

SEXOLOGY AND/OR SEXOSOPHY

The Split Between Sexual Researchers and Reformers In History and Practice

John Money, PhD

Professor Emeritus, Medical Psychology and Pediatrics
Johns Hopkins University and Hospital, Baltimore, Maryland

The Split

Today's practitioners of sexual medicine and pedagogy, who look into the mirror of sexological history, see that they are reincarnations of their 19th century forebears, whose professional persona was divided. On one side of the divide is the sexual researcher; on the other side, the sexual law reformer. To the researcher belongs sexology, the concepts of which derive from the principles of science; to the reformer belongs sexosophy, the concepts of which derive from a philosophy of sexuality.

Science and Reform

The split between sexual research and sexual reform was already apparent in the writings of Karl Heinrich Ulrichs in the 1860s. Although he was trained as a jurist, Ulrichs kept abreast of the newest scientific advances in the embryology of sexual differentiation. In 1864, he applied the principle of the primordial hermaphroditism of the mammalian embryo to sexual law reform. Not until 1852 had this principle been established beyond dispute, when Karl T. Thiersch demonstrated that the embryo initially has two mullerian ducts and two wolffian ducts, the embryonic precursors of the female and male internal sexual anatomy, respectively.¹ In females, only the two mullerian ducts develop to become a uterus and fallopian tubes, and the wolffian ducts atrophy. In males, the mullerian ducts atrophy, and the wolffian ducts become the male internal reproductive anatomy.

Ulrichs transposed the concept of prenatal bipotentiality to the brain and applied it to an embryological explanation of a womanly sense of sexual love in a man, like himself. The name, homosexual, for such a man, did not yet exist. Thus Ulrichs coined the term, *urning*, after Uranus, who fathered Aphrodite parthenogenetically and motherless from the sea foam produced by his thrashing around after having been castrated and cast into the ocean by his son. Ulrichs had the false hope that, by reason of his embryological explanation, lawmakers would be more legally tolerant of urnings.

He published his first law-reform tract in 1864, under the title, *Inclusa*. In it, he wrote:

In each embryo, until approximately the 12th week of its existence, there is a double generative principle, one male and, at the same time, one female. Until that time, the generative principle is capable of developing male sexual parts, testicles, etc., and at the same time is capable of developing female sexual parts, ovaries, etc....We as Urnings have been equipped as embryos with the feminine generative principle that could have developed into ovaries, labia majora (womb) etc.; and particularly with the generative principle of the lactative glands and the nipples....The feminine generative principle with which we were equipped as embryos in the bodily substratum corresponds to our development of a womanly sense of sexual love....It is erroneous to assume that testicles naturally and innately always coexist with male sexual love....or that female sexual love is a natural occurrence only when there are ovaries. Perhaps the place where sexual love might be found is entirely elsewhere than in testicles, ovaries, or any other sexual parts, namely in the brain.²

Epigrammatically, Ulrichs summed up his ideas in a precept taken from the diaries of a 19th century Swiss author, Jacob Stutz: *anima muliebris corpore virili inclusa*, a female mind included or trapped in a male body.³

Those for whom Ulrichs sought legal tolerance would eventually include those designated as homosexual, a term coined by K.M. Benkert (known also as Kertbeny) in 1869, and resurrected by Magnus Hirschfeld in 1905.⁴ According to today's homosexual politics and sexosophy, Ulrich's biomedical explanation of homosexuality is regarded as a capitulation to medicine, and to a century of the psychiatric pathologization of homosexuality as a perversion. In fact, medicalization of any so-called sexual perversion was in the 19th century, and still is today, an intermediate step to its ultimate decriminalization. The progression is from sin to sickness to social status.

After Ulrichs, the forensic psychiatrist, Richard von Krafft-Ebing, famous for his 1886 book, *Psychopathia*

Sexualis, espoused the cause of the decriminalization of sexual pathology. Decriminalization made little headway, however, even in the case of such innocuous crimes as copulation in other than the missionary position, having oral or anal sex, and committing adultery.

Decriminalization was at a disadvantage in having no techniques of prevention that would satisfy society as a substitute for detention and punishment, and no scientific underpinnings. The various theoretical attempts to explain what were defined as perversions of the sexual instinct shared the deterministic pessimism of such concepts as hereditary degeneracy, constitutional defect, atavistic regression, and arrested development.

Polarization

The polarization of pessimistic versus optimistic determinism among 19th century sexual reformists became aligned with the polarization of nature versus nurture, or innate versus acquired, respectively. Nature, as heredity, was viewed fatalistically as immutable destiny, whereas nurture was viewed discretionistically as mutable, or even reversible. The concept of a codependency between nature and nurture, both interacting at a critical period of development and leaving an immutable outcome, had not been formulated — and still is not widely assimilated among sexual reformists today.

From the end of the 19th until well into the 20th century, the fatalistic branch of the sexual reform movement took up the cause of social eugenics — racial purification by means of castrating or sterilizing the unfit. In the security of their own elitist self-righteousness, social eugenicists had no premonition that, with a change in criteria, they too might be branded unfit. But that is exactly what happened to those who became victims of Hitler's holocaust. This could happen again to those among sexual-abuse reformers who take for granted the security of elite self-righteousness.

The discretionary branch of the sexual reform movement took up the cause of changing society in its own image by means, not of policing and eliminating the unfit, but through the spreading of information and through challenging the adversarial authority of the law. Rather than victimizing others, discretionary reformists martyred themselves — a policy often epitomized by the image of Margaret Sanger, the elfin-sized champion of woman's right to family planning, being assaulted by the Brobdingnagian officers of the New York police force who were arresting her.

Technology and Demography

The ideology of reform, sexual or otherwise, is not born fully formed like Athena from the head of Zeus, but in response either to technological borrowing, to inventions, or to the demographic changes that bring about a reprogramming of the rules of societal and personal coexistence. By the mid-20th century, three technological changes infused new life into sexual reform:

1. The advent and, by 1950, widespread commercial availability of penicillin for the prevention and cure of two most dreaded sexually transmitted diseases, syphilis and gonorrhea.

2. The synthesis of steroidal hormones, their use for birth control, and by 1960, their widespread commercial availability as the Pill — a discretionary form of birth control for women that was put, not in the vagina, but in the mouth, as a medicinal routine and not as a prelude to the sexual act itself.

3. The social survey questionnaire — notably by Kinsey — and its application to the sexual biographies of individuals.

Contemporaneously with these technological innovations were two great demographic changes significant for the sexual reform movement: one, the extension of the lifespan from an average of 45 years at the beginning of the 20th century, to 75 and upward by mid-century (with women living longer than men — up to 10 years or more); the other, the Malthusian human population explosion that still threatens the ecology of all life on earth.

Sexual Liberation, Sexuality, Education, and Therapy

The sexual reform movement, from mid-century

SIECUS Report

Vol. 19 No. 3
February/March 1991

Sex Information and Education Council of the U.S.

Executive Director, Debra W. Haffner, MPH
Editor, Janet Jamar
Editorial Assistant, Elizabeth Wilber

The *SIECUS Report* is published bimonthly and distributed to SIECUS members, professionals, organizations, government officials, libraries, the media, and the general public.

Annual membership fees: individual, \$75; student (with validation), \$35; senior citizen, \$45; organization, \$135 (includes two bimonthly copies of the *SIECUS Report*); and library, \$75. *SIECUS Report* subscription alone, \$70 a year. Outside the U.S., add \$10 per year to these fees (except Canada and Mexico, \$5). The *SIECUS Report* is available on microfilm from University Microfilms, 300 North Zeeb Road, Ann Arbor, MI 48106.

All article, review, advertising, and publication inquiries and submissions should be addressed to the editor:

Janet Jamar, Editor
SIECUS Report
SIECUS
130 West 42nd Street, Suite 2500
New York, New York 10036
212/819-9770
fax 212/819-9776

Editorial Board
William L. Yarber, HSD, Chair
Barbara Beitch, PhD
Jane Quinn, ACSW
The Rt. Rev. David E. Richards

Copyright © 1991 by the Sex Information and Education Council of the U.S., Inc. No part of the *SIECUS Report* may be reproduced in any form without written permission.

Library of Congress catalog card number 72-627361.
ISSN: 0091-3995

onward, had three subdivisions: sexual liberation, *sex* education (more narrow than *sexuality* education), and sex therapy. Ostensibly upbeat and progressive, each of the three contained a kernel of antisexualism.

In the woman's movement, liberation became desexualized by cleansing sexuality into gender. Gender was located above the belt and was nongenital; sexuality was located below the belt and was genital. Women's liberation and gay liberation lost their common ground, insofar as gay liberation pertained too explicitly to below-the-belt sexuality. Radical feminism became below-the-belt antisexual, reviling men's sexuality and equating all visually-depicted male erotica and pornography with the degradation of women and, with insufficient substantiation, endowing it with the power of evoking rape and the sexual assault of women and children.

In the mid-century reform years, the somewhat grandiose goal of educators comprised the attainment of responsible sexuality and sexual health which, by implication, included avoidance of teenage pregnancy and sexually transmitted disease. Less grandiosely, the goal of all education was, and is still, the assimilation of knowledge to the satisfaction of the examiner. Only rarely did educators defy the social taboo and give explicit information on how to copulate as a teenager so as to avoid parenthood, and on how to be more successful as parents. Warnings displaced practical lessons on how to avoid or treat sexually transmitted diseases, contraception and orgasm were forbidden topics, and masturbation was all but unmentionable.

The mid-century advent of sex therapy represented reform, insofar as Masters and Johnson gained the right to investigate genital function and orgasm by direct observation and measurement, without being arrested and put into jail.⁵ Copulatory inadequacies and impairments were given the status of primary, not subsidiary, diagnoses. Treatment was of the couple, not the individual, and there were two therapists, a man and a woman. Sex therapy became the vogue. When it became evident, however, that it could not fulfill all of its promises of cure, a new disease — lack of sexual desire — was conceptualized to account for the failures. Illogically, sex therapists continued to treat this new disease, applying essentially the same methods that had been declared a failure.

The Counterreformation

After their initial honeymoon period, by the third quarter of the 20th century, sexual liberation, education, and therapy reform movements showed the signs of burnout. Their weakness was that their principles of reformation were dependent less on science than on ideology. Therefore, they fell easy prey to the adversarial ideology of the forces of counterreformation, which mobilized, and counterattacked.

The topics listed on the adversarial agenda of the antisexual ideology of the counterreformation were as follows: infection — herpes and HIV/AIDS; homosexuality; any form of sexual education in schools; teenage pregnancy; abortion; fetal tissue research; rape, date rape, wife rape, wife abuse; child sexual abuse or

molestation; pornography; sexual addiction; sexological survey research; and the sexual errancy of public figures.

Victimology

One master stroke of the sexual counterreformation was the invention of the ideology and practice of victimology. There were victims of those who sexually transmitted viral diseases like genital herpes and, since the 70s, HIV/AIDS; victims of child sexual abuse; victims of wife abuse, and victims of rape and sexual assault. Though none of these forms of victimization was new, they achieved unprecedented notoriety and prominence once they had a new professional bureaucracy dedicated to, and paid to, uncover them. As the bureaucracy grew, so also did the professional zeal to suspect more and more cases, and engineer more and more arrests.

Victimization predicates not only victims, but also perpetrators. In general medicine, perpetrators are not people, but are pathogenic organisms, toxins, defective genes, and suchlike agents of disease. Medically, the goal of treatment is to relieve the victim of the agent of disease by eliminating it, or at least controlling it. In victimology, the goal is likewise to relieve the victim of the agent of victimization by eliminating or controlling it. However, in this instance, the agent is another human being who, according to the tenets of victimology, must be, if not eliminated, then segregated from society or otherwise disciplined.

Discipline, as a method of treatment, belongs to the adversarial tradition of the law and is totally alien to the Hippocratic tradition of medicine. Thus, whereas victimologists do not depart from the Hippocratic tradition of health care in their treatment of victims, they abandon it completely when they treat suspected victimizers as perpetrators or criminals to be reported and handed over to the law. It is not possible to serve both Hippocrates, the healer, and Hammurabi, the lawgiver and jurist, at the same time, even if the perpetrator is already in detention. Human sexuality professionals, who try to do so, are caught in the invidious position of being, *de facto*, undercover agents and members of the social service and health-care secret police. Without being articulately aware of it, they have been co-opted into membership in the forces of the sexual counterreformation. They are the heresy hunters of the inquisitorial priesthood of antisexualism.

The antisexualism of the counterreformation is evident in the pedagogical doctrine of good-touch/bad-touch in sexual-abuse education, with its evasion of the truth about sexual organs and sexuality, and its induction of sexual terror and genital phobia during the critical juvenile period of lovemap formation.⁶ Counterreformation antisexualism is evident also in the doctrine that young children never lie about sexuality, which flagrantly ignores everything that is known about pseudologia fantastica and the development of juvenile imagination.

Dissent and Consensus

The new secular priesthood of victimology has its dissenting counterpart in the new secular priesthood of sex therapy. Both follow procedures and practices that are derived from sexual doctrine rather than sexual

science. That is hardly newsworthy, insofar as all of medicine, until barely a century ago, was derived from doctrine rather than science. Within sexual medicine, dissent polarizes on such issues as pharmacological versus counseling and behavior-modification therapy; and, in theory, essentialism versus social constructionism.

Dissent undermines the professional image of sexual education, counseling, and therapy, and indeed of sexological practice as a whole. A weakened image has a widespread deleterious effect on the provision of professional services. Our profession is already damaged by bureaucratic constraints on what we may teach, and restrictions on which of our services will be covered by third-party health insurance. There will be additional restrictions for which we should prepare to negotiate: payments on the basis of Diagnostic Related Guidelines (DRG), for example, and substantiation of the efficacy and outcome of treatment. The private practitioner of sex therapy and counseling is already on the list of endangered species which are being swallowed up by the bureaucracy of Health Maintenance Organizations (HMOs). Increasingly, certified sex therapists, without an MD, will be employed in HMOs as lower salaried substitutes with lower professional status.

A new consensus by the end of the century will undoubtedly be influenced by the worldwide demographic changes brought about by deaths from HIV disease until a pharmacological technology of cure and prevention is discovered. Another pharmacological technology that will influence future consensus is the contragestational pill, RU 486.⁷

If our profession does reach a new conceptual and scientific consensus, the magnitude and magnificence of sexology/sexosophy in the 21st century may well exceed our present imagination. But, failure may well spell our demise, and if we fail the night might fall.

References

1. Adelman, HB. Marcello Malpighi and the evolution of embryology. Ithaca, NY: Cornell University Press, 1966.
2. Ulrichs, KH. (Numa Numantius) Forschungen über das Räthsel der mann-männlichen Liebe (Inquiry into the enigma of man-to-man love). Vol. 2, "Inclusa." Anthropologische Studien über mann-männliche Geschlechtsliebe, Naturwissenschaftlicher Theil: Nachweis das einer Classe von männlich gebauten Individuen Geschlechtsliebe zu Männern geschlechtlich angeboren ist ("Inclusa." Anthropological studies of man-to-man sexual love, natural science section; Proof of a class of male-bodied individuals for whom sexual love for men is sexually inborn). Leipzig: Selbstverlag der Verfasser. In Commission bei Heinrich Matthes, 1864.
3. Kennedy, H. Ulrichs: The life and works of Karl Heinrich Ulrichs, pioneer of the modern gay movement. Boston: Alyson Publications, 1988.
4. Herzer, M. Kertbeny and the nameless love. *Journal of Homosexuality*, 1985, 12, 1-26.
5. Masters, WH & Johnson, VE. Human sexual response. Boston: Little, Brown, 1966.
6. Money, J. Lovemaps: Clinical concepts of sexual/erotic health and pathology, paraphilia, and gender transposition in childhood, adolescence, and maturity. Buffalo, NY: Prometheus Books, 1986.
7. Baulieu, E-E. Contragestion and other clinical applications of RU 486, an antiprogesterone at the receptor. *Science*, 245, 1351-1357, 1989.

SIECUS Recommended Resources

SEXUALITY EDUCATION: THEORY AND PRACTICE (Second edition, 397 pp.) edited by Clint E. Bruess and Jerrold S. Greenberg. This comprehensive paperback textbook, which evolved from the authors' teaching, is designed to meet potential sexuality educators' needs for specific information on how to reach students, for coming to terms with their own sexuality, for feeling comfortable when dealing with sexual topics, and for developing teaching skills and the skills necessary for communicating with individuals and groups. It also explains how to expand programs, conduct evaluations, and do research, and discusses sexual decisionmaking and the biological, psychological, and sociological aspects of sexuality education. Offers excellent resources and addresses the needs of people of varying age groups, cultural and religious persuasions, and mental and physical capabilities. *Macmillan Publishing Company, 866 Third Avenue, New York, NY 10022, 212/702-2000 or 800/257-5755. Price: \$42.*

TALK LISTEN CARE KIT (TLC) FROM HARVARD COMMUNITY HEALTH PLAN FOUNDATION. This kit — developed by health-care professionals for families with children 4 to 12 years — includes diverse, thorough, and accurate materials (reference books, pamphlets, a TLC game, a drawing book), and offers suggestions for activities that focus on sexuality, child development and puberty, family values, child abuse, HIV/AIDS, STDs, and teenage pregnancy. Family education and communication is promoted in a straightforward, supportive, and non-judgmental manner. The TLC Game, designed for group participation, provides an opportunity to talk about individual/family values and opinions in response to "sensitive topics" or situations. Although it depicts a wide range of situations — from depression to discrimination — more sexuality topics could have been included and the goal of the game — to be the first one to spell "listen," "learn," "love," etc. — may not be motivation enough to hold the interest of the players, particularly adolescents. All in all, however, the kit is a welcome addition that may help encourage family dialogue about important issues. *The TLC Kit, Harvard Community Health Plan Foundation, 27 Mica Lane, Wellesley, MA 02181, 800/TLC-KITT. Price: \$9.95 plus \$3 p/h.*

"SEXUALITY EDUCATION," edited by Robert Kaplan, is a special issue of *Theory into Practice*, a quarterly education journal published by the Ohio State University College of Education. This excellent compendium focuses on whether sexuality education is effective in promoting sexual health and in combating sexual problems. It includes articles by Debra W. Haffner, Ann Welbourne-Moglia and Ronald J. Moglia, Douglas Kirby, Joseph Fay and Sol Gordon, Peter Scales, and Jerrold S. Greenberg, those whose "expertise and insights" states Mr. Kaplan, "provide a basis for conceptualizing and developing positive, comprehensive programs that lead us closer to a conceptualization of a curriculum theory for sexuality education." The interconnections between sexual abuse prevention and sexuality education; skill building and community approaches to preventing teen pregnancy, HIV/AIDS, and sexuality education; sexuality education for mentally disabled persons; and teacher preparation are discussed.

Joan Hardin, College of Education Business Office, Ohio State University, 174 Arps Hall, 1945 North High Street, Columbus, OH 43210, 614/292-2801. Price: \$6.35.

SEXUAL PLURALISM

Ending America's Sexual Crisis

Ira L. Reiss, PhD

Professor of Sociology, University of Minnesota, Minneapolis

We are the Western world's leader in HIV/AIDS, rape, teenage pregnancy, sexual abuse of children, and virtually every other sexual problem that one can name. This unwanted leadership is convincing evidence that we must be doing something very wrong in the way we handle sexuality. We must not be fully aware of how we are producing these unwanted outcomes or we would be more adept in controlling them. The challenge is to discover, then alter, whatever is blocking our nation's understanding and ability to handle sexual problems.

A careful study of our sexual customs, over the last few decades, has convinced me that our major problem is our society's inability to build a new sexual ethic, which can serve as a guide for the much wider range of sexual choices that we are called upon to make today. There are many Americans who think that too much of our restrictive sexual past has been violated, but I believe we have kept far too many elements of this dogmatic sexual heritage, and that this is at the root of our present sexual crisis.

Just a few months ago, I published a book in which I spelled out, in-depth, my answer to why we have these self-destructive tendencies, and what changes in our approach to sexuality might rescue America from the disastrous state it is in today.¹ I feel a sense of urgency, because every moment of delay brings harm to the people caught up in these sexual problems. Moreover, the devastating consequences of phenomenally high rates for all sexual problems has made me aware of the need for social scientists, such as myself, to do more than simply describe our problems. In this spirit, I wrote *An End to Shame: Shaping Our Next Sexual Revolution* — as an important step in the search for ways to resolve the sexual problems we now face. I am convinced that the sexual pluralism ethic, described in this article, is the best chance we have for controlling these sexual problems. As I cannot discuss all the issues included in my book, I have chosen to focus on the mythical beliefs associated with abstinence and love, two examples of how we unknowingly produce the very sexual problems that so disturb us.

The Myth of Abstinence as the Safest Standard

Near Minneapolis, where I live, a senior high school is currently embroiled in a debate over whether to permit even the discussion of condom use. Some parents object to the teaching of contraception. They feel that teaching about contraception conveys a conflicting message about abstinence. Such controversy — common in our country — is one aspect of the intolerance of, and

lack of guidance from, adult society that confuses sexually-active teenagers today. Abstinence is preached in most of our high school sexuality education classes,² despite the fact that more than 80% of teenagers are nonvirginal before they are out of their teens.^{3,4}

It must be borne in mind that the majority of teenagers who eventually have intercourse have been strongly encouraged by their parents, and their schools, to believe in abstinence and to avoid sexual intercourse during their high school years. In addition, and of great importance, is the fact that those who preach abstinence as the "safest" standard to pursue often put down the safety of using condoms and, as is happening in Minnesota and elsewhere, object to such information being given to their children. Many Americans are anxious and timid about preparing young people to make safer sexual choices by legitimizing the use of condoms. They are more comfortable simply seeking to prevent any sexual involvement at all. Therefore, when teenagers do engage in sexual intercourse, they often do not use condoms, and thus are at increased risk for diseases and pregnancy.⁵ The fatal error in our approach to teenage sexuality is that we ignore the fact that vows of abstinence break far more easily than do condoms.

In fact, we are so anxious about teenage sexuality, and so brainwashed about teenage abstinence, that almost no one publicly questions whether encouraging high school students to vow abstinence is really a safe goal to pursue. Accordingly, we mistakenly equate vows of abstinence with the reality of abstaining from intercourse. This logical error creates a lethal moral bias: the promotion of "compulsory abstinence" actually increases, rather than decreases, the likelihood of both disease and pregnancy.

After much debate, in late 1988, the Centers for Disease Control (CDC) finally developed a public service announcement for television about condom use. However, the CDC refused to use the word condom and no condom was shown in the announcement. Instead, what was shown was a barefoot man, sitting on a chair, slowly putting a sock over his bare foot, while telling viewers that putting on socks would not save their lives, "but there's something just as simple that could." The viewer was supposed to draw the conclusion that this meant using a condom. Only in regard to our sexuality would we communicate in such an incoherent fashion; and, only a people deeply conflicted, who lack a sexual ethic supporting carefully thought out choices, would produce such a television announcement as this.

In no other area of human life would we continue to support a policy — such as the promotion of abstinence

— which fails, in most cases, and actually increases the risk of life-threatening consequences by deliberately avoiding any preparation for safer sexual practices. In the name of traditional sexual morality, proponents of compulsory abstinence put the lives of young people at risk, and most parents — themselves so burdened by sexual anxieties — are not even aware that this is happening.

It is also important to consider the dogmatic, undemocratic nature of the promotion of abstinence by our government and schools. Would we tolerate someone coming into our public schools and telling our young people that they should all belong to one particular religion or political party? As democratic pluralists, we understand that there are many acceptable religious and political paths. In this same spirit, we should not tolerate our young people being told that there is only one acceptable sexual lifestyle for them. This is particularly the case when moral dogmatism may place their lives in jeopardy.

HIV Infection and The Myth of Love as Safe

Another illustration of how our restrictive approach to human sexuality promotes sexual problems arises in regard to HIV/AIDS.

Despite the fact that more than 1,000,000 Americans are infected with HIV, and that 100,000 people have already died from AIDS, we still allow our traditional sexual morality to promote very dangerous sexual advice. In our advertisements about preventing HIV infection, one often sees and hears the words: "If you have more than one partner, use condoms." Here again, our narrow Victorian approach to sexuality, sees only stable relations that involve *love as good and safe*. The result is that those who are in long-term sexual relationships are not encouraged to use condoms. Our concern, however, should be with risk taking, whether it occurs in a love relationship that lasts one year or in a pleasure-centered relationship that lasts one day. Very few "monogamous" couples are comprised of individuals who have never had other sexual partners, or who will never participate in any future actions that risk HIV infection, so not using condoms is dangerous.

Together with Robert Leik, a colleague of mine, I analyzed whether one has a better chance of avoiding HIV infection by focusing on just one or two partners, or by using condoms without reducing the number of partners.⁶ The safest practice obviously is to both reduce partners and to use condoms, but due to a love bias, most people do not do both. The answer, from our research is very clear: even under a very wide range of life conditions, it is far safer to have sexual intercourse with 20 partners, if you are carefully using condoms, than it is to have sexual intercourse with one or two partners, if you are not using condoms. This was the result under virtually every conceivable social condition, even when we estimated condom failure rates at between 10% and 25%.

In support of our findings, other HIV/AIDS researchers have reported that most women who become infected with HIV heterosexually become infected by a partner with whom they have had a long-term

involvement.⁷ That partner is often an intravenous drug user or someone who became infected by a previous partner. Realistically, having a long-term sexual relationship with a person, who is infected and not using condoms, is the surest way to expose oneself to whatever disease one's partner may have. Condoms, not the stability of a relationship, are the best protection against HIV infection. Nonetheless, our societal bias, in favor of committed premarital sexual relationships, distorts our reasoning, and is now resulting in the infection of women and babies. Instead of promoting condom use, and saving lives, we push sexual dogmas about the safety of premarital love relationships.

"We are in need of an egalitarian sexual ethic that applies equally to both women and men — one that affords us a rational, rather than rigid, basis for making sexual decisions....The thoughtless pursuit of abstinence and love endangers our lives, and blocks the development of a more tolerant and realistic sexual ethic to guide our decisionmaking."

Many Americans, particularly women, are raised with what I call the "dirty water" view of sexuality. Sexual intercourse, outside of a love relationship, is viewed as a glass of dirty water that cannot safely be swallowed. However, add the elixir of love to one's sexual involvement, and suddenly the water is purified and one can safely imbibe. This view betrays our inability to accept sexuality as potentially valuable, even when it does not occur in a love relationship. It is also a male-dominated society's way of restricting women's sexuality. Such restrictions are not placed equally on men.

We are in need of an egalitarian sexual ethic that applies equally to both women and men — one that affords us a rational, rather than rigid, basis for making sexual decisions. It is not enough to simply ask how long a sexual relationship has lasted, or if "love" is present. The thoughtless pursuit of abstinence and love endangers our lives, and blocks the development of a more tolerant and realistic sexual ethic to guide our decision-making. Myths about abstinence and love are but two of the many ways we unknowingly promote the very sexual problems we seek to avoid.

Western Europeans generally have a more pluralistic, less dogmatic, approach to sexuality — and they do not have a higher proportion of sexually-involved teenagers. In addition, they have lower rates of teenage pregnancy and HIV/AIDS.^{8,9} They reject the imposition of one sexual standard for everyone. They realize that restrictive sexual standards have, for centuries, been imposed predominantly on women, and not on men, and that they go hand-in-hand with male-dominated societies. We need to realize that one of the key reasons we find it so difficult to reject our Victorian sexual dogmas is that they are rooted in the traditional male dominance that is still so entrenched in our society. All Western societies, including ours, are now attempting to reduce such male dominance. To challenge traditional sexual beliefs is to

offer women the same sexual rights that men have enjoyed for thousands of years. It is precisely this change that creates resistance in those who endorse traditional roles as the only right way to live.

Defining Sexual Pluralism: A Democratic Sexual Morality

Pluralism in any area of life asserts that there is more than one morally acceptable way for people to behave. The heart of pluralism is to tolerate a broad range of choices by others and try not to impose one's personal choices on all others. Pluralism is the way Americans approach religion and politics, marriage partners, and occupational and educational choices. We freed ourselves far quicker from the narrow perspectives of past centuries in these areas, but many still believe that, in sexuality, there is but one moral path.

Let us be clear. Sexual pluralism does not assert that all forms of sexuality are legitimate — that anything goes. Or, that if it feels good, do it. No, not at all. Sexual pluralism is a moral concept; it is not an invitation to an orgy. Sexual pluralism totally rejects the use of force or manipulation, as in rape and sexual exploitation of children by adults. The best way to ensure that pressure and deception are avoided is to encourage a concern for one's sexual partner; pluralism promotes this by asserting that honesty, equality, and responsibility (HER) are essential ingredients in any sexual relationship. Advising people to "just say no" does not do this. Pluralism offers choices to people, but demands that they take responsibility for making those choices in line with HER principles. Such principles promote *honesty* about each person's sexual goals for the relationship; ask that we treat the other person as having *equal* rights to choose what sexual acts will occur, if any; and insist that both partners take *responsibility* for avoiding unwanted outcomes, like pregnancy and disease. Only if a sexual relationship is honest, equal, and responsible is it acceptable. This should hold, whether one is 26 or 16, and whether one is seeking pleasure, love, or both.

This is in contrast to what sexuality is like, today, in our conflicted culture with its residues of sexual dogma. It is not uncommon for both partners to avoid honesty about their relationship goals for fear of scaring the other person off. One may want sexual contact or love more than the other. Also, there are still many men who take women to dinner and feel that women owe them some sexual satisfaction in return. In addition, the responsibility for protection against pregnancy is still often fully placed upon the woman. Pluralistic couples, who strive for honesty, equality and responsibility in their relationships, practice sexuality in a fashion much more in line with our cultural values.

Pluralism sees sexuality, not composed just of danger, as many traditionalists do, nor composed just of pleasure, as many libertines do. Rather, pluralism sees sexuality as having both danger and pleasure as its components, and insists that each of us make HER decisions on how they should balance out on our personal scales of values. To be a pluralist, we have to learn more about ourselves, and how we personally value the risks and rewards of sexuality. Traditional dogmatic

views of sexuality ignore individual differences and fail to promote thoughtful choices. Only when people are given responsibility, can they develop the ability to act responsibly. Therefore, if we want teenagers, and anyone else, to be prepared for sexual choices, we must teach them to believe in HER principles. People will engage in sexual contact, with or without such training, but if we wish to promote more responsible sexuality, the direction we need to take is clear.

Pluralism asks that we make personal choices that suit ourselves, and that we refrain from imposing them upon others. It gives each of us room to grow and change during our lifetime. What we accept sexually for ourselves, today, may well not be what we accept ten years from now. Pluralism points out a legitimate broad area of choice, within which we can personalize and enrich our sexual lives, and yet, at the same time, it discourages us from being oppressive to those who make choices (restrictive or permissive) that differ from ours. Acceptable sexual choices also include different sexual orientations. Any view that endorses "compulsory heterosexuality," for example, would be rejected. All sexual relationships in line with HER principles are fully acceptable.

A recent incident involving White House Chief of Staff John Sununu reveals the dogma that blocks a pluralistic approach to homosexuality. In 1988, when Sununu was governor of New Hampshire, he became involved in a dispute over a manual written for high school sexuality education teachers by the staff of a local family planning clinic. The manual presented homosexuality as an integral part of a gay or lesbian person's identity, and viewed it as normal — a position in accord with that of the American Psychiatric Association. This tolerant approach offended Governor Sununu; he noted that he would not want his children exposed to that view.¹⁰ In addition, Senator Gordon Humphrey (Republican/New Hampshire) strongly condemned the clinic, and sought to stop federal funds for any project that viewed homosexuality as normal. Funding for the clinic's entire program was stopped, including funds for low-income, pregnant women.

The National Organization for Women and the American Civil Liberties Union came to the aid of the clinic, and after six months of bitter debate, the dispute was settled. The agreement stated that no public funds could be used for the production of the controversial manual. Although Governor Sununu expressed his desire for more drastic action, this settlement remained in place.

There is no doubt that a dogmatic, Victorian stance on sexuality, that sees only one right way for everyone, is behind this objection to viewing homosexuality as normal. A pluralistic perspective would have afforded Governor Sununu a way to tolerate for others what he personally could not endorse for himself. Pluralism, instead of spreading bigotry, avoids pain for all involved.

Just think how most Americans would feel if, instead of homosexuality, the issue were religion or race. Historically there were times when we objected to the equal acceptance of different races and religions, but we attempted to pluralize such views. We have tended to

forget our democratic principles, however, when it has come to sexuality. Sexual intolerance, a major remnant of our past, is in desperate need of similar enlightenment.

To be a pluralist does not mean that each of us must try all kinds of sexual behaviors. Former Surgeon General Koop is an excellent example of a person who is restrictive in his personal beliefs, yet pluralistic in trying not to impose his beliefs on others. Much to the dismay of President Reagan, he recommended condom use for those who are sexually active, and advised those opposed to abortion (like himself) to encourage research into contraception and to distribute contraceptive advice.^{11,12}

People do not become "moral" by simply following some restrictive dogma imposed on them. Some of the most heinous acts in dictatorships around the world have been executed by those "just following orders." Moral actions require individual free choice and awareness of alternatives, not thoughtless, lock-step conformity. Surely, we all know people who avoid having sexual intercourse, who are still dishonest, unequal, and irresponsible in their relationships with others. Likewise, people can be in a love relationship and treat their partner in a dishonest, unequal, and irresponsible fashion. Millions of husbands, who say they love their wives, force sexual contact on them, and many women and men lie to their mates about extramarital affairs. Heterosexuality, virginity, love, and marriage do not make sexuality moral. What makes sexuality moral is measured by the impact the sexual relationship has on oneself and one's partner. This is precisely where pluralism offers its moral guidance: it promotes desirable outcomes through its demand that only HER sexual relationships be acceptable. If we want sexuality to be morally better than it is, we had best stop trying to prevent it, and start preparing our young people for it.

Trends Toward Pluralism Today

Many social forces in our society today are working toward sexual pluralism. Whereas traditional Victorian sexuality flourishes in a male dominant society, sexual pluralism blossoms in a society that treats men and women more equally. One major reason for my prediction of the growth of pluralism is the movement in our country toward greater gender equality. As women have gained more rights in American society, they have demanded to be treated more equally in their sexual relationships. Greater overall economic and political equality for women has meant that they could be more honest about their sexual feelings, more assertive about objecting to forced sexuality, and more confident in requesting that their partners use condoms. These are important changes when we are attempting to reduce high rates of sexual abuse, pregnancy, and disease.

The high economic costs (billions of dollars every year) of our conflicted attitudes toward sexuality, which result in high rates of teenage pregnancy, rape, HIV/AIDS, and child sexual abuse, may also be encouraging people to take a more pluralistic approach to sexuality. If, instead of being so obsessed with preventing sexuality, or of being so conflicted that we cannot act,

we work to prepare people to make sound sexual choices, we will more quickly find ways to reduce the immense costs of sexual problems.

In addition, present gross inequalities in our social and economic structures cannot be overlooked, as they make equality in any sexual relationship questionable. Some 13% of Americans — 32,000,000 people — live in poverty. For those living outside poverty, sexual problems are high by Western standards; but, for those living in inner-city poverty, sexual problems are extremely high, equal to those in third world countries. Poverty promotes a preoccupation with staying alive and just getting by, and sexual issues such as contraception often take a back seat. By addressing the root causes of poverty, we not only demonstrate compassion, we also help the development of sexual pluralism and the protection it affords against unwanted sexual outcomes.

There are signs that many religions are rejecting the dogmatic standard of compulsory abstinence and male dominance, and are becoming more acceptant of homosexuality. We see this particularly in Episcopalian, Presbyterian, and Unitarian churches, the United Church of Christ, and also in some reform Judaic temples.¹³ Moreover, Catholics are as likely as Protestants to use birth control and have abortions, and despite official decrees, are evolving in a more sexually pluralistic direction.¹⁴

Since the 1989 Webster abortion decision, there has been renewed support for abortion rights, even among politicians. As people have spoken out in favor of sexual pluralism, politicians have gained the courage to pass legislation to eliminate many of the restrictive sexual laws that are still on the legal books. However, far too many laws still criminalize private consensual sexual acts among adults. The difficulties that many states have had in repealing these laws, even in the 1990s, bears witness to the residual power of our Victorian view that sexuality is dangerous, degrading, and dirty.

"If we want sexuality to be morally better than it is, we had best stop trying to prevent it, and start preparing our young people for it."

The parents of today's teenagers are the older baby boomers, who led the sexual revolution which began in the late 1960s. These baby boomers, because of their sexual experiences and higher levels of education, have found it easier to move toward sexual pluralism. They know that they changed our society during the last sexual revolution, but they are also aware that they did not discard enough of their Victorian past to permit them to put in place a new workable sexual ethic. As parents, they want to protect their children, and know from their personal experience that compulsory abstinence does not do that. The inner conflict they feel will spur them on to support a movement toward sexual pluralism, because this will aid in the completion of the sexual revolution begun by them a generation ago.

Our fears of HIV/AIDS, rape, teenage pregnancy, and child sexual abuse are major motivations for discarding failed dogmatic approaches to sexuality, and for promoting HER sexual pluralism. In spite of this, the sup-

ports of traditional, male-dominated societies have powerfully opposed such changes. For example, over the past 20 years herpes 2 has spread in America at the rate of more than 500,000 cases a year. Also, millions of women each year have become infected with chlamydia, which for many will mean an inability to bear children. Yet, no one suggested advertising condoms as a preventive measure before the advent of HIV/AIDS, and our television networks, to date, have not accepted condom brand advertisements.

This dogmatic blockage of our own safety and happiness has been in place too long. The cost is immense in human suffering in all sexual problem areas. In the interest of all, we must clearly point out the great harm promoted by our lack of a sexual ethic appropriate for today's society. Old sexual dogmas help produce the sexual problems we face; they do not offer realistic guidance. Conflicts about how to handle our sexual problems could be resolved by working to accelerate the acceptance of sexual pluralism.

People for Sexual Pluralism: A New Focus

If we are to expedite the movement toward sexual pluralism, we must organize our efforts. Accordingly, I proposed in *An End to Shame* that an umbrella organization be formed called People for Sexual Pluralism.¹⁵ Individual members could include those alienated by attempts to impose a traditional sexual outlook on everyone and organizations whose philosophies are compatible with sexual pluralism. SIECUS, in its recent creation of a coalition of 38 national organizations supporting sexuality education, is clearly moving in the direction of building an organization like People for Sexual Pluralism.

The benefits of an organizational focus on an explicit sexual pluralist ethic would be many. First, it would afford each of us a reference group that could be cited as supporting statements made by individuals in favor of sexual pluralism. More parents might be willing to speak out on sexual issues at PTA meetings and in political caucuses, if they could say that they have the backing of a national organization with an explicit sexual pluralist ethic. Such an organization would have political clout, and would encourage elected officials, who personally favor sexual pluralism, to support, speak out, and vote favorably on relevant issues.

One thing, above all else, is clear. If we are to get a handle on our sexual problems, we must resolve our own inner sexual conflicts by jettisoning the Victorian baggage so many Americans unknowingly still carry. Other Western countries have moved further towards sexual pluralism than we have. If we put into place a new philosophy of HER sexual pluralism, I fully believe that by the end of this decade America will be a leader in addressing and solving the sexual problems that so disturb us today. That will be the sexual revolution of the 1990s.

Those strong in pluralistic beliefs must no longer remain silent. We must speak out and let people know about the vast support that exists for democratic pluralism in sexuality. We must speak out in our schools, our churches, our legislatures, our universities, and our

homes. We will then be able to discard the somber dogmatism of the past and promote the joys of a more honest, equal, and responsible sexual ethic. Instead of trying to prevent sexuality we must learn to make sexual relationships more moral by incorporating HER values. Is this not a mission worth working for? And is this not the time to pursue it?

References

1. Reiss, IL. An end to shame: Shaping our next sexual revolution. Buffalo, NY: Prometheus Books, 1990.
2. De Mauro, D. Sexuality education 1990: A review of state sexuality and AIDS education curricula. *SIECUS Report*, December 1989/January 1990, 18(2), 1-9.
3. Pratt, WF. Premarital sexual behavior, multiple partners, and marital experience. Paper presented at the Population Association of America Meeting, Toronto, Canada, May 3-5, 1990.
4. Sonenstein, FL, Pleck, JH & Ku, LC. Patterns of sexual activity among adolescent males. Paper presented at the Population Association of America Meeting, Toronto, Canada, May 3-5, 1990.
5. Studer, M & Thorton, A. Adolescent religiosity and contraceptive usage. *Journal of Marriage and the Family*, 1987, 49(2), 117-128.
6. Reiss, IL & Leik, RK. Evaluating strategies to avoid AIDS: Number of partners vs. use of condoms. *Journal of Sex Research*, 1989, 26(4), 411-433.
7. Fumento, M. The myth of heterosexual AIDS: How a tragedy has been distorted by the media and partisan politics. New York: Basic Books, 1990.
8. Jones, EF et al. Teenage pregnancy in industrialized countries. New Haven, CT: Yale University Press, 1986.
9. Centers for Disease Control. Update: Acquired immunodeficiency syndrome — Europe. *Morbidity and Mortality Weekly Report*, 1990, 39(47), 850-853.
10. *Foster's Daily Democrat*, Dover, NH, April 16, 1988.
11. Koop, CE. Surgeon General's report of acquired immune deficiency syndrome. Washington, DC: U.S. Department of Health and Human Services, 1986.
12. Public Television, Channel 2. The controversial Dr. Koop. Minneapolis, MN, October 10, 1989.
13. Roof, WC & McKinney, W. American mainline religion: Its changing shape and future. New Brunswick, NJ: Rutgers University Press, 1988.
14. Henshaw, SK & Silverman, JH. The characteristics and prior contraceptive use of U.S. abortion patients. *Family Planning*

Ira L. Reiss was formerly president of the International Academy of Sex Research, the Society for the Scientific Study of Sex, and the National Council on Family Relations.

REMEMBER SIECUS IN YOUR WILL!

You can help assure the future of sexuality education and sexual rights by including SIECUS in your will. Call Meredith Hallowell, director of development, at 212/819-9770 for information and details.

HELP SIECUS PROTECT SEXUAL RIGHTS

Debra W. Haffner, MPH

Executive Director

For almost three decades, SIECUS has worked to protect the rights of individuals to make responsible sexual choices. SIECUS Cofounder Mary S. Calderone was one of the 20th century's most influential "sex reformers." SIECUS has been, from its inception, in the forefront of efforts to expand sexual rights. During the almost three years that I have been executive director of SIECUS there has been an almost steady attack on sexual freedom and sexual rights in America. You no doubt have read and thought about these issues:

Reproductive Health Rights. During the past two years, the U.S. Supreme Court has steadily eroded women's rights to safe and legal abortions. On July 3rd, 1989, the Supreme Court in *Webster v. Reproductive Health Services* affirmed the Missouri law restricting access to abortion in public hospitals, and the use of viability tests, thus opening the way for states to restrict the right to abortion services. Last year, the Supreme Court restricted young women's access to abortion services: in *Hodgson v. Minnesota*, it upheld the requirement to notify both biological parents prior to an abortion, and in *Ohio v. Akron Reproductive Health*, one-parent notification was upheld. Ten states now require parental consent for abortions and five states mandate parental notification. Further, only 12 states provide unrestricted funding for abortions for women eligible for Medicaid. These cases have opened the way for increased governmental interference in this most basic reproductive right. Twenty-seven states are now considering laws to restrict abortion services. In January 1990, the governor of Utah signed a bill that would stop all abortions, except those to save the life of the mother, or in cases of rape, incest, and gross fetal abnormality.

The U.S. government has also tried to impose new rules prohibiting personnel in family planning clinics from presenting unbiased pregnancy options to a client, even if she faces major medical risks if the pregnancy is continued. Under these regulations, dubbed the "Gag Rule," even women who specifically ask for a referral to an abortion provider will be told that the clinic cannot provide that information. SIECUS has joined several other organizations in support of an amicus curiae brief to contest these proposed regulations; the case, *Rust v. Sullivan*, will be decided by the Supreme Court this session.

Discrimination Against Gay Men and Lesbians. According to the National Gay and Lesbian Task Force, acts of violence against gay men and lesbian women have increased significantly during the last few years. Perhaps most indicative of the pervasive discrimination against gays and lesbians are existing military policies. The Pentagon reports that about 1,400 men and women are discharged each year for violating Departmental

Directive No. 1332.14, which says "persons who engage in homosexual conduct" or "demonstrate a propensity" to do so, "adversely affect the ability of the Armed Forces to maintain discipline, good order, and morale." Lesbians are discharged at a much greater rate than gay men.

Governmental homophobia does not stop with the military. In 1989, Secretary of Health and Human Services Lewis Sullivan disavowed the report of the Secretary's Task Force on Youth Suicide, because of its recognition of the special need to support lesbian and gay youth as part of suicide prevention programs. Congressman William Dannemeyer wrote a letter to Secretary Sullivan, saying, "Now is your opportunity to affirm traditional family values by denouncing the portion of the report dealing with homosexuality and helping those plagued by homosexuality to seek professional help to overcome their problem." Secretary Sullivan responded: "That report was commissioned and written during the previous administration. Moreover, I want to reemphasize that the views expressed in the paper...do not in any way represent my personal beliefs or the policy of this department. Indeed, I am strongly committed to advancing traditional family values. Federal policies must be crafted with great care, so as to strengthen, rather than undermine, the institution of the family. In my opinion, the views expressed in the paper run contrary to that aim." It is hard to understand how saving the lives of gay and lesbian teenagers undermine those values.

Barriers To Importing RU 486. The abortifacient mifepristone — more commonly known as RU 486 — has been used by more than 50,000 women in France, since it was approved for safe use in 1989. Roussel Uclaf, the company that makes the drug, has plans to make the pill available in England and Scandinavia, but no plans to market the pill in the U.S., because they fear an anti-abortion backlash against its majority shareholder, the West German pharmaceutical company, Hoechst. Activists in New York and California are currently seeking permission to test RU 486 under laws that permit importing banned drugs for experimental purposes.

RU 486 is just one of the reproductive options available to women throughout the world that are not available to women in the U.S. In December 1990, the Food and Drug Administration approved Norplant, the first new contraceptive available to American women in 25 years. Norplant was tested in 44 countries prior to FDA approval, and was available to all women in 14 countries before being approved in the U.S. Injectable methods, and morning after therapies, are widely used around the world, however political and financial barriers have kept those contraceptives from being marketed in the U.S. Only Ortho Pharmaceuticals Corporation, a SIECUS corporate sponsor, is involved in extensive contraceptive research.

Restrictions in Sexuality and HIV/AIDS Education Mandates. As discussed in the *SIECUS Report*, ("Sexuality Education 1990," December 1989/January 1990, Vol. 18 No. 2) many states have inadequate guidelines for sexuality and HIV/AIDS education mandates. In 1990, the number of states mandating sexuality education actually decreased by two states. Kentucky dropped all mandates for local school districts. In Illinois, the state attorney general reviewed the legislation for comprehensive health education, and ruled that it did not include a mandate for family life education, including coverage of human sexuality. (See chart on current state mandates for sexuality and HIV/AIDS education on this page.)

National Abstinence Policy. In September 1990, the Department of Health and Human Services published *Objectives For the Nation* which established public health goals for the year 2000 on many important issues, including the government's official policy on the promotion of abstinence for teenagers. In spite of SIECUS' efforts to alter some of these policies, the DHHS established two abstinence goals for the nation's youth. One is to "reduce the proportion of adolescents who have engaged in sexual intercourse by 50% for young teens and 20% for older teens"; the second, "increasing to at least 40% the proportion of ever sexually-active adolescents, aged 17 and younger, who have abstained from sexual activity for the previous three months." The accompanying text states: "A successful approach is one that promotes development of mature, responsible individuals who understand the consequences of their actions and who are goal oriented and self-disciplined. Mature teens understand that their [sexual] actions today have consequences for tomorrow and that the choices they make today will be with them for the rest of their lives."

Censorship Issues. Censorship against materials containing sexually-explicit content increased steadily over the past two years. In response to a photographic exhibition by Robert Mapplethorpe, the U.S. Congress passed new laws restricting federal funding by the National Endowment for the Arts (NEA). The 1990 NEA legislation required artists to sign an anti-obscenity pledge before accepting government funding. The 1991 law allows local courts to decide whether funded art is obscene; if so, the artist will have to repay the federal government. Also, the rap group, 2 Live Crew, was arrested for singing sexually-explicit themes in front of adult-only audiences. And, attacks on materials in local libraries and stores proliferated across the country.

This list of efforts to restrict sexual rights could go on and on. The SIECUS Board of Directors, in its 1990 to 1995 long range plan, voted to establish a formalized public affairs program, which would include public relations, government relations, and coalition building. With the support of an anonymous donor, SIECUS has launched a major new advocacy program in order to influence public policy and public affairs at national, state, and local levels. In addition, SIECUS is developing new initiatives to respond to national legislation and regulations, to monitor state trends, and to assist local communities in fighting those who oppose these

STATE UPDATE ON SEXUALITY EDUCATION AND HIV/AIDS EDUCATION

	MANDATES		RECOMMENDATIONS	
	Sexuality Educ.	HIV/AIDS Educ.	Sexuality Educ.	HIV/AIDS Educ.
Alabama		•	•	
Alaska			•	•
Arizona				•
Arkansas	•	•		
California			•	•
Colorado			•	•
Connecticut		•	•	
Delaware	•	•		
Dist. of Col.	•	•		
Florida		•	•	
Georgia	•	•		
Hawaii	•	•		
Idaho		•	•	•
Illinois		•		
Indiana	•	•		
Iowa	•	•		
Kansas	•	•		
Kentucky			•	•
Louisiana			•	•
Maine				•
Maryland	•	•		
Massachusetts				•
Michigan		•	•	
Minnesota		•	•	
Mississippi				•
Missouri			•	•
Montana			•	•
Nebraska			•	•
Nevada	•	•		
New Hampshire		•	•	
New Jersey	•	•		
New Mexico	•	•		
New York		•	•	
North Carolina	•	•		
North Dakota				•
Ohio			•	
Oklahoma		•	•	
Oregon	•	•		
Pennsylvania		•	•	
Rhode Island	•	•		
South Carolina	•	•		
South Dakota		•		
Tennessee			•	
Texas			•	•
Utah	•	•		
Vermont	•	•		
Virginia	•	•		
Washington		•	•	
West Virginia	•	•		
Wisconsin			•	•
Wyoming				
TOTAL	21	33	24	16

A state mandate is a requirement that all school districts provide sexuality education and/or HIV/AIDS education to their students, usually in the form of family life education programs or comprehensive health education. Mandates are usually accompanied by suggested curricula to be implemented at the local level.

Recommendations refer to any provisions by state legislatures or state departments of education, which support sexuality education and/or HIV/AIDS education, but do not require it. While curricula may be suggested, it is left up to the local districts to design and implement such programs.

initiatives. SIECUS has organized the National Coalition to Support Sexuality Education, a coalition of 38 national organizations which are united in the mission to promote sexuality education for all children and youth.

In recent months, I have debated our opponents on such television shows as Good Morning America, NBC Nightly News, Donahue, McLoughlin, Larry King Live!, and Sonya Live.

SIECUS needs your help. SIECUS is building a list of SIECUS Advocates — people we can turn to in states and local communities — who will advocate for sexuality education and sexual rights. SIECUS Advocates will receive periodic mailings asking them to take action on vital issues. We will ask SIECUS Advocates to be our ears and eyes in local communities and alert us to local emerging issues. The boards of directors of the Society for the Scientific Study of Sex and the American Association of Sex Educators, Counselors and Therapists have also agreed to ask their members to become SIECUS Advocates. We hope to build a network of more than 10,000 concerned individuals and professionals who will stand together for sexual freedom. There is no charge to be a SIECUS Advocate. Simply make a copy of the form at the bottom of this page and return it to me at SIECUS. You will have taken an important step in defending these principles.

SIECUS members have an important role to play in protecting sexual rights. I would like to encourage each of you to become knowledgeable about public affairs issues, to become politically active in your communities and states, and to use SIECUS as a resource. It is important that sexuality educators, counselors, researchers, and therapists become adept in using political skills such as lobbying, media presentations, and coalition building. You can alert SIECUS to what is happening in your area — for example, state and local efforts to promote sexuality and HIV/AIDS education, efforts to restrict access to information, and efforts to expand or restrict sexual rights. SIECUS can also assist you — and your state and local communities — on these issues.

Together we can make a difference. Together we can work towards a world where sexuality is affirmed as a natural and healthy part of living, where all people — regardless of gender, age, disability, or sexual orientation — will have the right to make responsible sexual choices.

Note: I would like to thank SIECUS Executive Assistant JoAnne Pereira for her assistance on this article.

____ YES, SIGN ME UP AS A SIECUS ADVOCATE

Name _____

Address _____

Telephone _____

Congressional District _____

SIECUS TESTIFIES AT BOARD OF EDUCATION HEARINGS IN NEW YORK CITY

On February 6, 1991, the New York City Board of Education held a public hearing on Chancellor Joseph Fernandez's plan for expanded HIV education, with condom availability in the public schools. Two hundred and seventeen people testified on this controversial plan in what was the longest public hearing in the Board's history.

As the nation's attention focuses on this issue — and the New York City's Board of Education's decision — SIECUS AIDS Associate Carolyn Patierno testified in support of the plan. Her testimony follows:

We are here discussing the lives of the young people of New York City. We are here discussing the prevention of a deadly disease.

There should not be a lot to say, really. It is actually quite simple. We know that HIV causes AIDS. We know that education is the only prevention. We know that, for sexually-active people, the use of condoms is the only means of preventing sexual transmission of the virus.

We know that we, the people of the city of New York, have responsibilities to our children: to help them stay healthy is foremost among them, because if our children are not healthy, or at least alive, everything else is inconsequential, after all.

There are important things to say, however. And they should be said to our young people. What we should say is, "Know the facts about HIV, know how to protect yourself, feel good about who you are, make the choices that are right for you, and know that there are people you can talk to about both HIV and sexuality." And then, what we must do, and do well, is provide all the facts, teach them how to protect themselves, and provide the means with which to do that. And, we must be there to listen to them as they deal with these difficult issues.

Anything less would be completely shirking our responsibility to the people of New York City and, in fact, the young people of the entire nation, because people in smaller cities and towns across America are looking toward New York to set this imperative precedent. In my work training professionals across the country in the area of HIV/AIDS and sexuality, I am reminded over and over again that people everywhere look to New York City for leadership in this crisis. And so, we must do just that: show our leadership by saying, "We will protect our children by all means necessary."

The Sex Information and Education Council of the U.S. fully supports the Chancellor's Expanded HIV/AIDS Education Program Including Condom Availability and greatly respects the Chancellor and his staff for their commitment to the health of the young people of New York City.

The New York City Board of Education voted 4 to 3 to make condoms available on request to the city's 250,000 high school students, without parental consent, on February 27, 1991.

GROWING UP

A SIECUS Annotated Bibliography of Books About Sexuality for Children and Adolescents

As children grow, some of the most important things they learn have to do with their sense of a sexual self. Sexuality begins at birth, and children are constantly learning, by observation, by experiencing, and by being taught, what it is to be male or female in their culture. Sexuality is a natural and healthy part of living, and SIECUS affirms that parents, peers, schools, religion, the media, friends, and partners all influence learning about sexuality for people at all stages of life. However, all too often conflicting, incomplete, or inaccurate messages are received, and this can cause confusion.

The books included in this bibliography discuss sexuality in relation to the whole person, including an individual's thoughts, experiences, knowledge, ideas, values, and imagination from birth through late adolescence. The annotations should assist the reader in deciding which resources will be useful and age-appropriate for the growing individual. If the

listed resources are not available in your local bookstore, the bookstore may be able to order them for you. If they are unable to do this, contact the publisher directly. The publisher's address and phone number is provided after each listing.

Please note that SIECUS does not sell or distribute any of the listed publications, other than SIECUS publications. However, most of the materials listed are available for use at SIECUS' Mary S. Calderone Library.

Copies of this bibliography can be purchased from SIECUS' publications department at the following costs: 1-4 copies/\$2.50 each; 5-49 copies/\$2 each; 50+ copies/\$1.50 each; plus 15% postage and handling (p/h). SIECUS is located at 130 West 42nd Street, Suite 2500, New York, NY 10036; 212/819-9770.

This bibliography was prepared by James L. Shortridge, SIECUS library coordinator.

PRESCHOOL-AGED CHILDREN

BELLYBUTTONS ARE NAVELS

Mark Schoen

Intended to help parents create a relaxed, confident home environment which supports comfortable discussion about sexuality, through the initiation of matter-of-fact, accurate discussions of sexual anatomy. Children will begin to appreciate that they can rely on their parents' openness, concern, and willingness to communicate as they grow and develop. 1990, 44pp., \$14.95 hc.

Prometheus Books, 59 John Glenn Drive, Amherst, NY 14228-9826; 716/837-2475.

DID THE SUN SHINE BEFORE YOU WERE BORN?

Sol Gordon

Intended to be read aloud to small children, this book has been designed with the beginning reader in mind. Focusing on the family and how it grows, illustrations depict a variety of family situations that will stimulate children's awareness and acceptance of differences in lifestyles and cultures. 1982, 40pp., \$7.95.

Ed-U Press, 7174 Mott Road,

Fayetteville, NY 13066; 315/637-9524.

WHERE DO BABIES COME FROM?

Margaret Sheffield & Sheila Bewley

Honest and colorful pictures, accompanied by a simple text that discusses giving birth, answer young children's questions about reproduction and the birth process. 1989, 33pp., \$13.99 hc.

Random House Inc., 400 Hahn Road, Westminster, MD 21157; 800/733-3000.

WHERE DID I COME FROM?

Peter Mayle

Explains the facts of life so that children can understand them, including lovemaking, conception, and growth inside the uterus through birth. Names all the important body parts in a tone respectful of children. 1973, 43pp., \$12 hc.

Carol Publishing Group, 120 Enterprise Avenue, Secaucus, NJ 07094; 201/866-0490.

ELEMENTARY SCHOOL-AGED CHILDREN

AN EASY GUIDE TO LOVING

Lyn McKee, Winifred Kempton & Lynne Stiggall

This comprehensive book for those with

limited reading skills presents information, in an easy-to-read format, about female and male bodies, sexual feelings and health, and birth control. Recommended for individuals at all learning levels. 1987, 71pp., \$5.95.

Network Publications, PO Box 1830, Santa Cruz, CA 95061-1830; 408/438-4060.

A KIDS FIRST BOOK ABOUT SEX

Joani Blank

Covering reproduction and sexuality issues important to a young child, this book names and illustrates body parts, focuses on self-image, and on the pleasures of sexual and personal relationships with other people. Available also as a workbook entitled, *Playbook for Kids About Sex*. 1983, 49pp., \$5.50.

Yes Press, PO Box 2086, Burlingame, CA 94011; 415/550-7399.

HOW BABIES & FAMILIES ARE MADE

Patricia Schaffer

This book addresses procreation and the many ways babies are conceived. Talks about changing compositions of families in today's world in order to help all children understand individual and family differences. 1988, 52pp., \$6.95.

Tabor Sarah Books, 2419 Jefferson,
Berkeley, CA 94703; 415/843-2779.

PREADOLESCENTS

FACTS ABOUT SEX FOR TODAY'S YOUTH

Sol Gordon

With clarity and understanding, this illustrated book discusses male and female sexual anatomy, human reproduction, love, and sexual problems. Includes answers to the common questions young people ask about sexuality and definitions of slang terms. A good book for young people who want straightforward information. Revised 1985, 45pp., \$7.95.

*Ed-U Press, 7174 Mott Road,
Fayetteville, NY 13066; 315/637-9524.*

THE FAMILY BOOK ABOUT SEXUALITY

Mary S. Calderone & Eric W. Johnson

This comprehensive book, designed for all ages, presents information in a clear and understandable way. Its goal is to build a positive, responsible understanding of sexuality as an important life force. Provides insights into HIV/AIDS, marriage, gender roles, life values, how the body works, and sexual problems. Includes a concise dictionary of sexual terms. Revised 1990, 330pp., \$8.95.

*Harper Collins Publications, 1000
Keystone Industrial Park, Scranton, PA
18512; 800/331-3761.*

LET'S TALK ABOUT SEX

Sam Gitchel and Lorri Foster

Intended to develop better communication about sexuality, this book includes factual information and activities/exercises that will encourage dialogue about values and sexuality between children and parents. Divided into two sections: one for parents; the other for children. Available also in Spanish. 1983, 61pp., \$4.95.

*Planned Parenthood Central
California, 255 North Fulton, Suite
106, Fresno, CA 93701; 209/486-2647.*

LOVE & SEX IN PLAIN LANGUAGE

Eric W. Johnson

Written for both male and female readers, this book discusses responsible decisionmaking and how to prevent trouble, and lays the groundwork for the healthy enjoyment of sexuality. Provides knowledge of anatomy, sexual physiology, ways of

thinking and relating, and methods for avoiding distress, disease, and unwanted pregnancies. Respects individual differences in attitudes and experience. Fourth edition 1985, 148pp., \$15.95 hc.

*Harper Collins Publications, 1000
Keystone Industrial Park, Scranton, PA
18512; 800/331-3761.*

PERIOD

*JoAnn Gardner-Loulan, Bonnie Lopez &
Marcia Quackenbush*

Written for females approaching puberty, this recently updated book discusses body changes, sanitary protection, and gynecological care. Storybook drawings help discuss this sensitive topic with intelligence and humor. Available also in Spanish. Revised 1990, 87pp., \$9.95.

*Volcano Press, Inc., PO Box 270,
Volcano, CA 95689; 209/296-3445.*

PEOPLE, LOVE, SEX & FAMILIES

Eric W. Johnson

Written in question-and-answer format, this book offers a wealth of information and advice for growing youth on contraception, homosexuality, rape, child abuse, divorce, and the pressures that arise as one develops. 1985, 122pp., \$13.85 hc.

*Walker & Company, 720 5th Avenue,
New York, NY 10019; 212/265-3632.*

PUBERTY: AN ILLUSTRATED MANUAL

Alicia Hynes

Designed to provide information to females regarding the physical changes that occur during puberty, this book covers stages of the menstrual cycle, the reproductive system, options in sanitary protection and contraception, proper diet, health care, and hygiene. Clearly presented and easy-to-understand, this manual is a good resource for teenagers seeking knowledge and reassurance from an impartial, unemotional authority. 1989, 147pp., \$12.95 hc.

*St. Martin's Press, Inc., 175 5th Avenue,
New York, NY 10010; 800/221-7945.*

SEX STUFF FOR KIDS 7-17

Carol Marsh

Straightforward, frank, and humorous, the author provides factual information about puberty, feelings, dating, contraception, STDs, pregnancy, rape, and one's peers. 1987, 94pp., \$14.95.

*Gallopade Publishing Group, 235 East
Ponce de Leon Avenue, Suite 100, Decatur,
GA 30030; 404/370-0420.*

WHAT'S HAPPENING TO ME?

Peter Mayle

This book, recommended for individuals between late elementary and junior high

school, humorously illustrates and answers questions about puberty. 1975, 50pp., \$12 hc.

Carol Publishing Group, 120 Enterprise Avenue, Secaucus, NJ 07094; 201/866-0490.

WHAT'S HAPPENING TO MY BODY?: FOR GIRLS

Linda Madaras

Comfortable and nonjudgmental in tone, this book encourages young women to explore, understand, and accept their bodies, while covering the basic facts of female development. Includes information on contraception and STDs. 1988, 269pp., \$9.95.

*New Market Press, 18 East 48th Street,
New York, NY 10017; 212/832-3575.*

WHAT'S HAPPENING TO MY BODY?: FOR BOYS

Linda Madaras

Comfortable and in nonjudgmental tone, this book is designed to encourage young men to explore, understand, and accept their bodies, while covering the basic facts of male development. Includes information on contraception and STDs. 1988, 251pp., \$9.95.

*New Market Press, 18 East 48th Street,
New York, NY 10017; 212/832-3575.*

ADOLESCENTS

BE SMART ABOUT SEX

Jean Fiedler & Hal Fiedler

Provides young people with the information they need — in an easy-to-understand, question-and-answer format — in order to understand their sexuality and handle the pressures they may face as they grow. Includes discussion of the changes that take place during the early teen years, sexual decisionmaking, responsible sexuality, STDs, alcohol and other drugs, and safer sex practices. 1990, 128pp., \$17.95 hc.

*Enslow Publishers, Inc., 600 Bloy
Street & Ramsey Avenue, Box 777,
Hillside, NJ 07205; 201/964-4116.*

CHANGING BODIES, CHANGING LIVES

Ruth Bell

Revised and updated with new material on birth control, HIV/AIDS, suicide, and relationships, this book offers information that adolescents need to be emotionally and physically healthy, to take good care of themselves, and to have control over their lives. Masturbation, homosexuality,

pregnancy, STDs, rape, and communication with parents and friends, are discussed. Revised 1987, 254 pp., \$14.95.

Random House, Inc., 400 Hahn Road, Westminster, MD 21157; 800/733-3000.

DOCTOR, AM I A VIRGIN AGAIN?: CASES & COUNSEL FOR A HEALTHY SEXUALITY

Robert A. Hatcher, Shannon A. Damman & Julie Convisser

This entertaining and educational book, which focuses on how to communicate about sexuality, contraception, and relationships, uses personal accounts and practical and realistic cases of sexuality issues to give the reader an idea of what is expected by both males and females in today's world. 1990, 232pp., \$10.

DIVA, 393 West Wesley Road, Atlanta, GA 30305; 404/589-3709.

LEARNING ABOUT SEX: THE CONTEMPORARY GUIDE FOR YOUNG ADULTS

Gary F. Kelly

Dispels many of the myths that surround human sexuality and emphasizes the exploration and examination of adolescent sexual and emotional development. Stresses communication, being well informed, and clarifying one's values, before one makes sexual decisions. Helps adolescents take a better look at what it means to be a sexual person. 1986, 3rd Edition, 195pp., \$6.95.

Barrons Educational Series, Inc., PO Box 8040, Hauppauge, NY 11788; 800/257-5729.

NEX! NEW EXPERIENCES

Printed Matter, Inc.

An educational supplement presented in an engaging, informal magazine format, NEX offers information, support, and specific suggestions concerning the physical, sexual, and emotional health issues of today's young people. The colorful design and the youthful language speak to teenagers in a unique way. 1989, 96pp., \$4.95; bulk prices available.

Printed Matter, Inc., PO Box 15246, Atlanta, GA 30333; 404/377-3927.

ONE TEENAGER IN 10: WRITINGS BY GAY AND LESBIAN YOUTH

Edited by Ann Heron

Twenty-six young people tell how they have come to terms with being gay or lesbian youth, and describe their decisions as to when, if, and how

they should tell their friends and parents, as well as the consequences of their decisions. 1983, 116pp., \$4.

Alyson Publications, Inc., Dept. B-26, 40 Plympton Street, Boston, MA, 02118; 617/542-5679.

THE NEW TEENAGE BODY BOOK

Kathy McCoy & Charles Wibbelsman

A thorough and to-the-point discussion of the changes that occur in an adolescent's body and feelings. Includes updated information on eating disorders, contraceptives, STDs, and teenage depression. Offers a state-by-state guide to crisis counseling centers, adolescent health, drug and birth control clinics, and telephone hotlines. 1987, 278pp., \$9.95.

Price Stern Sloan, Inc., 360 North La Cienega Boulevard, Los Angeles, CA 90048; 800/421-0892.

PARTNERS IN HEALTH

Beverlie Conant Sloane

Offers a wealth of information, and addresses the challenges and choices involved with becoming a sexual person and in building communication and decisionmaking skills. Discusses contraception, protection against STDs, and reproductive health. 1990, 64pp., \$8.95, bulk prices available.

Printed Matter, Inc., PO Box 15246, Atlanta, GA 30333; 404/377-3927.

SEX EDUCATION FOR THE PHYSICALLY HANDICAPPED YOUTH

C. Edmund Hopper & William A. Allen

While dated, this well-presented and informative book, written for disabled youth who are reaching maturity and are seeking information about sexuality, covers sexual fantasies, masturbation, homosexuality, dating, reproduction, birth control, STDs, and drug use. 1980, 130pp., \$8.75.

Charles Thomas Publishers, 2600 South First Street, Springfield, IL 62794-9265; 217/789-8980.

YOUNG, GAY AND PROUD

Edited by Sasha Alyson

Addresses the needs and problems of gay youth. Discusses coming out to parents and friends, gay sexuality and healthcare, and finding support groups. Includes personal stories. 1985, 93pp., \$4.

Alyson Publications, Inc., Dept. B-26, 40 Plympton Street, Boston, MA 02118; 617/542-5679.

A YOUNG WOMAN'S GUIDE TO SEX

Jacqueline Voss & Jay Gale

This straightforward, illustrated guide for young women addresses all aspects of sexuality, including peer pressure, responsibility, gender roles, relationships, determining sexual values, and communication with parents and sexual partners. Includes information on first sexual experiences, safer sex practices, STDs, masturbation, contraceptives, pregnancy, gender preference, sexual harassment, incest, and rape. 1987, 298pp., \$7.95.

Price Stern Sloan, Inc., 360 North La Cienega Boulevard, Los Angeles, CA 90048; 800/421-0892.

A YOUNG MAN'S GUIDE TO SEX

Jay Gale

A comprehensive and easy-to-read book for males that is accurate, objective, sensitive, and reassuring, and yet not judgmental. Covers a wide range of current issues and information, recognizes that sexuality is a complicated subject that produces anxiety in people of all ages, and tells the reader how to make sense of it. 1984, 214pp., \$14.95 hc.

Henry Holt, PO Box 30135, Salt Lake City, UT 84130; 800/247-3912.

BIBLIOGRAPHIES

CHILDREN, ADOLESCENTS AND HIV/AIDS EDUCATION: A SIECUS ANNOTATED BIBLIOGRAPHY *SIECUS*

Profiles HIV/AIDS resources for children and adolescents. Includes books, audiovisuals, and curricula. 1990, 2pp., free with a self-addressed, stamped, business-size envelope.

Publications Department, SIECUS, 130 West 42nd Street, Suite 2500, New York, NY 10012; 212/819-9770.

CHILD SEXUAL ABUSE EDUCATION, PREVENTION, AND TREATMENT: A SIECUS ANNOTATED BIBLIOGRAPHY OF AVAILABLE PRINT MATERIALS *SIECUS*

Identifies resources for children, adolescents, parents, and professionals that provide prevention information and education on child sexual abuse while also presenting sexuality in a positive context. Includes books, curricula, and a listing of helpful organizations. 1990, 7pp., \$2.50.

Publications Department, SIECUS, 130 West 42nd Street, Suite 2500, New York, NY 10012; 212/819-9770.

BOOKS • BOOKS • BOOKS • BOOKS • BOOKS

AN END TO SHAME: Shaping Our Next Sexual Revolution

Ira L. Reiss & Harriet M. Reiss
Buffalo, NY: Prometheus Books, 287 pp., \$21.95.

Sociologist Ira Reiss, one of the most respected experts in the field of human sexuality, is known for his scientific research and writing, for his presentation of new theories, and for college textbooks on the subject.

Reiss also is a bit of a social philosopher and futurist. In his latest book, *An End to Shame*, he successfully pulls together insightful analysis on several contemporary issues — sexual abuse, sexuality and religion, sex therapy, and how the next sexual revolution can be shaped. After years of thinking, writing, and speaking on the subject of human sexuality, he decided that it was time to publicly share his conclusions on how and why we need to deal with sexual expression more rationally, more safely, more sanely, and more enthusiastically than we have in the past. Tired of the "shame-you-out-of-having sex" approach, so common in the "just say no" 80s and beyond, Reiss decided that he would write a book to encourage Americans to make a long overdue "rendezvous with reality."

This book is well-organized, cohesive, and easy-to-read. The style is breezier than Reiss' academic style, and although the book is a trade book, it includes extensive and useful footnotes. Moreover, the book is a *good read*. This reviewer particularly enjoyed Reiss' refreshing insights and optimism for a better sexual tomorrow.

Reiss argues in *An End to Shame* that we are in need of a *new sexual philosophy of pluralism* to guide us through the next sexual revolution — a pluralistic approach that recognizes "that there are circumstances that are pleasure centered. As long as the basic pluralistic values of honesty, equality, and responsibility are present," he says, "then the respectful treatment of each person is present even though lasting affection and love may not be there." America, he says, is pluralistic about religion and politics, why not sexual choices?

Focusing on sexual realities, this book is a must guide for all teachers, parents, and politicians. Readers will gain insight into why a logical approach to human sexuality is more effective than the present perpetuation

of sexual ignorance and embarrassment by our schools, in our homes, and in most other places.

"Many politicians, ministers, educators, and parents," Reiss contends, "maintain that if we were less tolerant of sexual choice, if we only taught 'just say no,' then we would be more 'decent' and our sexual crisis would fade away." But, he cogently comments, "I believe that this intolerant, self-righteous, dogmatic approach to sexuality is precisely what has made us the world leader in all major sexual problems. And it is exactly what we must reject."

We have created a shame about sexuality that imposes upon each of us a silence about openly declaring and defending our right to sexual choices...even in the 1990s we hear cries of 'just say no,' which is basically a call to ignorance, a rejection of individual choice, and a distrust of the ability of American youth to act with honesty, equality, and responsibility....We must claim our sexual rights or the sexual disasters that we have today will claim us.

In comparison with European countries, Reiss says, America is more violent, and has more rapes and unwanted teenage pregnancies. He points out that Swedes, for example, are more open, frank, and effective in dealing with sexuality education, teenage sexuality, and sexual problems than we are. We Americans are closed and ineffective. We joke about sexuality, but find it much harder to be serious and open about it, because we are still part Victorian, and our prudery blinds us from seeing and dealing humanistically with competing and equally legitimate sexual scripts.

Reiss emphasizes that our prudery also is at fault in censoring open condom ads, such as those that exist in England. British television airs ads that focus on condoms, where humor, not the fear of death, is the hook. The choice is inescapable: America must develop pluralistic sexuality education. Until we become more pluralistic and tolerant, we will not be able to positively handle the sexual crises we constantly face.

Utilizing what is known from research and medical science about human sexuality, Reiss asks readers to fairly consider both monogamous and nonmonogamous lovers and couples. To do this, he says, we have to take a pluralistic approach to what sexuality means, and consider why each of us seeks sexual contact. He emphasizes that even though we live in a sexually diverse society, we pretend that we have limited and prescribed choices — for example, to abstain from sexual contact or to be monogamous. Drawing on contemporary research, he effectively argues that we must actively support sexual pluralism and

denounce the dogmatic, moralistic judgments of others — sexual judgments that we have a right to make for ourselves. There *are* more than two legitimate sexual choices.

Reiss is again on target with his comments on male/female relationships:

The adversarial system of sexual encounters is a no-win situation for both women and men. The man's role is to convince the woman to enter a sexual relationship. Little wonder then that many women think of men as only interested in sex and as 'using' women. Empowering women to initiate sexuality as freely as men do, when they wish to, would make the seduction role of men unnecessary and that would reduce the sexual pressures on women as well as on men.

Women, Reiss contends, will use their sexuality as a scarce resource (carrot) until they have economic and political equality. This reviewer agrees. We could have far more imaginative relationships if we junked the double standard in favor of a single standard of responsible, but adventurous sex. Reiss calls for a gender-equal society. Amen.

Reiss is correct in stating that value-free social science does not provide solutions to sexual problems. A good sociologist should be concerned with the social, political, and personal implications of sound research for social policies, laws, and education. A sociologist's patient is society. Insight, skill, intimacy, and pleasure can be gained if our sexual socialization becomes more nurturant and more thorough. We need objective social planners to guide us down a sexual path to enthusiastic safer sex.

Reiss criticizes the U.S. government-sponsored approach to promoting abstinence in sexuality education programs that excludes a pluralistic approach to safer sex as a legitimate option to abstinence. He points out that 80% of 19-year-old teenagers are already engaging in sexual intercourse. Education thus must address this sexual reality, and contraceptive access as well.

Safer sex — not no sex — gets Reiss' support. He advocates sexuality education and the use of condoms and spermicides. He argues that a monogamous sexual relationship with someone infected is more dangerous than multiple partners who practice safer sex.

At various points in the book, Reiss strongly disagrees with some of the positions taken by William Masters,

Virginia Johnson, Robert Kolodny, Helen Singer Kaplan, and Theresa Crenshaw, on HIV/AIDS and the effectiveness of safer sex. This reviewer agrees with Reiss' criticisms in every case. He includes many good quotes on what he considers to be irrational approaches to sexuality. For example:

Her suggestions [Helen Singer Kaplan] may be good for the Lysol company but they are impractical for most American women today. Imagine combining Kaplan's 'Lysol washing' approach with Masters, Johnson, and Kolodny's 'toilet seat' warning. You would have to be careful not only about semen spilling on you but also about sharing the same toilet seat. Wouldn't that make for a lovely evening?

However, Reiss fails to discuss the major reason for the consistently low use of condoms — that condoms interfere with the pleasure of both male and female lovers. He emphasizes always using a condom with nonoxynol-9, but fails to discuss vaginal sponges or water-soluble lubricants with nonoxynol-9 as separate safer sex steps — steps that are even safer when combined with the use of latex condoms. Typical of sexuality educators, he essentially forces a choice between condoms and nothing. Given the effectiveness of nonoxynol-9, for example, those who use nonoxynol-9 alone are at least using something that helps to prevent HIV and other STD transmission.

Reiss criticizes NEA censorship, and also offers an especially intelligent overview of the censorship of explicit sexual materials, including the Minneapolis City Council debates over the so-called "civil rights" approach to censorship — taken by Andrea Dworkin and Constance McKinnon — which failed at the Supreme Court level.

He also critically discusses sex therapists who try to make clients conform to sexual conservatism in the name of sexual addiction, revealing their moralistic bias in the guise of science and therapy.

In the last chapter of the book, "Shaping the Next Sexual Revolution," Reiss contends that the media are too voyeuristic and moralistic, that choice is the heart of morality, and that we need to affirm choice. No argument here.

Reiss provides readers with plenty of examples of how *not* to deal with sexuality — but will anyone listen? Will politicians and government officials read this book before they

propose policy or legislation, or vote on sexual matters? Every congressperson should receive a copy of this book — Jesse Helms, in particular, for his head-in-the-sand approach to sexuality. Reiss also mentions Tipper Gore and Oprah Winfrey, because of their belief that preadolescent children are sexually innocent — that they do not have sexual thoughts or become sexually aroused. A much more vicious attack on one's earliest sexual feelings, however, comes from the convoluted fundamentalist right, he says, with a little help from the extremist feminist left. The recent attack on the Kinsey Reports by Judith Reisman and her coauthors (*Kinsey, Sex and Fraud*, Huntington House Publishers, 1990) is a prime example of an off-the-wall, and totally unsubstantiated attack on sexual pleasure, through an attack on sexuality research and education.

For the most part, Reiss' book is right on target. He is right, as far as I am concerned, when he says, "Vows of abstinence break far more easily than do condoms." He is right that erotica promotes female equality. He is correct that violence — not erotica — is the problem, and that opposition to explicit sex is due to sexual repression about body-centered fantasies.

This is an eloquent book with a critical conclusion — we must band together for sexual pluralism — perhaps through a new national organization. Reiss predicts:

By the end of the 1990s it will be hard for people to believe that in the 1980s Congress funded a Chastity bill promoting abstinence for all teenagers. We will have discovered what most Western European countries already know — that teenagers can be sexually responsible.

An End to Shame deserves to be widely publicized. It is much more important than most popular books about human sexuality, because Reiss offers a rational and positive approach instead of repression, paranoia, and boredom. He uses research, theory, and logic to make some much-needed recommendations for educators, policymakers, and parents.

There is far too much to this superb book to do it justice in one review. Read the book. You will not want to put it down. You will want to discuss the ideas with those close to you. Must reading.

Rogor Libby, PhD, formerly a professor of human sexuality, is a freelance sociologist residing in Atlanta, Georgia, a guest speaker on college campuses, a fellow of the Society for the Scientific Study of Sex, and an invited member on the International Academy of Sex Research. He recently launched the National Organization of Sexual Enthusiasts (NOSE) to combat censorship and promote responsible eroticism with humor (Box 8733, Atlanta, GA 30306).

THE KINSEY INSTITUTE NEW REPORT ON SEX: What You Must Know to Be Sexually Literate

June M. Reinisch & Ruth Beasley
New York: St. Martin's Press, 1990, 540 pp., \$22.95.

When assessing the Kinsey Institute today, some sexologists are satisfied with *what now is*, some long for *what once was*, and some hope for *what might be once again*.

What once was has been summarized by Reinisch in her introduction to this book:

In 1956, Alfred Kinsey died at the age of 62, never to know that less than a decade later he would be considered one of the most influential figures of the twentieth century. Moreover, the early staff's collection of 17,500 interviews remains the largest data base of sexual histories; it is still the most frequently cited source of data on human sexual behavior. Even in 1986, this data base was used by the National Academy of Science as the sole source of sex information from which to predict estimates of the spread of the AIDS virus.

When June Reinisch, a psychobiologist, became director of the Institute for Sex Research in 1982, the name of the institute was changed to the Kinsey Institute for Sex, Reproduction, and Gender. Leaving behind Kinsey's sociological tradition of collecting sexual histories, Reinisch developed "a research-based newspaper column, where answers would be derived from authoritative research, not opinion." "The column," she said, "would not tell people what to do, but rather would provide scientific information from which individuals could draw their own personal conclusions...within the context of personal values and individual circumstances."

What now is? The Kinsey Institute's new report does not focus on sexual behaviors. Instead, it is primarily a collection of research-based newspaper columns which provide sexual information and advice. The only survey included in the report is one conducted for the Kinsey Institute by Roper to determine America's sexual literacy — Americans flunked. Only 22% of those surveyed read books about sexuality while they were growing up; only 26% will turn to books now for sexual information. Moreover, literacy breeds literacy: the better educated both know more, and read more, about sexuality; the less educated both know less and read less about sexuality. The contention appears to be that because Americans are sexual illiterates, they should

buy this book.

But what does it mean to be sexually literate? Is it to be able to read and write about sexuality? Probably not. Is it to be sexually educated? Does literacy include, not only knowing about contraception, STDs, and lovemaking, but also such specifics and curiosities as are included in the test of sexual literacy, such as the mean ages of first intercourse or the percentages of people engaging in anal intercourse or adultery? Does literacy include values?

Because no one can offer sexual information and advice without leaving facts behind and advocating value positions, "sexual literacy" cannot be reduced just to the ability to read about the value-free facts of life. It is clear that Reinisch values sexual responsibility, communication, intimacy, negotiation, consent, commitment, pleasure, and the like. She says so, repeatedly. The following, however, is value-filled without offering any scientific research basis. It illustrates the difficulty of claiming to offer "just the facts":

In the opinion of many, the most pleasurable sex is with a partner in a loving, committed relationship. Mutual love, caring, trust, acceptance, and emotional bonds are of more importance to a sense of pleasure than is the prior experience of either partner.

Nonetheless, this book will help those already informed about sexuality become more so, as the information is based on interpretations of available sexuality research. However, citations of research sources would have made scholarly readers happier. Also, Reinisch's advice is the state of the art—but it is not science; it is what John Money calls "sexosophy." Most sexuality educators, and sexual scientists (including me), probably agree with most of what is written, and many will refer their students or clients to this book, as an authoritative source of a broad range of information, opinion, and advice about sexuality, gender, and reproduction. But...

What might be once again? I hope for a new Kinsey report on the details of human sexual behaviors. This work is not that, and 40 years is too long to wait for an in-depth interview of a representative sample of Americans about their sexual behaviors. If the Kinsey Institute does not do this, then who will? If not now, then when?

The taboos on sexual research and sexuality education require proactive efforts to change the sexuality-negative

moral climate in America. No single person has had a greater impact on this than Alfred Kinsey. His ghost cries out, "New knowledge reduces ignorance. Be not content to offer good advice to the already converted."

Reviewed by Donald L. Mosher, PhD, professor of psychology, University of Connecticut and former president of the Society for the Scientific Study of Sex.

AIDS PREVENTION IN PUBLIC SEX ENVIRONMENTS: OUTREACH AND TRAINING MANUAL

David Loren Beckstein

Santa Cruz, California: Santa Cruz AIDS Project, 1990, 62 pp., \$17.

For those concerned with providing HIV/AIDS information and supplying condoms at gay "beats" and other outdoor cruising areas, David Beckstein has produced an excellent training manual, which covers the descriptions of public sex environments (PSEs), reaching men of high risk, outreach strategies, and the process of developing an outreach program. While such a program is far from new, this manual has two major advantages over many of its predecessors. Despite all the difficulties involved in researching such an intervention, Beckstein's fifth chapter empirically evaluates the efficacy of this intervention. For those committed to this particular approach to HIV/AIDS education, this easy-to-read, user-friendly manual provides a comprehensive model of how to set up volunteer outreach at PSEs, select and train volunteers, and evaluate their efficacy. As such, and as far as it goes, it is a very welcome and potentially valuable resource.

The manual attempts to address the issue of safer sexual behaviors between men in public places in an informed, nonjudgmental, and realistic manner. With the author clearly committed to this particular intervention, little time is wasted dismissing various stereotypes of PSE participants, criticisms of PSEs, and qualms about the ethics of such interventions. In 48 pages, it is not surprising that many complex pragmatic, ethical and philosophical issues, and descriptions are dealt with superficially, or not at all. Also, Beckstein's style, at times, is to dismiss alternate arguments as stereotypical myth, using unsubstantiated anecdotal arguments to support his strategy and establish his own stereotypes. In controversial areas, we find such arguments unconvincing. A good example of this is the proposed typology of "four types of men who have sex with men at a PSE" which does not have any clearly defined research support.

Unfortunately, the most serious criticism of this approach is not addressed by the author. Pragmatically, it is questionable whether this approach is of any real value

in promoting safer sexual behaviors. As Ross and Herbert (1987) noted, providing HIV information alone is unlikely to significantly increase safer sexual behaviors in this group. Information giving is not a substitution for education, and while handing out condoms at sites for sex will have a marginal bandaid effect on the prevalence of safer sexual behaviors (by assisting those who "forget" them), the longer-term effects of this intervention may be slight or even negative (by discouraging self-responsibility). Beckstein's own data supports this—only 12% of participants acknowledged that the intervention was helpful. Similarly, Beckstein's reported relapse rate of 68% in the previous two years strongly reinforces that information alone is not sufficient.

Gay community and AIDS prevention agencies responded to the HIV transmission crisis, first by providing information on transmission; then by counteracting the fear, stigma, and fatalism surrounding HIV/AIDS; and third, by eroticizing safer sexual behaviors. Rather than returning to earlier interventions which are likely to be of little further value. We believe it is time for a fourth prevention stage. To make that leap, it is time for educators to re-address the harder questions posed by sexual behavior in PSEs. We need to build programs that affect the factors known to influence whether men practice safer sexual behaviors, such as raising self-esteem, self-responsibility, gay community identification, and communication skills among PSE participants.

Balanced education is important. While a positive interpretation of sexual behavior in PSEs is welcomed, the reality is that not all people experience both engaging in sexual behaviors and the option of safer sexual behaviors in such environments as free choices. We need to address the issue that some PSE participants are engaging in this behavior in a compulsive and, thus, pathological manner. More intensive psychiatric treatments are needed to ensure the cessation of unsafe sexual, and other destructive, behaviors. In the real world of limited resources, volunteers, and funding, those interested in the deeper dilemmas and the complex issues posed by unsafe sexual behaviors in PSEs must look beyond this manual and program.

Reviewed by B.R. Simon Rosser, PhD, postdoctoral clinical research fellow, and Eli Coleman, PhD, program director, Program in Human Sexuality, Department of Family Practice and Community Health, University of Minnesota Medical School, Minneapolis, Minnesota.

Conference and Seminar Calendar

HEALTH PROMOTION PEER EDUCATION WORKSHOPS, April 15-16, 1991. Sponsored by the American College Health Association and Centers for Disease Control. St. Louis, Missouri. Contact: Barbara White, American College Health Association, 1300 Piccard Drive, Suite 200, Rockville, MD 20850, 301/963-1100.

THIRD NEW ENGLAND CONFERENCE ON WOMEN AND AIDS, "AIDS: KEEPING WOMEN IN FOCUS," April 19-20, 1991. Sponsored by Fenway Community Health Center and Boston AIDS Consortium. Boston, Massachusetts. Contact: Cynthia Rothschild, Fenway Community Health Center, 16 Haviland Street, Boston, MA 02115, 617/267-0900.

EIGHTH MEETING OF THE NATIONAL INSTITUTES OF HEALTH AIDS PROGRAM ADVISORY COMMITTEE, April 22-23, 1991. Sponsored by the National Institutes of Health and Office of AIDS Research. Bethesda, Maryland. Contact: Lynne Plumer, Social and Scientific Systems, Inc., 7101 Wisconsin Avenue, Suite 601, Bethesda, MD 20814, 301/986-4870.

"HIV/AIDS: THE CONTINUUM OF CARE — A MULTICULTURAL COMMUNITY-BASED PERSPECTIVE," April 22-24, 1991. Sponsored by the Public Health Service, Regions VI, VII, VIII, and Office of Minority Health; **"WESTERN RURAL FRONTIER AIDS CONFERENCE,"** April 24-26. Sponsored by the Public Health Service, Regions VI, VII, VIII, IX, and National AIDS Program Office. Denver, Colorado. Contact: Jane Wilson, Public Health Service, Region VIII, 1961 Stout, Denver, CO 80294, 303/844-6163.

NATIONAL ABORTION FEDERATION'S 15TH ANNUAL MEETING, April 28-May 1, 1991. Chicago, Illinois. Contact: NAF, 1436 U Street NW, Suite 103, Washington, DC, 20009, 202/667-5881, fax 202/667-5890.

BEBASHI (BLACKS EDUCATING BLACKS ABOUT SEXUAL HEALTH ISSUES) 1991 CONFERENCE, "BECAUSE WE CARE..." April 28-May 3, 1991. Will focus on building skills in effective strategies for reducing the spread of HIV/AIDS in communities of color. Sheraton Society Hill, Philadelphia, Pennsylvania. Contact: Sandra Thompson, BEBASHI, 1528 Walnut Street, Suite 200, Philadelphia, PA 19102, 215/546-4140.

SECOND INTERNATIONAL SYMPOSIUM ON CIRCUMCISION, April 30-May 3, 1991. Sponsored by The International Symposia on Circumcision in conjunction with The Institute for the Advancement of Human Behavior. Will address a broad range of issues and concerns about male and female circumcision. Miyako Hotel, San Francisco, California. Contact: IAHB, PO Box 7336, Stanford, CA 94309, 415/851-8411.

THIRD ANNUAL NURSE-TO-NURSE CONFERENCE ON HIV/AIDS, May 1, 1991. Columbus, Ohio. Sponsored by the Ohio Nurses Association and East Central AIDS Education and Training Center. Contact: Ohio Nurses Association, 4000 East Main, Columbus, OH 43213-2950, 614/237-5414.

FIRST INTERNATIONAL CONFERENCE, "CURE AIDS NOW ANSWERS," May 3-5, 1991. Miami Beach, Florida. Contact: Mark Eustace, Cure AIDS Now, Inc., 2240 South Dixie Highway, Coconut Grove, FL 33133, 305/856-8378, fax 305/858-8756.

NEW ORLEANS AIDS CONFERENCE, "MANAGEMENT OF HIV DISEASE FOR THE PRIMARY CARE PHYSICIAN," May 9-11, 1991. Sponsored by the Alton Ochsner Medical Foundation, Department of Continuing Medical Education, and Delta Region Education and Training Center. New Orleans, Louisiana. Contact: Christie Urquhart, Alton Ochsner Medical Foundation, 1516 Jefferson Highway, New Orleans, LA 70121, 504/838-3702.

SECOND NATIONAL CONFERENCE ON PREVENTING AND TREATING ALCOHOL AND OTHER DRUG ABUSE, "HIV INFECTION AND AIDS IN BLACK COMMUNITIES: FROM ADVOCACY TO ACTION," May 15-18, 1991. Sponsored by the Office for Substance Abuse Prevention, National Institute on Drug Abuse, and National Institute on Alcohol Abuse and Alcoholism. Atlanta, Georgia. Contact: Office for Substance Abuse Prevention Learning Community, PO Box 65061, Washington, DC 20035, 202/728-2916.

FOURTH NATIONAL AIDS UPDATE CONFERENCE, "HIV: THE CHANGING FACE OF AN EPIDEMIC," May 19-22, 1991. Cosponsored by the San Francisco Department of Public Health, University of California San Francisco, Institute for Health Policy Studies, and California Association of Public Hospitals. San Francisco, California. Contact: Katherine J. Krebs, Krebs Convention Management Services, 555 DeHaro Street, Suite 200, San Francisco, CA 94107, 415/255-1295.

SHANTI SEMINAR FOR CAREGIVERS ON THE FRONT LINES OF AIDS, "THE COURAGE TO CARE: HEALING YOURSELF TO HELP YOU CARE BETTER," May 23-13, 1991. Contact: Donna McCarthy, Community Training Program, Shanti Project, 525 Howard Street, San Francisco, CA 94105, 415/777-2273.

INTERNATIONAL CONFERENCE ON SEXUALITY AND AIDS, June 15, 1991. Sponsored by the University of Utrecht, Department of Gay and Lesbian Studies, Municipal Health Service of Amsterdam, and National Committee on AIDS Control in the Netherlands. Amsterdam, The Netherlands. Contact: VII Conference Bureau, De Boelelaan 1105, 1081 HV Amsterdam, 1007 MC, The Netherlands, (+31)20 5484656, fax (+31)20 462425.

13TH ANNUAL GUELPH CONFERENCE AND TRAINING INSTITUTE ON SEXUALITY, "IMPROVING RELATIONSHIPS IN THE 1990s," June 17-19, 1991. Will analyze sexual and relationship issues from a positive perspective, with emphasis on societal concerns over the AIDS epidemic. Plenary speakers will be Dr. Eli Coleman, Dr. Joseph LoPiccolo, and Dr. Stella Resnick. Will feature pre and postconference workshops, including a one-week workshop on sex therapy. University of Guelph, Guelph, Ontario. Contact: Division of Continuing Education, University of Guelph, Guelph, Ontario N1G 2W1, CANADA, 519/767-5000, fax 519/767-0758.

10TH WORLD CONGRESS OF SEXOLOGY, "SEX MATTERS," June 18-22, 1991. Sponsored by the World Association for Sexology. Will offer a broad range of topics, enriching international exchange among professionals, educators, and researchers, and feature a special meeting on "Sexology and the Third World," free communication sessions, and thematic symposia. A 2-day satellite conference on sexuality and AIDS will be held on June 14-15. RAI Congress Centre, Amsterdam, The Netherlands. Contact: Congress Secretariat, 10th World Congress for Sexology, c/o RAI Organisatie Bureau, Amsterdam bv, Europaplein 12, 1078 GZ Amsterdam, The Netherlands.