

Sexual Literacy

THE POWER OF LANGUAGE Baseball as a Sexual Metaphor in American Culture

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Sexuality is still a highly threatening subject for many teenagers. Even in the 90s, stereotypical cultural images of males as sexual experts and females as sexual innocents make it risky business for a student to be in a classroom situation where s/he, on the one hand, might show too much ignorance or, on the other hand, might show too much interest.

Classroom pressures can be especially excruciating for males. I recall one eleventh grade student who was taunted and teased by his classmates for at least 20 minutes because he *failed* to catch a pencil that was tossed his way by another student; such an incident, in so brutally intimidating an atmosphere, makes it easy to imagine the fate that might befall him on a *real* competitive playing field. If I anticipate that such pressures will be especially intense at one of the schools where I am teaching, I break one of my rules and separate the males and females for the first class or two. The time is used with female students to help diminish their embarrassment, and to give them the permission and support they need to be open about sexual issues; the time is used with male students to help them diffuse the destructive anxiety they so often create for one another. Initially threatened by this male *macho* posturing — generally displayed as feigned disinterest, sexist comments, jokes, rowdiness, put-downs, one-up-manship, and lateness to class — I have gradually learned, over the years, to plan for it, and even to welcome it. I have discovered that unless such posturing is reflected back to male students, and they are able to acknowledge it as the defense mechanism that it is, there will be little hope for honest, constructive dialogue between them, and even less hope for constructive dialogue between the genders when they come together again as a group.

One of the most troubling examples of posturing typically seen among males is their response to a statistic which I almost always share. In recent years, Baltimore, Maryland (the city where I teach) has, at times, had the highest teenage pregnancy rate among comparable cities in the nation. Because the United States has by far the highest teenage pregnancy rate of similar western countries, Baltimore has, in some years, been dubbed the *teen pregnancy capital of the western world*. Although I am serious when I present this statistic in

class — and place it among other sobering facts — this particular one tends to elicit, repetitively, an inappropriate reaction: a sizable number of the males in the classroom strongly and admiringly slap each other on the back and cheer loudly. The rest of the class sits silently and nervously, not participating, but not objecting either, as they wait out the noisy response.

These male students, who might stereotypically be categorized as *fundamentally good kids from good homes* are generally decent and caring young people. In almost any other similar situation, most of them would be highly sensitive to humanistic concerns and would not let an obvious slur pass unchallenged. And yet, their seeming absence of empathy for young women who find themselves caught in the crisis of a pregnancy situation — on even the most basic person-to-person level — is a disturbing aberration, and I have found myself continuously asking, "Why is this so?" and, "What can we — what must we — do about it?"

My response initially was a knee-jerk reaction: I sermonized, something I rarely do, and was rightly accused of male bashing. However, I gradually learned to respond, as I always do when I am at my best, by offering myself as a mirror in order to reflect back to them what they need to see and learn about themselves, and to allow and encourage them to use their good sense to reach their own conclusions.

After such an insensitive response as the former, I generally ask, "What just happened?" Typically, two or three of the students will volunteer their descriptions of what has happened, and will attempt to explain the underlying dynamics. Then others will gradually speak up about how traumatic they think this experience might be for their girlfriends, their families, and themselves. A thoughtful silence usually ensues. I then tell them: "I know the truth. You are much more thoughtful and caring than you have just showed yourselves to be. The girls, when they join us, will need to see this too." This important turning point generally sets the stage for reintegrating the students' sexual concerns into a more humanistically-based value system.

Piecing Together the Metaphor of Sexual Baseball

Sensitized by this, and other similar experiences

with some older males, and by their sexuality-as-conquest/sexuality-as-competitive sport orientation, I decided to look for the roots of such thinking patterns among the younger males. While countless *macho* images in advertising, sitcoms, song lyrics, comedy routines, Johnny Carson interviews, and the like, began to catch my attention, it was actually my third grade son who provided me with the most important clue, when he came home from the playground one day with a question about *bases*. Amazed, and even amused at first, to realize that preadolescents still speak that way to one another, I began to recall that it was roughly at the same age that I first heard my friends talk about going to *first*, *second*, *third base*, and *all the way*. I decided that it would be important to check to see whether such terminology was in use among my middle school-age students as well.

Gradually, through a series of conversations, the deeper implications of this *seemingly innocent, superficially cute, American-as-Mom-and-Apple-Pie metaphor* began to piece itself together and become unmasked. Over the years, I have come to see how insidiously powerful, singularly effective, and very efficient this metaphor is as a vehicle for transmitting and transferring to successive generations of young people all that is wrong and unhealthy about American sexual attitudes. The sophistication, intricacy, and near-universality of the metaphor — which appears to cut across all social, economic, geographic, and ethnic lines — are utterly astonishing. Every time the topic comes up in a classroom now, regardless of the school or age group, or in a training session, regardless of the state or city, and whether the session is for parents or professionals, I am always struck by the metaphor's power and cultural importance.

Over and over in classroom conversations, the tone in the beginning is very light, and the students are amazed and amused that I, unmistakably an adult, am privy to such knowledge. (Each generation of third graders apparently believes that it has spontaneously invented the game out of its own clever resourcefulness.) As we continue to talk, however, the mood of the class slowly begins to shift, and looks of shock, anger, and even horror, begin to appear on the students' faces — especially the girls, but often the boys as well, as one-by-one they begin to realize the sexist implications of this metaphorical system that reduces the most personal, intimate parts of one's anatomy and person to the four corners of a baseball diamond!

However, once caught up in the metaphor, the students are off and running. The *batter*, they quickly deduce *is the boy*, and *sex is the baseball*.

The game begins when the girl throws him a *curve* ball — or a *slow* ball or a *fast* ball — depending on her strategy. He then tries to hit it as hard as he can and *run all over her bases*. His goal, of course, is *to score*, by *touching all the bases and quickly sliding into home plate* ("Oh God, her vaginal!" the class shrieks).

Her goal is to let him get to, and to keep him at, a *safe base*. The trick is to let him go just far enough *around the bases*, so that she will not be called a *baby*, a *tease*, or *frigid*, but not to let him go so far that she

will be vulnerable to being called a *whore*, a *nympho*, or a *slut*.

The conversation becomes lighter and humorous — and even a bit crazy — as the group begins to discover that practically any baseball term mentioned can be woven into the baseball game metaphor, so close are the cultural definitions of sexual relations and competitive sports (see the list on page 3). The implications of such words as *slugger* and *grand slam*, however, begin to upset everyone, and the group stops laughing. The

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Sexual Baseball Terminology

The following are memorable examples of sexual baseball terminology contributed by upper and middle school students:

Base on balls: When she does not really want to go *first base*, but he talks her into it anyway.

Ground rule double: When she tells him in advance that she is only going to *second base*, and no further.

Stolen base: When he tries to go to *third base* anyway.

Walk: What he does if she gets pregnant.

Sacrifice: When she *gives up* her virginity, so that he will still date her.

Rain out: When she stays home to wash her hair.

Being benched: What happens to players who have a positive STD test.

Error: When no method of birth control is used, or the method used fails.

Glove: Condom.

Catcher's mitt: Diaphragm, sponge, or contraceptive foam.

Balk: When she says "no" at the last minute.

Blue balls: What he gets when he has to stand on *third base* too long.

Foul ball: A malodorous testicle.

Cold shower: Where he goes when he gets thrown out of the game by her parents, who come home early.

Pop fly: When he ejaculates early in the first inning.

Shut out: When she successfully keeps him from *scoring* for the entire duration of the game.

Slugger: A rapist.

Grand slam: Gang rape.

students have begun to wonder, out loud, just how this terrible system got started in the first place, and are appalled that any of us ever used such language, so easily and so insensitively. The more we share our thoughts, the more amazed we are at how many of our learned cultural values and attitudes are so neatly tied together in this one metaphorical package — for example, the sexual double standard; the terrible performance pressures felt by so many men and boys; the stereotypes of women as sexual objects and men as sexual predators; and the sexual *no win* situations so often created for women and girls.

We begin to agree that sexual behavior should not be an exploitive game; rather, it should be quite the opposite, an opportunity for the closest kind of intimacy and caring. We also conclude that men and women, or young girls and boys, are not truly *opposing teams*, with one team eternally on the *offensive* (how tiring) and the other team perennially relegated to the *defensive* (how anxiety provoking). We now agree that the real questions to focus on are not: "How far should I

go?" or "How far can I get?" But, rather, they are: "How close should I be with this person?" "Why?" "With what risks?" And, "Can I/we handle them?" This proves to be the turning point: the students have finally begun to unravel, and unlearn, the lessons learned on third grade playgrounds years before.

Sooner or later in our discussions, someone usually interrupts to complain about how stereotypical all of this is, and emphasizes that the metaphor has changed, and does not really fit people now: women and girls use these terms today, the girls report, and *the bases* are just as likely to be on *his* body as on hers. Although there is some truth to this, we are, nevertheless, at the very least, still employing the *language* of the metaphor, and the language *itself* is both a reflector and conditioner of thought. The way we speak ultimately does affect the way we think, and the way we behave.

Changing the Way We Think and Act by Changing the Way We Speak

What we agree is needed is new language, a new

way of speaking that will create the opposite of objectification and exploitation — one which will reflect and encourage humanism and sensitivity. Apart from its sexist underpinnings, sexual baseball terminology also reflects and encourages other problematic assumptions about sexual behaviors and standards.

Sexual Intercourse

One is the notion that sexual behavior is, and ought to be, a goal-directed enterprise, most often with penile/vaginal intercourse as the ultimate and only legitimate goal. Words such as *foreplay*, *making out*, and *just fooling around* connote the same notion — that *only sexual intercourse is real*. The rest, *first base*, *second base*, *third base*, and the like, are less real substitutes, which are regrettably settled on some of the time, or are just the prelude or warmup for *the real thing*. In fact, the word *foreplay* makes everything appear to be a prescriptive requirement!

Unfortunately, professionals in the field also contribute to this linguistically-supported belief system. For example, whenever the phrase *sexually active* is used in professional writing or in public speeches, it generally implies, and underscores, that if one is *sexually active*, one must be engaging in sexual intercourse (sex = intercourse, intercourse = sex). The widespread use of this expression unintentionally, but effectively, discounts and negates all other forms of sexual activities. Also, since the word *intercourse* almost always implies penile/vaginal penetration, inherent is the implication that all *real* sexual involvement is, by definition, heterosexual. Thus, professionals, too, perpetuate language contaminated by the very coitally-based orientation and heterosexist assumptions they otherwise work hard to dispel.

The net result of all of this is the near absence of a language that truly enables us to talk with our children (or, for that matter, with our sexual partners) about sexual behaviors and experiences, except in the narrowest of terms. After all, what kind of scintillating dialogue would we have about eating if — as with foreplay and sexual intercourse — the only two words or concepts at our disposal were *appetizers* and *dinner*? How could we effectively communicate about breakfast or lunch? Cookies and milk? Sunday picnics? Midnight snacks? Or, about the subtleties of experiencing afternoon tea or a champagne brunch?

No wonder we are so culturally tongue-tied. Sexual behavior is at least as complicated as eating, and it encompasses at least as many possibilities and combinations from which one might choose. In fact, Alex Comfort suggested in his classic book, *The Joy of Sex*, that Americans need to relearn to experience their sexuality as a veritable smorgasbord of bodily delights. Moreover, he used culinary imagery for his chapter headings: "Starters: The Basic Ingredients," "Main Courses: Which Everyone Needs," and "Sauces and Pickles. For Special Occasions." No comparable array of *sexual* language was available to him, unless, of course, he had wanted to use such expressions as *dry bumping*, *feeling up*, *feeling down*, *69*, *going down*, *jerk off*, or the all-purpose *groping*.

The Metaphor's Recent Connection with Sexual Assault Issues

Every school year the power of the sexual baseball metaphor, as a conditioner of dangerous cultural attitudes and values, resurfaces, and is rediscovered. Most recently with heightened media attention to the issue of sexual assault, the metaphor's connections to the issue of rape have been surfacing at every turn.

Examples of situations, where this has been apparent, are the following:

1. A seventh grade boy looks totally disbelieving upon hearing that *boys and men* — as well as girls and women — are raped. In conversing with him, it becomes clear that his early acquired image of the *male sexual athlete standing with great expectation at the home plate, always in ready position*, has, for him, negated even the remotest possibility that a boy or man could ever be forced into any type of undesired sexual behaviors.
2. A college health center educator visits my "Sex and College" seminar for graduating seniors to discuss date rape prevention, and urges the females in the class to communicate clearly about their sexual limits, whether their decision is "no" or "yes." Those who hedge when they really want to say "yes," *for the sake of avoiding the labels often attached to those who go too far (around the bases) too fast*, make it harder for those who really want their "no" to be taken seriously.
3. A ninth grade female student, seeing the movie, *The Accused*, on cable TV for the first time, relates to the class that the images of the men in the movie cheering the rapists on in the back of the bar, *reminded her immediately of the images she had — when we first began to discuss sexual baseball in class — of males on the sidelines, cheering each other on to see how far they could get around a particular girl's bases*.

A discussion of examples such as this last one can lead a class into exploring more deeply the dynamics that drive fundamentally good people with basically good values to do such things as exaggerate or outright lie to one another about their sexual scoring; lead girls on with manipulative lines; boast publicly to one another about private acts; or celebrate and cheer when high rates of teenage pregnancy are announced. We remind ourselves, that both females and males are victimized; that both genders are ultimately losers in any game in which either is diminished, dehumanized, or threatened; and that females are also trained to manipulate and use their sexual appeal, calculatedly, as a wedge or a bargaining tool, in defining and managing their relationships.

Sexual Outercourse

The clever word, *outercourse*, was coined some years ago, and is a useful handle for somewhat more divergent thinking and creative communication. Its use implies that the word *sexual intercourse* should be reserved for various forms of intromission (oral, vaginal, and anal), while all other forms of sexual expression, from kissing to mutual masturbation (what a strange oxymoron!), should be included under a broader umbrella word, i.e., *outercourse*. Our former equation, *sex = intercourse*, *intercourse = sex*, now by necessity becomes more broadly defined as *sex = intercourse + outercourse*. The concept of sexual outercourse/sexual intercourse is especially important for young people, as it highlights the critical differences between sexual intercourse and other forms of sexual expression. Sexual intercourse, for example, potentially carries more serious physical risks, and for most adolescents and adults, more intense social, emotional, and interpersonal outcomes as well.

Because outercourse clearly helps define behavioral options and potential outcomes, many students have found it useful as an intellectual and behavioral concept; nevertheless, for most, the word is a bit too "cute," "weird," or contrived for normal conversational use. The sexual intercourse/sexual outercourse approach is also limited, in that it does not communicate the meaning of sexuality in an experiential way. The fact that we have such poor sexual terminology is due, in part, to the difficult challenge of having to use mere words to describe qualitatively unique experiences. (I do recall, though, that an eighth grade female student attempted many years ago to take a stab at this, by referring to sexual feelings as a "funny twitch in the privates.") It is with this challenge that I, and other sexuality educators, have struggled, for so many years.

Erotic Feelings, Sexual Behaviors, and the Intimacy Continuum

The approach I have settled on is to begin first by defining the term, *erotic feelings*, as *pleasurable, tingly, excited feelings that occur in the genitals, and sometimes in other parts of the body as well*. It then follows that *one's sexual behavior is any behavior that involves intimate physical contact or the sharing of body parts, which arouses or is intended to arouse erotic feelings*. This redefinition of the word *sex* certainly incorporates sexual intercourse in all of its various forms, but indicates that the experience of *having sex* is not solely defined by that one behavior alone. Emphasized, instead, is the unique experience of *being sexual* with another human being, regardless of the particular body parts, or even of the particular gender of the persons who happen to be engaged. And, it distinguishes *sexual behaviors* from *other intimate physical behaviors* that involve body closeness, but have different meanings and purposes. In contrast to sexual baseball, it promotes the notion that human sexuality is about closeness, not distance — either around a baseball diamond or in a status race with one's peers.

I must relate that my students are not entirely

comfortable with the notion that if you are passionately kissing or touching your boyfriend or girlfriend, you are *having sex*, but they do easily get the point. They learn fairly quickly, with gentle but consistent reminders from me when necessary, to use the term, *sexual intercourse*, not the word, *sex*, when that is what they are talking about. They know that I will *always* do the same, and that when I, or they, are using the word *sex*, we are referring to the fullest possible range of sexual experiences.

It is remarkable how powerfully this *shift in language/shift in thought* immediately enriches class discussions and understanding of human sexual experiences. Single conversations, and closed-ended questions, such as, "How old should you be before you *have sex* (*sexual intercourse*)?" instantly become transformed into dozens of other potential questions and conversations. Once the word, *sex*, becomes open-ended, so do all the concepts attached to it. Before even attempting to respond, we may ask, "What kind of sexual involvement?" And, "With whom?" And, "Under what circumstances, and for what reasons?" Parents, too, find this shift immediately transformational and empowering. "Should my teenager *have sex* (*sexual intercourse*)?" is a very different matter to contemplate than "What kind of sexual behaviors, if any, are appropriate for my son or daughter to engage in, and at what age or stage of development?" In order to have productive dialogues — in addition to relearning to differentiate between *sex* and *sexual intercourse* — children, adolescents, and adults need new models for sexual decision making that are dynamic and humanistic.

My own approach is to offer the concept of an *intimacy continuum*, an imaginary line of behaviors that involve physical contact. The behaviors at the lowest end of the continuum — like handholding, kissing, and hugging — involve embracing, connecting, or touching body parts that we think of as *public*, such as the hands, lips, and shoulders; those at the other end of the continuum — such as sexual intercourse in its various forms — involve connections with what are considered to be the most private and personal parts of our bodies. In between, are behaviors that involve increasingly intimate contact, such as touching the breasts or genitals, first through the clothing, then skin to skin.

In given situations, a couple's, or an individual's, comfort level with these different types of touch — both when receiving and when giving — will vary. To identify the point, past which further intimacy becomes uncomfortable, we need only *tune in* to the same internal cues and feelings that tell us when we are being asked to share ourselves emotionally or socially in a way that is too advanced for a particular situation or relationship. Indeed, the parallel concept of an *emotional intimacy continuum*, along which lies increasingly personal and private parts of our emotional selves, is equally empowering — not only for exploring the dynamic connections between emotional and physical intimacy, but also for understanding the concept of emotional intimacy in all human relationships.

Of course, as behaviors move further along the continuum, questions of *intimacy* ("How physically close am I comfortable being, with this person, at this time?") are not the only ones to consider. Questions of *integrity* ("Do I feel that this kind of intimacy, with this person, at this time, is morally right or wrong?"); *maturity* ("Am I emotionally, intellectually, and socially ready for this experience?"); *safety* ("What are the physical risks, and am I, or are we, protected?"); and *mutuality* ("What are the needs, desires, and expectations of the other person involved, and how do they relate to mine?"), also become paramount. Fortunately, models for helping adolescents and adults effectively sort out these difficult issues are plentiful in sexuality education literature. Unfortunately, however, it is the intimacy component that has been the weakest link. For proof of this, one need only examine the number of instances in which *sex* and *sexual intercourse* appear in the same publications as synonymous terms.

The Implications of More Careful Use of the Word, Sex, Within the Field of Human Sexuality

Broadening our understanding and cultural use of the word, *sex*, has other important implications for the field of sexuality. Psychosexual therapists, for example, have long argued that American sexuality is far too goal/sexual intercourse focused. In fact, a technique commonly used by therapists is to *forbid the act of sexual intercourse* long enough for a couple to discover, or rediscover, the *polymorphousness of their sexual responsivity*. Later on, the couple learns to reintegrate coital behavior, as one option among a cornucopia of possible experiences which are open to them for their mutual enjoyment. Clearly, were we to communicate with children, in this way, about sexual behavior, from the very beginning of their language development, the need for remediation later on would simply disappear. Also, the destructive notion of the intrinsic legitimacy or *superiority* of one kind of sexual experience over another (e.g., the lingering vaginal versus clitoral orgasm debate) similarly would be diffused.

HIV/AIDS educators have urged, from the inception of the HIV/AIDS crisis, that the language used to explain HIV/STD transmission be as precise as possible. Even so, many still state that these diseases are acquired *from sex*. Not only does this way of speaking reinforce the *sex = intercourse, intercourse = sex* mode of thinking, it also implies, very misleadingly, that *all sex* is implicated in HIV/STD transmission. It is also inherently *antisexual* in tone; the diseases are linguistically *blamed* on *sex*. It is important to note, that in similar contexts, we do not refer to colds or tuberculosis as *BTDs* or *breath transmitted diseases*. The more precise, accurate, and sexually-positive statement would be that *these diseases are caused by germs transmitted by certain kinds of sexual contact — namely, oral, vaginal, and anal intercourse*. Admittedly, the verbiage is more complex than *you get it from sex*, but the language is crystal clear, and is antidisease, not antisexual, in tone. It connotes that there are plenty of other potential sexual options that people can feel free to say "yes" to,

when they have decided that it is wise to say "no" to the high-risk variety.

The Power of Language

The remarkable tenacity of the metaphor of sexual baseball in a culture that supposedly fought for and won a sexual revolution a generation ago, is conclusive proof that it has yet to really happen. So long as the youngest, and the most impressionable, of our children still gather on playgrounds to talk to one another about *sexual scoring* and *bases*, rather than talking about the real meaning of sexuality and intimacy with their parents and teachers — the trusted adults in their lives — in their homes and in their schools, it will mean that we, the adult community, have chosen to remain woefully out of touch with their critical developmental needs, and that sexuality education will continue to be, fundamentally, a remedial process.

In the midst of the social and sexual upheavals of the last three decades, professionals in the sexuality field have done remarkable work. Much of our success is due to the simple, yet awesome, power of language. We have changed our culture because, throughout it all, we have steadfastly insisted on employing the word, *sexuality*, and prodded Americans to look past their obsessive fixation on *genitality*. As a result, our conceptions of ourselves and our children, as evolving sexual people, of sexuality as a fundamental and complex component of human identity, and of sexuality education as a powerful lifelong process, have become mainstream American concepts. With such understanding in place, and with the same kind of insistence and consistency about the appropriate use of language, we must now prod Americans to reconsider their conceptions about *sex* itself.

ATTENTION AIDS EDUCATORS SIECUS Calls for HIV/AIDS Materials

SIECUS will publish a collection of HIV/AIDS teaching strategies, guidelines and syllabi in December 1991. This resource will provide educators with new ideas and approaches that will promote information-sharing and networking among HIV/AIDS educators. Information about this publication, and its availability, will be distributed to SIECUS members and to HIV/AIDS agencies nationwide. Now, 10 years into the HIV/AIDS epidemic, at a point when we are hearing more and more about "HIV/AIDS saturation" it is important that we infuse our programs with new and vital energy, and enthusiasm.

If you have developed teaching strategies, guidelines, exercises, and syllabi, we encourage you to submit them to Carolyn Patierno, director of SIECUS' National AIDS Initiative, by September 30, 1991. All contributions will be greatly appreciated, and will serve to foster a rich and diverse collection. The materials will be reviewed by SIECUS' Centers for Disease Control Review Committee; individuals whose materials will be included in the collection will be contacted, but submitted materials will not be returned.

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From the Executive Director

OVERTURN THE GAG RULE NOW

Debra W. Haffner

As a result of a recent U.S. Supreme Court decision, we are one step closer to the end of safe and legal abortion in the United States. We are one step closer to government approved censorship of freedom of speech. We are one step closer to the government's abridgement of our sexual rights.

In May 1991, the U.S. Supreme Court upheld the administration's *Gag Rule* restrictions on federally funded clinics. Clients at federally funded clinics will no longer be able to receive unbiased pregnancy options counseling. A pregnant woman who asks about abortion will only be told that the clinic does not consider abortion a method of family planning. Clinicians will not be able to refer women, even if there is a medical emergency, to a facility that performs abortion.

The Court in a 5-4 ruling said that the regulations did not violate the First Amendment rights of the clinicians or the right to choose abortion. In the decision, written by Chief Justice William Rehnquist, and joined by Justices Kennedy, Scalia, Souter, and White, the Court said that the government has no obligation to pay for the exercise of constitutional rights. The Court said that women have no right to expect that they will receive comprehensive medical advice in a family planning clinic. Further, they completely ignored the fact that the regulation prohibits Title X clinics from referring their clients to sources for unbiased counseling, including their own privately funded services. We believe that this is the first time that the Court has ruled that speech can be abridged if federal funds are received.

Justice Harry Blackmun was joined in his dissent by Justices Marshall, O'Connor, and Stevens. Justice Blackmun wrote, "by manipulating the content of the doctor/patient dialogue, the regulations upheld today force each of the petitioners to be an instrument for fostering public adherence to an ideological point of view." Further, he said, "In its haste to restrict the right of every woman to control her reproductive freedom and bodily integrity, the majority disregards established principles of law."

The potential short-term and long-term impact of this decision is disastrous. Censorship is being imposed on clinicians, and low-income women and teenagers are being denied their reproductive rights. Title X clinics around the country are now faced with the choice of refusing federal funds and of cutting services to low income women, or of providing biased and incomplete information to their pregnant clients.

It is clear to me that the landmark 1973 *Roe v. Wade* decision is on its way to being overturned. At least two state laws, Pennsylvania and Guam, are in the judicial pipeline to be heard next term. Both would give the Court the opportunity to overrule the *Roe* decision.

In June, the Louisiana legislature overturned Governor Buddy Roemer's veto of the most restrictive abortion law in the country. Unless there is judicial action, by the end of this summer almost all abortions in Louisiana will be illegal, with physicians and counselors facing criminal penalties. This law

is also likely to provide the Supreme Court with a test case. Justice David Souter has demonstrated that he is not a supporter of reproductive rights. Justice Thurgood Marshall's resignation is surely another blow to reproductive rights. I fear that abortion will no longer be a constitutionally protected right by 1993, and that we will return to a time when women in some states were able to choose abortion, but women in most were not.

I also believe that this decision could set a chilling precedent for the work of sexuality educators and counselors. The Court has set a precedent that the government has no obligation to pay for the exercise of constitutional rights, and that censorship is permitted if federal monies are received. Almost all public schools and universities receive some federal money. Will we find ourselves in a position where the government rules that we cannot talk about certain issues with our students and clients, if our programs receive any federal monies?

As I pointed out in a recent plenary address, at the annual meeting of the American Association of Sex Educators, Counselors, and Therapists, the struggle for reproductive rights is a struggle over the rights of all people to make responsible sexual choices. Most of the leaders of the anti-abortion movement are vocal about their opposition to family planning methods; many reinforce their belief that sexual relations belong only in heterosexual marriages and, some suggest, they are for procreative purposes only. We delude ourselves if we believe that the antiabortion movement is only interested in fetuses.

Your involvement is critical. If you have not yet written your Representative or Senator about your feelings on the *Gag Rule*, do so TODAY. We expect several votes this summer that could overturn these regulations.

Help us identify additional supporters of sexual rights. Our advocacy list has less than 1,000 individuals at this time. Please make copies of the form below and pass them on to your colleagues and friends and have them return them to me at SIECUS. We hope to build a list of more than 5,000 supporters by the end of 1992.

If you did not receive our special alert on the *Gag Rule* in mid-June, YOU are not a member of our alert network. Please fill in this form and return it to me TODAY.

We must fight these attempts to censor sexual information and abridge sexual rights. I hope you will join SIECUS in this critical effort.

✓ YES, SIGN ME UP AS A SIECUS ADVOCATE

Name _____

Address _____

Telephone _____

Congressional District _____

SIECUS SALUTES LUANN

Luann Comic Strip Sends Positive Message



The Sex Information and Education Council of the U.S. presented cartoonist Greg Evans — and North America Syndicate, the distributor of his comic strip, “Luann” — with a “SIECUS Salute” for his groundbreaking “Luann” comic strips on menarche. SIECUS Salutes are given recognition of “enlightened thinking and action, which contributes to increased understanding of human sexuality.” The SIECUS Board said: “We believe that you have taken an important step in helping to break taboos about puberty and in affirming that sexuality is a natural and healthy part of living. We are delighted by the healthy acceptance of menarche, the family discussions, and the way the strips will help encourage parent/child communication about these important subjects. We are honored to have the opportunity to affirm the contribution that you have made, and hope that you will see SIECUS as a resource for you in future endeavors in this vital area.”



Luann Becomes a Woman

Luann De Groot

Star of Greg Evans's *Luann* and of five books

My name is Luann DeGroot. I'm 13 and I'm the title character of a comic strip that appears in [250 newspapers nationwide]. And I just had my first period.

I know, I know. You read that last part and went, “Whoa! She’s telling everyone that she’s started menstruating! What is she, nuts?”

OK, I can understand why you’d think this is a little weird. I mean, girls don’t normally go around announcing their first period to everybody. My friend Bernice thought I was totally demented when I told her I was going to “go public.” When I explained that Greg Evans has the idea and why we thought I should do it, she decided I was only partially demented.

Greg is the creator of the comic strip that Bernice and I are in. I’m the Big Star but Greg pretty much runs things. When he suggested we do an episode in the strip about my first period, I

nearly croaked. No WAY did I want to share my private biological functions with millions of readers? But Greg said I’d be doing a service and he showed me something that changed my mind.

It was an article about the onset of menstruation, which occurs at an average age of 12.5. Here’s what really got me: LOTS of girls who begin menstruation have NO CLUE about what’s going on! No talks with anyone, no information, nothing? I mean, a girl could think she was DYING or something!

How come a normal thing is such a big taboo?

Because lots of people are just like me — they’re embarrassed to talk about menstruation. It’s like a dark secret that we try to hide. We call it “the curse” and “that time of the month.”

But if you look at menstruation for what it is, a positive, natural part of growing up that half the people on

earth experience, then you realize that, hey, it’s not a weird, horrible thing at all. In fact, it’s really something you should celebrate! Having your period means that you’ve grown into womanhood and that’s at least worth a raise in your allowance!

The main thing here is communication. You should talk with your sister, your mom, even your dad. You have an older brother? Well, if he’s a fungus like mine is, he won’t care anyway. Just don’t give him any celebration cake unless he’s nice.

Anyway, I decided that if telling the story of my first period would help just one girl or parent open up, then it’s worth it. You have to talk about, not sweat about it.

Besides, as a teenage girl, I have PLENTY of other things to agonize over. Like this guy Aaron I like. He NEVER notices me...

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Cartoonist Greg Evans' Response...

I was greatly pleased to receive your letter of April 3, honoring me with a SIECUS salute for my "Luann becomes a woman" series.

As you can imagine, being a cartoonist is a somewhat insulated job; we're never quite sure just how our work is being received. That's why it's especially gratifying to me to be recognized by an organization such as SIECUS. Your endorsement of this series reaffirms my belief that comic strips can not only entertain, but can enlighten. And your salute helps rebuff the handful of protest letters I received from readers who believe that menstruation is a dirty word.

Thank you again for your salute and for offering SIECUS as a resource. I'm proud of the honor and of your support.

THE TRANSFORMATION OF SEXUAL TERMINOLOGY

Homosexuality in Sexological History

John Money, PhD

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What formerly was known as the sociology of knowledge has returned, and is in vogue today, as the social constructionist view of history and science. The new vogue is expressed in sexology in the doctrines of the social construction of gender; the social construction of sexuality, homosexuality, and heterosexuality; and the social construction of deviancy, and so on. Some constructions are politically correct, some are not. Correct or incorrect, all social constructs have a history. To paraphrase Santayana: Not to know this history is to condemn one to repeat it. This article is about the social construction of homosexuality and its changing names throughout history from classical times to the present.

Paidierastia and Pederasty

In contemporary vocabulary, the word is homosexuality, but in earlier vocabularies it did not exist. In the age of Aristophanes, Xenophanes, and Plato, the term was *paidierastia* (*pais*, boy + *erastes*, lover). In classical Greek usage, the term signified the ideologically admired sexual and pedagogical bonding of an adolescent youth with his mentor.

Although they did not idealize *paidierastia*, as did the Greeks, the Romans of antiquity were not, by any means, averse to the sexual practice of anal intercourse between two males, with the older man inserting, and the younger receiving. The Latin word *Catamitus* (English, *catamite*) referred to an effeminate youth who regularly took the womanish copulatory role. *Catamitus* is the Latinized form of Ganymedes (Ganymede) who — reputed in Greek mythology to have been the most beautiful of all mortals — was carried off by an eagle to be the cupbearer and beloved favorite of Zeus.

In modern usage, *pederasty*, far from being ideologically admired as in ancient Greece, is despised as synonymous with the Biblical sin of Sodom.

Sodomy

The language of the Hebrews has no one-word term that corresponds to the Greek, *paidierastia*. But, when the entire male population of Sodom demanded of Lot that he hand over the two messengers of the Lord "that we may know them," their demand signified male-to-male carnal knowledge.¹ Thus, did the Biblical town of Sodom become, in ensuing centuries, the eponym for *sodomy*, a term which has persisted in legal and media usage until the present. Its

meaning has become confusingly expanded to signify, not only engaging genitally in a female/female or male/male relationship, but also engaging anogenitally or oralgenitally with a partner who is either female or male, or engaging in any kind of sexual practice with an animal.

Buggery

In contemporary British legal usage, the synonym for the sin of Sodom is *buggery*. In British vernacular usage, to call someone a *bugger* is a curse or an insult, whereas in American usage, it is an endearment applied, for example, to a cute infant. It shares its etymology with *Bougie*, a creole term for nose-picking, and with *bougie man* or *bogey man*. Its original etymology is *Bulgar*, or *Bulgarian*.

In the 11th century, the medieval church of Rome attributed the heresy of Catharism — also known as Albigensianism (after the Provençal city of Albi in southern France), to a revival of the earlier Manichean heresy (which equated homosexuality with heresy). The *Bulgars* of the Balkan peninsula to the east were held responsible for the revival and spread of the heresy. Their name, corrupted to *Bugger*, became the eponym for the triad of heresy, sodomy, and treason, any one of which was held to predicate the other two, and to justify being burned alive at the stake.

This triad still exists today, except that *sodomy* and *buggery* have become interchangeable, and heresy and treason have been transformed into, respectively, the sin of nonbelief and moral subversion of the social order. In the prudishly evasive language of the law, the *abominable and unspeakable crime*

against nature is a euphemism which, in its explicit meaning meant, historically, that the actual practices subsumed under the terms, *sodomy* or *buggery*, might quite literally be unmentionable in some courts of law.

Berdachism

Sodomy and *buggery* pertain to sexual acts, without distinguishing when two men are together, whether their roles are interchangeable, or whether one has stereotypically a more feminine, and the other a more masculine, role than the other. By the end of the 15th century, however, if not earlier, a new word for a male simulating the copulatory role of a female entered the European languages, by way of Arabic, from the Persian *bardaj*. In Spanish, it became *bardaxe* (alternate spelling, *bardaje*); in Italian, *bardasso*; and in French, *bardache*. In English, *berdache*, is an adaptation from the early colonial Spanish and French names for native American shamans and healers who were natal males in the role of females.²

Williams, relying on the linguistic research of Claude Courove, writes regarding the definition of *bardache*: "The 1680 edition of *Dictionnaire Français*, gives this definition: 'a young man who is shamefully abused (Caesar was the *bardache* of Nicomedes).' The 1718 edition of P.J. LeRoux's *Dictionnaire Comique* defines it more explicitly: 'A young man or boy who serves [as] another's succubus, permitting sodomy to be committed on him. These abominations are so common in France that women have rightly complained of them, and I could even name several individuals who keep *bardaches*, generally beautiful boys, as others keep

courtesans.' This dictionary offers as a synonym for *bardache* the term *ganimede*, after the boy who was the lover of Zeus in Greek mythology...both *bardache* and *ganimede* refer to the passive partner...*bougre* was used for the active male partner."³

In English, *hardache* did not pass into general usage, but became specific to native American anthropology.

Urnium (Uranism)

A new addition to the nomenclature was devised by Karl Heinrich Ulrichs (1825-1895). It was derived from the Greek myth of the birth of Venus, according to which, without a mother, Venus was generated from the sea foam stirred up by her father Uranus after his own son, Cronus, had castrated him and cast him into the ocean. Ulrichs' terms, Germanized from Uranus, were *Urnium* for the male, whose love is for another male; *Urniumin* for the female, whose love is for another female; and *Urniumtum* (Anglicized to *Uranism*) for the condition of those whose love is male/male or female/female. The new terminology made it semantically possible for Ulrichs to formulate a typology, the first of its kind, and a theory of causation that was unique in being compatible with the medical science of the day, and in particular with recent advances demonstrating bipotentiality in the embryology of sexual differentiation.^{4,5}

Ulrichs applied his new theory politically by drawing the conclusion that female/female or male/male love, which he defined as innate, was natural and not criminal.⁶ Although this conclusion was not acceptable to the moral and forensic establishment of the day, Ulrichs' typology and theoretical insights were acceptable, but only under the disguise of different names. Ulrichs' terminology became neglected and fell into total disuse.

In Germany, Karl Friedrich Otto Westphal (1833-1890), a psychiatrist who was familiar with Ulrichs' writings, renamed *Urniumtum* as *contraere Sexualempfindung* (contrary sexual feeling) in a paper published in 1869.⁷ This term fell into disuse by the end of the century. In the English translation of the writings of Richard von Krafft-Ebing (1840-1902), it became *unipathic sexual instinct*, another term that fell into disuse, except in reissues of his *Psychopathia Sexualis*.⁸

Sexual Inversion

According to Havelock Ellis (1859-1939), Westphal's term was first translated into English as *inverted sexual proclivity*, when his 1869 paper was reviewed in 1871 in the British *Journal of Mental Science*.⁹ *Inversion sexuelle*

appeared in Italian in 1878, and *inversion sexuelle* in French in 1882.

The term, *sexual inversion*, served to separate the phenomenon, conceptually, from the category of sexual perversion, in which it had been included. In 1893, inversion was the word used by John Addington Symonds (1840-1893) in his privately printed, and limited, first edition (12 copies) of his book, which was republished in 1901 as: *A Problem in Greek Ethics, Being an Inquiry into the Phenomenon of Sexual Inversion*.¹⁰ It was Symonds who contributed the title, *Sexual Inversion*, to Havelock Ellis for what was to become the first published volume of Ellis's *Studies in the Psychology of Sex*.¹¹ Symonds died suddenly at the outset of what would otherwise have been a joint authorship.

Homosexuality

In subsequent volumes and revisions, Ellis also adopted the term, *homosexuality*. This word first came into existence as early as 1869 in a pamphlet, addressed to the Prussian Minister of Justice, on sexual law reform. Though published anonymously, it was ultimately attributed to Karl Maria Kertbeny (1824-1882) who was born Karl Maria Benkert, son of the writer Anton Benkert and the painter Charlotte Graf.¹²

As early as 1864, Kertbeny and Ulrichs knew of each other's political commitment to sexual law reform on behalf of men persecuted for their attraction to other men. They corresponded sporadically until 1869, if not longer. Not enough of their correspondence has survived to indicate why neither adopted the other's terminology. Kertbeny kept a draft of an 1868 letter to Ulrichs, in which he said that he had "a thick manuscript divided into four principal sections: *Monosexual*; *Homosexual*; *Heterosexual*; and *Heterogenii*" — meaning self sexual (autoerotic), homosexual, heterosexual, and heterogoneous (cross-species), respectively.⁶ Unpublished, this manuscript has apparently been lost.

The terms *homosexual* and *heterosexual*, *homosexuality* and *heterosexuality*, were quoted by Gustave Jager, and attributed to an unidentified author, in the 1880 edition of his book, *The Discovery of the Soul*.¹³ It was not until after 1905, however, that the terms *homosexual* and *homosexuality* became widely publicized. In that year, Magnus Hirschfeld (1868-1935), founder of the Institute for Sexology in Berlin, republished Kertbeny's 1869 pamphlet in the *Jahrbuch fuer Sexuelle Zeischenstufen* (*Yearbook for Sexual Intermediacy*). Obviously, the new terms filled what had been a linguistic and syntactical void, for they rapidly entered the international

vocabulary of the 20th century, as also did *heterosexual* and *heterosexuality*.

In today's usage, *homosexual* derives its meaning directly from its etymology, namely from the Greek *homos* (same) + Latin *sexus* (sex) + Latin *-alis* (pertaining to). By itself alone, the etymology gives no indication of what it is that pertains to the same sex. Thus, *homosexual* may be used as a synonym for *isosexual* in cases with a diagnosis of *pubertas precoc* (precocious puberty) to signify matching or sameness between the hormonal sex and the genital sex, whereas *heterosexual* precocity signifies mismatching, as in a girl with masculinizing or a boy with feminizing precocious puberty. In such a case, masculinization and feminization apply only to body morphology and the procreative organs, not to relationships with other people, male or female.

By contrast, in everyday usage, it is taken for granted that the etymology of *homosexual* indicates that whatever it is that pertains to the same sex, it pertains very much to a relationship, which may, or may not, be genital. There are many, and varied, nongenital male/male and female/female relationships, all of which should, according to the canons of strict logic and language, be labeled *homosexual*. The would-be escape from the confines of this strict logic has been to give the Latin root, *sexus*, double duty. Thus, it has become acceptable, in everyday usage, to take for granted that a *homosexual* relationship is not simply any type of relationship between two people of the same sex, but, it is redundantly, a same sex (female/female or male/male) sexual relationship.

Tribadism

When the term *homosexual* entered the language, it was used for both women and men, although there were two preexisting terms, *tribadism* and *lesbianism*. *Tribadism* derives from the Greek *tribein*, to rub, and thus signifies mutual friction of the genitals between women. The *Oxford English Dictionary* identifies *tribade* as a 16th century French word, borrowed into English, and quotes it as having been used by Ben Jonson in 1601.¹⁴ The word was also used by Havelock Ellis in a sexological sense in 1890.⁹ In *Dorland's Illustrated Medical Dictionary*, *tribadism* is equated with the simulation of *heterosexual* intercourse, possibly with the use of an artificial penis.¹⁴ *Blakiston's New Gould Medical Dictionary* applies the term, *tribade*, only to the woman "who plays the role of the male in *homosexual* practices."¹⁵ *Longman's Dictionary of Psychology and Psychiatry* goes so far as to say that a *tribade* usually has a large clitoris (which is manifestly in error) and plays the male role.¹⁶

Lesbianism

If it was ever recorded, the historical record of who coined the term, *lesbian*, is apparently lost. According to the *Oxford English Dictionary*, the word first entered the vocabulary in 1870, and spread into general usage in the 1890s.¹³ Etymologically, it derives from *Lesbos*, the Greek island and home, around 600 B.C., of the poetess *Sappho*. Her love poems celebrated love between women, and her name became the eponym, *Sapphic*, by which to name that love, and also the verse forms, in which it was expressed.

The word, *homosexuality*, did not eclipse *lesbianism* in general usage, but with the militancy of reverse stigmatization, *homosexuality* was itself eclipsed by *lesbianism*. When *gay* became the liberating term in *gay rights* for men, *lesbian* became the liberating term for women.

Gay

The transformation of the meaning of the word, *gay*, from merry and/or licentious to *homosexual*, may have begun in the *gay nineties* of the 19th century. The term, *gay people*, is recorded in the 1890 court transcript of Jack Saul, who gave evidence in connection with the Cleveland Street male brothel scandal in London.¹⁷ Himself a *professional Mary-Anne* (in the vernacular slang of the day, Saul was self-defined as a *professional Mary-Anne*), Saul said that he partly supported himself by doing odd jobs, mainly housecleaning, for *gay people*, meaning prostitutes (younger women, and perhaps males impersonating women) on the beat.

It is within living memory that, in the United States in the 1920s, *gay* was already in use as a self-labeling neologism for *homosexual*. In the 1940s, it was self-satirizing and flippantly campy, and used primarily as an adjective.

In the late 1960s, *gay* became standardized as a political term — with no burden of sexuoroticism in its etymology. It signified a community of people, with what at that time was designated as a shared lifestyle and a shared legal and societal agenda for *gay rights* and *gay liberation* — freed from both medical and criminal stigmatization. The new meaning of the term spread rapidly throughout English-speaking countries, and *gay* either was borrowed into other languages or was replaced with an indigenous alternative that carried the same meaning — for example, *schwul*, in Germany.¹²

Gay is not simply a synonym for a male *homosexual*, but a term that signifies a radical transformation of a phenomenon of human existence from sin,

to sickness, to social status. Being a *gay man* — like being left-handed or color-blind — means that one is a citizen, statistically, of a nonmajority group, and irrespective of the cause of being *gay* — one is entitled to share equality of privilege with the majority.

Transvestite

Transvest, the verb that derives from the Latin meaning to crossdress, existed in 1652, according to the *Oxford English Dictionary*, and had a theatrical meaning of dressing or disguising oneself in different garments, for example, those of the sex other than one's own. The nouns, *transvestite* and *transvestism* are not even entered in the *Oxford English Dictionary*.¹³ According to Havelock Ellis, they were coined as sexological terms by Magnus Hirschfeld, who used them in 1910 in his book, *Die Transvestiten*. Hirschfeld distinguished *transvestism* from the *sexual inversion* (already at that time renamed as *homosexuality*), under which rubric it had formerly been subsumed. On the criterion of whether a *transvestite* was erotically attracted toward a male or a female partner, Hirschfeld subdivided *transvestism* into four subtypes: *heterosexual*, *bisexual*, *homosexual*, and *asexual*. To these he added a fifth subtype, the *narcissistic*, defined as one's masculinity enhanced by femininity and vice versa.¹¹

Eonism

As did Hirschfeld himself, Havelock Ellis recognized the challenge of taking into account the multivariate nature of *transvestism* in devising a classification of subtypes — taking into account garment fetishism, for example, or aesthetic idealization of, respectively, femininity or masculinity. In recognition of this challenge, Ellis, following the nomenclature of sadism, from de Sade (1740-1814) as the eponym, and of masochism, from von Sacher Masoch (1836-1895), proposed the term *eonism*, from the Chevalier d'Eon (1728-1810). D'Eon was celebrated in French and English 18th and early 19th century society as a crossdresser. Ellis first proposed *eonism* tentatively in 1913, and again more seriously in 1920.¹¹

Despite the advantage of being conceptually more inclusive than Hirschfeld's *transvestism*, Ellis' *eonism* lost out to its earlier rival. The disadvantage of *transvestism* is that it signifies both the ephemeral social act of being cross-dressed, even for fun at a party, and the condition of having a persistent sexological syndrome of which being cross-dressed is only one of its characteristics.

Transsexualism and Gender Dysphoria

Eonism, as proposed by Havelock Ellis, was conceptually broad enough to encompass a range of phenomena (including cross-cultural phenomena) for which the shared common factor is cross dressing. In particular, *eonism* encompasses that phenomenon in which cross dressing is only the surface evidence of a complete crossover of the entire image of the body, male to female, or vice versa.

The phenomenon of changing first from male to female, and then back to male again, was given literary recognition first in the Greek myth of Tiresias. Characters who crossdressed and lived as members of the other sex were described in 18th and 19th century literary writings, before they appeared in clinical case reports in the sexological literature toward the end of the 19th century. Diagnostically, the terminology progressed from *contrary* or *antipathic sexual instinct* to *sexual inversion*, to *transvestism*.

The term *transsexualism* first appeared in 1949 in a short article entitled, "Psychopathia Transsexualis," by D.O. Cauldwell, in the now-defunct magazine, *Sexology*. This magazine, designed to provide sexual information to the general public, was subsidized by the enlightened publisher, Hugo Gernsbach.¹⁸ Subsequently, Harry Benjamin settled on the spelling, *transsexual*, with a double ss.¹⁹ His book, *The Transsexual Phenomenon* established the term, *transsexualism*, as the name for the syndrome of sex crossing, that is of changing from the natal sexual status to that of the other sex.²⁰ In addition to naming a syndrome, *transsexualism* also is the name for the procedure of rehabilitation by means of surgical, hormonal, and social reassignment of sex.

Dissatisfaction with naming a syndrome on the basis of its behavioral manifestations and its treatment led eventually to the proposal by Fisk of the term, *gender dysphoria*, as the name for the underlying psychic pathology.²¹ *Gender dysphoria* was conceptualized as a generic state of which there are different expressions, some of which culminate in sex reassignment. In current usage, *gender dysphoria* has become virtually a synonym for *transsexualism*.

It has been criticized by *transsexuals*, themselves, who maintain that their dysphoria pertains to their genital sex, not to their gender identity.

Mimesis: Gynemimesis and Andromimesis

Male dominance and female submission in the procreative relationship is

endemic to all Indo-European cultures and their derivatives. The same imbalance has long been a stereotype of male/male and female/female relationships. The *catamite* was stereotyped as the feminine partner of a *pederast*, and the *bardache* likewise of the *bugger*. Ulrichs subdivided *urnings* into the *wiebling* (feminine) and the *mannling* (masculine) types. After the term, *homosexuality*, became established, *homosexuals* were subdivided into *passive* and *active*, *effeminate* and *noneffeminate*, respectively. The symmetry of this simple dualism fails in the case of *transvestism*, insofar as the winner of the prize for most perfect feminine appearance may be coitally *heterosexual*. Similarly, in the case of *transsexualism*, the most convincingly transformed male-to-female may settle into a *lesbian* lifestyle with another female.

These apparent discrepancies become resolved if the concept of simple masculine/feminine dualism is replaced by the concept of *multiaxial dualism*. Then the central spindle is pierced by multiple measuring rods, graded from feminine on one end to masculine on the other — one for genitoerotic orientation, and others for vocational, educational, and recreational orientation, and still others for fashion in clothing and body adornment, legal status, and so forth.

On the basis of multiaxial dualism, it is possible to construct various permutations and combinations of *gynemimesis* (woman-miming) in men, and *andromimesis* (man-miming) in women.²² For example, one combination is found in those *gynemimetics* who are natal males, who live their lives permanently and consistently as women, who take female hormones to feminize the body, but who do not undergo elective feminizing sex-reassignment genital surgery. They are women with a penis. Their counterparts are men with a vulva.

The classificatory value of *gynemimesis* and *adromimesis* extends beyond the confines of Western sexology, to the far reaches of ethnographic sexology and the study of ethnic sexological phenomena, which are related to our own but not identical with them. One example is that of *gynemimesis* among the hijra of India which resembles both *transvestism* and *transsexualism* in our own culture, but is identical with neither.²³

Gynemimesis and *adromimesis* both are terms that allow one to take account of similarity manifested in the midst of diversity. They are phenomenological and descriptive terms. They imply nothing with respect to the origins or causes of the phenomena they name. Causal

explanations of these phenomena are contingent upon scientific discoveries that await new investigative technology, especially in sexological neuroscience.

Conclusion

Whereas male/male and female/female sexual erotic relationships have changed in name from classical times to the present, two constants have survived the name changes. One constant pertains to the criterion of effeminacy in the male, or in at least one of a male/male pair, and conversely, the criterion of virilism (or masculinity) in the female, or in at least one of a female/female pair. Specific names have been coined for the effeminate male, more than for the virilistic female, whereas specific names for the noneffeminate male and the nonvirilistic female have been lacking, except perhaps in vernacular slang.

The second constant pertains to social tolerance and intolerance. After the period in which pederasty (meaning not pedophilia but ephebophilia, i.e., a sexual erotic relationship between an adolescent youth and his mentor) was the approved norm, all the terms for male/male and female/female relationships carried the stigma of social, religious, and legal disapproval and punishment. The exception is the 20th century term, *gay*, as in *gay male*, and the recent affirmation of the term, *lesbian*, as its politically correct counterpart.

Causal explanations of homosexuality (another 20th century term) pertain to mythology in the classics; demonic possession and sin in Christian dogma; criminology in secular law; biomedicine or psychiatry in science; and personal preference or moral choice in contemporary *gay male* and *lesbian* political dogma. Causal explanations have, throughout history, had absolutely no influence on the social, political, and legal tolerance or intolerance of homosexuality. The tyranny of power is the determinant of intolerance, which has prevailed over tolerance. Intolerance has been curtailed only by the political assertiveness and power of the modern *gay male* and *lesbian* movement.

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PSYCHOSEXUAL THERAPY IN THE 90s

The Artless, Artful, and Artistic

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A new decade has begun which will close the second millennium. If we use Freud's work in the 1890s as a benchmark for sex therapy, a single century has passed.¹ If we use Masters and Johnson's 1970 book on *Human Sexual Inadequacy* (the focused psychotherapeutic treatment of sexual dysfunctions), just two decades have raced by.²

What is the state of sex therapy now, and how far have sex therapists come over the last two decades? To assess the state of the art of sex therapy, we could survey the present conditions or circumstances that define its development and functioning. In particular, we could examine both the cutting edge of innovation and the creative applications that advance the field, and the false starts and retrogressions that perturb the ideal state of the art. Such a review could sum up what is what, *but it has not yet been done*. Therefore, I would like to offer, in this article, some interim selective and subjective impressions of the state of the art of sex therapy or psychosexual therapy. Although my focus, at this time, will be on the *artless*, the *artful*, and the *artistic* in *sex therapy/psychosexual therapy*, I think a similar analysis could be made of other related professions in the field of sexuality as well.

Sex Therapy Has Become Psychosexual Therapy

Today, the *old* sex therapy has not aged enough to become the *new* sex therapy,³ but it has melded, if not melted — even vanished — into marital and couples therapy and into psychotherapy. Treatment methods — more indebted to models of psychopathology, in general, than to any specific model of sexual dysfunction or sexual anomaly — have also been imported into sex therapy from psychotherapy, more than they have been exported, and the balance of payments, like that of this nation, is weighted toward an excess of imports over exports. As a result, sex therapy has essentially merged with psychotherapy to form *psychosexual therapy*. **Psychosexual therapy entails the establishment of a professional relationship that is designed to modify, remove, and reverse the psychosexual disorders that stem from emotional sources, and to promote the positive growth and development of personality and sexuality.**

The Art or Craft of Psychosexual Therapy

The meaning of *art* has multiple references. It can refer to a *quality*, a *product*, and/or an *expression*. As a *quality*, the *artistic* appeals, it follows aesthetic principles, and it has more than ordinary significance.

A craft is an occupation requiring dexterity with specialized skills. An *artisan* may hone a specialized set of

skills to perform a defined task, but an *artist* expresses and exhibits exceptional skill by inventing and creating a beautiful *product* of more than ordinary significance.

The art of psychosexual therapy requires the therapeutic remediation of sexual dysfunction through expression that is appealing, curative, and of more than ordinary significance. Not just a craft, psychosexual therapy is an *expressive art* that requires exceptional skills and dexterity.

What Is the State of This Art — as Art — in 1991?

One of the great professional myths fostered upon the public is that all professionals are alike. But, all physicians are not alike; just as all psychologists, psychotherapists, and psychosexual therapists are not alike. Specialists in this area also tend to overlap.

The state of the art in psychotherapy/psychosexual therapy varies widely from individual to individual practitioner, and nothing is more common, but commonly unmentioned than the vast array of individual differences in their skills. Among them, are artisans and artists, who are variously *artless*, *artful*, or *artistic* — some of the time, much of the time, or most of the time — and there is a vast gulf between the worst and the best in any of their specialties.

We also know that categorization by theoretical orientation remains too crude to capture the variances in outcomes of either skilled or inexperienced therapists, and that practitioners who offer the same theoretical rationales differ widely in their ability to *artfully* apply what are supposedly similar means to similarly construed ends.^{4,5,6,7} Nonetheless, if one has knowledge of a therapist's theoretical orientation, treatment strategies can generally be predicted independently of any knowledge of a client or of a specific diagnosis. Treatment is rarely predicated on *specific* knowledge of the *specific* personality of a client and his or her partner, on *specific* patterns of relationship between them, or on *specific* knowledge of problematic and ideal sexual situations.

Whether specific disciplinary training creates superior psychotherapists/psychosexual therapists also is unclear. To say that it does, may be just one person's, or one group's, ruse to hype a particular field, to claim jurisdiction, to bolster an economic position and the power to control treatment, or to stake a claim as *the expert* at solving a problem for a fee. Yet, to train psychosexual therapists who are not already psychotherapists seems destined to miss the mark, as it tends to reduce the complex process of this *art* to a *craft* — to a focused task defined by the skillful use of a simple set of skills. Similarly, to argue that one set of procedures can apply to many forms of psychological/psychosexual disorders

reduces treatment to the application of a *craft*. Such approaches are *artless*.

Psychosexual therapy, even for the *artful*, is demanding. The ratio of the times that treatment is effective to the times that it is ineffective may interact with diagnoses; some clients are harder to treat than others; and some clients naturally fit the rigid *artisan's* Procrustean bed better than others do. *Artistic* and *artful* psychosexual therapists must be more flexible and creative for clients who are not cut to fit the crafted bed.

There is also a war over turf among the professions — especially psychiatrists, psychologists, and social workers — which has resulted in an informal division of clients by social class.⁸ The ammunition used in the battle ultimately comes from the sciences, abstract knowledge, and the academy. However, since it is most often information, and not consensus-based knowledge, that explodes upon lay persons and legislators, it is the amount and spin on the information, more than the accuracy, that has counted in the important battles that have been waged through public opinion and legislative empowerment.

Increased success in treating psychosexual disorders today depends upon integrating the best in the art of psychotherapy with the best scientific knowledge we have about persons, relationships, and sexuality (one could only wish our best were better). It also depends on better personal knowing of how to do what, with whom, and when, and how to invent what, when, and with whom. Good theories help us all; science matters; science as social knowledge matters; skill matters; creativity matters; and success increases with one's ability to inventively apply one's intuition and knowledge.

I. The Artless in Psychosexual Therapy

The *artless* in psychosexual therapy lacks art, skill, and knowledge. Such therapy is crude, clumsy, and poorly done, and, it is not hard to find.

Two examples of the *artless* approach in psychosexual therapy are:

1. The artlessness of the auto repair manual approach to treating sexual dysfunction.
2. The artlessness of the 12-step approach to sexual addiction.

Abraham Kaplan coined the phrase, the law of the hammer: Give a boy a hammer, and suddenly everything needs pounding.⁹ Systematic desensitization illustrates how this law can be applied to psychotherapy: Give a therapist a tool, like systematic desensitization, and immediately everything can be placed in a hierarchy, everyone can relax, and suddenly, everyone needs systematic desensitization for practically everything, including sexual dysfunction. Such a tool is not a cure-all, even in the hands of a craftsman, so we need to be mindful of mere mindlessness.

1. The artlessness of the auto repair manual approach. A repair manual specifies a fixed sequence of steps to repair a mechanical dysfunction; by analogy,

some psychosexual therapists offer a fixed sequence of steps (through manuals or self-help projects, for example) to treat any and all sexual problems.¹⁰ Such *artlessness* fails to understand the subjectivity and complexity of an individual's sexual experiences.

It is not that these methods never work for anyone; it is the assumption that they will work for everyone, that all one has to do is follow the therapy repair manual, step-by-step. A specific step, for a specific couple, with a specific problem, can be effective at a well-chosen time, but the *artless* application of a sequence of steps, from A to Z, may actually be a manifestation of lack of skillfulness and knowledge.

2. The artlessness of stepping in the footsteps of 12-steps. The 12-step approach to treating so-called *sexual addicts* is *artless*. Although Alcoholics Anonymous (AA), with its willingness to provide peer support 24-hours-a-day, is helpful to many alcoholics, the 12-step approach of AA may not be the best therapeutic agent for *sexual addicts*; the system certainly was not devised with them in mind. Moreover, there are not always just 12-steps to each and every, to all and any, therapeutic goal(s). In addition, the 12-steps have become a growth industry, and many mental health professionals have begun to buy franchises. I object to 12-step programs that are mindless, artless, and scienceless.

Patrick Carnes in *Out of the Shadows*¹¹ has outlined a simple theory of sexual addiction, which is based on three levels.

According to Carnes:

Level one sexual addicts masturbate, are heterosexually or homosexually promiscuous, read pornography, and use prostitutes. Addictive level one sexuality is exploitive, which inspires ambivalence in the public.

Level two sexual addicts exhibit their genitals, peep in windows, make indecent phone calls, and take indecent liberties — always with a victim. The public views these addicts as sick and pathetic, but harmless.

Level three sexual addicts engage in incest, child molestation, and rape, and outrage the public by their profound violations of cultural boundaries.

Few would disagree that rape, incest, and child molestation harm others, but, few also would lessen or excuse individuals from their responsibility for those behaviors by regarding such choices as the inevitable outcome of a worsening sexual addiction. Carnes believes that the addiction cycle, when completed, intensifies the system: "The behavior, then becomes intensified within level one, and sometimes is extended to levels two and three."¹² If addiction is to be rendered psychologically meaningful, it must be understood to be more complex than that which is strengthened by repetition.

To suggest, as Carnes does, that there is a progression through three levels of addiction, could mean a return to what John Money calls *Degeneracy Theory*¹³ in which the *disease of concupiscence*, of *lust*, leads to degenerative addictive masturbation, consumption of pornography, promiscuity — both heterosexual and homosexual — at level one; then to addictive courtship paraphilias at level two; and finally to addictive incest, rape, and child molestation at level three. Who knows how

transvestites and transsexuals would then be classified? I believe that the concept of *addiction* requires a powerful theoretical account, such as Tomkin's script theory of addiction.¹⁴

II. The Artful in Psychosexual Therapy

The *artful* in psychosexual therapy is defined as the skillful, even ingenious, adaptation of therapeutic means to therapeutic ends. It is the skillful matching of *diagnosis*, *inference*, and *treatment* with each component rationalized and integrated by abstract knowledge.⁸ *Diagnosis*, today, remains imprecise, indebted as much to sexosophy as to science.¹⁵ *Inference* remains a demanding art, because the models do not represent well the phenomenon that therapists treat. And, given the wide range of individual differences, from practitioner to practitioner, *treatment* may, or may not, be skillful, ingeniously adaptive, and *artful*. Treatment, unfortunately, often is not. In addition, psychosexual therapists' knowledge is less consensus-based than sought; theoretical abstractions are still too simple to capture the complexity of humans in sexual interaction; and the abstractions war, but it is a mini-battle of irritable spits and petulant spats, rather than a fight between warring titans whose conflicts shake the earth.

Four Trends During the 80s

In *Principle and Practice of Sex Therapy: Update for the 1990s*, Sandra Lieblum and Raymond Rosen concluded that the 80s were characterized by four trends in psychosexual therapy:

1. A trend toward greater medicalization.
2. An increase in use of pharmacological intervention.
3. More attention to dilemmas posed by desire disorders.
4. A broadened psychotherapeutic focus that relies more on systems and object relations theory.¹⁶

*The trend toward greater medicalization of psychosexual therapy is an example of what sociologist Andrew Abbot has cited as a return to the heartland by physicians in jurisdictional disputes over sex therapy.*⁹ Although abstract knowledge is used to justify claims for jurisdiction, both medical and nonmedical professionals, battle over turf by using their favorite abstractions, and all claim a legitimate right to treat sexual dysfunction, gender dysphoria, and sexual offenders. And, although the field of psychosexual therapy is multidisciplinary, professionals have allegiances to domains, and often form guilds to protect their domains and their monetary interests, as much as to promote the public's welfare.

Although most psychosexual therapists view themselves principally as psychosexual therapists, some do view themselves primarily as urologists, gynecologists or psychiatrists. They contend that medicine is preeminent if impotence is organic and is a hormonal or blood flow disorder; if sexual desire is responsive to psychoactive chemicals; if antidepressant drugs are modern day aphrodisiacs; and if MAO inhibitors reduce debilitating anxiety in sexual panic. Each drug, they say, in the psycho-

pharmacological medicine bag has a legitimate claim to a homestead in the medical heartland — *territory which belongs to physicians*. By homesteading this medical heartland, in contrast to the psychological or interpersonally systemic frontiers, *medicine renews its oft-made claim that doctors should maintain advisory or supervisory roles over all treatment of medical or psychosexual disorders*. The trump card of medicine is the claim that what appears to be psychological, interpersonal, and even family systemic, can still, ultimately, be reduced to the biological — to diseases in living systems. Some physicians call this the *new sexual medicine*.¹⁰

Three Examples that Highlight the State of the Art of Artful Psychosexual Therapy

I have selected three particular subjects which may help to highlight the present imprecise and conflicted state of the art of artful psychosexual therapy: *desire*, *retarded ejaculation*, and *atypical sexual behaviors*.

1. The Streetcar Named Desire. What does desire mean? Since 1977, when Harold Lief and Helen Kaplan introduced the concept of sexual desire into the province of psychosexual therapy, desire has been depicted as "a many-splendored thing." "One simply cannot count sexual outlets as Kinsey did," Lief points out. "A person could conceivably masturbate 20 or more times a week, but lack desire to have sexual intercourse with a partner; or a person could have sexual intercourse 20 times in a month with a partner, yet never once desire it."¹⁷ Many conceptions ride on the streetcar of desire, each vying to be the first to reach desire's destination; thus far, however, the destination is merely theoretical, and has not yet been reached.

There are still as many questions about desire, and its destinations, as there are hypothetical answers. For example: Is hypoactive desire a failure to *initiate* sexual contact or a lack of *responsiveness* to another's initiation? Or, is it just a discrepancy between what the first and the second person want? Is it a primary disorder? Or, is it merely secondary to some other sexual dysfunction? Is lack of desire a symptom of a dysfunctional marital system — a problem in intimacy, trust, and territoriality? Is desire inhibited or hypoactive? Is desire a sexual or affective problem? Or, is it an intrapersonal or interpersonal issue? If there is hypoactive desire, is there also hyperactive desire? If so, where do the two meet?

In spite of the questions associated with the subject of desire, psychosexual therapists still desire *desire*. They desire the elusive definition. They desire a theory of sexual desire. They improvise their treatments for desire disorders. Clients also ardently desire their therapists' help.

Artful therapists, drawing deeply upon their knowledge of sexuality and psychotherapy in treating desire disorders, tend to favor the pragmatic — "This approach, creatively applied, adapted, and adjusted, should work." If that approach does not work, hope, or transference, or the mystery of psychotherapy, allows for the luxury of using a second, third, fourth, or fifth approach — and sometimes even seven to ten years of the same approach — until desire quickens, or patience, money, or life runs out.

2. Retarded Ejaculation. A favorite chapter of mine

in the Lieblum and Rosen compendium is Bernard Apfelbaum's, which discusses the much misunderstood syndrome of retarded ejaculation.¹⁸ I admire his forthrightness, analytical ability, and arguments. He calls it like he sees it, and forces his readers to give up simplifying preconceptions, and to think.

Apfelbaum — arguing that retarded ejaculation is not based upon a blocked or inhibited ejaculatory reflex that requires massive amounts of partner-induced stimulation to overcome — believes Masters and Johnson were wrong in prescribing such treatment. He contends that retarded ejaculation is not parallel to vaginismus; rather, it is parallel to female coital anorgasmia. In his view, men who experience retarded ejaculation easily achieve visible erections without a corresponding increase in subjective sexual arousal; that is, the man with retarded ejaculation has *numb* erections. Therefore, the standard demand approach only increases performance anxiety. Apfelbaum believes that the retarded ejaculator has an inability to take pleasure for himself and has an excessive conscientiousness which focuses solely on his partner's pleasure.

For uncoupled individuals with retarded ejaculation, Apfelbaum advocates body-work therapy which employs sexual surrogates. However, I would not rely on my malpractice insurance to cover sexual surrogacy. I believe that ethical principles concerning dual relationships pose serious ethical, if not legal, problems here.¹⁹

3. Atypical (paraphilic) sexual behaviors.

Atypical sexual behavior is the phrase John Wincke prefers to *sexual perversion* and *sexual deviation*, words that he feels are pejorative.²⁰ Wincke divides *atypical sexual behavior* into *coercive* or *noncoercive*, and into *paraphilic* or *nonparaphilic*, behaviors. Although he says this classification "is extremely important in treatment considerations," he does not tell us specifically how it is important.

He says:

For example, if paraphilic behavior includes victimization, then inpatient therapy or antiandrogen medication may be the very first step in therapy in order to control further occurrences. On the other hand, if a client manifests victimless behavior, then therapy may initially ask the client to record the occurrence of the behavior and its stimulus antecedents.²¹

The state of the art of our conceptions of *paraphilia* rests on Robert Stoller's writings on *perversion* and on Money's accounts of *vandalized lovemaps*.^{22,23,24} Money regards *paraphilic behavior* as a specific *lovemap*, which tightly specifies the necessary ingredients of sexual arousal²⁵ — and I agree. He has coined a vocabulary of *paraphilia*, differentiated *six categories of paraphilias*, and has advocated *Depo-Provera* for treatment of sexual offenders.¹⁵ However, Kurt Freund's courtship theory of *paraphilia* posits a *cluster of sexually aggressive behaviors*, each a deformation of a step in the typical courtship sequence.²⁶ Behaviorists, like Wincke, argue that once normative sexual boundaries are crossed and reinforced, additional *atypical behaviors* are likely to be expressed. He cites Gene Abel, and his associates, as empirical support for his argument that a

single *paraphile* may display *multiple behaviors*, at different times, that are *voyeuristic*, *exhibitionistic*, and *pedophilic*.²⁶ Stoller regards *perversion* as an erotic form of hatred, but seems to believe that hostility is necessary for any form of sexual arousal.²⁷

Is *paraphilia* a specific *vandalization of a lovemap*, or is it a *cluster of atypical sexual behaviors*? Is it an *adventitious behavior reinforced by orgasms*, conditioned to whatever stimulus was present during the first crossing of some boundary between the normal and the abnormal? Is the first *adventitious behavior* generalized to any other behaviors — more deliberate crossings of normative sexual boundaries — that produce their own reinforcing ejaculations? Does *paraphilia* inevitably follow from inevitable ejaculations? Is one enchained by stimulus-response-reinforcement?

Although Wincke, Stoller, Money, and others, emphasize some common etiological factors, their descriptive or conceptual language often differs. They point to the separation of love and lust; the importance of sexual guilt and sexual misinformation in the family climate; frequent occurrence of childhood sexual victimization; lack of social skills; and even low self-esteem, as important variables. But, many of these variables remain general; they are often invoked to explain many different forms of psychopathology. Are these nonspecific contributors to psychological maladies, or are they specifically important in the *etiology of paraphilias*? What determines the *paraphilic object*? What is the exact nature of the tension that *paraphilic behavior* appears to relieve? Also, when a psychosexual therapist discovers incest or date rape or suspects pedophilic behavior, to whom do they owe allegiance? Whose agents are they — society's, the patient's, the profession's, or their own?

Wincke believes that treatment can reduce recidivism of *pedophiles*. Can it? Is it better to counsel a *pedophile* to avoid all contact with children or to teach them how to develop empathy for the child's needs? Can psychosexual therapists really "decrease inappropriate sexual arousal and increase appropriate sexual arousal," as Wincke believes, using masturbatory satiation and orgasmic reconditioning?²⁸ There is no consensus about the theories, or about the effectiveness, of treatment.

My interpretation of the state of the art in treating paraphiles is that psychosexual therapists do not know enough to make promises, to their clients or to society, that they can effectively shift or permanently alter *paraphilic preferences* through treatment. So-called *chemical castration* may reduce deviant behavior, but it does so along with all forms of desire. Clearly, psychosexual therapists have some clues, but they have miles to go.

I believe that the diversity of opinions among psychosexual therapists about *sexual desire*, *retarded ejaculation*, and *atypical sexual behaviors* reflects the present state of the art in psychosexual therapy. Many therapists, leery of judging morality (or of being judged as sexual prudes), let anything go — "Just do your own thing!" But, moralistic intolerance and advocating public health or professional standards are not the same thing.

Diagnosis, inference, and treatment are partially guided by *abstract knowledge*, but the fit is loose, the lacunas are many, and trial-and-error informs the search

for any fit at all. Artful psychosexual therapists must be skillful and ingenious in adapting treatments to therapeutic goals if they are to succeed. Treatments of sexual dysfunctions are tricky, so psychosexual therapists also must be crafty, cunning, and creative, or they will be unsuccessful. Artful psychosexual therapists have won some skirmishes, have relieved some suffering, and have increased some enjoyment, healed some wounds, and bonded some couples, but the bastions are besieged, the enemy grows stronger, and the victories seem less easy and more costly, and they require more time, energy, and creativity. Easy cures have vanished.

The revolution in sexual information has reduced the aristocratic power of psychosexual therapists as well. The *person-on-the-street* or the *couple-in-bed* sometimes do possess more knowledge than psychosexual therapists about how to do what they do, and how to do it well. Women have learned that masturbation can ensure orgasm,²⁸ and to avoid the premature ejaculation of their male partners, they have learned to squeeze the penis, and their partners have learned to stop and start.¹⁰

As yet, in the psychotherapy of psychosexual disorders, *diagnosis*, *inference*, and *treatment* has not been integrated within the unfinished network supplied by abstract knowledge. Integration of diagnosis, inference, and treatment is a holy grail, motivating a searching quest by the Don Quixotes among us — the sexual scientists, the theorists, the dreamers heroically pursuing our impossible dream. No matter how hopeless, no matter how far, we still seek to reach what appears to be, at present, an unreachable goal.

The Sociohistorical Shift in Emphasis in Psychosexual Therapy, from the 60s and 70s to the 80s and 90s

Lieblum and Rosen's overview of the field of psychosexual therapy also places it in the sociohistorical context of a shift from the age of sexual liberation in the 60s and 70s to the age of HIV/AIDS in the 80s. The prior concerns of the 60s and 70s with increasing sexual pleasure, gave way in the 80s to concerns with preventing the sexual dangers¹⁶ that appeared to be lurking everywhere (in rape, child sexual abuse, and sexually transmitted diseases, for example).

On a societal level, the banner of sexual danger invoked fear, warned against tempting pleasure, and censured lust and violence as sources of evil in human nature — especially in *men's* nature — and the ratio of rhetoric about sexuality as pleasure versus sexuality as danger also became an index of the extreme polarization of ideological and political positions in our society. On the individual level, a reversal in the ratio of sexual pleasure to sexual danger in the affective economy of a client also predicted that healthy sexual functioning would give way to sexual dysfunction.^{29,30}

It is important that sexual scientists, educators, and therapists not retrogress by returning sexuality to the province of DANGER. The threat to sexual freedom posed by the moralistic intolerance of the 80s is worrisome.³¹ Not only have too many been intolerant, too many have also been too silent about other's intoler-

ance. As the ratio of contempt to compassion for *sexual sufferers* has increased, so has moralistic intolerance increased. This has produced pain, suffering, and injustice. In this age of HIV/AIDS, moralistic intolerance remains virulent enough to make people hate sexual sufferers, but not moral enough to make people love the sexual sufferers.

If there are lessons to be learned from the age of HIV/AIDS, let us hope that they include the facts that disease is not moral retribution; and that all disease, dysfunction, dysphoria, paraphilia, distress, fears, shame, and suffering deserve both amelioration and compassion. The self-contempt of sexual sufferers, in addition to the contempt of others, offers no solution for sexual suffering. Genuine sexual healers will not blame sexual sufferers for their suffering, but will seek to comfort them and ameliorate their suffering. In sexuality education and therapy, contempt distances — only empathy, sympathy, and caring contacts, cures, and comforts.

Transcending the Present State of the Sexual Sciences

Sexual science is the process of forming social consensus about systematic knowledge. The consensus of sexual scientists forms around the interpretation of empirical evidence, consistent with certain norms. The norms include:

1. **Universalism:** Knowledge claims must follow universal scientific standards.
2. **Communal sharing of knowledge:** Knowledge must be owned by everyone.
3. **Disinterestedness:** Knowledge must be gathered and interpreted with integrity.
4. **Organized skepticism:** The community of scientists must critically examine each new claim of knowledge.^{32,33,34}

The consequence of this process is that sexual scientists generally disagree about the present state of the art in science, which almost always is a contest between claims to reduce uncertainty. Over time, the process of science does reduce uncertainty, but contemporary sexual scientists dispute what evidence means, whether it reduces uncertainty, and when, in support of a hypothesis, it actually becomes consensual scientific knowledge.

Clinical practitioners/psychosexual therapists cannot wait for such debates to end. They must act prudently, yet boldly; deliberately, yet innovatively; and mindfully, yet creatively. Fortunately, in the hands of an *artistic* practitioner, psychosexual therapy can transcend the present state of the sexual sciences.

III. The Artistic in Psychosexual Therapy

The *artistic* in psychosexual therapy conforms to the highest standards of the art. It requires discriminating diagnostic judgment, calls for tasteful interpersonal sensitivity, demands excellence in execution, and insists upon appreciation of the complexities of human sexuality in

individuals, relationships, and contexts. It is an art partly grounded in science as abstract knowledge, and partly grounded in personal knowing which is particularized by its application in treatment. *Artistic* psychosexual therapy simultaneously satisfies standards of ethics, efficiency, and esthetics.

When talented and experienced, therapists become expert systems, in which knowledge is coded as a set of procedures or actions to be carried out.³⁵ They artfully employ scripts: a set of rules for ordering information in the plots of their clients' lives and relationships, and within the situations that comprise therapy.³⁶ They commit to memory, in compressed form, the many therapeutic modules they have learned for establishing rapport, for learning to ask questions, and for assessing present sexual functioning. Then, using their familiarity with multiple sexual subcultures, sexual contexts, and sexual relationships, they retrieve, expand, recombine, and modify these to fit their present situations, as needed, with little conscious awareness of the rules that originally ordered their information.

Psychosexual therapists also learn how to expand what is compressed, like speaking without being consciously aware of how the words or forms of grammar are chosen or formed. *Artistic therapists* are scripted, but their scripts are both *open* to auxiliary information from the unfolding scene and *conditional*, in that they vary with the discovery of specific alternative variables. As expert systems, using rule-governed expertise that they may no longer be able to parse, their consciousness and attention are deeply involved with making meaning in cooperation with their clients in their present situations. They do not focus on the rules, nor on knowing what to do, when.

An *artistic therapist* can be recognized, even when the precise rules used cannot be understood. Just as we can appreciate a painting like the Mona Lisa, as appealing, beautiful, and of more than ordinary significance — even though we may not have the talent to paint it nor the knowledge of how it was painted — so, too, can we esthetically appreciate the flow of therapy in the hands of a master.³⁷ Just as a *craft* can be rejected as *artless*, so, too, can one distinguish between the skillfulness of an *artful* psychosexual therapist and the higher esthetic values of beauty, harmony, and grace in *artistic* psychosexual therapy. **Psychosexual therapy is an art, not a craft.** And, all artists strive to meet esthetic criteria, even though they may not be able to reach them.

Artistic psychosexual therapists impose more than usual significance and meaning on their work: their work flows, just as sexuality flows. In fact, beautiful psychosexual therapy requires the same artistic expression, harmony, and grace as beautiful sexual relationships.

Artistically beautiful psychosexual therapy requires immersion in the medium, good materials to work with, and imaginative inspiration. The talent of *artistic* psychosexual therapists lies in their ability to particularize acquired and developed skills — which are many, multiform, and at various levels of abstraction — in their transactions and treatments. One may, in part, learn one's skills as an apprentice, one may attempt to

improve one's craft, but one may still manifest little talent and no creativity. Psychosexual therapy cannot make *artists* out of the *artless*. Moreover, those who are already sexually artistic do not need therapists to create their personal beauty and meaning. And, as is true of all psychotherapies, psychosexual therapy may work best with those who need it the least — the affectively affluent may get richer, the emotionally impoverished may get poorer.

Embracing the Artistic

Metaphors are the myths we live by; I invite you to try my metaphor of *psychosexual therapy as art* on for size. I urge readers to embrace the artistic. The *artless* may master a craft; the *artful* will reach occasional moments of artistry; but, the *artistic* create and create and create, endlessly generating and regenerating beautiful scenes in psychosexual therapy.

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GMHC Conducts National Roper Poll on HIV/AIDS, Public Attitudes, and Education Needs

SIECUS applauds the Gay Men's Health Crisis (GMHC) for commissioning a National Roper Poll on key sexuality-related concerns confronting Americans today. Over the years, public attitudes and knowledge about HIV/AIDS have been repeatedly measured in public polls conducted by a variety of groups and organizations. However, this is the first comprehensive survey to take a look at public attitudes and opinions toward HIV/AIDS education needs. The study is based on telephone interviews conducted in late May among a nationally representative cross section of 1,004 adults. Because GMHC primarily serves New York City, a supplemental sample of 474 New York City adults, (making a total sample of 500 New York City adults), was also interviewed to permit in-depth analysis of this population. It is appropriate that a survey such as this be conducted at this time. It has been 10 years since the Centers for Disease Control (CDC) first reported cases of the illness now known as Acquired Immunodeficiency Syndrome (AIDS) in early 1981; by late 1981, the CDC had declared the disease an epidemic. Findings show that:

- 81% of the American public consider HIV/AIDS a "major problem," and 80% feel HIV/AIDS should be one of the nation's "highest health priorities."
- 48% of Americans say they are *personally* concerned about getting HIV/AIDS.
- 98% could use more public information about where to get help if exposed to HIV.
- 79% say they are not tired of hearing about HIV/AIDS, and the media has not overblown the problem.
- 65% think education is "very effective" in helping people avoid HIV/AIDS, yet only 25% of Americans feel they know "a great deal" about HIV/AIDS.
- 81% of Americans agree that "it may take some pretty explicit sexual material to fully inform *teenagers* about the dangers of HIV/AIDS."
- Only 42% of Americans feel the federal government is "doing all it should be to educate the public about HIV/AIDS."
- 64% of Americans support the distribution of condoms in high schools. 47% are in favor of condom distribution in junior high school. In New York City, 68% support condom distribution in high school, and 55% support condoms in junior high schools.
- Americans gave 9.4 years as the mean age when parents should begin discussing HIV/AIDS with their children. 11.3 years was the mean age given for when parents should begin to discuss condom use with children.
- Only 15% believe unmarried adults abstaining from sexual contact is likely to happen as a way to fight HIV/AIDS. Only 26% feel monogamy as a way of fighting HIV/AIDS is likely to happen; 91% of Americans believe that people are "sometimes less than truthful" with their partners about their sexual histories.
- 67% of Americans believe "supplying IV drug users with clean needles" would be an effective way of fighting the spread of HIV/AIDS.
- 87% say "the government putting more money into HIV/AIDS research" would be effective.

We at SIECUS especially support a basic message from these results — that expanded information and education about sexuality and HIV/AIDS is what the American public wants, needs, and certainly deserves.

SIECUS SALUTES JOSEPH FERNANDEZ CHANCELLOR, NEW YORK CITY BOARD OF EDUCATION

The Sex Information and Education Council of the U.S. presented Joseph Fernandez, chancellor of the Board of Education of New York City, with a "SIECUS Salute" to acknowledge his leadership in promoting an expanded HIV/AIDS Education plan which includes condom availability in all high schools in New York City. SIECUS salutes are given in recognition of "enlightened thinking and action, which contributes to increased understanding of human sexuality." This plan, SIECUS feels, will help assure that thousands of New York City adolescents will have the information and services they need to protect themselves against HIV infection. Further, SIECUS believes that this plan will be a model for communities across the country. We are grateful for Joseph Fernandez's leadership, commitment, and unwavering support of the rights of adolescents. We are honored to have the opportunity to affirm the contribution that Joseph Fernandez has made, and hope that he will use SIECUS as a resource for future endeavors in this vital area.

THE NATIONAL COALITION TO SUPPORT SEXUALITY EDUCATION Statement in Support of Condom Availability Programs In Public Schools

More than half of American teenagers have had sexual intercourse and face significant sexual health risks. Each year, over one million teenagers become pregnant, one in seven teenagers contract a STD, and one in five hundred students on college campuses are infected with HIV.

Schools have an essential role to play in providing young people with sexuality education. Teenagers need accurate information and education about sexuality, opportunities to explore their values in supportive environments, and encouragement for responsible decision making. Education, about abstinence, alternatives to intercourse, sexual limit setting, and resisting peer pressure, should support adolescents in delaying sexual intercourse until they are ready for mature sexual relationships. Young people who choose to be involved in sexual relationships need ready access to prescription and nonprescription contraceptive and prophylactic methods.

Condom availability programs have been proposed in many communities in order to help protect the health of sexually active adolescents. The following members of the **National Coalition To Support Sexuality Education** support and encourage the development of condom availability programs in high schools. These programs must be coordinated with sexuality and HIV/AIDS education programs in order to provide sexually experienced young people with the information and motivation they need.

Parental and community involvement in the design of these programs is encouraged. It is generally desirable for parents to be involved with their children's sexual and contraceptive decisions. However, the right of every individual to confidentiality and privacy, regardless of age or gender, in receiving such information, counseling, and services, should be paramount.

American Association for Counseling and Development
American Association of Sex Educators, Counselors and Therapists
American Social Health Association
Association of Reproductive Health Professionals
Child Welfare League of America
Coalition on Sexuality and Disability, Inc.
Hetrick-Martin Institute for Lesbian and Gay Youth
National Education Association Health Information Network
National Family Planning and Reproductive Health Association, Inc.
National Gay and Lesbian Task Force
National Mental Health Association
National Network of Runaway and Youth Services
Sex Information and Education Council of the U.S.
Society for Behavioral Pediatrics
University of Pennsylvania
U.S. Conference of Local Health Officers

SEXUALITY PERIODICALS FOR PROFESSIONALS

A SIECUS Annotated Bibliography

As with all other areas of specialization, there are numerous periodicals that address various issues in the field of human sexuality. These journals cover a broad range of topics which are relevant to the sexuality profession. The SIECUS library staff has compiled this bibliography to assist professionals in locating the publications that will meet their specific needs. All ordering information is current as of June, 1991.

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 annotated listing of sexuality periodicals is an update of a previous bibliography published in 1989, and was prepared by James L. Shortridge, Director of Library Services with the assistance of intern Pamela Papish, Columbia University.

ANNALS OF SEX RESEARCH

Published quarterly, this multidisciplinary journal contains contemporary research and scholarly reviews on all aspects of human sexuality.

Juniper Press, PO Box 7205, Oakville, Ontario L6J 6L5, Canada; 416/257-0184. Annual subscription: \$66 individual, \$100 (Canadian dollars) institution, U.S. add \$8.

ANNUAL REVIEW OF SEX RESEARCH

Society for the Scientific Study of Sex (SSSS)

Published annually, this review contains 10 to 12 articles highlighting important advances and controversies, and provides educators, clinicians, and researchers with an up-to-date current summary of theoretical and research advances in the field of human sexuality.

SSSS, PO Box 208, Mt. Vernon, IA 52314; 319/895-8407. Annual subscription: \$25 individual (soft cover), \$45 library (hard cover).

ARCHIVES OF SEXUAL BEHAVIOR: AN INTERDISCIPLINARY RESEARCH JOURNAL

International Academy of Sex Research
This bimonthly journal of research contains studies which will enhance the understanding of human sexual behavior. Provides announcements of meetings and conferences. An index is available in the last issue of the volume.

Plenum Publishing, 233 Spring Street, New York, NY 10013; 800/221-9369. Annual subscription: \$65 individual, \$275 institution.

AUSTRALIAN JOURNAL OF SEX, MARRIAGE, AND FAMILY

Family Life Movement of Australia

A quarterly journal designed to meet the research and information needs of professionals working with the areas of marriage, family, and sexuality. Provides book reviews and abstracts of articles from other journals.

Australia Journal of Sex, Marriage & Family, PO Box 143, Concord, N.S.W. 2137, Australia. Annual subscription: \$30 (Australian dollars).

BEHAVIOR TODAY

This weekly newsletter reports on all types of developments within the sexuality field and other psychosocial fields for mental health professionals.

ATCOM, 2315 Broadway, New York, NY 10024; 800/521-7004. Annual subscription: individual, \$129 (one year), \$230 (two years); institution, \$180 (one year), \$307 (two years).

CONTEMPORARY SEXUALITY

American Association of Sex Educators, Counselors and Therapists (AASECT)

This monthly newsletter reports on all subjects in the field of sexuality and lists new available resources and upcoming conferences/workshops.

AASECT, 435 North Michigan Avenue, Suite 1717, Chicago, IL 60611; 312/644-0828. Annual subscription: \$65 individual, \$95 institution.

FAMILY LIFE EDUCATOR

Network Publications

This quarterly journal, a publication of ETR Associates, includes summaries

of recent information and developments in family life education, as well as annotations and reprint information from recently published journal articles, legislative updates, film and book reviews. Also includes suggestions for classroom activities.

Network Publications, PO Box 1830, Santa Cruz, CA 95061-1830; 800/321-4407. Annual membership (including subscription): \$35 individual, \$55 institution.

FAMILY PLANNING PERSPECTIVES

The Alan Guttmacher Institute

This bimonthly journal includes articles on research in family planning, abortion, sexuality education, adolescent sexuality, pregnancy, and parenthood. Book reviews and short news items are included. The Alan Guttmacher Institute also publishes *Washington Memo*, which reports on events, legal notes, and commission reports and *International Family Planning Perspectives*, which has the same focus as *Family Planning Perspectives*, and is international in scope.

The Alan Guttmacher Institute, 111 Fifth Avenue, New York, NY 10003; 212/254-5656. Annual subscription: Family Planning Perspectives, \$28 individual, \$38 institution, \$132 library; International Family Planning Perspectives, \$22 individual, \$32 institution; Washington Memo, \$50 individual, \$60 institution. Ordered together: \$80 individual, \$105 institution.

JOURNAL OF GAY & LESBIAN PSYCHOTHERAPY

Published quarterly, this journal offers a practical, multidisciplinary, professional forum for the discussion of issues relating to psychotherapy with gay, lesbian, and bisexual clients.

Haworth Press, 10 Alice Street, Binghamton, NY 13904-1580; 800/342-9678. Annual subscription: \$32.40 individual, \$40.50 institution, \$48.60 library.

JOURNAL OF THE HISTORY OF SEXUALITY

This quarterly publication covers a broad range of essays, reviews, and primary sources on all aspects of the history and politics of sexuality from ancient times to the present.

University of Chicago Press, PO Box 37005, Chicago, IL 60637; 312/753-3347. Annual subscription: \$29 individual, \$58 institution, \$20 student.

JOURNAL OF HOMOSEXUALITY

This journal, published quarterly as two volumes each year, presents theoretical, empirical, and historical research on homosexuality, bisexuality, heterosexuality, and sexual identity.

Haworth Press, 10 Alice Street, Binghamton, NY 13904-1580; 800/342-9678. Annual subscription: \$56 individual, \$133 institution, \$245 library.

JOURNAL OF PSYCHOLOGY AND HUMAN SEXUALITY

Published biannually, this journal encompasses clinical, counseling, educational, social, experimental, psychoendocrinological, and psychoneuroscience research on human sexuality.

Haworth Press, 10 Alice Street, Binghamton, NY 13904-1580; 800/342-9678. Annual subscription: \$33.60 individual, \$49 institution, \$133 library.

JOURNAL OF SEX AND MARITAL THERAPY

This quarterly journal emphasizes new therapeutic techniques, research on outcomes, special clinical problems, and the theoretical parameters of sexual functioning and marital relationships.

Brunner/Mazel, 19 Union Square West, 8th Floor, New York, NY 10003; 212/924-3344. Annual subscription: \$34 individual, \$65 institution.

JOURNAL OF SEX EDUCATION AND THERAPY

American Association of Sex Educators, Counselors, and Therapists (AASECT)

This quarterly journal includes research reports on sexual attitudes and

behaviors, and sexuality education and therapy. Also provides resource reviews.

Guilford Press, 72 Spring Street, New York, NY 10012; 212/431-9800. Individual annual membership (including subscription): \$110 educators, \$130 counselors, \$150 therapists. Annual subscription for nonmembers: \$30 individual, \$55 institution.

JOURNAL OF SEX RESEARCH

Society for the Scientific Study of Sex (SSSS)

This quarterly publication serves as a forum for the interdisciplinary exchange of knowledge among professionals concerned with the scientific study of sexuality. Brief reports, clinical reports, and book reviews are included.

SSSS, PO Box 208, Mt. Vernon, IA 52314; 319/895-8407. Individual annual membership (including subscription): \$80. Annual subscription for nonmembers: \$47 individual, \$74 institution.

JOURNAL OF SOCIAL WORK AND HUMAN SEXUALITY

Published biannually, this periodical presents material of generic interest to social workers who are involved with the broad range of issues that pertain to human sexuality and family planning.

Haworth Press, 10 Alice Street, Binghamton, NY 13904-1580. Annual subscription: \$42 individual, \$105 institution, \$133 library.

MEDICAL ASPECTS OF HUMAN SEXUALITY

This monthly journal addresses practical, clinical, and psychological diagnoses, and the management and treatment of sexual and reproduction related issues from a medical perspective. Brief sections offer the latest information on STDs, human reproduction, contraception, technology, treatment, and pharmaceutical development.

Cabners Publishing, 249 West 17th Street, New York, NY 10011; 212/463-6549. Annual subscription: \$35 individual.

SEX OVER FORTY

This practical monthly newsletter, while intended for the nonprofessional person and directed to the sexual concerns of older adults, is useful for professionals working with this adult population.

DKT International, PO Box 1600, Chapel Hill, NC 27515; 919/929-2148. Annual subscription: \$36.

SEX ROLES: A JOURNAL OF RESEARCH

A monthly journal concerned with the

basic processes of gender role socialization, and its consequences.

Plenum Publishing, 233 Spring Street, New York, NY 10013. Annual subscription rate: \$31 individual, \$197.50 institution.

SEXUAL AND MARITAL THERAPY

This international journal for those concerned with sexual and marital problems is the official publication of the Association of Sexual and Marital Therapists which is based in England. It features results of original research, subject reviews, accounts of therapeutic and counseling practice, case studies, book reviews, and abstracts of current literature.

Carfax Publishing, PO Box 25, Abingdon, Oxfordshire OX14 3UE, England. Write for price information.

SEXUALITY AND DISABILITY

This quarterly journal presents clinical and research developments in sexuality as they relate to a wide range of physical and mental illnesses and disabling conditions.

Human Sciences Press, 233 Spring Street, New York, NY 10013. Annual subscription: \$38 individual, \$102 institution.

SIECCAN JOURNAL

Sex Information and Education Council of Canada (SIECCAN)

This quarterly journal presents articles, research notes, book reviews, and conference postings. The *SIECCAN Newsletter*, which features book and audiovisual reviews on human sexuality, is included with some of the issues of the *SIECCAN Journal*.

SIECCAN, 850 Coxwell Avenue, East York, Ontario M4C 5R1, Canada; 416/466-5304. Annual membership (including subscription): \$30 (Canadian dollars) individual, \$40 (Canadian dollars) institution.

SIECUS REPORT

Sex Information and Education Council of the United States (SIECUS)

This bimonthly journal of contemporary thought and research focuses on timely issues in the human sexuality field, and on sexuality and HIV/AIDS information. Issues feature articles, research news, book and audiovisual reviews, specialized bibliographies, recommended resources, and a conference/seminar calendar.

SIECUS, 130 West 42nd Street, Suite 2500, New York, NY 10036; 212/819-9770. Annual membership (which includes subscription): \$75 individual, \$135 institution, \$75 library, \$35 student.

BOOKS • BOOKS • BOOKS • BOOKS • BOOKS

THE POISONING OF EROS

Raymond Lawrence, Jr.
New York: Augustine Moore Press, 1989,
280 pp., \$19.95 hc.

Raymond Lawrence, Jr. does a thorough and thoughtful job of reconstructing Christian history, and of providing his readers with a provocative overview of the poisoning of human erotic potential.

His essential theme is that Christianity grew out of Jewish culture and thought, as expressed in the Old Testament and the Talmud. Over time, however, through various translations, the sexually-positive Judaic meanings were lost as the biblical writings began to be reinterpreted by scholars who adopted the more sexually-negative view held by the Greco-Roman culture. The emerging Christian church gradually adopted this view, and promoted the connection between sin and sexuality, severely limited sexual expression, and labeled intellect, mind, or spirit as good, and feelings, body, or sexuality as bad.

Lawrence's discussion of the origins of, and changes in, Christian thought during the first 400 years of Christianity, is very thorough and scholarly. However, it is difficult to read in the beginning because of the density of the information presented. When he begins to discuss the Medieval Church, the reading flows more easily with fewer references. Included is a fascinating account of the challenges that Luther's ideas and behaviors presented to the Christian establishment of the 1700s, especially the description of Luther's underground railroad and matchmaking service, which was designed to help women escape nunneries.

Lawrence's discussion of the period from Luther to the sexual revolution is the weakest section in the book. In particular, his presentation of Karl Barth and Paul Tillich — "the two most influential theologians of the 20th century" — as exemplars of the social rejection of the traditional sexually-negative values which had become associated with Christianity, is flawed, because their personal lives clearly were not manifestations of positive sexuality or of positive sexual ethics. Rather, they both seemed to be firmly rooted in patriarchy and male dominance over women. For example, Tillich is described as a philanderer or womanizer, and Barth as a functional bigamist, whose wife retreated "into the background of home and children with the arrival of Lollo [who became his lover and companion]

into the family home." This arrangement caused "unspeakable deep suffering" in the two women, and in Barth. Despite Lawrence's justification of their silence because of the privatization of sexuality, I cannot believe that these men had pride in their lifestyles or saw themselves as providing a role model for a new sexual ethic. When we expect the average teenager to prize and to make public statements about their values, and to behave in a way consistent with these values, how can such great modern theologians be held up as exemplary without doing the same?

In the final chapter of this book, Lawrence offers his vision of a new sexual ethic based on the concept of "carnal reciprocity," which asserts that "sexual self-actualization is preferable to sexual innocence, abstinence, and self-denial"; affirms "a commitment to human mutuality"; acknowledges "the political implications of every sexual liaison"; and promotes "the paradigmatic character of pair-bonding which at once both affirms and delimits the claims of any particular form of pair-bonding, as well as any particular pair." These are wonderful sexually-affirming statements, relevant to cultural, social, political, gender, ethnic, and individual pluralism. Lawrence further states that "An ethics of carnal reciprocity promotes sexual self-actualization as a value that stands on its own and needs no extrinsic justification," a statement which is particularly sexually-positive.

Unfortunately, his later discussion of homosexuality and the question of whether it is morally neutral, or holds moral parity with heterosexuality, is in conflict with his previously sexually-positive messages. Although questioning his right as a heterosexual to speak out on the subject, he, nonetheless, proceeds to define homosexual unions as, "with the 'other' who is 'not the other' but the same gender, and is, like masturbation, also vulnerable to a critique of excessive or inwardly-turned narcissism." Does this mean that those of us, who have lovers of the same ethnic background, hair or skin color, spiritual orientation, or body shape, are also subject to the critique of being excessive or narcissistic? Probably not. Rather, this would appear to be either thinly veiled homophobia or a lack of conviction in his own ethic of carnal reciprocity.

In conclusion, Lawrence has led us on a journey of discovery that is very important, and I would recommend reading his book. He helps the reader discover how Eros was poisoned and

the essence of the poison itself; however, others will have to discover the antidote of a new ethic of sexual positivity.

*Reviewed by Peter B. Anderson, PhD,
Assistant professor of health and human sexuality education, Department of Human Performance & Health Promotion, University of New Orleans, Louisiana.*

HOMOSEXUALITY: A Practical Guide to Counseling Lesbians, Gay Men and Their Families

Helen B. McDonald & Audrey Steinhorn
New York: Continuum Publishing Company, 1990, 186 pp., \$16.95 hc.

Two recent books will be tremendously helpful for clinicians working with lesbian or gay clients. (See the following review.) Both are written by social workers with many years of experience working with this client population, but each has a different audience. *Homosexuality: A Practical Guide to Counseling Lesbians, Gay Men and Their Families* will probably be the most useful for counselors or therapists who are themselves not lesbian or gay men and do not have extensive experience working with clients from a lesbian or gay affirmative theoretical perspective.

This book offers a practical introduction to the life stages and important influences in the lives of contemporary lesbians and gay men from a counseling perspective. The issues presented span the spectrum from an overview of "Homosexuals Today" and "What Do You Mean You're Not Heterosexual?" to coming out, religion, lesbian and gay youth, parenting, HIV/AIDS, older lesbians and gay men, and alcohol and substance abuse in the lesbian and gay community.

Each topic is introduced with a succinct discussion of how clients may be affected psychodynamically, interpersonally, or socioculturally by the topic under discussion. Case studies, illustrating how clients may present in relation to each topic, are then offered.

One of the most helpful aspects of the book is that the authors provide dialogue between counselors and clients from actual sessions. Each session is then discussed, illustrating how a counselor's biases are often impediments to lesbian or gay clients receiving effective treatment. However, instead of remaining abstract, the authors provide examples of how these same sessions could have been conducted in more

sensitive and sophisticated client-centered ways.

Reviewed by Michael Shernoff. (See the following review for biographical information.)

LOVE BETWEEN MEN: Enhancing Intimacy and Keeping Your Relationship

Rik Isensee

New York: Prentice Hall, 1990, 216 pp., \$18.95 pb.

Love Between Men is primarily a very useful self-help book for male couples. Yet, in addition to being a welcome resource that clinicians working with male couples can suggest that their clients read, this book is an invaluable instructional tool for therapists on how to effectively counsel male couples who have a variety of difficulties. Actually, although the content of this book is geared towards male couples, the communication skills that it teaches will be helpful to any couple in conflict.

The book is divided into three sections — Resolving Conflicts, Making It Work, and Seeking Help — each of which contains five chapters.

"Resolving Conflict" teaches the basics of relationships, with a particular focus on male coupling. The chapters are: Dynamics in Gay Relationships; Empathetic Listening; Expressing Feelings; Solving Problems; and The Function of Conflict.

The "Making It Work" section, which represents the heart of the book, is designed to help couples in conflict learn specific skills that will assist them in working through their differences. The chapters are: Dealing With Difference; Sexual Communication; Monogamy Versus An Open Relationship; Family Matters; and When a Lover Has AIDS.

The section entitled "Seeking Help" is geared toward couples who may benefit from professional help. The chapters are: Couples Therapy; Alcohol and Drugs; Compulsion in Sex and Love; Abusive Relationships and What If It Doesn't Work Out?

Part of what makes this volume so readable is that each chapter is subdivided into sections that discuss a specific content area. Rik Isensee provides model dialogues between members of a couple that illustrate both the ineffective communication that is contributing to the couples' distress, and describes techniques for expressing one's angry or hurt feelings in a productive and loving manner.

The book is obviously written by someone, with many years of experience in working with couples, who has a rare talent for translating his clinical

expertise into practical skill-building suggestions that are interesting and useful.

Reviewed by Michael Shernoff, CSW, ACSW, co-director of Chelsea Psychotherapy Associates in New York City and adjunct professor, Hunter College Graduate School of Social Work.

THE INTIMATE CONNECTION: MALE SEXUALITY, MASCULINE SPIRITUALITY

James B. Nelson

Philadelphia: Westminster Press, 1988, 140 pp., \$8.95 pb.

Like his other works (*Embodiment: An Approach to Sexuality and Christian Theology* and *Between Two Gardens: Reflections on Sexuality and Religious Experience*), this book is an affirmation of, and a search for, the linkages between spiritual experience and human sexuality. In it, the author focuses on the unique and particular aspects of male sexuality and spirituality, and elaborates on the themes presented in his March, 1985 *SIECUS Report* article, "Male Sexuality and Masculine Spirituality."

Nelson's contributions to the exploration of religion and sexual ethics begins with a definition of *the problem*: men's alienation from their spiritual lives parallels their alienation from other aspects of their lives. The common thread causing this alienation is a pattern of living that promotes a dualistic approach to every relationship, whether with other men, women, oneself, or God. He supports this assertion with arguments from gender role studies, feminist theory, and the small but growing body of literature on men's issues.

The author traces this dualistic orientation to western religious tradition's adoption of the soul/body split, which he criticizes as a perspective that devalues the body (and sexuality) in favor of the soul (and the spirit), rather than encompassing and valuing the dignity of the whole person.

In place of this dualistic perception, Nelson argues for the development of a theology that integrates the body and the soul, which he refers to as an incarnational theology. Writing from a Christian perspective, he insists that an incarnational theology is needed to accurately reflect the reality of what the appearance of Jesus on earth meant — "the meeting with God in and through human flesh." In Nelson's view, sexuality is not an aspect of life to be renounced in order to reach the spiritual, but rather, it is an integral part of the journey. In his statement, "sexuality is intrinsic to the experience of God," he shows the inclusiveness of

incarnational theology. Likewise, the author speaks of sexuality in inclusive terms.

A tone of integrity echoes throughout this book. It is first sounded in the Preface, when Nelson states that the book represents his personal reflections, and is thus limited by the scope of his experience as "a white, middle-class, North American, and Christian" man. The book is also enhanced by aspects of his experience that are relevant to all men's experience of spiritual and sexual intimacy. An example of this, is the author's consideration of the symbolism of the penis as reflective of both men's vulnerability (flaccid) and power (erect). Many intriguing ideas are explored in this book, including the sexuality of Jesus; the genitalization of male sexuality; heterosexism and homophobia; men's fears of mortality; and men's socialization in regard to violence.

Some readers may be bothered by the author's tendency to frequent generalizations of the *male* experience, despite his early disclaimer. In some areas, such as his discussion of *masculine energy*, there is a lack of clarity as to what is being addressed. His concluding chapter on perceived shifts in western theological thought regarding sexuality also, at times, seems more hopeful than real.

Regardless of these minor complaints, this book is highly recommended as an insightful and enjoyable work, which will be important for anyone who is seeking to reduce the barriers between theology and sexology.

Reviewed by Chuck Rhoades. (See the following review for biographical information.)

BAD BOYS AND TOUGH TATTOOS: A Social History of the Tattoo with Gangs, Sailors, and Street-Corner Punks 1950-1965

Samuel M. Steward, PhD

New York: Haworth Press, Inc., 1990, 198 pp., \$19.95 hc, \$11.95 pb.

This unique book is the work of Samuel Steward, who as a self-described "unofficial collaborator" of Alfred Kinsey maintained a daily journal of his years as a tattoo artist. *Bad Boys and Tough Tattoos* is a partial record of that diary, which provides a selection from among his contacts with more than 100,000 customers, and other inhabitants, of a fascinating world and time.

The analysis of these contacts, laden with sexual content and meaning, comes from Steward, who left a 20-year career as a university English professor for "the most incredible time of my life" as a tattoo artist on *Skid-Row* in Chicago and elsewhere. The observations of life in the

tattoo shop are presented in a language as richly explicit as an artist's *flash*, (the repertoire of a tattoo artist's designs) by Phil Sparrow, Steward's chosen name as *tattoodler*.

Steward explains that the path to writing this book was suggested to him by Kinsey, who frequented the tattoo shop to learn about the sexual subculture it attracted. In the chapter "Doctor Kinsey (Prometheus) and the Shop," Steward recalls Kinsey's encouragement to observe and record. The chapter is as much a retelling of contacts with Kinsey, as it is a paean to this pioneer of sexuality research, whom he assigns the Promethean attribute of bringing "light and fire to the world," and embodying the motto, "Nothing that is human is strange to me."

As sexological history, this book is a treasure. It is full of anecdotes of how the men visiting Sparrow's shop wore their masculinity with and through their body markings. In the book's longest chapter, "Sex and the Tattoo: Motivations," Steward lists 29 reasons why people (overwhelmingly men) choose to get tattoos. To 25 of these motivations, he assigns a sexological rationale, which ranges from simple body decoration in order to attract the attention of intended partners, to obtaining sexual satisfaction from the feel of the needles.

Steward accompanies the motivations he presents with vivid anecdotal material. His depictions include Karl, whose tattoos were motivated by a fetish for women in high heels; various marks of possession ("Sue's forever and ever" scrolled under a red heart); exhibitionism (a fly on a penis); and the distinctive language of the gang (a Hells Angels brand — an Air Force patch with red wings that signifies that the wearer has performed cunnilingus on a woman who was menstruating).

Concerning a hustler who got a small tattoo for every score he made, Steward writes that the man's motivation was to compensate for his feelings of inferiority related to being a hustler, one of the few psychoanalytic interpretations employed in his analysis. Paraphilias, representations of gender role messages and pressures, initiation rites, and developmental issues (such as youthful rebellion), comprise other motivations, which Steward offers as "provocative departure points for further investigations."

Steward recounts numerous examples of the relationship of tattooing and sexual behaviors. There is the man who ejaculates while his penis is being tattooed; the man who retreats to a nearby restroom after the procedure to masturbate; and the phone caller whose increasingly rapid breathing reveals that

he is masturbating to a description of how a tattoo is applied. Undertaking an informal, unscientific survey of what men did on the night they got their first tattoos, Sparrow found that 1,724 had intercourse; 879 masturbated while admiring the tattoo; 635 got into a fight; 231 got drunk; and more than 800 "got drunk and had [sexual] intercourse." He includes an excerpt, from a letter Sparrow received from a man whose sadomasochistic fantasy linked the act of getting a tattoo to sexual intercourse, with the artist as penetrator and the customer as the passive receptor of his (ink) fluid.

The relationship between artist and customer was, for Steward, "the most fascinating question to ponder." Describing this relationship as a "love affair," or as something like that of the relationship between therapist and patient or bartender and customer, is as clear as Steward becomes on providing an understanding of this "astonishing discovery," but his stories, regarding these intimate interactions between men, articulate what his explanations cannot.

Steward chronicles a change during his career that began in pre-Stonewall days, in regard to tattoos and gay men, when he found that less than 1% of his clients were "obvious homosexuals." He records an increase in business from gay men following the appearance of Marlon Brando in "The Wild One," and the subsequent growth of the leather movement.

The connection of the past and present occurs in Steward's responsible inclusion of the dangers of the transmission of HIV (and other diseases) through the tattoo needle. He describes procedures necessary for *clean* tattooing and explains how potential customers can protect themselves when visiting tattoo shops. Despite these warnings, the most powerful message presented in his book, is that he would not choose tattooing now — his most cherished work — because of HIV/AIDS.

The only misgivings I have, in regard to this book, are the few references to women who have chosen to be tattooed; they are misogynistic and shallow. Also, there is an absence of illustrations, which would have provided some helpful concrete representations for those unfamiliar with tattoo art. In addition, a few of the chapters will be of no particular interest to sexologists, although as Wardell Pomeroy writes in the forward, the book as a whole invites the reader to "accompany the author right into the Anchor Tattoo Shop — with all its dangers, pathos, and bathos..." So, while in the shop, one might as well investigate, in the Kinsey

tradition, all there is to see.

Reviewed by Chuck Rhoades, MA, private consultant in sexuality education, training, and research in Dover, New Hampshire.

TRANSFORMATIONS: Crossdressers and Those Who Love Them

Mariette Pathy Allen

New York: E.P. Dutton, 1989, 160 pp, \$24.95 hc.

A photograph, not only can illustrate it can inform, and in *Transformations*, Mariette Pathy Allen has used her camera to provide readers with a new understanding of husbands, fathers, brothers, uncles, sons, and grandfathers who spend part of their time cross dressed. She has photographed them, not as freaks, but as real people, and not only in their sponsored social affairs, but in their less guarded moments. It is a measure of the cross-gendered community's respect for her that she was allowed to penetrate their privacy and portray them in ways quite different from other typical presentations.

She photographs bankers, lawyers, social workers, psychologists, government officials in their official male roles, but also in their feminine roles with their children, holding babies, putting on makeup, having discussion with their sisters (i.e. wives), in short doing things that most women do, or have done, during their lifetime. The visual transformation that takes place, in the same person, dressed as a man and a woman, is remarkable, and sometimes almost unbelievable.

Her photographs — some in black and white and some in color — help us to better understand the world of the cross dresser, challenge traditional male stereotypes, and give photographic realism to the lives of transvestites.

Reviewed by Vern L. Bullough, RN, PhD, SUNY Distinguished Professor, SUNY College, Buffalo.

WHY LOVE IS NOT ENOUGH

Sol Gordon

Boston: Bob Adams, Inc., 1988, 153 pp., \$6.95 pb.

The central subject matter of *Why Love is Not Enough* is the development and nurturance of love relationships — specifically marriage. Gordon introduces his overriding premise — that self-knowledge is an essential precursor to a successful partner relationship — with the provocative question: "Would you want to go out with yourself if you called your house some evening and

asked yourself for a date?"

An admirable balance is maintained throughout the book, with the author walking a delicate line between validating and reifying the experience of romantic love, and gently insisting that decisions regarding marriage be logical and pragmatic. Sections on mature communication and fair fighting are cogently presented (although some of the material is borrowed), and will be especially useful for couples contemplating marriage.

The list of basic questions couples should discuss (which constitute the bulk of Chapter Four) represents a panoramic, yet precise, spectrum of critical issues: careers, finances, living arrangements, in-laws, religion, sexuality, children, and even personal *quirks*.

Chapter Five is entitled "People You Shouldn't Marry," and could stand on its own as a primer for young people assessing their values regarding potential life mates. The author presents a range of *types*, from those one should never marry (addicts, violent people), to those he considers *high risk* (persons with whom one argues much of the time, insecure persons, persons *desperate* to marry), to those with whom a long-term relationship simply requires special consideration (divorced or widowed persons, persons more than 10 years older or younger than oneself, and disabled persons). Interestingly enough, while Gordon includes interfaith marriage in this category, he makes not even cursory mention of the increasingly common phenomenon of interracial marriage.

Again, the long-term love relationship which the author presents as the ultimate goal for his readers is traditional, monogamous, heterosexual marriage. Thus, while the book's sections on communication, self-esteem, and self-knowledge certainly apply to everyone, those sections, which address specifics of relationship-building, contain biases which may diminish the relevance of the work for gay male or lesbian readers (or even heterosexual readers for whom marriage is not a primary value).

Nonetheless, Gordon's empathetic and characteristically readable style make this a book that professionals could comfortably recommend to clients, students, or lay friends struggling with the complexities of male/female relationships in the 90s.

Reviewed by Mary M. Krueger, PhD, director of health education, Emory University, Atlanta, Georgia.

THE LOVER WITHIN: OPENING TO ENERGY IN SEXUAL PRACTICE

Julie Henderson

Barrytown, NY: Station Hill, 1988, 113 pp., \$8.95 pb.

The Lover Within is a concise and honest account of the author's belief in the theories of Wilhelm Reich, the practice of *bioenergetics*, and related schools of thought, and is a manual of 63 sensitivity exercises, which have been designed to improve an individual's or couple's sexual feelings and comfort with intimacy. The author also offers an interesting annotated bibliography.

Essentially, the sensitivity exercises posit an energy, ordinarily imperceptible, that flows within each person and radiates as a sort of aura that streams between lovers. She states, "...the concept that is central to *The Lover Within*...[is] that sex is at least as much an energetic act as it is a physical one."

The fascination with a mysterious and sometimes sexualized flow of human energy was rather pronounced at the turn to the century. As Thomas Szasz detailed in his book, *The Myth of Psychotherapy*, psychiatry's two major tools were animal magnetism (hypnosis) and electrotherapy, which routinely included the electrical stimulation of the genitals regardless of the complaint. In addition, many of that era's sociosexual essays advocated *coitus reservatus* in lovemaking and referred to *social magnetism* and the *magnetic exchange* between lovers. (e.g., John Humphrey Noyes' classic, *Male Continence*, 1872). No less an authority than Margaret Sanger wrote a text entitled *Magnetization Methods of Birth Control* in 1915. Far from being the originator of the idea, Dr. Reich was one of the authors who, in the second half of this century, maintained a fervent literal belief in these energy forces.

The bulk of the terminology with which Henderson describes her exercises alludes to this energy flow. The author, for her part, is emphatic that this energy force is not a figment of imagination, but the organic basis of mental and physical health, love, and successful relationships. She discusses using one's creative imagination to vigorously picture, in one's mind's eye, the ways in which various energy states promote relaxation, desensitization, self awareness, and an acceptance of intimacy with one's lover. Used in this capacity, they may be helpful to some people.

The author makes offhanded references to Tantrism, links it to Zen Buddhism, and calls both *meditative psychologies*. The literature of all the

major mystical traditions, including Tantrism, Taoism, Gnosticism, and Kabbalism alludes to some kind of energy or substance that does travel to different spots in the human body. However, such schematic symbolisms were *not*, I believe, meant as medical treatises; they were mnemonic aids to the transmission of the major themes of mystical philosophy.

Henderson offers no convincing evidence that the energy force actually exists, nor that it is brought into requisition and controlled by our picturing of it. She does state that her sensitivity exercises "do work." However, all that we can safely say today, with confidence, is that hopefully, as a result of patient, unbiased, systematic inquiry, these "bioenergies" will eventually be proved to either exist or not. Furthermore, the verity of the force may not be necessary for the exercises to have an effect; hypnosis often "works" even though there is no magnetism involved, animal or any other. For that reason this book will be useful to those interested in sensitivity exercises.

Reviewed by Louis W. Meldman, PhD, psychologist in private practice, Detroit, Michigan, and author of Mystical Sex.

Jim Jackson

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DESPERATELY SEEKING ABSTINENCE

A Critique of the *Teen-Aid* Curricula for Sexuality Education

Catherine A. Sanderson

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Susan N. Wilson

Executive Coordinator, New Jersey Network for Family Life Education

The *Teen-Aid* curricula for sexuality education — developed by LeAnna Ben and Nancy Roach of Spokane, Washington — include curricula for both junior high school students, *Me, My World, and My Future* (revised 1987) and senior high school students, *Sexuality, Commitment and Family* (revised 1989). Although some portions of this review will refer directly to the junior high school curricula, the third, and most recent, edition of the senior high school curricula will be the focus of this review.*

The fundamental premise of both curricula is the belief that premarital sexual activities are unhealthy; their emphasis, therefore, is on abstinence before marriage as opposed to *safer sex*. Included are sections on communication, decision making, and peer pressure, as well as specific exercises and techniques, which are designed to support and assist teenagers in abstaining from sexual activities before marriage, and which emphasize mutual responsibility (65).

The authors claim that "an abstinent lifestyle versus a sexually active lifestyle is the most healthy choice for most teens" (12); that "chastity before marriage is a realistic and proven way to find sexual happiness within marriage" (56); and that life begins at conception (120). The values supported in this curricula are antichoice, anticontraception, and antipremarital sexual activities. According to a spokesperson for the curricula, "hundreds of schools" are using this curricula now. But, the fact that it is deeply rooted in specific spiritual beliefs and is heavily value-laden, should make it *unacceptable for use in public schools*.

*Unless otherwise noted, the page numbers provided refer to the senior high school curricula. The initials, *JHSC*, will be used when referring to the junior high school curricula, and the initials, *AS*, when referring to the AIDS Supplement.

Although some educators and parents agree with the ideal of adolescent abstinence, extensive research has revealed that the majority of American women and men engage in sexual intercourse by age 20¹ (and 50% to 57% of high school students have had sexual intercourse at least once.²) Sexuality education should include information on the advantages of abstaining from sexual intercourse, but effective education must also provide practical information for those who have chosen, and are choosing, to be sexually active. This curricula support students who choose to abstain, but those who are engaging in sexual intercourse are left with no information at all on how to reduce their risks of pregnancy, sexually transmitted diseases (STDs), and HIV/AIDS (9).

The authors report that information on birth control, because it implies an acceptance (and positive reinforcement) of premarital sexual intercourse, may "weaken the resolve" of those adolescents who are trying to remain abstinent (4). However, research indicates that providing information on contraception *does not* affect the rate of onset of sexual intercourse, but *does* clearly increase the use of contraception in those teenagers who elect to engage in it.^{3,4,5}

A particularly disturbing aspect of *Teen-Aid* is its inclusion of inaccurate information on a variety of topics, including HIV/AIDS, STDs, contraception, abortion, and sexual abuse. In order to promote specific values and beliefs, the authors of the curricula have disregarded extensive research and medical knowledge in favor of misleading statistics and inappropriate or inaccurate references.

For example, the issue of **abortion** is presented from an antiabortion perspective, beginning with the definition of abortion as "an intent to kill the unborn (250)." Components of the curricula, such as "life begins...when a minute wiggling sperm plunges headlong into a

mature ovum (92)"; an extremely one-sided portrayal of the *Roe v. Wade* decision (251); and the emotionally-laden labels of *unborn child* and *tiny patients* used to describe a fetus (119,250,253) illustrate the bias of the curricula. *Teen-Aid* claims that by 10 weeks gestation, the fetus "appears to play inside the uterus (250)." The reference given for this *fact* is their *Teen-Aid* video.

The rates of sterility, ectopic pregnancies, infection, suicide, and miscarriages that follow abortion are greatly overestimated, and the references used for these statistics are, typically, 10 to 20 years old (which may explain the inaccuracies: research from the early 1970s on complications of abortions focused on *illegal abortions*). Also, the extremely high rates of sterility listed are from abortions performed in *Czechoslovakia, Poland, and Japan* (253), and the section on the psychological effects of abortion is largely based on opinion. Research is also presented on the issues of child abuse and suicide in an attempt to link them with abortion (255,256).

Teen-Aid fails to note that the psychological risks entailed in adolescent completion of pregnancy are much greater than the psychological risks of adolescent abortion,⁶ and that the medical morbidity and mortality rates that arise from full-term adolescent pregnancy are actually greater than those that arise from adolescent abortion.⁷ In addition, the curricula clearly encourages adoption and discourages abortion. For example, teachers are asked to have students respond to the following item on a worksheet: "List three possible complications from abortion; explain two positive aspects of adoption" (235).

Other statements in *Teen-Aid*, although they are opinions, are presented as facts. These range from: "Premarital fidelity is the best practice for sexual fidelity after marriage" (56), and "When [sexuality] is separated from mutual love, however, it increasingly makes the

participant feel "used" (108), to "Abstinence before marriage also says that a person values his/her body as a unique and profoundly meaningful gift to a spouse" (278). When *Teen-Aid* states that the consequences of premarital sexual activity are a loss of reputation, limitations in dating/marriage choices, loss of goals, and a preoccupation with sexual matters (236,237), no references are provided.

The HIV supplement includes exaggerations, inaccuracies, and misrepresentations of facts about the transmission and prevalence of HIV/AIDS. Saliva is grouped with the body fluids (blood, semen, vaginal fluid, and mother's milk) known to transmit HIV/AIDS, although saliva has not yet been documented as transmitting HIV (45, 4). The supplement refers to the widely dismissed myth that HIV infection started in monkeys in Africa, and then spread somehow to humans (7).

Teen-Aid claims that no clinical data exists to support condoms as preventing HIV/AIDS (45, 4), and implies that people who engage in risky behaviors using condoms will become infected with HIV (45, 13). Research with partners of people with HIV/AIDS shows, however, that using condoms decreases the rate of transmission from 82% to 17% over a period of 18 months.⁸ Clearly, abstinence decreases the rate to zero, but teenagers need to know that using condoms is significantly safer than using no form of protection at all.

Teen-Aid also offers no information on how to use a condom, although correct and consistent use of condoms clearly raises the effectiveness rate from the 90% reported by *Teen-Aid* to 98% (45, 18).⁹ If teachers neglect to provide information on condoms or downplay their effectiveness, teenagers will be even less likely to use them to reduce their risks of HIV, STDs, and pregnancy. It is also important to note that one citation in the junior high school curricula, which apparently refers to a scientific study on condom breakage, is actually a personal anecdote with a sample size of three; that another citation on the number of AIDS cases refers to numbers cited in a five-year-old *Newsweek* article (45, 4, JHSCAS, 7); and that the *Holy Bible*, *Life* magazine, and "Personal Communication" from a woman working at Open Arms (133) are cited as medical references.

Throughout the HIV supplement, fear tactics and undocumented claims are used to reinforce myths about HIV/AIDS and to discourage risk reduction. The section on HIV/AIDS emphasizes no risk behaviors, but then disregards any mention of low and high risk behaviors. Since the curricula list saliva as a

possible method of transmission, teenagers could be left with the erroneous impression that kissing transmits HIV! The means of infection and symptoms section also dehumanizes the face of the illness and fails to foster empathy for persons with HIV/AIDS (45, 8, 9). People who acquired HIV from blood transfusions are described as "unfortunate," which may convey the impression that other people with HIV/AIDS deserve to have the infection or disease (45, 15).

The section on STDs also uses references that are 10 years old, and relies on fear tactics, not factual information. The rates, side effects, and symptoms of various STDs are exaggerated (241-249). The junior high school curricula states that gonorrhea may be transmitted to babies during birth and cause blindness, but in reality all babies delivered in hospitals receive eye drops that prevent such transmission (198). The use of condoms, and the spermicide nonoxonyl-9, are not mentioned for preventing the transmission of STDs, nor the importance of early diagnoses, treatment, and reporting to partners.

One of the truly frightening components of the junior high school curricula is the section on sexual abuse. The authors claim that discussing such abuse is frightening to children, which may lead teachers to avoid discussing the issue at all. Yet, experts in the field report that accurate information and specific skills do empower children and reduce their anxieties (54,55). Promoted also is the discounted myth that sexual abuse may lead to homosexuality, and the rare phenomenon of false reporting of sexual abuse is emphasized more than is merited. Such tactics not only are ineffective in reducing anxiety and preventing abuse, but they also may be dangerous. They may greatly increase anxiety and feelings of intimidation, which may make students less likely to seek help.

Teen-Aid also includes biases that are inappropriate, offensive, and sexist: *he*, *man*, and *mankind* are used as opposed to *he/she*, *s/he* or *human beings* and *humankind* (163,167). In the junior high school curricula, the quotes at the beginning of each unit are by men, and the section on success mentions only successful men (30). The curricula refer to homosexuality only when discussing HIV/AIDS (4) and also emphasize the traditional nuclear family, ignoring families that are headed by single parents or gay couples (168,169, JHSC, 112). The curricula reinforce traditional sex roles, and suggest that women should sacrifice careers for family since "factors other than financial and self-fulfillment" must be kept in mind (109,171). Throughout the

curricula, there are similar sexist assumptions. One section states that "clothes say something about who you are and what you want in life," and is accompanied by a picture of a woman in high heels and a halter top (67). This quote and the accompanying picture support the myth surrounding date rape that certain clothes signal that women are receptive to sexual intercourse (67,70).

Teen-Aid, like other abstinence curricula, has as its goal the reduction of teenage sexual activities, and elects to disregard those who choose to engage in them. Although it purports to assist teenagers in acquiring knowledge about sexuality and decision making, it clearly falls short. Despite substantial evidence that sexuality education programs are effective only when coupled with information about, and access to, birth control, "just say no" curricula such as *Teen-Aid* and *Sex Respect* ignore today's reality, in an attempt to emphasize specific values and beliefs about sexuality. *Teen-Aid* includes important biases that are highly inappropriate for public schools. This approach to sexuality education is detrimental to the majority of — if not all — teenagers.

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IN MEMORIAM...

SIECUS will miss **Harriet F. Pilpel** — cofounder of SIECUS and member of the SIECUS Board of Directors (1964 to 1966), lawyer, civil libertarian, and prominent advocate of women's rights — who died of a heart attack on April 23, 1991, at her home in New York City. She was 79 years old.

Pilpel graduated from Vassar College in 1932, received a master's degree from Columbia University Graduate School in 1933, and a law degree from Columbia in 1936.

Throughout her career Pilpel lectured extensively on civil liberties, freedom of speech and the press, birth control, abortion, marriage and family law, the status of women, and literary and entertainment law. Pilpel, a frequent guest on the television program "Firing Line," and on other TV and radio shows, contributed articles to magazines, newspapers, and professional journals, coauthored the books, *Your Marriage and the Law* and *Know Your Rights*, and wrote a monthly column, "You Can Do It," for *Publisher's Weekly*.

In the 1960s, Pilpel was a member of the Kennedy and Johnson Commissions on the Status of Women, and served on the Committee on Political and Civil Rights. In 1965, she argued successfully for the Planned Parenthood Federation of America against a suit asking the Supreme Court to rule on Connecticut laws that would have made it a crime to use birth control devices or for doctors to advise their use. The Court declined 5 to 4 to rule on the laws.

Pilpel left the board of directors of SIECUS in 1966, "...with great reluctance," she said. "I hope in any event to remain closely connected with SIECUS in my capacity as counsel....It has been a great experience to be in on the beginning of SIECUS — and to share in its deliberations. SIECUS is a major new and expanding force in American life with which I always hope to work."

David R. Mace, then SIECUS President, in response, said, "The impressive development of SIECUS requires no comment from me. It has obviously arrived on the scene with its important message at the 'teachable moment.' It is securing praise from the professionals, gratitude from the public, and encouraging financial support from those in a position to offer it....Those of us who were privileged to serve in the early years...will surely feel a special sense of privilege and pride as we watch the further developments of this dynamic organization. I want to convey to you, on my own behalf, and on behalf of the staff and board members, our grateful thanks for the part you played in this unfolding drama."

A founding member of the Women's Forum, Pilpel was consultant to the Women's Bureau of the United States Department of Labor from 1965 to 1976; chairwoman of the Law Panel International of Planned Parenthood Federation from 1970 to 1978; general counsel to the American Civil Liberties Union from 1979 to 1986, (she recently received an award from the New York Civil Liberties Foundation — one of many such awards); general counsel for the Planned Parenthood Federation of America; and special counsel for Planned Parenthood of New York City. She joined the Manhattan

law firm of Weil, Gotshal & Manges in 1982.

Her husband, Irwing B. Schwartz, executive administrator for psychiatry at New York Medical College, in a letter to SIECUS said: "SIECUS meant much in Harriet's life. We will all miss her. She was an enormous force for good!"

My friend and colleague **Mary Lee Tatum** died suddenly in an automobile accident on June 1, 1991.

Mary Lee taught sexuality education at a high school in Falls Church, Virginia for 14 years. A true pioneer in our field, Mary Lee was featured prominently in television and print reports on sexuality education. She trained hundreds of teachers each year, and provided thousands of young people with sexuality education. Mary Lee was an outstanding advocate for young people's need for information. She was a member of the Board of Directors of SIECUS from 1980 to 1984 and also served on the Boards of AASECT, the Center for Population Options, and the Sex Education Coalition. Most recently, she volunteered as a member of SIECUS' National Guidelines Task Force.

Mary Lee was an inspiration to so many of us. I first met Mary Lee when I attended one of her training workshops in the early 1980s. She was an inspiring trainer. Her workshops and speeches were full of laughter and life. She was always available for discussions afterward, and spent many hours with me, helping me become a better trainer. Mary Lee had a deep and abiding respect for spirituality — who can forget her brilliant analysis of the role of the church's history in sexual mores? Or her analysis of popular culture, including her funny stories on the impact of Woody Woodpecker?

Mary Lee taught me so many things. She taught me how to process training exercises; she taught me how to deal with our opposition. She taught me the importance of laughter in education. She was always there to call with questions, and she was generous with her time and her talents. And, in her sudden and tragic death, she continues to teach us: to revere life, to accept that important work does not prevent mortality, to remember to appreciate and love one another, and to be sure that we are living our lives the best way possible.

In *Winning the Battle: Developing Support for Sexuality and HIV/AIDS Education* we quote Mary Lee on the impact of sexuality education, "The sexuality education program says to young people, 'You are a valuable and unique person who can make decisions for yourself'....It's a wonderful gift to give a young person....It is caring and opening up options that are life-enhancing."

Mary Lee's life and work was a wonderful gift to all of us. Our field has lost a leader, and I have lost a special friend. We will miss her. — *SIECUS Executive Director Debra W. Haffner*

Conference and Seminar Calendar

THE INTERNATIONAL ACADEMY OF SEX RESEARCH'S 17TH ANNUAL MEETING, August 6-10, 1991. Kempenfelt Conference Centre, Barrie, Ontario. For sexuality researchers only. Contact: Kenneth J. Zucker, PhD, Secretary-Treasurer, Child and Family Studies Centre, Clarke Institute of Psychiatry, 250 College Street, Toronto, Ontario M5T 1R8, Canada, 416/979-2221, ext. 2271, fax 416/979-2243.

SAN FRANCISCO SEXUALLY TRANSMITTED DISEASE PREVENTION/TRAINING CENTER, STD 1991 UPDATES. Counseling the AIDS Patient, August 15-16, 1991; Substance Abuse and STDs, September 26-27; STD Comprehensive, October 21-November 1. San Francisco, California. Contact: Keir Mathis, San Francisco Sexually Transmitted Disease Prevention/Training Center, 1372 Mission Street, San Francisco, CA 94103, 415/554-9620.

THE AMERICAN ASSOCIATION OF PHYSICIANS FOR HUMAN RIGHTS' (AAPHR) ANNUAL SYMPOSIUM, August 22-24, 1991. Will focus on treatment issues facing those who work with persons with HIV disease and HIV-infected health care workers. Will provide physicians with an update on current lesbian and gay health problems. Provincetown Inn, Provincetown, Massachusetts. Contact: AAPHR, 2940 16th Street, #105, San Francisco, CA 94103, 415/255-4547.

FIFTH INTERNATIONAL CONFERENCE ON AIDS EDUCATION, "NEW DIRECTIONS FOR THE SECOND DECADE: MEETING THE NEEDS OF FAMILIES AND COMMUNITIES," September 8-11, 1991. Sponsored by the International Society for AIDS Education, International Interdisciplinary AIDS Foundation, and San Mateo AIDS Program. Budapest, Hungary. Contact: A. Gene Copello, San Mateo County AIDS Project, Organizing Committee, 225 West 37th Avenue, San Mateo, CA 94403, 415/573-2588.

THE CENTER FOR POPULATION OPTIONS' (CPO) 5TH ANNUAL CONFERENCE ON ADOLESCENCE, AIDS, AND HIV, "BACK TO SCHOOL — OUT OF SCHOOL," September 14-15, 1991. Will address prevention methods and educational strategies for: reaching youth in high risk situations, condom availability in the schools, and skill building for professionals. Washington, DC. Contact: Jenny Hincks, CPO, 1025 Vermont Avenue NW, Suite 210, Washington, DC 20005, 202/347-5700.

FIRST INTERNATIONAL CONFERENCE, "BIOPSYCHOSOCIAL ASPECTS OF HIV INFECTION," September 22-27, 1991. Contact: QET/CONGREX, Keizersgracht 782, Amsterdam, 1017 EC, The Netherlands, (31)0-20-261372, fax (31)0-20-259574.

FIFTH ANNUAL ALABAMA AIDS SYMPOSIUM, "PREVENTING HIV INFECTION," October 2-4, 1991. Sponsored by Alabama Department of Public Health, AIDS Education Field Services Section. Civic Center, Montgomery, Alabama. Contact: Joan Huffstutler, Alabama Department of Health, 2451 Fillingim Street, Mobile, AL 36617, 205/471-7322.

THE CENTER FOR POPULATION OPTIONS' (CPO) 8TH NATIONAL SCHOOL-BASED AND SCHOOL-LINKED CLINICS (SBCs AND SLCs) CONFERENCE, "HEALTH PROMOTION: MAKING A DIFFERENCE IN THE 90s," October 15-17, 1991. Will assist health care providers to link theory and practice in order to achieve "Healthy People 2000"

objectives. Dearborn, Michigan. Contact: Jean Hyche-Williams, CPO, 1025 Vermont Avenue NW, Suite 210, Washington, DC 20005, 202/347-5700.

AMERICAN SCHOOL HEALTH ASSOCIATION'S (ASHA) 65TH ANNUAL CONVENTION, "PROMOTING AN INTERNATIONAL RESPONSIBILITY FOR HEALTHY CHILDREN," October 17-20, 1991. Hyatt Regency, Dearborn, Michigan. Contact: Robert Synovitz, ASHA, Box 708, Kent, OH 44240, 216/678-1601.

ASSOCIATION OF REPRODUCTIVE HEALTH PROFESSIONALS' (ARHP) 1991 ANNUAL CONFERENCE, "THE NEW AMERICAN AGENDA: CHALLENGES IN REPRODUCTIVE HEALTH," October 17-20, 1991. Washington, DC. Contact: ARHP, 2401 Pennsylvania Avenue NW, Suite 350, Washington, DC 20037-1718, 202/466-3825.

FIRST WESTERN REGIONAL CONFERENCE, "WOMEN AND HIV," October 24-27, 1991. San Diego, California. Contact: Western Regional AIDS Education Project, WHCC Conference Committee, 6601 Imperial Avenue, San Diego, CA 92114, 800/533-7669.

CREATING AND IMPLEMENTING EDUCATIONAL PROGRAMS TO REDUCE THE RISK OF HIV TRANSMISSION AMONG YOUTH AND HARD TO REACH GROUPS, October 29-November 27, 1991. Sponsored by Hebrew University-Hadassah Faculty of Medicine, School of Public Health and Community Medicine, and Israeli Ministry of Foreign Affairs, Department of International Cooperation. Jerusalem, Israel. Contact: Ronny Shitarkshell, Hebrew University-Hadassah Faculty of Medicine, PO Box 1172, Jerusalem, Israel 91010, 972-2-447108 or 447114, fax 972-2-434434.

1991 NATIONAL SKILLS BUILDING CONFERENCE, October 31-November 2, 1991. Sponsored by AIDS National Interfaith Network, National Association of People With AIDS (NAPWA), and National Minority AIDS Council (NMAC). Will focus on bolstering community-based organizations' responses to issues, including women and HIV/AIDS, how to obtain funding, and HIV/AIDS in black and Latino communities. Universal City Hilton, Los Angeles, California. Contact: NMAC, 300 I Street NE, Washington, DC 20002, 202/544-1076.

AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY'S (AAMFT) 49TH ANNUAL CONFERENCE, "CONSTRUCTING THE FUTURE," October 31-November 3, 1991. Therapists, social workers, psychiatrists, counselors, and allied health professionals will address current issues and concerns. Loews Anatole Hotel, Dallas, Texas. Contact: Lisa Tompkins or Elynn Grossman, AAMFT Conference, 1100 17th Street NW, 10th floor, Washington, DC 20036, 202/452-0109.

FOURTH ANNUAL CONFERENCE OF NURSES IN AIDS CARE, "HIV NURSING: PRACTICE, POLICY, AND LEADERSHIP," November 7-9, 1991. Fairmont Hotel, New Orleans, Louisiana. Contact: Gwen Barnett, Association of Nurses in AIDS Care, 704 Stony Hill Road, Suite 106, Yardley, PA 19067, 215/321-2371.

AMERICAN PUBLIC HEALTH ASSOCIATION'S (APHA) 119TH ANNUAL MEETING, "PUBLIC HEALTH AND A NATIONAL HEALTH PROGRAM," November 10-14, 1991. Atlanta, Georgia. Contact: Bob Johnson, APHA, 1015 Fifteenth Street NW, Washington, DC 20005, 202/789-5670.