not assume a high priority. Their concerns center on teaching the child to do basic things like walking, eating, and dressing. They worry a great deal about education, how independent their child will grow up to be, and what kind of job he/she will be able to perform. Sex education, therefore, may be pushed into the background. Moreover, the growing child may be aware of the concerns of her/his parents and others about the future, and internalize their negative assumptions and doubts about her/himself as a competent person.

Thus, without realizing it, parents may continually diminish the child's sense of self-esteem and create role confusion in many other ways. A child with low vision may grow up believing her/himself to be clumsy because neither the adults nor the child realize that the "clumsiness" is related to the child's not seeing well. The visually impaired child may be the only child in the family who is not given household chores. In a family where such tasks are assigned according to gender, the father may refuse to allow a blind boy to assist him with painting the house or repairing the fence, and may tell him to go indoors and help his mother. A visually impaired girl may be unable to learn from her mother how to sew or cook, and she may grow up feeling that she can never be an adequate wife and mother without being able to do these things. Teachers and peers may add to the growing self-doubts. Visually impaired children are not expected to do everything their sighted peers are expected to do or to achieve as highly. They are often not permitted to play baseball or engage in other active sports. Blind boys and girls are often not permitted to take shop courses or home economics, which further adds to the role confusion.

Since teenagers have a strong need to identify with their

peers, visually impaired boys and girls may find adolescence particularly difficult. Their visual impairment already creates a difference. They have difficulty knowing what the latest styles are. Applying make-up and getting hair and clothing to look just right are particularly difficult for blind girls. Visually impaired teenagers are very sensitive to their inability to learn to drive at a time when their peers are beginning to do so and are borrowing the family car for dates or even getting their own car. Blind youngsters may sometimes take literally the exaggerated comments about the sizes and shapes of others' body parts, e.g., "Jane has boobs like watermelons." Hence, they may have distorted images of other people's bodies and very little awareness of the range of differences in the bodies of people of both sexes. All of this may lead the adolescent to doubt his or her desirability as a date or marriage partner. Some visually impaired youngsters may become sexually active at an early age in order to prove their desirability to the opposite sex. Others may withdraw and/or try to find satisfaction in activities such as special sports for the blind, or involvement in academic achievement and/or religion.

As visually impaired people do begin to date, they frequently experience difficulty in meeting partners who do not share society's negative attitudes toward blindness. They are unable to respond to visual cues, such as facial expression and gestures, which are important aspects of flirting. In addition, a lack of sex education and knowledge about social skills may place them at a disadvantage.

There are many ways in which family members, friends, and educators and other professionals can help visually impaired children overcome these barriers. The first way to be of help is in the development of a healthy attitude—i.e., a belief that ways can be found to overcome just about any barrier that a handicapped person may confront. However, it is important that others not assume the entire responsibility for solving problems. The visually impaired person can and should share the responsibility.

Second, since education in sexuality is important to all children, such information should be provided for all visually impaired children—information about anatomy, puberty, sexual intercourse and other sexual activities, reproduction, birth control, values, and the changing roles of men and women. More and more materials in these areas are being made available in Braille and on talking books through the Library for the Blind. Ideally, visually impaired children and youth should be provided with three-dimensional models of male and female bodies and of reproductive organs, with accompanying discussions about how reality differs from the models and about individual differences. Visually impaired children and youth, like all people, should be encouraged to become acquainted with their own bodies through touch. Naturally, open discussions are an important aspect of education on sexuality.

Third, peers and adults can help through special efforts to assist visually impaired children and youth in learning social skills. This starts in childhood with parents and then teachers expecting the visually impaired child to meet the same standards of social behavior and academic achievement as their peers. This calls for patience and creativity and includes teaching such skills as eating out, initiating and carrying on a conversation, relating to members of the opposite sex, grooming and personal hygiene, and, for girls, the use of make-up.

Fourth, it is very important to sort out whatever problems might occur because of the visual impairment itself and which ones might be due to other factors, such as personality or appearance. The effects of the visual impairment should

neither be minimized nor used as an excuse or cover-up for factors that have little or nothing to do with the disability.

The issues discussed above present themselves differently for persons who are adventitiously blind—that is, who lose their vision later in life. A person who loses vision as an adult has established concepts and patterns as a seeing person. Central questions for this person will be: Can I continue my current lifestyle? Will I still be desirable to my mate? Will my friends continue to be my friends? Can I continue in my career? Can I take care of myself and be an efficient homemaker/parent? In short, can I meet the expectations that society and I see as essential to my manhood or womanhood?

The adventitiously blind adult who was accustomed to receiving and giving the visual cues of communication discussed earlier must adjust to the new situation and substitute other forms of communication, such as sensitivity to tone of voice and learning whether a new acquaintance is thin or fat or tall or short by casually putting a hand on the person's arm or shoulder during conversation. In addition, the newly blind adult must in turn help others to adjust to his/her blindness. Some friends will not be able to do so but, hopefully, there will be others to take their place. Sometimes marriages break up because either the newly blind person or the spouse is unable to adjust; and often the onset of blindness triggers or escalates previously existing problems.

Although he/she may go through a period of depression, the mentally healthy adventitiously blind adult will adjust to the new life, especially with good support from family, friends, and the rehabilitation system. The mastering of blindness skills will restore independence and self-esteem. The formerly employed may find ways to return to a previous job or may change careers. Those who cannot return to work will struggle with feelings of self-worth which may, in turn, affect relationships with others. Activities and tasks that can no longer be performed may be replaced by others. For example, a suburban housewife who can no longer drive her children to their activities may arrange for a friend to do the driving and, in return, babysit, do some typing, and/or bake for the friend. Or the man who no longer plays golf may choose to take up swimming and water skiing instead.

We would like to make a few comments regarding contraceptives. First, health care professionals and educators should never make assumptions for or about the visually impaired person. Certainly they need to be aware that visual impairment can create some problems, but they should feel free to raise questions, give as much information as possible, and then work together with the visually impaired person to seek solutions. The independent visually impaired person is accustomed to making adaptations and will often be more expert at doing so than the usual health care professional. Thus, a physician should not eliminate the diaphragm as a method of contraception for his visually impaired woman patient simply because she cannot check it visually for holes. She may choose to have her partner check it if he is sighted, or to check it herself by filling it with water and feeling it for leaks.

In regard to I.U.D.s, the health care professionals should provide as much information as possible about each type. If a particular I.U.D. decreases the amount and odor of the menstrual flow, the blind woman may prefer another type since she may rely on the odor and the feel of her flow to let her know when she is menstruating. On the other hand, in regard to contraceptive pills, the reduction of the odor and amount of flow may be an advantage. Since the use of contraceptive pills results in a more regular menstrual flow, the blind woman can

generally know exactly when her period will begin. However, there are other factors to be considered. If placebo pills are to be taken during part of the monthly cycle, consideration must be given as to whether or not the blind woman can tell which are the pills with the active ingredients and which are the placebos, such as by the shape or the location in the packet. The 21-day packets which are arranged like a calendar may be ideal.

In conclusion, we suggest that all professionals should analyze their own attitudes and concerns about the visually impaired so that, through this process, they can become aware of any stereotypical thinking and overprotective ideas which may hinder them in their work with this group. Visually impaired persons must be treated as individuals who each react in a different way to their blindness or low vision, as well as to all the other things in their lives—as individuals who can make their own decisions and who have much to contribute to society.

[Authors' note: For further information on this topic, we recommend the June 1983 issue of Journal of Visual Impairment and Blindness (Vol. 77, No. 6), which focuses on the experiences of being a blind woman. This journal is published by the American Foundation for the Blind, 15 West 16th Street, New York, NY 10011.]

DO YOU KNOW THAT...

Resources to Write for . . .

Sex and Disability Resource Manual (1983), compiled by Denise Scherer Jacobson, offers a listing of over 200 resource persons around the U.S. (as well as Canada and Israel) available for teaching, counseling, and consulting on sexuality and disability. Information given about individuals includes address, telephone number, degrees, accreditation, background, services provided, and fees. Also included in this 102-page publication is information on the historical background and development of the Sex and Disability Information and Referral Service operated by the United Cerebral Palsy Association of San Francisco. Finally, sources of print and audio-visual materials on sexuality and disability are listed. The author plans to update the manual periodically. To order, send \$9.00 (includes p/h) to: United Cerebral Palsy Association of San Francisco, Golden Gate Theatre Building, 25 Taylor Street, 5th Floor, San Francisco, CA 94102.

An Ounce of Prevention presents in leaflet or poster format a set of guidelines for sexual activity which were formulated by the New York Physicians for Human Rights for use by gay males who are concerned about the possibility of contracting AIDS. Since no one yet knows how this immunity disorder is spread, these are suggested procedures aimed at lessening the "risk of acquiring a disease," and the information applies not only to AIDS but to all sexually transmitted diseases. Published under the auspices of Gay Men's Health Crisis, these guidelines are being widely distributed to physicians, counselors, health care offices, and universities. Requests for the leaflets or posters (or for further information about AIDS) should be sent to: Department of Information, Gay Men's Health Crisis, Box 274, 132 West 24th Street, New York, NY 10011.

SIECUS Report, May 1984

1984 Summer Workshops: An Addendum

See the March 1984 SIECUS Report for a complete listing.

California

National Family Life Education Network, Santa Cruz, Calif.

- *Family Life Educator Training*. In San Francisco, July 8–13; in Montclair, N.J., August 5–10; 2.5 CEUs, 25 hours.
- *Family Life Trainer Training*. In San Francisco, July 8–13; in Montclair, N.J., August 5–10; 3.5 CEUs, 35 hours.

Write to: Ellen Wagman, Director of Training, ETR Associates, 1700 Mission Street, Suite 203, Santa Cruz, CA 95060.

Minnesota

University of Minnesota, Minneapolis, Minn.

- *Chemical Dependency and Family Intimacy*. July 15–20. Held at Wilder Forest, Marine-on-St. Croix.

Write to: Coordinator, CDFI Summer Institute, Program in Human Sexuality, University of Minnesota, 2630 University Avenue SE, Minneapolis, MN 55414.

New Jersey

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

- *Contemporary Issues in Human Sexuality/Sex Education*. July 9–26, 3 credits.
- *Developing and Teaching a Family Life Education Program*. July 9–26, 3 credits.
- *Advocacy for Family Educators*. July 9–26, 3 credits.

Write to: Marjorie W. Kelly, Family Studies, Kean College of New Jersey, Morris Avenue, Union, NJ 07083.

Rutgers Medical School, University of Medicine and Dentistry of New Jersey, Piscataway, N.J.

- *Understanding Sexuality: An Institute for Educators and Counselors*. June 25–30, 1, 3 credits or CEUs.

Write to: Charmagne Brenhaus, Office of Continuing Education, Box 101, Piscataway, NJ 08854.

Note: For additional New Jersey workshops, see entry under California.

New York

Adelphi University, Garden City, N.Y.

- *Teaching Sex Education*: May 29–June 30, 3 credits.

Write to: Dr. Monica M. Homer, Chairperson, Health Education Department, Adelphi University, Garden City, NY 11530.

Ohio

Ohio State University, Columbus, Ohio.

- *Training Conference on "How to Set Up a Child Assault Prevention (CAP) Project"*. July 16–19.

Write to: CAP Conference, P.O. Box 02084, Columbus, OH 43202.

Pennsylvania

Indiana University of Pennsylvania, Indiana, Pa.

- *Sex Education Workshop*. August 9–11.

Write to: Nancy Kline, Interim Director of Community/University Studies, 109 Stright Hall, Indiana University of Pennsylvania, Indiana, PA 15701.

Canada

University of Guelph, Guelph, Ontario.

- *"Sexuality: A Search for Values"—6th Annual Conference*. June 18–20.

Write to: Continuing Education Division, University of Guelph, Guelph, Ontario N1G 2W1, Canada.

SPEAKING OUT

. . . On a Lack of Vision

*Ann Welbourne-Moglia, PhD
Associate Professor, School of Nursing
State University of New York at Stony Brook
SIECUS Chairperson Elect*

I am very pleased to be asked to "speak out" about visual impairment, blindness, and sexuality. This is a topic about which there is currently very little information, research, or educational outreach, despite the fact that approximately 6.4 million persons in the United States have some trouble seeing even with corrective lenses. Of these people there are over 1.7 million who are considered legally blind or severely impaired, and within this particular group approximately 400,000 are considered to be totally blind. The age group most affected by visual impairment and blindness is that of the older adult. Among newborn children, visual impairment or blindness is usually accompanied by other disabling conditions. The growing use of new medical technology and interventions with very premature infants makes the incidence of visual impairment even more likely for children in the future. What implications do these demographic statistics have for the sexual education and health of individuals and their families who are affected by visual impairment or blindness?

Readers of the *SIECUS Report* are all too aware of the attitudes, myths, and concerns the topic of human sexuality evokes. When, in relation to this topic, one thinks specifically of blindness, then the range of myths, misinformation, and discomfort increases in rapid order. There is a very long history of negative and fearsome attitudes about blindness. Some believe these views may well date back to primeval times when one's defense against attack depended on the ability to see and avoid one's enemies. Thus, without vision or light one was vulnerable, and darkness was associated with danger and death. In a similar vein, history shows that blinding was used as a punishment for sin, and the Talmud refers to blindness as a living death. Infants born blind in ancient Greece were killed or placed in slavery or prostitution. Certainly one of the most long-lasting myths about blindness is that it can be caused by masturbation.

This long and still ongoing history of mythological and negative views of blindness and sexuality is reflected in the present lack of research and sexual education program development for the visually impaired. Very little is known about the sex education learning needs of children and adults who are visually impaired. Very little is known about how lack of vision affects sexual development and experiences. Since nonverbal, visual communication continues to be a major form of learning about sexual information, roles, attitudes, and behaviors for most people in our society, the importance of understanding what happens when vision is minimal or absent would seem to be compelling.

Over the past few years there has been increased recognition of the sexuality and educational needs of all individuals who have disabilities. In 1975, with specific concern for blindness and visual impairment, the American Foundation for the Blind and SIECUS worked together to prepare several publications about sex education issues and resources for young people with visual impairment. At about that same period, some of the agencies that work with the blind began to develop curricula and programs. The Library of Congress and other groups that tape record and braille books and magazines started for the first time to provide materials about sexuality. Individuals who were blind began asking for sexual education and health care that were responsive to their needs. In looking at the literature of the mid-1970s one would actually get the impression that "sexuality and blindness" was a topic that was generating considerable activity.

Unfortunately, most of the development of sex education literature related to blindness started and stopped in those mid-1970s. This might imply that all of the needs have been met or that all the questions have been answered. The truth is that there has been a shift in the needs of the population most affected. In the 60s and 70s a great deal of the sex education material was directed to young, vocal adults who were blinded by retrolental fibroplasia (RLF) which was believed to be caused by premature birth and exposure to excessive oxygen. Today, in the 1980s, the elderly and the multidisabled newborn infants are in need of the same focus but are not as able to be vocal and assertive about their sexual concerns and interests.

Economic issues must also be considered. As anyone who has worked in the public sector knows, funding for sex education programs is strongly affected by the availability of resources and by the political climate. Viewed as an "extra," a "luxury," and a controversial subject, sex education for all children and adults can quickly be reduced to a minimum. When one couples this possibility with the beliefs that the blind are asexual and that a prime purpose of sexuality is reproduction, it is easy to see why programs for the visually impaired would not get a priority status.

The economic situation is often helped by the mainstreaming of disabled children into the classroom. However, in relation to sex education for the visually impaired, this can cause many negative consequences. Specifically, while the blind learn about sexuality from same-sex peers just as most individuals do, there is a major difference between the blind and the sighted in the amount of sexual knowledge obtained. The blind appear to know significantly less, and they obtain the informa-

tion about one year later than sighted individuals. So there is a need for special programs even when the blind are mainstreamed.

One factor which may be important in explaining this difference in knowledge and learning involves the methods of learning. Conversations with friends and reading books are experienced in basically the same way for both blind and sighted. But without vision the *conceptualization* of sexual anatomy, physiology, and social-sexual behaviors is very difficult to achieve. If individuals with visual disabilities are to be truly mainstreamed in a sexuality education class, they need to be given learning opportunities that are responsive to this important learning difference. For example, three-dimensional models of sexual anatomy which can be touched and also used to illustrate sexual behaviors could be very helpful. Opportunities to use body exploration by one's self and with others of the same and opposite sex are other teaching methods suited to learning when vision is minimal.

To develop, implement, and then evaluate the helpfulness of alternative sex education teaching methods for the visually impaired would require several things: (1) recognition that the visually impaired are sexual; (2) acknowledgement that the visually impaired have a right to obtain information about sexuality in ways which are helpful and useful; and (3) recognition that learning about sexuality may require the use of touch

and other more explicit teaching methods for this group.

Believe it or not, these suggestions are considered controversial! When, in addition you take into consideration the public attitudes and myths about blindness, the general protective attitude toward the disabled, and the costs of special education, it is easy to understand some of the reasons why there is not much present-day educational activity in this area. And, since the elderly who are visually impaired are assumed to be asexual, neither is there much recognition of their needs.

The irony of this situation continually amazes me. Blindness is historically and universally feared. Efforts, through social integration and mainstreaming, to minimize fears about disability in general have repeatedly been shown to be effective. However, for the blind to be totally accepted and mainstreamed there is still a need for some specific teaching and interventions which acknowledge and react to the differentiating characteristic of blindness, i.e., lack of the ability to see. If this is done, then total integration is possible. If what is needed is not provided through education, then the fear of blindness will be perpetuated.

[Editor's Note: Ann Welbourne-Moglia has been doing research about the psychosexual development of the blind for the past five years. Funding for the research has been provided by the National Institutes of Mental Health.]

DO YOU KNOW THAT...

Resources to Write for . . .

Sexuality Basics is a series of six pamphlets from Planned Parenthood of North Central Florida covering family planning, the pill, the IUD, the condom, vasectomy, and sexually transmitted diseases. They are written at a reading level below junior high school and are therefore appropriate for adolescents and adults with average or poor reading skills. Each of these illustrated pamphlets runs only about 500 words in length. They are priced from 28¢ each for 1-5 copies down to 12¢ each for 5,000 or more. For complete ordering information, contact PPNCF, P.O. Box 12385, Gainesville, FL 32604.

Infertility is a 40-page booklet modified and reprinted for family planning programs from *The Ms Guide to a Woman's Health* by Cynthia W. Cooke and Susan Dworkin (Garden City, N.Y.: Doubleday, 1979). It provides information and illustrations on: how conception occurs; the causes of infertility in women, men, and couples; fertility evaluation and testing in men and women; and infertility treatment. To order, send \$3.00 (plus \$1.50 p/h) to: Black and White Publishers, 18 Cogswell Avenue, Cambridge, MA 02140.

The Emerging Male: A Man's Handbook, originally published in 1980 and revised in 1982, is a 38-page booklet written by Randy Crutcher, Marc Chaton, and Linda Koser of the Everyman's Center of Humboldt (Calif.) Open Door Clinic. Chapter topics include male and female reproductive systems, contraception, abortion, male sexual health, myths of male sexuality, rape, men's liberation, fathering, and disability and sexuality. It is available for \$2.00 (plus \$1.00 p/h) from: Everyman's Center, P.O. Box 367, Arcata, CA 95521. Bulk prices on request.

Health and Venereal Disease Guide for Gay Men (1983) is a 38-page publication of the Gay Men's Health Project in New York City. The causes, transmission, symptoms, diagnosis, treatment, and follow-up are discussed for 12 sexually transmitted diseases including herpes, hepatitis, and AIDS. The last chapter is a series of questions and answers regarding gay health. To order, send \$3.00 (includes p/h) to: Community Health Project, 74 Grove Street, Room 2RW, New York, NY 10014.

Whose Child Cries: Children of Gay Parents Talk About Their Lives (1983) by Joe Gantz is written from the perspectives of children (ages 7-17) in five openly gay family situations. It presents their candid opinions and diverse experiences as they each speak of what their parent's homosexuality means to them and how it has affected their lives. The author, in addition to interviewing the children at length, also interviewed the custodial parents, their lovers, and the non-custodial parents, all of whose viewpoints are included. The book is available for \$8.95 (plus p/h) from: Jalmar Press, 45 Hitching Post Drive, Building 2, Rolling Hills Estates, CA 90277.

Sexuality and the Family Life Span, the proceedings of Changing Family Conference XI held in 1982 at the University of Iowa, includes 35 papers from sessions covering the topics of sex education, therapy, research, values, and life-span issues. Some of the major presentations are: "Is There Sex After the Honeymoon: The Joys and Problems in Long-Term Relationships," by Bernie Zilbergeld; "Nonsexist Sexuality: How Not to Ruin a Child's Sex Life Before It Begins," by Letty Cottin Pogrebin; "Preparing Today's Youth for Tomorrow's Family," by Sol Gordon; "Sexual Therapy," by William Hartman and Marilyn Fithian; and "Research in Sexuality and the Family," by Ira Reiss. To order, send \$10.00 (includes p/h) to: Peggy Houston, Division of Continuing Education, C108 Seashore Hall, University of Iowa, Iowa City, IA 52242.

SEXUALITY AND DISABILITY

A Bibliography of Resources Available for Purchase

This annotated listing of sexuality and disability materials was prepared by Andrea Eschen, library assistant, and Leigh Hallingby, MSW, MS, SIECUS librarian. All of these resources are available for use at the SIECUS Information Service and Library at New York University, or for purchase from the sources listed. Unless otherwise indicated, the prices given do not include postage.

Single copies of this bibliography are available from SIECUS on receipt of \$1.00 and a stamped, self-addressed, business-size envelope for each list requested. In bulk they are: 75¢ each for 5-49 copies; 50¢ each (plus \$2.00 for postage and handling) for 50 copies or more.

Please note that, except for the items published by SIECUS itself, SIECUS does not sell or distribute any of these publications.

GENERAL WORKS

Books and Journals

HUMAN SEXUALITY IN HEALTH AND ILLNESS Third Edition

Nancy Fugate Woods

Examines the biophysical nature of human sexuality, sexual health, and health care (including preventive and restorative intervention and sexual dysfunction), and clinical aspects of human sexuality in such concerns as chronic illness, paraplegia, and adaptation to changed body image.

C. V. Mosby (1984), 11830 Westline Industrial Drive, St. Louis, MO 63141; \$15.95

OFF OUR BACKS—SPECIAL ISSUE: WOMEN WITH DISABILITIES Vol. 11, No. 5, May 1981

A number of the 20 articles are written from a feminist and/or lesbian perspective. Disabilities covered include stroke, visual and hearing impairment, and mastectomy.

Off Our Backs (1981), 1841 Columbia Road, NW, Washington, DC 20009; \$1.50

SEX AND DISABILITY RESOURCE MANUAL

Denise Sherer Jacobson, ed.

Includes national and international listings of sex and disability educators, counselors, and consultants; methods for updating resource information; publications, organizations, and audio-visuals, and information on speakers bureaus.

United Cerebral Palsy of San Francisco (1983), Golden Gate Theater Building, 25 Taylor Street, Fifth Floor, San Francisco, CA 94102; \$9.00 (includes postage)

THE SEX AND DISABILITY TRAINING PROJECT 1976-1979 Final Report

David G. Bullard, et al.

Report on a non-degree program with trained educator-counselors, most of whom were themselves disabled, to help disabled persons achieve more satisfactory sexual functioning and relationships.

ERIC Documents Reproduction Service, P.O. Box 190, Arlington, VA 22210; \$9.15 (to order, specify Document No. ED 195 883)

SEX EDUCATION AND COUNSELING OF SPECIAL GROUPS:

THE MENTALLY AND PHYSICALLY HANDICAPPED, ILL, AND ELDERLY Second Edition

Warren R. Johnson and Winifred Kempton

Deals with problem areas in sex education and counseling of handicapped persons, and points out danger of losing the individual behind group labels. Offers suggestions for dealing with sex-related topics from masturbation to abortion.

Charles C. Thomas (1981), 2600 South First Street, Springfield, IL 62717; \$24.75

SEX, SOCIETY, AND THE DISABLED: A DEVELOPMENTAL INQUIRY INTO ROLES, REACTIONS, AND RESPONSIBILITIES

Isabel P. Robinault

An excellent resource, presenting a chronological discussion of the sexuality of people with physical disabilities.

Harper & Row (1978), Medical Department, 2350 Virginia Avenue, Hagerstown, MD 21740; \$21.50

SEXUALITY AND DISABILITY

Phil Nowinski and Susan M. Daniels, eds.

A quarterly journal presenting clinical and research developments in the area of sexuality as they relate to a wide range of physical and mental illnesses and disabling conditions.

Human Sciences Press, 72 Fifth Avenue, New York, NY 10011; annual subscription, \$25.00 individual, \$58.00 institutional

SEXUALITY AND PHYSICAL DISABILITY: PERSONAL PERSPECTIVES

David G. Bullard and Susan E. Knight, eds.

Forty-five contributors, many of whom are health professionals who are disabled, discuss personal perspectives and professional issues regarding a wide range of disabilities. Other topics covered are: attendant care, body image, parenting, sex education and therapy, and family planning. Highly recommended.

C. V. Mosby Co. (1981), 11830 Westline Industrial Drive, St. Louis, MO 63141; \$19.95

TEACHER WORKBOOK FOR FAMILY LIFE EDUCATION

Susan E. Knight and Carla E. Thornton

Helpful for teachers developing curricula for people with disabilities. Provides information on needs assessment, approaching par-

ents and administrators, developing objectives, course content, and resources.

ERIC Documents Reproduction Service (1983), P.O. Box 190, Arlington, VA 22210; \$7.40 (to order, specify Document No. ED 229 685)

WHO CARES? A HANDBOOK ON SEX EDUCATION AND COUNSELING SERVICES FOR DISABLED PEOPLE Second Edition

Sex and Disability Project

Unique, outstanding, and comprehensive resource with excellent listings of available services and materials. Highly recommended.

University Park Press (1982), 300 North Charles Street, Baltimore, MD 21201; \$18.50

Booklets and Pamphlets

CHOICES: A SEXUAL GUIDE FOR THE PHYSICALLY DISABLED

Maureen Neistadt and Maureen Freda Baker

Makes suggestions for dealing with each of a number of physical problems (such as tremor and loss of mobility) that can result from a wide variety of disabilities and impede sexual functioning.

Spaulding Rehabilitation Hospital (1979), Occupational Therapy Department, 125 Nashua Street, Boston, MA 02114; \$3.00 (includes postage)

GETTING TOGETHER

Debra Cornelius, Elaine Makas, and Sophia Chipouras

Tenth in a series on attitudinal barriers facing disabled people, this booklet deals with myths about the sexuality of the disabled and steps that can be taken to overcome them.

RRRI (1981), George Washington University, 603 Park Lane Building, 2025 Eye Street, NW, Washington, DC 20052; \$1.00

PRACTICAL POINTERS: ORGANIZING AND IMPLEMENTING SEX EDUCATION PROGRAMS FOR STUDENTS WITH HANDICAPPING CONDITIONS Vol. 4, No. 4

Susan J. Grosse

A guide to help teachers and administrators develop sex education programs tailored to meet the needs of special populations. Also includes a resource section for books, audio-visual materials, and community programs.

American Alliance for Health, Physical Educa-

tion, *Recreation and Dance* (1980), 1900 Association Drive, Reston, VA 22091; 90¢

SEX AND THE HANDICAPPED CHILD

Wendy Greengross

A straightforward, matter-of-fact treatment of the importance of parents' promoting a positive attitude toward their disabled child's sexuality. The author is a disabled woman and a professional sex educator.

National Marriage Guidance Council, Little Church Street, Rugby, England; ca. \$2.50

SEX EDUCATION FOR DISABLED PERSONS

Public Affairs Pamphlet #531

Irving Dickman

The pamphlet alerts professional people working with physically and mentally disabled persons to the importance of providing them with sex education and of helping their parents to do so.

Public Affairs Committee, Inc. (1975), 381 Park Avenue South, New York, NY 10016; \$1.00 (bulk rates available)

SEXUAL RIGHTS FOR THE PEOPLE . . . WHO HAPPEN TO BE HANDICAPPED

Sol Gordon and Douglas Bilken

Covers basic concepts of sex information, expression, and birth control services, with a selected list of references.

Ed-U Press (1979), P.O. Box 583, Fayetteville, NY 13066; \$1.75 (includes postage; bulk rates available)

TABLE MANNERS: A GUIDE TO THE PELVIC EXAMINATION FOR DISABLED WOMEN AND HEALTH CARE PROVIDERS

Susan Ferreyra and Katrine Hughes

Information for a clinician and client about a cooperative approach to a comfortable and thorough pelvic examination.

Planned Parenthood Alameda/San Francisco (1982), 482 West MacArthur Boulevard, Oakland, CA 94609; \$3.50 (bulk rates available)

TOWARD INTIMACY: FAMILY PLANNING AND SEXUALITY CONCERNS OF PHYSICALLY DISABLED WOMEN

Task Force on the Concerns of Physically Disabled Women

A discussion of various relationships within a disabled woman's life, aimed at promoting communication and understanding.

Human Sciences Press (1978), 72 Fifth Avenue, New York, NY 10011; \$3.95

WITHIN REACH: PROVIDING FAMILY PLANNING SERVICES TO PHYSICALLY DISABLED WOMEN

Task Force on Concerns of Physically Disabled Women

Helpful for family planning providers serving disabled women.

Human Sciences Press (1977), 72 Fifth Avenue, New York, NY 10011; \$3.95

XANDRIA COLLECTION: SPECIAL ISSUE FOR DISABLED PERSONS

Catalog of sexual aids for disabled persons, giving the history of each and advice on how

and how not to use them. All items listed are available for purchase through the same distributor.

Lawrence Research Group (1981), Department P.D., P.O. Box 31039, San Francisco, CA 94131; free

Bibliographies

BIBLIOGRAPHIES OF HOLDINGS OF THE SIECUS INFORMATION SERVICE & LIBRARY: SEXUALITY AND ILLNESS, DISABILITY, OR AGING

Leigh Hallingby, comp.

Bibliographies on 35 separate illnesses or disabilities as they relate to sexuality. The 600 unannotated citations include books, chapters from books, periodical articles, booklets, pamphlets, and curricula. Complete updating planned in 1984. Order blank available to those wishing to purchase individual bibliographies.

SIECUS (1982), 80 Fifth Avenue, Suite 801, New York, NY 10011; \$29.25 (includes postage)

HUMAN SEXUALITY IN PHYSICAL AND MENTAL ILLNESSES AND DISABILITIES: AN ANNOTATED BIBLIOGRAPHY

Ami Sha'ked

Excellent reference tool for all those who provide help with sex-related problems of the ill, aged, and disabled.

Indiana University Press (1979), Tenth and Morton Streets, Bloomington, IN 47405; \$22.50

SEX AND DISABILITY: A RESOURCE GUIDE TO BOOKS, PAMPHLETS, ARTICLES, AND AUDIO, VISUAL, AND TACTILE MATERIALS

Eleanor Smith, Paula Silver, and Katrine Hughes

An easy-to-read bibliography with annotations and comments on the helpfulness of each entry. Very usefully laid out.

Planned Parenthood Alameda/San Francisco (1981), 482 West MacArthur Blvd., Oakland, CA 94609; \$8.00 (1982 supplement, \$4.00)

SEX AND DISABILITY: A SELECTED BIBLIOGRAPHY

M. G. Eisenberg

Contains hundreds of references to literature published from 1942-1978, with 80% from 1960 on. Very useful for a wide range of disabilities.

Rehabilitation Psychology (1978), PSA, Box 26034, Tempe, AZ 85282; \$10.00

SEX EDUCATION FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES: AN ANNOTATED BIBLIOGRAPHY

Betty McKray, Grace Young, and Linda Bigley

Comprised of sex education materials for and about physically and mentally disabled people. The second half lists general sex education materials. Appendix I includes other bibliographies and resource guides; Appendix II lists organizations, agencies, and individuals for referrals.

Campus Stores (1979), University of Iowa, G.S.B. Room 204, Iowa City, IA 52242; \$5.00

SEXUALITY AND DISABILITY:

A SELECTED ANNOTATED BIBLIOGRAPHY

Debra Cornelius, Elaine Makas, and Sophia Chipouras

Product of literature searches conducted by the Sex and Disability Project, containing over 400 listings.

RRR1 (1979), George Washington University, 603 Park Lane Building, 2025 Eye Street, NW, Washington, DC 20052; \$3.00

SEXUALITY AND THE DISABLED: AN ANNOTATED BIBLIOGRAPHY

Includes 200 citations to books, periodical articles, curricula, conference papers, and dissertations.

Katharine Dexter McCormick Library (1981), Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY 10019; \$4.00

ALCOHOL ABUSE

ALCOHOL AND SEXUALITY: A HANDBOOK FOR THE COUNSELOR/THERAPIST

Lois Fleit

Discusses definitions of sexuality to enable a counselor to help the alcoholic patient with these issues. Also includes chapters on treatment options, diagnostic approaches, and sex therapy.

H/P Publishing Co. (1979), 2772 South Randolph Street, Arlington, VA 22206; \$4.95 (includes postage)

ALCOHOL AND SEXUALITY: AN ANNOTATED BIBLIOGRAPHY ON ALCOHOL USE, ALCOHOLISM, AND HUMAN SEXUAL BEHAVIOR

Timothy J. O'Farrell, Carolyn A. Weyland, and Diane Logan

A bibliography of sources published from 1900 to 1982 covering effects of alcohol on sexual function, treatment of sexual problems of alcoholics, social and cultural issues, and a review of the literature.

Oryx Press (1983), 2214 North Central at Encanto, Phoenix, AZ 85004; \$37.50

ALCOHOLISM AND HOMOSEXUALITY

Thomas O. Ziebold and John E. Mongeon, eds.

An anthology on alcoholism in the homosexual community, including treatment, counseling techniques, and prevention. Originally published as Vol. 7, No. 4 of the *Journal of Homosexuality*.

Haworth Press (1982), 28 East 22nd Street, New York, NY 10011; \$20.00

ALCOHOLISM IN THE LESBIAN/GAY COMMUNITY: COMING TO TERMS WITH AN EPIDEMIC

A pamphlet describing psychosocial reasons for alcoholism in the homosexual community. Offers suggestions for locating counseling and treatment.

D.I.N. Publications, P.O. Box 5115, Phoenix, AZ 85010; 25¢ (bulk rates available)

A COUNSELOR'S GUIDE TO THE SPECIAL NEEDS OF SEXUAL MINORITY CLIENTS IN ALCOHOLISM AND DRUG TREATMENT *Chemical Dependency Program*

Written to help counselors recognize the problems alcoholic homosexuals have in coming out to counselors, seeking treatment, and finding alternatives to gay bars. Emphasizes that a unique treatment is necessary. *Chemical Dependency Program (1980)*, 3927 Aurora Avenue North, Seattle, WA 98103; \$2.50

NAGAP BIBLIOGRAPHY: RESOURCES ON ALCOHOLISM AND LESBIANS/GAY MEN *Revised Edition*

A three-part bibliography including resources for alcoholic lesbians and gay men, information about the homosexual community, and resources on alcoholism. *National Association of Gay Alcoholism Professionals (1983)*, 204 W. 20th Street, New York, NY 10011; \$3.00 (includes postage)

CANCER

BODY IMAGE, SELF-ESTEEM, AND SEXUALITY IN CANCER PATIENTS

J. M. Vaeth, R. C. Blomberg, and L. Adler, eds.

The conference on which this outstanding book is based was a first in the specific area of cancer and its possible effects on sexuality and self-esteem in patients of all ages. *S. Karger (1980)*, 150 Fifth Avenue, Suite 1105, New York, NY 10011; \$49.25

SEXUAL ADJUSTMENT TO CANCER SURGERY IN THE VAGINAL AREA

M. Edward Clark and Javier Magrina

Describes vaginal cancer, the types of surgery involved, sex following surgery, sexual arousal, and partner involvement. Written for clients and medical practitioners. *Student Union Bookstore, University of Kansas Medical Center (1983)*, Rainbow Boulevard and 39th, Kansas City, KS 66103; \$9.75 (includes postage)

SEXUALITY AND CANCER

Jean M. Stoklosa et al.

Sensitively written discussion with useful sections on ostomy, laryngectomy, and mastectomy. *Bull Publishing (1979)*, Box 208, Palo Alto, CA 94302; \$2.95

SEXUAL REHABILITATION OF THE UROLOGIC CANCER PATIENT

Andrew C. von Eschenbach and Dorothy Rodriguez, eds.

This collection of articles is derived from papers presented at a 1979 seminar at the University of Texas in Houston. A valuable book for any individual involved in the total care of patients with urologic cancer. *G. K. Hall Medical Publishers (1981)*, 70 Lincoln Street, Boston, MA 02111; \$41.95

HEARING AND VISUALLY IMPAIRED

FEELING FREE: A SOCIAL/SEXUAL TRAINING GUIDE FOR THOSE WHO WORK WITH THE HEARING AND VISUALLY IMPAIRED

Jean Edwards et al.

A guide for teaching responsible decision making to all ages with the goal of increasing appropriate social and sexual behavior. Includes curriculum preparation, lesson plans, and appendices of resources. *Ednick Communications, Inc. (1982)*, P.O. Box 3612, Portland, OR 97208; \$30.00

SEX EDUCATION FOR DEAF-BLIND STUDENTS

Ellen Cadigan and Roslye Roberts Geuss

Contains six units on: self-identity, anatomy of the reproductive system, human reproduction, growth from infancy through puberty, adolescence, and personal health care and hygiene. Within each unit is a series of skills to be learned and under each skill is a series of objectives.

Perkins School for the Blind (1981), Office of Public Relations and Publications, 175 North Beacon Street, Watertown, MA 02172; \$10.75 (includes postage)

SEX EDUCATION FOR THE DEAF-BLIND: PROCEEDINGS OF THE ADOLESCENT NEEDS/SEX EDUCATION WORKSHOP

Carmen Ficociello, ed.

Designed to help educators of the deaf-blind explore their feelings about sexuality, to become aware of the sexual needs of the deaf-blind, and to discuss ways for the children and their parents to meet these needs. *National Deaf-Blind Information and Resource Center (1976)*, 2930 Turtle Creek Plaza, Suite 102, Dallas, TX 75219; \$6.00

HEARING IMPAIRED

GROWING UP SEXUALLY

Angela M. Bednarczyk

Includes a 175-page teacher's manual, a student text divided into seven chapters (each packaged as a separate booklet), and a booklet for parents. Student chapters are arranged according to comfort-level criteria, and each includes an introduction, discussion questions and activities, and review questions. *Kendall Demonstration Elementary School (1982)*, Galludet College, Kendall Green, Washington, DC 20002; teacher's manual, \$18.95; student manual, \$26.95; postage, \$3.50

HUMAN SEXUALITY CURRICULUM: SELF-AWARENESS AND INTERPERSONAL RELATIONSHIPS

Pennsylvania School for the Deaf

This curriculum for hearing-impaired students in elementary and junior high schools provides course outlines for stages of devel-

opment, emotional involvement, family and social relationships, sexual behaviors, reproduction and parenthood, and life styles. Divided for each grade into remedial, beginning, intermediate and advanced levels. *Pennsylvania School for the Deaf (1977)*, 7500 Germantown Avenue, Philadelphia, PA 19119; \$10.00 (includes postage)

SEXUALITY AND DEAFNESS

A compilation of eight articles by Robert R. Davila, Della Fitz-Gerald, Max Fitz-Gerald, and Clarence M. Williams. Deals primarily with the need for instruction in sexuality for hearing impaired persons of all ages. *Galludet College, Outreach Services, Pre-College Programs (1979)*, M55D Box 114F, Kendall Green, Washington, DC 20002; \$6.00 (includes postage)

SIGNS FOR SEXUALITY: A RESOURCE MANUAL

Susan D. Doughten, Marlyn B. Minkin, and Laurie E. Rosen

Contains over 600 photographs illustrating 300 signed words and phrases associated with human sexuality. Bound to lie flat, leaving hands free for communication. *Planned Parenthood of Seattle/King County (1978)*, 2271 East Madison, Seattle, WA 98112; \$13.50 (includes postage)

SIGNS OF SEXUAL BEHAVIOR

James Woodward

Each sign, along with its etymology, is explained. Author also discusses deaf culture as it relates to the ever changing signs. *I. J. Publishers (1979)*, 817 Silver Spring Avenue, 305D, Silver Spring, MD 20910; \$6.95

HEART DISEASE

THE SENSUOUS HEART: GUIDELINES FOR SEX AFTER A HEART ATTACK

Suzanne Cambre

A cartoon-style booklet covering concerns about depression, sexual activity, physical exercise, medications, sexual positions, eating, and drinking. *Pritchett and Hull Associates, Inc. (1978)*, 3440 Oakcliff Road, NE, Suite 110, Atlanta, GA 30340; \$4.00 (bulk rates available)

SOUND SEX AND THE AGING HEART

Lee Drosinger Scheingold and Nathaniel N. Wagner

Discusses sex in the mid and later years, with special reference to cardiac problems. *Human Sciences Press (1974)*, 72 Fifth Avenue, New York, NY 10011; \$19.95

KIDNEY DISEASE

SEX AND INTIMACY FOR DIALYSIS AND TRANSPLANT PATIENTS *Revised Edition*

Norman B. Levy

Unavailable for annotation at press time. Virgil Smirnow Associates (1984), *Health and Public Affairs*, 8501 Burdette Road, P.O. Box 34425, Bethesda, MD 20817; \$1.50

SEX AND DIALYSIS

Barbara Ulery

A valuable resource in this special area of concern.

Barbara Ulery (1979), 3039 West Third Avenue, Durango, CO 81301; \$3.75 (includes postage)

MENTALLY HANDICAPPED

Books and Booklets

AN EASY GUIDE TO LOVING CAREFULLY FOR MEN AND WOMEN

Lyn McKee, Winifred Kempton, and Lynne Stiggall

Basic information about sexual anatomy, reproduction, and contraception, presented in large print with many illustrations. Suitable for higher functioning mentally handicapped people to read on their own or with a parent or professional.

Planned Parenthood of Contra Costa (1980), 1291 Oakland Boulevard, Walnut Creek, CA 94596; \$6.95 (includes postage)

LIKE NORMAL PEOPLE

Robert Meyers

Warm, touching story of the marriage of Roger Meyers and Virginia Hensler, written by Roger's brother. Describes long struggle of these two mentally handicapped individuals to lead a dignified life.

McGraw-Hill (1978), 1221 Avenue of the Americas, New York, NY 10020; \$9.95

ORGANIZING COMMUNITY RESOURCES IN SEXUALITY, COUNSELING, AND FAMILY PLANNING FOR THE RETARDED: A COMMUNITY WORKER'S MANUAL

Karin Rolett

Self-instructional format moves reader step by step toward organizing informational or service programs.

Carolina Population Center (1976), University of North Carolina, University Square, Chapel Hill, NC 27514; \$3.00

A SELECTED BIBLIOGRAPHY ON SEXUALITY, SEX EDUCATION AND FAMILY PLANNING FOR USE IN MENTAL RETARDATION PROGRAMS

Phyllis Cooksey and Pamela Brown

Bibliography includes materials for both professional and patient/client education. Topics covered are sexuality, sex education, reproduction, birth control, and sterilization. Planned Parenthood of Minnesota (1981), 1965 Ford Parkway, St. Paul, MN 55116; \$3.50

SEX AND THE MENTALLY HANDICAPPED

Michael Craft and Ann Craft

Written for professionals and parents caring for the mentally handicapped, this British book looks at many of the questions, anxie-

ties, and fears raised by the sexuality of this group. Offers guidelines to those wishing to plan sex education programs.

Routledge & Kegan Paul, Ltd. (1978), 9 Park Street, Boston, MA 02108; \$7.95 (includes postage)

SEX EDUCATION FOR PERSONS WITH DISABILITIES THAT HINDER LEARNING: A TEACHER'S GUIDE

Winifred Kempton

Invaluable resource for instructors on human sexuality for students with learning problems, stressing the need to integrate sexuality with every facet of human experience. Planned Parenthood of Southeastern Pennsylvania (1975), 1220 Sansom Street, Philadelphia, PA 19107; \$9.14 (includes postage)

Curricula and Tests

BECOMING ME: A PERSONAL ADJUSTMENT GUIDE FOR SECONDARY STUDENTS

Teresa Throckmorton

Includes units on personal and social development, health and self care, and human growth and development, all focused on nurturing the practical skills needed for everyday life. For each topic, a content outline, behavioral objectives, learning activities, and suggested resources are presented.

Grand Rapids Public Schools (1980), 143 Bostwick, NE, Grand Rapids, MI 49503; \$12.00

BEING ME . . .

Jean Edwards and Suzan Wapnick

Subtitle: A Social/Sexual Training Guide for Those Who Work With the Developmentally Disabled. Includes examples of curricula and lesson plans from a variety of sources approaching a broad student population from mildly to severely disabled, from age 6 up to young adults and older persons. Designed both to supplement existing training and to serve as a complete new program. Ednick Communications (1981), Box 3612, Portland, OR 97208; teacher's guide, \$30.00; assessment scale and photo cards, \$40.00; sex education slides, \$40.00

CIRCLES

Marklen Champagne and Leslie Walker-Hirsch

Subtitle: A Multimedia Package to Aid in the Development of Appropriate Social/Sexual Behavior in the Developmentally Disabled Individual. The Circles Concept is used to teach appropriate social distancing, including individuals with whom various kinds of touch are and are not acceptable, as well as many other sex and family life education topics. Includes curriculum, two slide programs, a teaching drop cloth, and a set of 10 photographs.

Stanfield Film Associates (1983), P.O. Box 1983, Santa Monica, CA 90406; \$330 (includes postage)

EDUCATION FOR ADULTHOOD

Madeline Greenbaum and Sandra Noll

Developed to help mentally retarded adolescents and adults reach an understanding of

being sexual, aging, dealing with death and dying, being disabled, expressing feelings, developing relationships, and keeping fit. Includes training program for those who will teach this curriculum. Accompanying each unit are worksheets, discussion questions, and lists of additional activities and resources. Staten Island Mental Health Society (1982), Elizabeth W. Pouch Center for Special People, 657 Castleton Avenue, Staten Island, NY 10301; \$27.50 (includes postage)

ESSENTIAL ADULT SEX EDUCATION FOR THE MENTALLY RETARDED: E.A.S.E. SEQUENTIAL CURRICULUM GUIDE

David B. Zelman and Kathie M. Tyser

Sequenced set of objectives, procedures, and materials grouped into four instructional units: biological data, sexual behavior, health, and relationships. Pre/post tests and teaching picture cards are included in curriculum guide. Total E.A.S.E. package also includes two introductory cassettes, 100 Diagnostic Pupil Profile sheets, color filmstrip, and menstruation and birth control products kit. Stanfield Film Associates (1979), P.O. Box 1983, Santa Monica, CA 90406; total curriculum package, \$125.00; sequential curriculum guide only, \$25.00

FEELING GOOD ABOUT YOURSELF: A GUIDE FOR PEOPLE WORKING WITH PEOPLE WHO HAVE DISABILITIES

Second Edition

Gloria Blum and Barry Blum

Covers socialization and decision-making skills and a wide variety of sexual topics. The continuing focus is on self-esteem as essential in preparation for adulthood.

Feeling Good Associates (1981), 507 Palma Way, Mill Valley, CA 94941; \$9.95

A GUIDE FOR TEACHING HUMAN SEXUALITY TO THE MENTALLY HANDICAPPED

Third Edition

Phyllis Cooksey and Pamela Brown

This curriculum guide contains nine categories such as contraception and interpersonal relations. Under each are listed topics to cover, points to make, and suggested activities and resources. A simple but very practical approach to teaching the mentally handicapped about sexuality.

Planned Parenthood of Minnesota (1981), 1965 Ford Parkway, St. Paul, MN 55116; \$3.50

GUIDELINES FOR TRAINING IN SEXUALITY AND THE MENTALLY HANDICAPPED

Winifred Kempton and Rose Forman

Not a textbook, but a proposed training program for those working with staff, aides, or parents involved with the mentally handicapped.

Planned Parenthood of Southeastern Pennsylvania (1976), 1220 Sansom Street, Philadelphia, PA 19107; \$9.90 (includes postage)

HUMAN SEXUALITY: A PORTFOLIO FOR THE MENTALLY RETARDED

Victoria Livingston and Mary E. Knapp

Consists of 10 separate drawings on stiff

fened paper, with discussion suggestions for the teacher printed on the back of each plate. Content areas include male and female genitalia, girl to woman, boy to man, masturbation, and sexual intercourse.
Planned Parenthood of Seattle-King County (1974), 2211 East Madison, Seattle, WA 98112; \$23.00 (includes postage)

PERSONAL DEVELOPMENT AND SEXUALITY: A CURRICULUM GUIDE FOR DEVELOPMENTALLY DISABLED

Lenore Morrey et al.

Presents general statements, behavioral objectives, activities, and resources for a series of topics such as self-actualization, personal hygiene, and human sexual response. Also gives guidance about how to be a facilitator and how to plan and evaluate sex education programs.

Planned Parenthood of Pierce County (1978), 813 South K Street, #200, Tacoma, WA 98405; \$25.00 (includes postage)

PRACTICAL APPROACHES TO SEXUALITY EDUCATION PROGRAMS

Ann Thompson Cook and Pamela M. Wilson, eds.

A guidebook for sex education programs for preadolescents, adolescents, parents, and mentally retarded persons, giving course outlines and materials, questions students may ask, selected resources, and sample lessons for the four groups.

Sex Education Coalition of Metropolitan Washington (1982), Friendship Station Box 39133, Washington, DC 20016; \$6.50 (includes postage)

SEXUALITY AND SOCIAL AWARENESS: A CURRICULUM FOR MODERATELY AUTISTIC AND/OR NEUROLOGICALLY IMPAIRED INDIVIDUALS

Dawn A. Licherman and Mary Bonyai Melone

Valuable for sex educators working with lower functioning mentally handicapped individuals, aged 12 and older.

Benhaven Press (1979), 9 Saint Ronan Terrace, New Haven, CT 06511; \$18.58 (includes postage)

SOCIO-SEXUAL KNOWLEDGE AND ATTITUDE TEST (SSKAT)

Joel R. Wish, Katherine Fiechil McCombs, and Barbara Edmonson

Can be used with mentally retarded persons and others whose language is limited. Responses to most questions consist of the subject's pointing to a choice of pictures and indicating "yes" or "no." There are 13 subtests, which can determine both sex knowledge and attitudes. Manual presents data from use of SSKAT with 200 retarded adults ranging in age from 18-42.

Stoelting Co. (1976), 1350 South Koster Avenue, Chicago, IL 60623; \$95.00

TEACHING SEX EDUCATION TO ADULTS WHO ARE LABELED MENTALLY RETARDED

Al Strauss

Part I: The development, administration, and implementation of a sex education pro-

gram for persons labeled mentally retarded. Part 2: Program sequence with specific information regarding unit objective, lesson plans, techniques, materials, tests, and rationale. Final portion consists of bibliography and references.

Al Strauss (1976), P.O. Box 2141, Oshkosh, WI 54903; \$6.00

Parent Guides

AN EASY GUIDE FOR CARING PARENTS: SEXUALITY AND SOCIALIZATION—A BOOK FOR PARENTS OF PEOPLE WITH MENTAL HANDICAPS

Lyn McKee and Virginia Blackledge

An honest, upbeat book about the social and sexual needs of people with mental handicaps. Valuable aid to both parents and educators.

Planned Parenthood of Contra Costa (1981), 1291 Oakland Boulevard, Walnut Creek, CA 94596; \$6.95 (includes postage)

LOVE, SEX, AND BIRTH CONTROL FOR THE MENTALLY RETARDED: A GUIDE FOR PARENTS

Winifred Kempton, Medora Bass, and Sol Gordon

Thoughtful guide covering sex education and sexual responsibility. Spanish edition also available.

Planned Parenthood of Southeastern Pennsylvania (1973), 1220 Sansom Street, Philadelphia, PA 19107; \$2.66 (includes postage)

MULTIPLE SCLEROSIS

GUIDE TO PROGRAM PLANNING ON SEXUALITY AND MULTIPLE SCLEROSIS

Ann Barrett and Michael Barrett

Includes well-devised exercises for groups dealing with sexuality and multiple sclerosis. *Multiple Sclerosis Society of Canada* (1978), 130 Bloor Street West, Toronto, Ontario M5S 1N5, Canada; \$1.75

SEXUALITY AND MULTIPLE SCLEROSIS Revised Edition

Michael Barrett

Useful booklet for people with multiple sclerosis and the professionals working with them.

National Multiple Sclerosis Society (1982), 205 East 42nd Street, New York, NY 10017; single copies free of charge

OSTOMY

PREGNANCY AND THE WOMAN WITH AN OSTOMY (1984)

SEX AND THE FEMALE OSTOMATE (1982)
SEX AND THE MALE OSTOMATE (1982)

SEX, COURTSHIP AND THE SINGLE OSTOMATE (1981)

Well-written booklets for ostomates and those working with them.

United Ostomy Association, 2001 West Beverly Boulevard, Los Angeles, CA 90057; \$1.00 each

SEXUAL COUNSELING FOR OSTOMATES

Ellen A. Shipes and Sally J. Lehr

A commonsense approach to sexual counseling of ostomates, covering easy-to-understand techniques.

Charles C. Thomas (1980), 2600 South First Street, Springfield, IL 62717; \$8.50

SEXUAL ABUSE PREVENTION

ARE CHILDREN WITH DISABILITIES VULNERABLE TO SEXUAL ABUSE?

This five-page booklet acquaints parents of disabled children with the problem of sexual abuse and outlines steps to take to protect their children.

Minnesota Program for Victims of Sexual Assault (1983), Minnesota Department of Corrections, 430 Metro Square Building, St. Paul, MN 55101; 50¢ for \$7.00

PREVENTING SEXUAL ABUSE OF PERSONS WITH DISABILITIES

Bonnie O'Day et al.

This 175-page curriculum includes separate lesson plans for each of four populations: blind, hearing impaired, mentally retarded, and physically disabled. Topics covered include positive and negative touch, vocabulary, myths and facts about sexual abuse, avoidance techniques, and assertive behavior. *Minnesota State Documents Division* (1984), 117 University Avenue, St. Paul, MN 55155; \$19.50 (includes postage)

SEXUAL EXPLOITATION: WHAT PARENTS OF HANDICAPPED PERSONS SHOULD KNOW

Ten-page booklet for parents and professionals working with handicapped individuals and their families.

Seattle Rape Relief, 1825 South Jackson, Suite 102, Seattle, WA 98144; 70¢ (includes postage)

SEXUALITY AND SEXUAL ASSAULT: DISABLED PERSPECTIVES

Revised Edition

Charles K. Stuart and Virginia Stuart

Curriculum guide for development of workshop for professionals on incest, rape, and sexual abuse of disabled people. *Charles K. Stuart, Director of Counseling Services* (1983), Southwest State University, Marshall, MN 56258; \$6.00 (includes postage)

SPECIAL EDUCATION CURRICULUM ON SEXUAL EXPLOITATION

Developmental Disabilities Project of Seattle Rape Relief

Designed for teaching mentally and physically handicapped students to be aware of sexual exploitation and to protect themselves. Two self-contained kits (elementary and secondary levels) provide a variety of educational materials such as teacher's guide,

body maps, slide series, and pamphlets. Audio tape supplements are available. *Comprehensive Health Education Foundation* (1981), 20832 Pacific Highway South, Seattle, WA 98188; Level 1, \$125; Level 2, \$495; *Teacher's Guide with written narratives*, \$35 per level.

SPINAL CORD INJURED

FEMALE SEXUALITY FOLLOWING SPINAL CORD INJURY

Elle Friedman Becker

Offers an opportunity to understand the struggle of a quadriplegic or paraplegic woman in a world that represses and defines her sexual expression and identity, and to learn what disabled people look for from the professional community, their family, and friends.

Cheever Publishing (1978), P.O. Box 700, Bloomington, IL 61701; \$10.95

A HANDBOOK ON SEXUALITY AFTER SPINAL CORD INJURY

Joanne M. Taggic and M. Scott Manley

A workbook to help spinal cord injured people and their partners identify and begin to work out their feelings as sexual individuals. M. Scott Manley (1978), 3425 South Clarkson, Englewood, CO 80110; \$6.50 (bulk rates available)

HUMAN SEXUALITY AND REHABILITATION MEDICINE: SEXUAL FUNCTIONING FOLLOWING SPINAL CORD INJURY

Ami Shaked, ed.

Fifteen chapters for health care professionals who deal with spinal cord injury and other disabilities to help people adjust to normative life.

Williams and Wilkins (1981), 428 East Preston Street, Baltimore, MD 21202; \$26.00

PSYCHOLOGICAL, SEXUAL, SOCIAL, AND VOCATIONAL ASPECTS OF SPINAL CORD INJURY: A SELECTED BIBLIOGRAPHY

Gary T. Athelstan et al.

Unannotated bibliography containing almost 900 citations, of which over 200 fall under the heading "Sexual Aspects." *Rehabilitation Psychology* (1978), PSA, Box 26034, Tempe, AZ 85282; \$10.00

THE SENSUOUS WHEELER: SEXUAL ADJUSTMENT FOR THE SPINAL CORD INJURED

Barry J. Rabin

Informal, positive treatment of the subject, stressing the sharing of sexual responsibilities and vulnerabilities.

Multi Media Resource Center (1980), 1525 Franklin Street, San Francisco, CA 94109; \$10.00 (includes postage)

SEX AND THE SPINAL CORD INJURED: SOME QUESTIONS AND ANSWERS

M. G. Eisenberg and L. C. Rustad

Questions discussed include areas such as physical attractiveness, aging, drugs, catheters, divorce, adoption, and alternative methods of sexual expression.

Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (1975); \$4.50 (to order, use Stock No. 051-000-00081-1)

SEXUAL OPTIONS FOR PARAPLEGICS AND QUADRIPLÉGICS

Thomas O. Mooney, Theodore M. Cole, and Richard A. Chilgren

Because the senior author is a near quadriplegic himself, a personalized style of writing results that, with the explicit photographs, provides an excellent self-help teaching or counseling resource.

Little, Brown (1975), 34 Beacon Street, Boston, MA 02106; \$10.95

SEXUALITY AND THE SPINAL CORD INJURED WOMAN

Sue Bregman

Booklet providing guidelines concerning social and sexual adjustment for spinal cord injured women and health professionals who work with them.

Sister Kenny Institute (1975), Dept. 199, 800 East 28th Street at Chicago Avenue, Minneapolis, MN 55407; \$8.00 (includes postage)

VISUALLY IMPAIRED

SEX EDUCATION FOR THE VISUALLY HANDICAPPED IN SCHOOLS AND AGENCIES: SELECTED PAPERS

Sound advice on the development and implementation of sex education programs for the visually impaired from professionals in a variety of settings.

American Foundation for the Blind (1975), 15 West 16th Street, New York, NY 10011; \$4.50 (includes postage)

Braille and Large-Print Pamphlets

BIRTH CONTROL: ALL THE METHODS THAT WORK AND THE ONES THAT DON'T

Planned Parenthood of New York City

Special editions of a well-known publication. **Braille edition:** Iowa Commission for the Blind (1977), 4th and Keosauqua Way, Des Moines, IA 50309; \$7.50. **Large-type edition:** Foundation for Blind Children (1977), 1201 North 85th Place, Scottsdale, AZ 85257; \$3.20

FOR BOYS: A BOOK ABOUT GIRLS

Braille booklet explaining menstruation. Includes braille diagrams of female reproductive system.

Personal Products Co. (1980), Milltown, NJ 08850; \$1.50 (one complimentary copy per school system)

GROWING UP AND LIKING IT

Booklet explaining menstruation to girls; available in braille.

Personal Products Co. (1980), Milltown, NJ 08850; \$1.50 (one complimentary copy per school system)

LARGE PRINT BIRTH CONTROL INFORMATION SHEETS

A variety of packets provide information on methods of birth control, special concerns of visually impaired clients, and consent forms for clinic use.

Planned Parenthood Alameda/San Francisco, 482 West MacArthur, Oakland, CA 94609; \$3.00 per set, 30¢ each

OTHER DISABILITIES

ANOTHER SIDE OF CEREBRAL PALSY

Nathan Liskey and Phillip Stephens

A collection of case studies focusing particularly on sexual development and adult sexual expression.

Disabled Students on Campus Organization (1978), California State University, c/o Handicapped Student Services, Fresno, CA 93740; \$2.00

GROWING UP WITH SPINA BIFIDA: A BOOK ABOUT PUBERTY, INDEPENDENCE, AND CARING

M. C. Treadwell and R. L. Patrias

A booklet, with detailed diagrams, providing information on body parts, puberty, body image, hygiene, and sexuality. Includes resource list for more information, and a glossary.

Mason Barr, MD (1981), University Hospital, K2027 Holden, Box 07, Ann Arbor, MI 48109; \$1.00

INTIMACY AND CHRONIC LUNG DISEASE

Carol J. Hossler and Sandra S. Cole

Presents effective ways to deal with lung disease, including relaxation and breathing exercises, diet, medication, and energy conservation. Intimacy, sexual anatomy and physiology, and positions for intercourse are also covered.

Patient Education Coordinator, University Hospitals (1983), 300 North Ingalls Building, Room N18F02, Box 050, Ann Arbor, MI 48109; \$5.00

SEXUALITY AND NEUROMUSCULAR DISEASE

Frances Anderson, Joan Bardach, and Joseph Goodgold

This monograph's recommendations for helping disabled individuals with neuromuscular disease achieve sexual fulfillment are derived from interviews with patients, their families, and physical therapists, as well as from literature surveys.

Institute of Rehabilitation Medicine (1979), New York University Medical Center, 400 East 34th Street, New York, NY 10016; \$2.00 (includes postage)

BOOK REVIEWS

The Male Couple: How Relationships Develop. David P. McWhirter and Andrew M. Mattison. Englewood Cliffs, N.J.: Prentice-Hall, 1984 (341 pp.; \$16.95).

Reviewed by Vern L. Bullough, RN, PhD, Dean, Faculty of Natural and Social Sciences, SUNY College at Buffalo, Buffalo, N.Y.

This is a study of 156 male couples involved in relationships for from one to 37 years. The majority had been together for over five years, with a mean of 8.9 and a median of 5 years. All of the couples live in the San Diego area and were either known or referred to the investigators and volunteered to be interviewed. For these reasons, the study cannot be said to represent the totality of male couples since it is neither large enough, randomly selected, nor geographically dispersed. In spite of these limitations, the study is invaluable in exploding myths about the male couple. It has even greater value in giving insights into how couples get along, regardless of whether they are homosexual or heterosexual. Though the homosexual couple is similar to the heterosexual one in many ways, those areas in which the two differ are important, especially in terms of the changing status of the wife in the heterosexual marriage.

One of the major differences between homosexual and heterosexual couples is in the equality of the sex partners. In their study, McWhirter and Mattison claim that, since both partners in each case were raised male and had male expectations, none of the subordination so often associated with the wifely role in the heterosexual marriage was noted. Instead they observed the gradual development of what they called "planned incompetence" which, they explained, took place because both members of the couple had been previously socialized to do more or less the same things and did not complement each other to quite the extent that heterosexual couples did when they came together as a unit. Thus each gay male

had to more consciously develop a separate sphere of expertise from that of his partner. For example, though both might have been expert cooks before joining together, one "unlearned" cooking in order to take on other tasks, while the other took over the cooking. Both members of the couple remained "generalists" in some areas, but the study of gays only emphasizes how much blending together of various specialties there is in a couple relationship.

Another difference noted was in the interpretation of sexual exclusivity which male couples had as compared to that of heterosexual couples. Though most gay couples began their relationship with implicit or explicit commitment to sexual exclusivity, only seven of the couples in the study considered themselves to have been consistently sexually monogamous throughout their terms of relationship. Most couples dropped the pledge to sexual exclusivity fairly early in their relationship and developed means of coping with what might be called extramarital affairs. In fact, some of the couples reported that outside sexual contacts have contributed to the stability and longevity of their relationship. Certain rules, however, had to be followed, such as not having sexual contacts in the couple's own bed or house. Other prohibitions varied from couple to couple.

Just as in heterosexual couples, love and erotic attraction proved powerful ingredients for bringing the homosexual couple together, but the subsequent sequence of events in the relationship became far more complex. Lacking the children and the legal sanction common to most heterosexual couples, the homosexual couple nevertheless still developed the same general interest in other things, such as a house, a dog, need for security, mutual trust, common remembrances, and increased dependency, which held them together. As the couple matured, sex became less important for many, and, in fact, some of the longest-term couples were more or less celibate.

In trying to explain what happens to the gay couple, McWhirter and Mattison developed a series of ages and stages which can actually be applied to any pair-bonding. Taking a leaf from Erikson, they established six stages, each of which had four dominant characteristics. Stage 1, entitled Blending, takes place in the first year and involves merging, limerence (romantic love), equalizing of partnership, and high sexual activity. Stage 2, labeled Nesting, usually takes place between years two and three, and includes homemaking, a search for compatibility, a decline of limerence, and the growth of considerable ambivalence. Stage 3, Maintaining, associated with the fourth and fifth years of living together, marks the reappearance of the individual, risk taking, dealing with conflict, and establishing traditions. Stage 4, the Building, encompasses years six through ten, with such characteristics as collaborating, increasing productivity, establishing independence, and the dependability of the partners. Stage 5, Releasing, lasts up to the twentieth year and includes trusting, merging of money and possessions, constricting, and taking each other for granted. The 6th and last stage, Renewing, is for all those couples who survive 20 years (a total of 20 couples in this sample) and is marked by achieving security, a shifting of perspectives, restoring the partnership, and remembering. Since there were no Stage 1 couples in the study, descriptions of this stage were based upon retrospective recollections and observations of others.

Overall this delineation of stages proves helpful since they are not used in a limiting way. Instead it was recognized that certain couples may skip certain periods and remain longer in others. As a result, the stages provide an easy way to describe couples, demonstrating the changing nature of their relationship. They should also prove valuable in describing heterosexual couples as well.

The sample ranged from millionaires to those near poverty level, although most of the couples were what could be

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.

termed middle-class males who were also born into middle-class families. Most individuals reported that they had had a happy childhood (58%), were raised by both parents, and were close to at least one parent (usually the mother). Their relationships with their siblings, if they had them, were, however, not particularly close, although even those with negative feelings about siblings recall family times together rather warmly. Eight of the men have brothers or sisters whom they know to be gay (three sisters and five brothers). More than half of the group were raised as Protestants, more than a quarter as Roman Catholics, and 15% as Jewish. Only one in four is currently a churchgoer, although about 60% consider themselves religious. In general, their academic performance in elementary and high school was average. Most recognized their difference from their heterosexual friends before adolescence (67%). Not so surprisingly, 47 of the sample had been married previously, and among them had a total of 52 children. Most had had previous relationships with other men in which they lived together for three months or longer before settling down into their present relationships. Of these, more than half had only one previous relationship, while a small number had five or more. With some exceptions, what appears is a kind of monogamous personality, and this raises questions about heterosexual marriages as well. Obviously not all homosexual men settle down into long-term relationships, and, though more heterosexual men do, it might be that if societal pressures were relaxed somewhat, the same ratio of couples to singles would exist in both the homosexual and heterosexual male communities.

Only one quarter of the men had no postpubertal heterosexual experience. Many had proceeded along conventional heterosexual lines, although they had occasional or even frequent homosexual contacts. Many hoped that their homosexual interest would disappear, and although they generally found sex with women enjoyable, or at least acceptable, their first homosexual experience rang bells for them as never before. Most now rated themselves as sixes on the Kinsey scale—exclusively homosexual—although even some who did so had heterosexual fantasies. They had some of the same sex problems as their heterosexual brothers. While premature ejaculation, for example, is probably reported less frequently

among gay men than among heterosexual men, some do experience it. Actually, gay men are more likely to have retarded ejaculation. Some 10% of the sample reported no interest in sexual activity at this point in their lives.

Overall, this study shows that the homosexual couple has many of the same problems as the heterosexual couple, and the book's insights into homosexual bonding are probably equally as valuable for heterosexual bonding. The concept of dividing this bonding process into six successive stages should be a helpful one in both therapy and research. McWhirter and Mattison have made a significant contribution to the understanding of how relationships develop. **A, P, PR**

Love, Sex and Aging. Edward M. Brecher and The Editors of Consumer Reports Books. Boston: Little, Brown, 1984 (384 pp.; \$19.95).

Reviewed by Robert N. Butler, MD, Brookdale Professor of Geriatrics and Adult Development, Chairman, Gerald and May Ellen Ritter Department of Geriatrics and Adult Development, The Mount Sinai Medical Center, New York, N.Y.

This book reports the findings of a 1978-79 Consumer's Union study of love and sex conducted with 4,246 volunteer respondents, women and men aged 50 to 93. Anonymous questionnaires were used for persons born before 1928 selected from subscribers to Consumer's Union. Obviously these findings cannot be extrapolated to the U.S. population as a whole but they might apply to similar populations, namely those with better than average education, income, and health, plus those who have a greater interest in sex since clearly the study is of respondents who were self-selected.

Science writer Edward M. Brecher and the editors of Consumer Reports Books present a detailed analysis. The following are examples of the kinds of self-reporting which appear: At age 66, one respondent "fell in love—my only . . . love affair . . . the first of a lifetime." "My two married children both lived with their spouses before marriage. If I had done so, I would never have married husband number one." A 66-year-old widow states: "It was my husband's idea to exchange partners." She and the other husband fell in love

and the affair continued after her widowhood.

Some findings include: (1) The great majority of faithful wives (87%) and husbands (91%) rated their marriages as happy, but a substantial proportion of adulterous wives (72%) and husbands (75%) also rated their marriages as happy. (2) "Unquestionably there are many unhappy unmarried women and men in our society but among respondents to our study they are a small minority contrary to conventional perceptions. Chronic loneliness is also a minority experience among our unmarried respondents." (3) "A surprising proportion of older women have a sexual partner much younger than they are." (4) "Our unmarried men adjust to their status about as successfully as do unmarried women but the men appear to rely more on sexual activities and less on friendship patterns or family ties." (5) "Quite a few of our unmarried women tell of finding a partner by looking up an old friend from years ago: this appears to be a promising approach for older women and men seeking a partner."

This work is reminiscent of *The Starr-Weiner Report on Sex and Sexuality in the Mature Years* (McGraw-Hill 1981; *SIECUS Report* review, November 1981) which presents responses from persons who elected to attend a sexuality seminar. Perhaps, in this study as in the Consumer Union Report, only those with positive attitudes toward sexuality would have taken the time to complete the lengthy questionnaires. No shocking or unexpected findings emanate from either study—we learn nothing new about human sexuality in general or in old age. Nonetheless, despite limitations of method (it is never easy to conduct inquiries into human sexuality), confirmations of existing hypotheses are important. **A, PR**

Female-To-Male Transsexualism: Historical, Clinical and Theoretical Issues. Leslie Martin Lothstein. Boston: Routledge & Kegan Paul, 1983 (336 pp.; \$24.95).

Reviewed by Eileen Higham, PhD, Assistant Professor of Medical Psychology, The Johns Hopkins University and Medical Institutions, Baltimore, Md.

A book on female-to-male transsexualism is bound to find its way to the bookshelf of anyone interested in sexual disorders. This one, written by the co-

director of the Case Western Reserve Gender Identity Clinic, is a welcome addition to the mental health specialist's library despite its errors and logical flaws.

The exhaustive review of the history of female-to-male transsexualism, together with the critical assessment of the genetic, chromosomal, hormonal, neurologic, and sociocultural issues involved in the diagnosis of the condition, will be especially useful to the inexperienced clinician. The knowledgeable professional will be perplexed by Lothstein's occasional misinterpretations and outright errors. For example, he describes individuals with the various syndromes of hermaphroditism studied from infancy stages onward by Money and Ehrhardt (1972) as "self-labeled female transsexuals who had various hormonal disorders." Similarly, he misses the most important contribution of Money and his collaborators to gender-identity differentiation, both normal and abnormal: the interaction of prenatal and postnatal factors in the development of one's sense of having a feminine, masculine, or transposed and distorted psychosexual status. Lothstein's failure to recognize and utilize the importance of the interaction of the various physiological and psychological events which may affect abnormalities of gender-identity substantially weakens his otherwise comprehensive presentation of the development of female-to-male transsexualism.

Lothstein's theoretical orientation relies heavily on psychoanalytic theories, especially the works of Kohut, Laing, Winnicott, Guntrip, and Stoller, and their contributions to understanding pre-oedipal psychopathology. Based on the studies of 53 patients at Case Western Reserve, of which four were "in depth case histories," Lothstein concludes that female transsexuals are "targeted by their parents to develop a profound gender disorder." Unable to develop a core feminine gender-identity in the early years of life, the child incorporates some degree of male self-representation resulting in a borderline personality disorder. In emphasizing this aspect of transsexualism, the author neglects the importance and function of the dissociated, two-personalities present in the transsexual, an aspect clearly illustrated in his detailed case histories. Looking at transsexualism in the context of dissociated, multiple personalities would have strengthened both the author's conceptual effort to

understand the disorder and his conclusion that the request for sex reassignment is an effort to restore or repair a fragmented self-representation or to heal and integrate the dissociated selves. The major function of the "two-year, real-life test," described by Money and Ambinder (1978), is to integrate the fragmented selves as well as to establish a diagnosis.

Since Lothstein's conclusions are based entirely on retrospective accounts by the patients and some family members and friends and on psychological test data, they must be viewed as limited in usefulness. Furthermore, he has not presented us with specific data regarding the schedule of inquiry, frequency and duration of long-term intensive psychotherapy, methods of recording interview and therapy data, and the theoretical framework utilized for interpretation of psychological tests, especially the projective tests. The inclusion of such data would be very useful for subsequent investigators and for planning prospective research programs. Only prospective, longitudinal studies will be able to provide the answers to the questions regarding the characteristics of upbringing and family dynamics in normal and abnormal gender-identity formation. Lothstein's case histories, by themselves, demonstrate that gender-identity differentiation is vulnerable to disruption by a variety of experiences, a fact stressed by others.

Despite the above-mentioned limitations of this book, one can draw from it a number of useful conclusions: (1) In early life, gender-identity differentiation is vulnerable to disruption from a variety of sources; (2) transsexualism represents the outcome of traumatic experiences resulting in the dissociation of gender-identity/role; and (3) sex-reassignment may be the most useful palliative and rehabilitative method of treatment now available for many patients. While one cannot yet conclude with equal certainty that, as suggested by Money and his collaborators, prenatal conditions may lower the threshold to disruptive influences in postnatal life, the possibility should not be overlooked. The author's failure to address this problem will lead the inexperienced clinician into a search for postnatal causes which are not universally present, thereby hampering the effective management of this still perplexing psychopathologic condition.

When all is said and done, the "two-year, real-life test" remains as our most

powerful and effective procedure for diagnosis and treatment of the patient requesting sex-reassignment, whatever the etiology of the condition. **PR**

Family Politics: Love and Power on an Intimate Frontier. Letty Cottin Pogrebin. New York: McGraw-Hill, 1983 (278 pp.; \$14.95).

Reviewed by Anne Backman, MA, Editor, SIECUS Report.

Letty Cottin Pogrebin begins her book with the statement: "The family is a hot issue." Indeed it is, and it may become even hotter during the 1984 election-year oratory. She then proceeds to discuss, with consciousness-raising effectiveness, the many different ways the word *family* is defined and conceptualized in our culture. As she points out, "the word is both symbolic and functional. Used prescriptively, it seems able to coerce people into roles, to transform nostalgia into votes, and to create a national ethos out of a myth of domestic bliss. Used descriptively, it is more powerful as an idea to be distorted and manipulated than as a Reality to be examined for the common good." Pogrebin has opted to examine for the common good, and one comes away from her book well prepared to champion her forward-looking concepts of familyhood in any arena of self-haloed people looking backward in time.

Let me just summarize a few of her points: (1) We are, in her opinion, in the midst of an outbreak of pedophobia (a term invented by the author to mean "fear and hatred of children"). Witness the enormous amount of child abuse, the curtailment of child-benefit programs, the use of children as symbols of evil in books and movies. And the 1980 White House Conference on Families ended by concentrating on "questions of control, not care" of children. (2) Our economic system rates the maintenance of the "patriarchal family ideal" as being more important than assisting what Pogrebin terms the "real family" to survive. In other words, families are in trouble not because of such things as feminism and sex education, but because of unemployment, inflation, and financial worries. (3) Power struggles within the home can generate disturbing family dynamics, e.g., in step-families where the configuration often seems to "increase the power of the child . . . to disrupt the new household." (4) Her per-

ceptive and well-reasoned chapter on "The Politics of Pregnancy and Motherhood" ends with the question: "Do we want to protect men's power over women and childbirth or do we want to protect children's right to be loved?" (5) In the presently evolving "new father"—the one who attends childbirth classes, diapers his babies, and even takes paternity leave—Pogrebin sees great potential for strengthening family relationships. (6) And she effectively explains her thesis about the creation and endurance of loving, intimate relationships: that the more willing we are to open ourselves up and expose our needs to each other, the less chance there is for power politics to begin its inevitable erosion of true intimacy.

The book makes very good sense. **A, P, PR**

The Sexual Aggressor: Current Perspectives on Treatment. Joanne G. Greer and Irving R. Stuart, eds. New York: Van Nostrand Reinhold Co., 1983 (369 pp.; \$29.95).

Reviewed by William F. Hobson, MS, Therapist, Sex Offender Program, Connecticut Correctional Institution-Somers, Somers, Conn.

In the introduction, one of the editors states that the purpose of this book is to disseminate "the assessment, treatment, and program policy expertise of these individuals" (contributors). This goal is met in a very readable collection of original articles by some recognized experts who report the current state of knowledge in the field of sexual assault.

Divided into four sections, the volume not only discusses issues surrounding the treatment of sexual aggressors, but also focuses attention on the ethical and legal entanglements involved in working with this clientele. Its chapters explore specific treatment considerations for retarded offenders, incest cases (with important reference to evaluating the dynamics of the entire family system), and juvenile offenders, in both inpatient and outpatient settings, including descriptions of programs within both correctional and mental health institutions. Several different treatment modalities are delineated, demonstrating the range of approaches taken toward a common goal.

The section on biomedical perspectives and treatment, written by one of the leading authorities in the field, pro-

vides a timely discussion of the controversial chemical Depo-Provera and also of other similar medications, pointing out both their uses and limitations as a treatment component. Particularly enlightening is the author's documentation of biomedical contributors to sexual disorders.

The issue of recidivism is addressed along with findings from a recent study on that subject. Another chapter describes the sequelae of sexual assault in regard to victims. Although the findings here are based on adult female victims and would at first appear to fall outside of this book's purview, they do serve the double purpose of reminding the reader of the seriousness of the offending behavior as well as providing an additional understanding of the offender whose assaultiveness is often a long-term consequence of early sexual victimization.

The final section details procedures for setting up and implementing behavioral laboratories for treatment of sexual offenders. These chapters and a number of the preceding ones provide a "how-to" listing of suggestions and considerations that would be invaluable to persons planning to provide offender services. Appropriate utilization of case examples enhances the readability of the book and underscores central concepts. An extensive listing of references following each chapter and an index of treatment programs currently operating in the U.S. and Canada are useful appendices through which the reader can pursue additional information.

This is informative reading for students, practitioners, and administrators of agencies who are interested in this special client population. **A, PR**

The Spirit and the Flesh: Sex in Utopian Communities. Robert H. Lauer and Jeanette C. Lauer. Metuchen, N.J.: Scarecrow Press, 1983 (244 pp.; \$16.50).

Reviewed by Alex Gross, co-director of cross-cultural research projects, New York, N.Y.; co-author of Beyond Orgasm (in press for January 1985).

Religion need not be opposed to sex and can, in fact, actively favor it. This is one conclusion emerging from the Lauers' well-wrought volume on sexuality in American communes. Their work would appear to follow a trend toward reexamining nineteenth-century sexual attitudes (or perhaps our attitudes toward

those attitudes) as seen in recent work by Sears, Foster, Kern, and now Peter Gay. Perhaps all cultures have made provisions for a broader range of sexual attitudes and practices than is sometimes realized. During the Late Roman Empire, as Noonan pointed out, the permissible spectrum of sexual philosophies—all of them buttressed by religious doctrines—ran from a far 'left' insisting that "intercourse in all possible ways is mandatory for salvation" to a far 'right' maintaining that "intercourse is never permissible," with seven gradations in between. Almost all these variants reemerged as separate sexual constituencies during the nineteenth century, and almost all of them are still with us today, with perhaps a few new ones as well.

The Lauers have provided a very readable introductory text on their subject, and their scholarship is impressive, but never overwhelmingly so, in the bibliographical notes ending each chapter. Some readers may find the authors' habit of switching back and forth between nineteenth-century and modern communes a bit jarring, but on the whole this is done tastefully, providing a further layer of insight into the subject. Their classification of communes into those favoring (1) celibacy, (2) some form of traditional marriage, and (3) sexual deviance, is a useful one, though it tends to break down in cases where, as happened often enough, a community ran through several different sexual philosophies during its existence.

The authors have much to tell us about celibacy. Most of us belonging to today's dominant sexual constituency might prefer to see celibacy revealed as a mistake, or even as repressive or "abnormal" rather than as a viable lifestyle. The Lauers present evidence on both sides: Celibacy failed for some communes, others found it quite congenial. Some of the latter, far from suppressing thoughts about sex, filled their prayers and meditations with conscious and robust sexual imagery. The Shakers, of course, died out because of the non-reproductive side-effects of celibacy, but the leader of another early commune observed that "in either case, whether a community [were to] permit or forbid marriage, it may lose members." Another such leader concluded that "a morality is possible in Iceland that will not endure the climate of Mexico."

According to statistics cited by the Lauers, there were over 300 utopian communities in existence between 1663 and 1960, while the number since then

has varied between 2,000 and 50,000, depending on one's definition of "commune." In dealing with so large a subject, the book naturally overlooks some of the existing source material. For example, Thomas Lake Harris, whom the Lauers cite as a celibate, is elsewhere claimed as a devotee of *coitus reservatus*, and it is possible, as Marie Stopes once pointed out, that "continence" was in some cases a code word for this approach to sex. But on the whole the Lauers have compiled a rich documentation attesting to the fact that sexual behavior is far more complex and varied than some sexologists might prefer to believe. **A, PR**

The Sexual Dimension: A Guide for the Helping Professional. Herbert S. Strean. New York: Macmillan (The Free Press), 1983 (241 pp.; \$19.95).

Reviewed by Lorna Oppenheim-Littner, CSW, Coordinator/Trainer, Adolescent Sexuality and Pregnancy Prevention Training Program, The Children's Aid Society, New York, N.Y.

Herbert S. Strean, renowned social worker and psychoanalyst, has written *The Sexual Dimension* as a guide for clinical practitioners, presenting the insights and skills needed for them to recognize, assess, and treat sexual concerns, problems, and dysfunctions. It is this reviewer's opinion, however, that Strean has fallen far short of his stated task. Although the book begins by making a case for the practitioner's viewing sexuality as more than a purely physical phenomenon, Strean then goes on to expound, throughout the entire text, a view of sexuality that highlights *only* the psychosexual dimension. This, in and of itself, would not have provided too much difficulty, except that his view adheres closely to the most orthodox and traditional interpretations of a person's psychosexual development, i.e., the paradigm presented by Freud in his writings. Deviations from this orthodox view are few and far between. Strean's approach paints a picture of sexuality that is narrow and, at best, exceedingly limited in its context. Rarely are there explorations of the multi-dimensional nature of sexuality. Nowhere are there explorations of the social, cultural, and spiritual components that have long been recognized as integral to the formation of values, attitudes, and feelings about sexuality and sexual behavior.

While it is not this reviewer's intention to belittle the importance of the psychological component of sexuality, it is my belief that focusing *only* on this component, and on its most traditional interpretation, denies the richness, diversity, and complexity of an individual's sexuality.

Strean approaches his subject from a life-cycle perspective and includes chapters on sex as it pertains to children, adolescents, marriage, the single person, and the aged. While I can applaud his acknowledgement that sexuality begins at birth and continues throughout the life span, I find myself taking issue with the majority of the interpretations and assertions in each of the chapters. Since space limitation precludes mention of all my numerous disagreements, the following will serve as illustrative examples of the difficulties I had with this book.

When he writes on sex and the child, the author attributes all disorders, whether they are manifested in sexual behavior symptoms or not, as emanating from oedipal and incestuous conflicts. Practitioners are urged to admonish parents who appear unclothed in the presence of their children because of the anxiety it will, *a priori*, engender in the child thus exposed. Gender identity problems are seen as most likely evolving from one-parent-family constellations and are equated with either overt or latent homosexual orientation later in life.

When he writes on adolescents, Strean pays scant attention to the plethora of recent studies and articles on the subject of adolescent sexuality and pregnancy. He goes so far as to quote a federal government estimate of approximately 200,000 illegitimate births in this country annually. I urge him to review the studies reported by Zelnik and Kantner and the research coming out of the Alan Guttmacher Institute to give himself a more recent and realistic view of the topic. I would also urge him to abandon his use of the value-laden term *illegitimate* when referring to children born to unmarried females, be they adolescents or adults. It seems to me that we, as a society, have accepted the single-parent family as a legitimate family constellation. A more realistic term to use in relation to parenthood among most adolescents would be *unintended pregnancy* as opposed to *illegitimate birth*.

When he writes on sex and marriage, Strean asserts that "sexual problems in

marriage have as their major cause the unconscious wish that the marital partner be a parent." Men are "impotent" and women "frigid" because they feel they are having sex with their mothers and fathers. He also manages to resurrect that dead horse, vaginal vs. clitoral orgasms. In one of his case vignettes in this chapter, a previously "frigid" client is able to become orgasmic after she is led to an understanding of her incestuous feelings and her penis envy: "At first her orgasms were clitoral orgasms, but as she began to view her vagina less as a castrated penis and more as an organ to be valued in its own right, she had vaginal orgasms." Some of Strean's notions about proper sexual roles and behaviors are also expressed in this chapter. When describing the plight of men in today's society he suggests, among other things, that a male must somehow negotiate "... helping with domestic chores while at the same time [maintaining] a stable role as a masculine father," as if these two were, again *a priori*, mutually exclusive.

My greatest objection to this book is the fear it has generated that traditionally trained mental health practitioners will buy it and use it as their guide when working with sexually dysfunctional clients. I would like to urge them, and the author, first to expose themselves to some of the other literature concerning human sexuality and its components which is derived from perspectives less narrow than their own and, secondly, to refer clients with sexual concerns or problems to colleagues with more reasoned and broader views.

Education-for-Health: The Selective Guide to Audiovisuals and Publications for Health Promotion, Family Life, and Mental Health. Mental Health Materials Center, ed. New York: National Center for Health Education and Mental Health Materials Center, 1983 (927 pp.; \$90.00).

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

The *Selective Guide* lists nearly 2,200 titles of audiovisuals, books, booklets, pamphlets, and other bibliographies which are recommended on the entire spectrum of health education topics. Building on a model developed by the Mental Health Materials Center, it is the successor to four previous editions of *Selective Guides*. This new work, unlike

its immediate predecessor, includes both audiovisuals and print resources in one volume, and the scope has been expanded from mental health and family life education to include health education as a whole.

Criteria for inclusion in the *Selective Guide* are rigorous and this is one of its best features. Standards include accuracy, authenticity, educational effectiveness, reflection of up-to-date knowledge of the subject, quality of content, and appropriateness for the intended audience. Nearly 75% of the titles in this new edition appear for the first time.

Part 1 covers recommended audiovisuals, while Part 2 focuses on publications. With a few minor exceptions, the major chapters in each section and the more than 80 topics covered within them are similar. For instance, the second chapter in both sections is on "Human Growth and Development." This includes the topics which will probably be of greatest interest to family life/sex educators: sexuality, family planning, prenatal care, birthing, parenting, and childhood, adolescence, etc. through the lifespan. Other topics related to sexuality which appear in other chapters can easily be picked up through the subject index in the back. These include, for example, rape and sexual abuse, sex roles, and sexually transmitted diseases.

Each entry contains a substantial amount of information usefully laid out: bibliographic listing, price and ordering details, a paragraph of synopsis, and then an assessment with recommendations as to appropriate audiences. Because the *Selective Guide* includes citations on all aspects of health education, the number of selections useful for sex education is necessarily somewhat limited. For the most part, however, the citations seem to be well chosen, easy to locate, and described in adequate enough detail for the educator to determine their usefulness for his/her purposes. Those concerned with multiple aspects of health education will, of course, find it most useful.

The *Selective Guide's* major drawback is that, by definition, it suffers from the same problem that all current bibliographies do—i.e., it is out of date before it is even in print, as new audiovisuals and print materials are constantly being produced. It is hoped, therefore, that subsequent editions will continue to be published at relatively short intervals.

The *Selective Guide*, however, remains as one of the most useful bibliographies

of print and non-print materials available to health educators. The National Center for Health Education is even providing a means for dealing with the problem of updating by initiating *Center*, a new periodical published five times a year. Every issue will include a multi-page selection of reviews of new materials. For further information on both *Center* and the *Selective Guide* (available to *Center* subscribers at a reduced rate), contact the National Center for Health Education, 30 East 29th Street, New York, NY 10016. **PR.**

Growing Older, Getting Better: A Handbook for Women in the Second Half of Life. Jane Porcino. Reading, Mass.: Addison-Wesley, 1983 (364 pp.; \$17.95 hardcover, \$8.95 paper).

Reviewed by Judith E. Steinhart, EdD, Department of Health Science, Brooklyn College, Brooklyn, N.Y.

Older women seem to be the last to benefit from the Women's Movement. Far too little research had been conducted concerning older women's concerns, despite the prevalence of raw

material. In too many books this large segment of our population is usually mentioned merely with respect to menopause, and the media still promote the image of either the "sweet old grandmother" or the "ill old lady."

It is therefore a joy when a book like *Growing Older, Getting Better* comes along—crushing myths and stereotypes with its direct quotations and its confronting photographs, e.g., of a woman in her 70s in a leotard, smiling while vigorously exercising. Porcino's text deals with the health and social problems of older women, such as aloneness, addictions, fitness, osteoporosis, and crises, providing useful information and comprehensive resource listings to help in improving each situation. This book shouts "hurrah" from every page, encouraging women to improve their mental and physical health by taking control of their lives in concrete and positive ways. And the author's concept of health represents more than an absence of disease; it encompasses a sense of wellness, a zest for life that encourages the interplay of physical, emotional, and social phenomena.

In her chapter on "Sexuality and Intimacy As We Age," Porcino discusses sexual response, physiological changes of aging, sexual taboos, and various forms of sexual expression, e.g., masturbation, celibacy, older women/younger men, and lesbianism. Her tone is reassuring, respecting each woman's right to make her own decisions, and yet challenging them to "use your imagination." It is inspiring to read a quotation from a 70-year-old woman who states: "I'd say that I'm probably enjoying sex more now than at any other time in my life." By contrast, it is heartbreaking to read quotations revealing deep feelings of loneliness. To help women counter such feelings, Porcino encourages them to persist in developing their friendships which may ultimately provide the satisfactions of intimacy.

Growing Older, Getting Better is a handbook valuable to professionals who work with the mature population, as well as to women of all ages, their partners, families, and friends. Through her affirmative approach and exciting perspective, the author helps older women believe that the quality of their life can improve with age, and that they themselves can contribute to that process. The book can also help younger people anticipate a rich, full future. The idea is to "thrive, not merely survive." **A, PR**

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AUDIO-VISUAL REVIEWS

Members of the Audio-Visual Review Panel for this issue were: Joan Bardach, PhD, Clinical Professor of Rehabilitation Medicine (Psychology), and Supervisor, Postdoctoral Program in Psychoanalysis and Psychotherapy, New York University; Patti O. Britton, Education Department, Planned Parenthood Federation of America; Neal Fawcett, Coordinator, Family Living/Sex Education Implementation Project, Planned Parenthood of New York City; Leigh Hallingby, Manager, SIECUS Information Service and Library; Paul Kulpinski, film student, New York University; Jean Levitan, PhD, Assistant Professor of Health Education, William Paterson College of New Jersey; Konstance McCaffree, PhD, Human Sexuality Educator/Consultant, Council Rock School District, Newtown, Pa.; Alex Sarcyan, Executive Director, Mental Health Materials Center; and Linda Schwarz, Education Department, Planned Parenthood Federation of America. The reviews below were written by Leigh Hallingby.

Herpes: Facing the Realities. 1983, 87-frame color filmstrip with cassette, 17 min. Includes Teacher's Guide. Purchase, \$49. Sunburst Communications, 39 Washington Avenue, P.O. Box 40, Pleasantville, NY 10570; (800) 431-1934.

Oriented toward people with herpes, this filmstrip revolves around a fictional account of a young woman who contracts herpes from casual sex, subsequently becomes involved with a man who does not have herpes, and informs him of her condition. They work out the relationship so successfully that by the end of the film they are husband and wife. Although the story has a somewhat saccharine "they got married and lived happily ever after" quality, it does present fine modeling of how to tell a partner one has herpes. It also provides appropriate reassurance that herpes outbreaks can be controlled, that the risk of spreading the disease to others can be minimized, and that a person can lead a near-normal life despite having

this STD. In the panel's estimation, the filmstrip could have been even more effective if there had been further exploration of the male partner's emotions after he learns that the woman he is involved with has herpes.

As the story unfolds, factual information is presented, along with advice about treatment and photographs of the symptoms and stages of herpes. Also shown are self-help techniques for countering stress, minimizing recurrences, and alleviating pain, with demonstrations of relaxation and visualization techniques. There are also suggestions about good nutrition, sources of further information, and participation in discussion groups with other people who have herpes. The panel found this holistic, self-help approach to be the greatest strength of the generally good filmstrip. An appealing aspect is the alternation between male and female voice-overs in the non-fictional segments. **LT, A, PR**

"Herpie"—The New VD Around Town. 1984 (revised edition), color filmstrip with cassette, ca. 15 min. Includes Teacher's Guide. Purchase, \$49. Sunburst Communications, 39 Washington Avenue, P.O. Box 40, Pleasantville, NY 10570; (800) 431-1934.

"Herpie," a mean-looking, orange cartoon-character, was created to provide information about herpes to early adolescents and to defuse through humor some of the tensions that this sensitive subject generates. There is no story line—just presentation of factual information, including the symptoms, possible complications, progression, transmission, and treatment of this sexually transmitted disease. The unpleasant and sometimes dangerous aspects are brought out, along with the concept that herpes can be controlled through mature and responsible action.

A majority of the panel reacted negatively to the "cutesy" anthropomorphic depiction of herpes, but felt nonetheless that this approach might be effective in

getting up-to-date information on the subject across to the age-specific audience toward which this audio-visual is oriented. The panel also objected to the filmstrip's "Hey, man!" language of the '60s. Comments on the positive side concerned the emphasis on washing the genitals and use of a condom for prevention, the focus on transmission via oral as well as genital sex, and the attention given to pointing out that herpes can be contracted through heterosexual, lesbian, and gay male relationships. **ET**

I Think I'm Having a Baby. 1982, 16 mm or video, 29 min. Purchase, \$500 (16 mm), \$400 (video); rental, \$50. Learning Corporation of America, 1350 Avenue of the Americas, New York, NY 10019; (212) 397-9330.

Originally a CBS "Afternoon Special," this film features Laurie, a 15-year-old, white, middle-class girl who is faced with a pregnancy scare after a one-night stand. The young man involved is her cousin's boyfriend, a handsome high-school senior whom she had idolized and who now abandons her in a display of the worst stereotypical behavior of adolescent manhood. Although in one of the several sex education sequences in the film the teacher (David Birney) of her Adult Living class has pointed out that one million teenage girls get pregnant every year, Laurie never thought it would happen to her. Her main support during the crisis is her best friend who goes with her to a clinic where Laurie has a pregnancy test (which takes an unrealistic three days to bring results) and is counseled by a black woman. A negative test provides a happy ending and the whole experience has helped make Laurie into a more mature, assertive person.

Panel members' reactions to *I Think I'm Having a Baby* varied dramatically. On the negative side, some felt the film was "contrived," "artificial," "predictable," or "stereotypical." However, one panel member who teaches high-school

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.

sex education said that, in her experience, fictional stories such as this are much better than documentaries for bringing out the emotional issues which can be explored in class discussion. Another member agreed that, by showing how adolescents get emotionally entrapped in potentially out-of-control situations, this film would be effective for triggering discussion. And, in fact, it did provoke some lively discussion among panel members—on whether teenage boys are really as bad as the one shown in the film, on both why a “cute” girl would not have a boyfriend and why she would consider her life such a void without one, and on mother-daughter and “best friend” relationships. **ET, LT, A, P, PR**

Not in My Family: Parents Speak Out on Sexual Abuse of Their Children. 1983, 16 mm or video, 34 min. Purchase, \$466 (16 mm); \$360 (video); rental, \$50. Lawren Productions, P.O. Box 666, Mendocino, CA 95460; (707) 937-0536.

With a moderator asking occasional questions, five white, middle-class women discuss in this film what it has been like to be the mother in a home where the husband (who may be her child's father or stepfather) had an incestuous relationship with her daughter. Three of the women speak directly to the camera, and two remain in shadows. Although all of the women are in therapy, the session shown in the film is not group therapy.

One feeling common to all these women is that they were very slow in getting to the heart of the problem in their homes, despite warning signs from their daughters, such as weight gain, insomnia, and loss of interest in personal appearance. And for a couple of these women this delay was of special concern since they themselves had been sexually abused as children. Thus one of the principal messages here is that parents who suspect that sexual abuse might be taking place should not wait for verification but should ask very direct questions of their children. The women also discuss their on-going ambivalent feelings toward their husbands and the question of how their daughters can still love their fathers or stepfathers after the incest experience.

The panel responded favorably to *Not in My Family*, although they felt that its narrow focus would limit its range of appropriate audiences. A major strength

is that the women are very “real” and articulate; but the panel felt that, for the film to be even more effective, viewers should also be given audio-visual opportunities to hear from the children and adults directly involved in the incestuous relationships. Two technical disadvantages are the film's length (34 min.) and its “talking heads” format. **LT, A, P, PR**

Sweet Sixteen and Pregnant. 1982, 16 mm or video, 29 min. Purchase, \$450 (16 mm), \$400 (video); rental, \$70. MTI Teleprograms, 3710 Commercial Avenue, Northbrook, IL 60062; (800) 323-5343.

This film, originally produced as a one-hour television documentary, explores the true stories of five young women who became pregnant as teenagers. The case studies are excellent for their geographic distribution, ethnic mix (three white, one black, and one Hispanic), and the range of outcomes they portray. Carol, a mother at 16, married her child's teenage father and now fears she may be pregnant again. Jackie is crushed that her former boyfriend has not stuck by her and the baby as he had

promised and that she now cannot plan to attend college. When she was a high-school sophomore, Debbie had an abortion and she and her boyfriend, who is also interviewed, both feel that she made the right decision. Rene moved to a maternity home in Florida and in the film's most emotional sequence places her baby for adoption in order to alleviate the family conflicts caused by her pregnancy. A sixth-grade dropout, Denise, at age 13, has a baby of her own to relieve the boredom of babysitting for her younger siblings.

It was the consensus of the panel that *Sweet Sixteen and Pregnant* is one of the best informational films available on teenage pregnancy and parenthood. The panel also agreed that the film makes a strong statement against adolescent pregnancy and is meant to motivate adolescents to avoid early sexual activity, use birth control, and not become teenage parents. Included, in fact, are scenes of an educator teaching a group of teenage girls about contraception and the film ends with a statement from the narrator (Sally Kellerman) naming abstinence as the best method of all. The panel has previously questioned whether an audio-visual can really “scare” teens out of getting pregnant. However, it is definitely desirable that adolescents, professionals working with them, and their parents be informed about teen pregnancy and its consequences, and this film's strength lies in its ability to fulfill that educational purpose. In regard to the production, it should be noted that a majority of panel members complained of some difficulty in understanding the sound track. **ET, LT, A, P, PR**

Choices: In Sexuality with Physical Disability

(16 mm & Video/Color/60 Mins.)

Produced for:
Institute of Rehabilitation Medicine
New York University Medical Center
Joan L. Bardach Ph.D., Project Director
Frank Padrone Ph.D., Co-Director

... Choices is a film which can be used time and time again in rehabilitation facilities human sexuality programs and in any group where issues of sexual interaction and adjustment to a disability are being discussed. If both parts cannot be purchased, Part 1 is a tremendously good discussion starter and should not be missed...

Pam Boyle, Coordinator: Reproductive Health and Disabilities Program of the Margaret Sanger Center of Planned Parenthood, NYC.

MERCURY

Mercury Productions
17 West 45 Street, NYC 10036
(212) 869-4073

Love in Later Life. 1982, 16 mm or video, 30 min. Purchase, \$595 (16 mm), \$505 (video); rental, \$65 (16 mm only). Multi-Focus, 1525 Franklin Street, San Francisco, CA 94109; (800) 821-0514.

This Dutch film was first unveiled by one of its makers, Koos Slob, at the plenary session on sexuality and aging at the World Congress of Sexology in Washington, D.C. in May 1983. It is a wonderful portrait of a highly successful and admirable partnership between a 69-year-old woman and a 70-year-old man who have been married for 44 years. The couple, Mary and Keith, narrate the film (with, in the English-language version, English-speaking substitute voice-overs). They recount their early life together during which she was a school teacher

and he owned a gas station. Still photographs and old footage of events such as World War II are used for illustrations. After the war the couple raised five children, and they are now both enjoying retirement, with each of them retaining a degree of independence and autonomy in a partnership that is at the same time a truly collaborative one.

Sexuality, nudity, massage, and love-making are all shown in the film as very much of a natural, integral part of Mary's and Keith's life together. There are some fine scenes of them massaging each other, and they speak about this as an activity they have really learned to enjoy. Although the film's explicitness stops short of any genital sexual activity, the couple do speak comfortably about both masturbation and love-making.

The panel's reaction to *Love in Later Life* was overwhelmingly positive. The only major reservation concerned the opening sequence which shows Keith and Mary undressing at a nudist beach, a scene which the panel feared might turn off some American audiences not as accustomed to this setting as Europeans and which therefore might make the couple seem too unusual. However, as the film unfolds, they do seem more and

more like a grandmother and grandfather with whom many people will be able to identify. Three aspects that prompted particularly favorable comments were the integration of sexuality into everyday life and companionship, the illustration of how very comfortable Keith and Mary are with their bodies, and the discussion at the end when they speak of their feelings about making this film together. Above all, the panel felt that *Love in Later Life* is a beautiful model of a fully realized lasting relationship. **LT, A, PR**

Jonah Has a Rainbow. 1983, 16 mm or video, 15 min. Purchase, \$300 (16 mm), \$225 (video); rental, \$30. Centre Productions, 1800 30th Street, Suite 207, Boulder, CO 80302; (800) 824-1166.

"Spiritual," "poetic," "lyrical," and "artistic" are some of the words used by panel members to describe this film about the first two years in the life of Jonah Gillian Bea, who was born 11 weeks prematurely. Made by Jonah's parents, it is a personal statement of love and hope in the midst of trauma and crisis, as well as a celebration of the life of a little boy who seems to have success-

fully emerged from neonatal surgery and 10 weeks in the intensive care nursery to go on to become a healthy two-year-old.

There are some moving statements by the parents about being overwhelmed by the technology of modern neonatology; their confusion in learning how to relate to their very sick baby; their fear, after every hospital visit, that he would die; their feelings of guilt for having failed him in the birthing process; and their anger and resentment at not being able to hold him and take him home. Despite these obstacles, Ron Taylor and Jude Bea-Taylor did establish a bonding with their son during his hospital stay and, the week he was originally due, Jonah was able to go home weighing six pounds.

There is a rather limited audience for *Jonah Has a Rainbow*. While its poetic qualities may be very appealing to some, others might have difficulty relating to the spirituality of the parents. However, childbirth educators who want to explore some of the "what ifs" of delivery and birth might find it useful, and parents going through a similar experience would certainly find it reassuring.

LT, A, P, PR

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

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SIECUS REPORT

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