

SEXUAL HEALTH SERVICES: TRAINING AND TREATMENT

by Harold I. Lief, M.D.*

It is a conservative estimate, say Masters and Johnson, that half of all marriages are troubled by significant, if not serious, sexual problems. Though transient sexual problems beset almost everyone at some time in life, their frequency in medical practice is difficult to estimate accurately. As Burnap and Golden¹ discovered, their frequency varies with two factors: (1) the comfort of the physician with sexual matters; (2) his degree of initiative in raising the issue of sexual functioning with his patient. If he is relatively comfortable with sexual topics and consistently takes the lead in opening this area for discussion, the frequency of sexual problems will go as high as 15% in the practice of gynecology and in general practice, and considerably higher among psychiatrists.

My own studies^{2, 3, 4, 5, 6, 7} and those of Woods and Naterson⁸ and of Mudd and Siegel⁹, demonstrate that anxiety about sexuality is so commonplace as to be almost universal among medical students and other health professionals, so that training in sex counseling and therapy must have special approaches that take into account the need to reduce anxiety and increase the comfort of the professional sex counselor. The acquisition of information by itself is insufficient: "affective" learning must accompany "cognitive" learning.

When the Center for the Study of Sex Education in Medicine was established at the University of Pennsylvania School of Medicine in 1968 to help medical schools improve the teaching of human sexuality to medical students, Quigg Newton, President of the Commonwealth Fund, stated the need in these words:

Identification and management of sexual problems in medical practice concerns one of the most subtle and difficult facets of patient care. The problems are among the most sensitive and anguishing patients bring to their physicians, and at the same time represent an area in which medical counseling impinges deeply on individual and family behavior and values. Thus, medical intervention is often critical to the patient's entire well-being and to that of the patient's family.¹⁰

Current Status of Sex Therapy

The treatment of sexual dysfunctions, especially of the most frequent problems of premature ejaculation, impotency and orgasmic dysfunction ("frigidity"), is increasing dramatically. Before the Masters and Johnson techniques became available, sex therapy was confined largely to psychiatrists, some marriage counselors, and relatively few clinical psychologists. The primary mode of therapy was one-to-one: the therapist and a patient or client. Results were nothing to brag about: occasionally there were brilliant successes, but more often abject or relative failures. Certainly, carefully controlled clinical research on the outcome of treatment methods was almost entirely lacking until Masters and Johnson published their results with an adequate (5-year) follow-up.

In recent years, more and more professionals and even nonprofessionals, all with inadequate training, are declaring themselves to be "sex therapists." Some are still in individual practice, but others are banding together in specialized "sex clinics," uncounted scores of which are springing up across the country. "Quality control" is absent, so we have no way of knowing which practitioners or clinics are legitimate, which primarily mercenary—less concerned with alleviation of suffering and restitution of sexual health and function than with making money. Even among professionals with adequate training in a given profession such as medicine, social work, nursing, psychology, theology, or education, many appear not to have received specialized training in the treatment of sexual disorders. Even those who are already skilled counselors need to learn new methods of therapy in this field, if they are, most importantly, to become comfortable with their own sexuality and to be relatively non-prejudiced as effective sex counselors. Any professional competence demands the acquisition of new information and the attainment of new skills, but in this special area of human interaction, attitudes are of overriding importance.

The current situation is dangerous. If enough quacks or too many inadequately trained but otherwise sincere and dedicated people enter the field of sex therapy, many people may be damaged, their relationships jeopardized, and the whole field placed in disrepute. Resistance by the medical profession and the other helping professions to education for sex counseling is only now being slowly relinquished. The education of the medical profession in human sexuality, for example, is now generally accepted as an important dimension of the education of the future physician, even if

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SPEAKING OUT

WHERE THE ACTION IS

In a field which, in essence, is attempting to reorient the attitudes of society toward sexuality, a highly personal, emotionally charged area of human existence, few major victories are achieved, few "great leaps forward" are made. Although on a local scale a small advance or setback may have major consequences for the population involved, the progress of the field is measured in a continuing series of comparatively minor steps.

In the last issue of the *SIECUS Report*, we inaugurated a new feature focussing on the small victories and defeats around the nation—some encouraging of progress and some causing us to shake our heads almost in disbelief at the sexual bigotry, abysmal ignorance, and Victorian attitudes

which still generally prevail. "Where the Action Is" will combine news of new resource materials, models, programs and meetings with recent reaffirmations and changes of policy, legislation, and litigation dealing with sexuality. We have found these items to be of particular interest and assistance in understanding the changes taking place in our field and our society.

We hope that you will also find them of interest, and that you will keep us informed of the events and decisions in your local community, or from other organizations to which you belong—resource materials, policy changes, legislative or judicial actions, advances or setbacks—which help to define the progress of our field.

Frederick E. Bidgood, Managing Editor

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implementation of the necessary training lags behind. Yet these hard-won gains in acceptance of the idea that sex counseling is a vital part of the function of the physician may be wiped out if the field is inundated by poorly qualified practitioners of all sorts.

At the same time, we need to recognize that in any new field of health service where training is inadequate to meet the demand for care, poorly trained practitioners are inevitable, and they may be offering help that may be better than no help at all. To meet this need for greater numbers of qualified sex counselors, two goals must be reached: (1) sufficient numbers of qualified training centers; (2) more effective organization of sex health-care services. Both are equally important, but I would like to pay particular attention to the issues involved in the organization of health-care services, since this issue has been almost entirely neglected. (A special committee of AASEC, the American Association of Sex Educators and Counselors, under the chairmanship of David R. Mace, Ph.D., is developing guidelines for the training of sex counselors.)

The Range of Sexual Problems

In order to achieve perspective regarding the organization of sexual health care services, the broad range of sexual problems should be borne in mind. Although the kinds of sexual problems that arise in marriage constitute the most frequent and most important area of professional intervention, other problems of sexual relations must not be neglected when organizing the delivery of services. Among these latter are:

Helping children and their parents deal with problems of sexual development. This includes concerns about menstruation, wet dreams, masturbation, size of penis, sexual fantasies, guilt over sexual practices, sex education in the home, communication about sexual topics, sex play among children, teenage pregnancy, abortion, etc.

Counseling adolescents and young adults. Sex counseling centers are springing up on dozens of college campuses around the country, and rap sessions in high schools are becoming more and more frequent. Most of the anxieties of young people are connected with their relationships—they are not only concerned about the use of contraceptives in premarital intercourse, but are even more concerned about the role of sex in their love relationships. Additionally, problem pregnancies and venereal diseases, abortion, and homosexual attachments are other facets of sexual problems or concerns of young people.

Family planning problems are another important area, and include the psychosocial aspects of contraception and sterilization, problem pregnancy, and the options for their resolution.

Sexual problems in marriage include not only concerns about sexual performance and responsivity, but also about

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sex-role behavior (what is appropriate for men and women in their relations with each other). Counselors must also deal with questions about frequency and timing of intercourse, coital positions and techniques, and sexual communication in general.

Variations in sexual expression often create concern. These may be common behavioral patterns such as mouth-genital contacts or homosexual experiences, or less commonly, fetishism, exhibitionism, sado-masochism, and other variants.

Problems in gender identity such as transvestism and transsexualism have to be handled by the sex counselor.

Sexual problems of older people are another area of concern. Anxiety affects aging men and women as they become concerned about their sexual potency and responsivity, and many myths about sex in the aging must be dispelled in order to reduce this unwarranted anxiety.

The relations between sexual functioning, health, and illness must be understood. Physical symptoms sometimes have their roots in sexual inhibitions and frustrations. Conversely, illnesses such as heart or neuromuscular disease and diabetes, or surgery, may have important sexual consequences. Certainly, people are concerned about their sexual functioning when they have a serious illness, and often ascribe decreased sexual responsivity, without justification, to the disease, or to surgical procedures such as hysterectomy or prostatectomy.

Organization of Health Services

The broad range of problems noted above with their implications for health and illness and their interrelations with physical and mental functioning would seem to justify the conclusion that the practice of sex therapy should be in a medical center or in a medically oriented clinic or office. If the practitioner himself is not a physician, access to consultation with a physician is an absolute requirement. Many, indeed most, of the problems mentioned above can competently be handled by a nonmedical practitioner, provided the practitioner knows that a medical consultation is available if necessary.

I would like now to describe the alternative methods of delivering sexual health care and to describe the advantages and disadvantages of each.

1. *Solo Practice.* Solo practice is the traditional form of medical treatment. While it may be effective for a variety of sexual problems mentioned earlier, especially those of the single unattached person, it is not nearly as effective as conjoint marital or couple counseling for those with problems in relationships or sexual performance. Conjoint counseling of husband and wife or other partners, including homosexual partners, requires special skills which in turn require specialized training.

Counseling of sexual problems ranges at one end of the spectrum of counseling ability, from the capacity to listen, to elicit pertinent information and to refer the patient to someone more competent, to the other end, wherein the specialist in sex counseling, working either alone or in conjunction with one or more co-therapists, manages effectively all or almost all problems that may arise. In between lies a broad range of skills from the education and advice that may be offered by a family physician, gynecologist, urologist, pediatrician, or internist, to the occasional specific counseling in selected cases by these practitioners, to the counseling of-

fered by the marriage counselor, social worker, or clinical psychologist or psychiatrist who has had no specific training in this area beyond that normally received in professional education.

The delivery of sexual health care by the solo practitioner suffers from the same deficiencies of solo practice found in other areas of health care, namely, that adequate consultation may be lacking and that vast numbers of people cannot afford to pay the fees of private practice. In addition, there is a unique aspect to sex counseling—people in the lower socio-economic class usually will not present themselves for treatment to a sex counselor, nor even to a marriage counselor, because of the stigma these groups attach to the acknowledgement of problems in these areas of living. To go to a “family therapist,” however, is another matter, for the feeling of stigma is sharply reduced because, after all, might the sexually troubled couple not be seeking help for their children? I will return to this point later, for thus far almost all the sex treatment programs established have been oriented to the affluent class.

2. *Co-Therapist Counseling.* In increasing numbers sex counselors are working together as co-therapists, almost always as a female-male team. The advantages are many—in perception and understanding, in communication, and in role-model identification and learning. Co-therapy is particularly useful in the conjoint treatment of couples. Its major disadvantage, the cost of professional manpower, is frequently offset, however, by a reduction in the number of sessions needed.

3. *Sex Counseling Clinics.* We are witnessing a rapid increase in specialized clinics, sometimes restricted to a particular population such as college students. Forms of treatment include individual and couple therapy, group therapy, and “sexual enrichment” marathons (including the use of explicit films and small-group discussions) and even, in a few agencies, watching more experienced and better functioning couples demonstrate effective sexual encounters. “Bedside counseling” by the therapist has also been reported. The two latter methods have not been accepted by most professionals because they appear to go “too far” in violating the privacy which almost all of us associate with sexual relations.

The disadvantage of these approaches to counseling is that sex may be isolated from the parent-child and couple relationships that influence sexual fantasies, attitudes, and behavior. Sex counseling may be conducted in a too mechanical fashion, emphasizing techniques and performance, rather than the contextual relationship into which sex fits.

4. *Sex Counseling as Part of Group Practice.* Medical groups are only just beginning to include sex counselors. Group practice has the obvious advantage of the availability of specialists for those problems that cannot be handled effectively by the practitioner having initial contact with the patient, and it provides, as well, available consultation for those wishing to carry out some form of sex counseling. If the sex counselor is also a marriage or family counselor and if he or she works with a co-therapist, it may combine several effective methods of treatment. In a setting in which total health is the focus, the stigma of receiving help for such an “intimate” problem is sharply reduced and the patient is in little danger of suffering a blow to self-esteem, which already may be precarious because of the sexual difficulty. Two disadvantages are the cost, unless

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WHERE THE ACTION IS

LAWSUIT TO PERMIT CONTRACEPTIVE EDUCATION

A suit has been filed in Federal court challenging two Michigan state laws: one (§ 15.3782) gives parents the option of withdrawing their children from sex education and from hygiene classes in which birth control and venereal disease are discussed; the other (§ 15.3789) prohibits dissemination of all information, instruction and advice on birth control in public schools.

The plaintiffs, a high school science teacher, and a physician at Detroit's Y.E.S. Teen Center, contend that these laws violate Fifth and Fourteenth Federal Amendment rights to teach and learn, and should be declared unconstitutional. The 1968 U.S. Supreme Court decision against Arkansas' "monkey law" prohibiting the teaching of evolution is cited as precedent.

The Michigan laws under attack are typical of similar laws and policies throughout the United States, and the decision in this case, although brought against specific Michigan laws, may be applied in other states as well.

Attorney Roy Lucas, President of San Francisco's Population Law Center, argues in the complaint that present statutes unjustifiably single out birth control and sex education from all other subject matter in the public school curriculum; that the restrictions do not advance any legitimate and compelling governmental interests, educational or otherwise; that the restrictions have numerous adverse social and personal consequences, including the promotion of illegitimacy; and that they encourage ignorance, not learning, in the schools, restrict curriculum development and classroom discussion, and thereby disrupt the entire educational and learning process.

HOMOSEXUALITY REPORT RELEASED

The text of the *Final Report of the Task Force on Homosexuality* is now available from the U.S. Government Printing Office. Prior to this time the report of the task force, completed in 1969, was available only in individual

mimeographed copies ordered directly from the National Institute of Mental Health, the sponsoring agency. The full text of this important document was published in the *SIECUS Newsletter* (Vol. VI, No. 2, December, 1972). The report with its background documents can now be ordered from: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. Price: 75¢ (order #1724 0244).

LUTHERANS ISSUE STATEMENT ON PORNOGRAPHY AND OBSCENITY

The American Lutheran Church, through its Commission on Church and Society, has published a statement on pornography and obscenity which affirms the need to provide sound sex education. The statement says that "at certain ages a heightened curiosity about sex is wholesome and normal. If such curiosity is not satisfied by home or church, young people will seek their knowledge wherever they can find it."

The statement warns that "the Christian community seriously tarnishes its image, particularly with young persons, when it attacks pornography but remains silent on other critical problems. Such problems as poverty, racial justice, war and violence . . . to many persons are more repulsive and give far greater offense than does a saturation of sex stimuli."

CORNELL RESOURCE KIT ON HUMAN SEXUALITY

A resource kit of materials on human sexuality, covering the practical details needed to implement community programs, has been developed by Communications Specialists for Population Affairs—New York, at Cornell University. Prepared initially for community extension workers, the Human Sexuality Kit contains model presentations for speaking to parent groups and for obtaining community support, as well as operational guidelines and comprehen-

sive lists of printed and audio-visual materials and resource organizations. A tape cassette prepared with SIECUS discusses some of the trends, facts and common questions about human sexuality and sex education.

The Human Sexuality Kit is available at \$5.00 per copy from: COSPA/NY, Department of Communication Arts, Cornell University, 640 Stewart Avenue, Ithaca, NY 14850.

AASEC ANNOUNCES MIDWEST CONFERENCE

The American Association of Sex Educators and Counselors (AASEC) will hold its Midwest Regional Conference November 30 through December 1, 1973, at Shawnee Mission, Kansas. The Conference theme will be "Responsible Teaching of Human Sexuality: A Group-Centered Approach to Curriculum Planning." SIECUS will participate in the Conference as a cooperating agency. Other agencies and groups involved will be the Kansas State Department of Health, Missouri Council on Family Relations, and the Family Study Center of the University of Missouri-Kansas City.

The opening session will include an address by Patricia Schiller, J.D., AASEC's Executive Director, "Four Vital Involvements in Curriculum Planning." Plenary sessions and group meetings will follow. Other major speakers will be Derek L. Burleson, Ed.D., SIECUS' Director of Educational and Research Services, "Evaluation in Sex Education—Realism or Rhetoric?"; Lester A. Kirkendall, Ph.D., "Values, Morals, and Ethics: The Catalytic Agents in the Curriculum"; and at the final session, Evalyn S. Gendel, M.D., Director of the Division of Maternal and Child Health, Kansas State Department of Health, and President of SIECUS, will speak on "The Urgency, Significance and the Challenge of Education for Responsible, Ethical Sexuality."

Registration for the Conference closes on November 15th. For registration forms write immediately to: Patricia Schiller, J.D., Executive Director, AASEC, 3422 N Street, N.W., Washington, DC 20007.

HUMAN SEXUALITY IN EAST GERMANY—by Anne Jordheim

(Ms. Jordheim, a doctoral candidate in public health education and an Associate of SIECUS, teaches a course in human sexuality at Kingsborough Community College, Brooklyn, New York. Following a trip to the land of her birth, she provided us the following look at sexuality in East Germany —Ed.)

East Germany's approach to human sexuality seems to be a curious and refreshing combination of idealism, socialistic ideology, progressive modern attitudes, "old-fashioned" family values, principles of sound human relationships, and even overtones of Judeo-Christian ethics.

Here are a few examples:

Abortions are legalized, but realistic family planning is considered a sign of high moral responsibility.

Large families are antiquated.

Homosexuality is not punishable by law, though alternatives to marriage are frowned upon. Only one-to-one marriages which produce children are considered of benefit to society.

Masturbation, especially in younger people, is considered normal. However, recommended antidotes are: work, sports, and hobbies.

Sex education begins before nursery school. I visited a family whose 4-year-old "read" a delightful children's book in which "Mummy goes to the hospital" and comes home with a baby brother. Sex education is incorporated into the school curriculum according to the children's age levels. Physicians, sociologists, and psychologists are the primary persons formally teaching human sexuality.

East Germany's VD rate is minimal. Promiscuity and multiple relationships are disapproved lifestyles. Besides, contacts of venereal diseases are escorted to the health stations by the police if they do not come voluntarily. Thus, VD is under total control.

Books and literature on human sexuality can be bought openly in bookstores, but pornography posters or magazines, peep shows, massage parlors, and X-rated movies, if existent, are not evident. Customs personnel routinely ask persons entering East Germany if they are bringing any pornography into the country.

The "problem" of pre-marital sex is in part eliminated because young

people are urged to marry early, and are given a government grant—enough to set up housekeeping. Marital fidelity is expected, as is role equality.

Interestingly, there is a strong de-emphasis of the physical side of human relationships (and of Freudian theory), and a stress on love. The following highlights, taken from a teenage sex education book given to me by a physician, illustrate this:

"The biological communion of two people should always be subordinate to the social communion, such as sharing housework and free-time activities."

"Love must be stronger than the sex urge; still, there should be only one reason for sex: love!"

"Until one is absolutely sure one loves a person one should never attempt a sexual relationship. If in doubt as to whether to have a pre-marital relationship, the answer is a strong 'no!' Self-control and honesty are important ingredients in a man-woman relationship."

From conversations with physicians, nurses, teachers, and clergy I concluded that there is considerably less pressure for sexual performance in East Germany than in the United States. However, most physicians feel competent enough to counsel and treat actual sexual dysfunction. If two partners do not always achieve superior or even adequate satisfaction in their sex lives it is not considered a major tragedy. Sex is not as important as the overall love relationship.

To quote an East German specialist on human sexuality, "Of course there is a definite place for sex in human living. But it is totally within our capacity to control. If our daily life is rich and rewarding, if we have a satisfying job or vocation, if we can be well-integrated human beings, then our sex lives will also improve. We feel that in an orderly, progressive, modern society sex must always be governed by love!"

SCHOOL CENSORSHIP: "BEYOND THEIR SENSIBILITIES"

• *Connecticut* — Griswold High School Principal Norman Gileau ordered the removal of a chapter on human reproduction from the high school physiology textbook *Structure*

and Function in Man (by Stanley W. Jacob and Clarice Francone. New York, NY: W. B. Saunders & Company, 1970). The District School Superintendent supported Mr. Gileau's action, calling the chapter "subject matter beyond their [the students'] sensibilities," and denouncing the illustrations as "lurid pictures." The chapter was removed without the knowledge or consent of the Griswold Board of Education, the high school faculty, students or parents.

• *Florida*—An Audubon Society film about wolves was banned by school officials in Broward County after a parent complained that his son and daughter were "sickened" by scenes of wolves mating and giving birth. A "less controversial" film was substituted.

COLLEGES RESPOND TO PLANNED PARENTHOOD SURVEY

Following an informal 1971 survey by the Planned Parenthood League of Massachusetts, eight Boston area colleges enrolled in PPLM-sponsored birth control projects by January 1972, while some other Boston area schools instituted their own programs. PPLM's survey showed only one college expressing interest in birth control programs in 1971.

SEX EDUCATION TO CURB ILLEGITIMACY?

Some states are quietly promoting sex education in public schools in hopes of curbing increasing rates of illegitimate births, according to the Department of Health, Education and Welfare. H.E.W., in its third annual report to Congress on welfare services, said these efforts "have taken the form of joint programs with the public schools in the general field of family life education." H.E.W.'s report asserted that "education in family life, the problems of relations with the opposite sex, the implications of marriage, and the like is useful, especially for young people whose home background does not give them such information and an understanding of community standards." States specifically reporting to H.E.W. on sex education activities were Colorado, Idaho, New Jersey, Ohio, Oklahoma, Utah and Washington.

BOOK REVIEWS

Human Sexuality, Second Edition.

James Leslie McCary. New York, NY: Van Nostrand Reinhold Company, 1973. (542 pp.; \$10.95).

Reviewed by Haskell R. Coplin, Ph.D.

When the first edition of *Human Sexuality* appeared in 1967 it filled a void in the literature on sexuality. At once a reliable source of up-to-date information, a valuable aid to professionals, and a highly effective marriage manual, the book quickly became a front-runner. This new edition insures its continued leadership, for it makes the results of recent findings even more relevant for our time and casts them against the rapid changes in attitudes and behavior that are occurring in society.

In addition to updating thoroughly all the major topics of the first edition, including material on physiological factors in sex response, birth control, and sexual dysfunctions, entirely new chapters on illegitimacy and sex in the later years have been added. Excellent illustrations, a comprehensive glossary, and an up-to-date bibliography further increase the volume's attractiveness and usefulness. Perhaps the most valuable asset of the book is the human concern which informs Dr. McCary's excellent scholarship. While presenting a scientific treatment of a complex subject with compassionate sensitivity, he avoids the pitfalls of a septic detachment and pseudo-objective moralizing.

If Dr. McCary's assertion is correct, that "mature and healthy sexual attitudes and behavior rest on a firm foundation of accurate information presented honestly and directly" then his book is an ideal source for that firm foundation. With its new emphasis on psychological and sociological factors, the book should appeal to a wide audience ranging from teenagers to seasoned professionals.

The book is issued in a trade as well as in a technical edition. The two are identical except for different covers and an introduction by Mary S. Calderone in the trade edition, which is designed to reach the lay rather than the professional public. **LT, A, P, PR**

Human Sexuality: A Brief Edition.

James Leslie McCary. New York, NY: D. Van Nostrand Company, 1973. (280 pp.; \$3.50, paper).

Reviewed by Haskell R. Coplin, Ph.D.

Designed to be used as a "supplementary text that will serve where neither a surface treatment nor an extensive coverage is wanted," this skillfully streamlined version of the author's newly revised *Human Sexuality* should be an ideal selection for a whole range of courses offered at various levels by the different disciplines. Without seriously compromising the quality of the longer version, Dr. McCary has pared its content (as well as some of the scholarly trappings) down to half the size—and retained many valuable topics that usually receive short shrift in such editing. Not only are the standard topics of basic physiology and psychology of sex response and conception control dealt with, but also up-to-date information on venereal disease, sexual dysfunction, childbirth, and sexual attitudes and behavior is provided.

While we prefer the longer version where possible (what is more important than human sexuality!) this timely abridgement—accurate, objective, and warmly human—will be a welcome substitute where considerations of time and cost are necessary. **LT, A, P, PR**

A Creative Approach to Sex Education and Counseling.

Patricia Schiller. New York, NY: Association Press, 1973. (255 pp.; \$12.00).

Reviewed by Gary F. Kelly, M.Ed.

It is good to see this book on the scene. It is written by a well-known and experienced sex educator-counselor who has gleaned her ideas for the book from a wide variety of human contacts over a number of years. It is theoretically sound, filled with specific, practical suggestions, and written with an obvious warmth and sensitivity toward dealing with people.

The early chapters establish a sturdy framework for the eventual development of practical ideas. A chapter entitled "What is Sex Education?" is an extremely far-reaching one, which touches briefly on a variety of topics ranging from general philosophies of sex education to facts and myths about sex. Because some points are underdeveloped in this chapter, more judicious sorting and choosing of topics to be included might have been advisable. The chapter on sex counseling first emphasizes the communicative aspects of counseling—with the importance of mutual trust, acceptance, and understanding being noted—but then proceeds to present a rather structured outline of "minimal information needed by sex counselors in the initial interview." Many counselors will certainly disagree with the necessity or advisability of an initial history-taking interview. The remainder of the chapter does not reflect a rigid view of the counseling process, however, and presents very helpful discussions on specific types of sex-related problems.

The whole thrust of the book is to look at sex education and counseling in the context of human relations, with appropriate recognition given to the

Audience Level Indicators. The bold type letter(s) following book reviews indicate the general audience level. Keys to categories are as follows: **C**—Children (elementary grades), **ET**—Early teens (junior high), **LT**—Late teens (senior high), **A**—College, general adult public, **P**—Parents, **PR**—Professionals (educators, physicians, clergy, public health workers, nurses, etc.).

importance for the educator or counselor to be a whole person, at ease with his or her own sexuality and skilled in communication. The group-centered techniques outlined for use in teaching others and in training educators and counselors reflect this philosophy. The chapters on teaching techniques and model training programs are particularly lucid and interesting. They would certainly be invaluable to any professional involved in areas relating to sexuality. The chapter on curricula provides many guidelines which would prove useful to sex education curriculum planning groups.

In short, except for some minor inconsistencies, this is an excellent book which should find its way into the hands of many sex educators and counselors. They will certainly find it worthwhile. **A, PR**

Contemporary Sexual Behavior: Critical Issues in the 1970's. Joseph Zubin and John Money, eds. Baltimore, MD: The Johns Hopkins University Press, 1973. (xix + 468 pp.; \$15.00).

Reviewed by Wardell B. Pomeroy, Ph.D.

This book is a delightful smorgasbord of information ranging from the influence of perinatal androgen on reproductive capacity to co-marital sex and pornography. I would recommend it highly for the serious research scholar, the educator and the clinician who may be interested in knowing what is going on in the early 1970's as far as sex research on a wide variety of subjects is concerned.

The book is divided into five parts. The first is primarily concerned with the neurology and endocrinology of subhuman species but there is a valiant effort to relate this to sexual behavior of humans. Arnold Gerall concludes that "most of the data currently available are congruent with the hypothesis that mammalian organisms possess bisexual potentiality." Gordon Jensen, in a delightful chapter on primate sexuality, tells us of male-female differences, orgasm, impotence, premature ejaculation, promiscuity, privacy, incest, gender role behavior, and aggression. Clinicians and educators can learn much from this chapter. Knut Larsson gives us information from a variety of species (but mostly in the rat and mouse) about the importance of interaction between the male and female

for adequate sexual behavior.

Part Two deals with maternalism and women's sexuality. Three of the five chapters are written by women, a welcome innovation. Niles Newton presents data and arguments in favor of breast feeding which can be very reassuring to women who do breast feed. Anke Ehrhardt gives us some results of her extensive research on maternalism and fetal hormones. In a provocative chapter, Gunter Schmidt and Volkman Sigusch of Germany attempt to expand some of my own research on women's sexual arousal by psychologic stimuli. They find many more similarities than differences between men and women, contrary to my own findings. Such research is certainly welcome, as we need much more work in this area. Two chapters on feminism by Alice Rossi and Julia Mayo (the latter writing on black feminism) bring us no specific data but do give us an overview of the current status of women's rights.

An attempt at the integration of clinical and behavioral approaches makes up the third part of the book. Saul Rosenzweig gives us a phylogenetic perspective and emphasizes the increasing sexual autonomy as we ascend the phylogenetic scale. Some of the research developed by the Commission on Obscenity and Pornography is presented by Morris Lipton. An essay by Fritz Freyan on scientific models for sexual behavior from the clinician's point of view cites the Kinsey and the Masters and Johnson models as the *ne plus ultra*, and urges a more anthropological approach as the next step. In the final chapter in this section, William Masters and Virginia Johnson (the recipients of the Paul Hoch Award of the American Psychopathological Association, the Award being the reason for the symposium on which this book is based) tell of the history, the current status and the future plans of their own research and clinical practice.

Part Four is concerned with the brain as it relates to human sexual behavior. Arthur Epstein, in an interesting chapter, tries to tie in various types of antisocial sexual behavior with brain malfunction. Although to this reviewer's mind he doesn't succeed, I would agree with him that "if future studies of sexual psychology and psychopathology are to be comprehensive and meaningful, they must take into account the role of the brain. . . ." Ursula Laschet, of West Germany, reports on the successful treatment of sex offenders with

antiandrogens. Arthur Zitrin, William Dement and Jack Barchas review recent research on the effects of experimental alteration of brain serotoninins on sexual behavior in a number of male mammals. In the next chapter of this section Robert Stoller relates material from preceding chapters of this section to humans. He grapples with the "nature vs. nurture" controversy wisely, and with psychoanalysis vs. other treatment modalities. I found this one of the most interesting chapters in the book. Finally, Richard Green reveals some of his preliminary findings on gender role identity in young boys.

The final section is labelled "Sex Education for the Professional." Robert Athanasiou brings us up to date on current attitudes in regard to sex education, pornography, premarital sexual behavior and related subjects. Lynn and James Smith, a husband and wife team of researchers, write an enlightened and balanced chapter on co-marital sex. Their discussion of the concept of infidelity and their differentiation of utopian and recreational swinging made a great deal of sense to me. John Money's chapter on pornography showed his mastery of the subject matter but, to my mind, was flawed because it was a speech rather than an article and hence lacked the precise and direct writing that Money is noted for.

Lastly, a chapter by Harold Lief on sex education for the physician and medical student gives us some sensitive and well thought-out ideas in this area and the current obstacles to professional sex education.

Now, perhaps, you can understand why I characterized this book as a delightful and also very helpful smorgasbord of information about "where we are at" sexually in 1973. **A, PR**

Reproduction, Sex and Preparation for Marriage, Second Edition. Lawrence Crawley, James Malfetti, Ernest Stewart and Nina Vas Dias. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1973. (253 pp.; \$5.95, paper).

Reviewed by Deryck D. Calderwood, Ph.D.

This is a revised and expanded version of a college text that is one of the most popular and widely used in the field. To the concise and readable original content, excellent summaries of

research during the past decade have been added. The Masters and Johnson findings have been added to Part One, "The Roles of Male and Female in Reproduction"; abortion techniques have been included now in Part Two, "Pregnancy and Childbirth." Part Three, "Psychosexual Development," is considerably more useful to students now, as there is recognition that there are other theories than those of Freud. Erickson's eight stages are included and the role of social conditioning has been strengthened in presenting the developmental stages of growth. The section on sexual outlet has been expanded, although the material on homosexuality is still limited in both space and concepts.

The final section, "Preparation For Marriage," has new and worthwhile content on open communication, intercourse, alternatives to traditional marriage, genetic counseling, and contraception. While current information on the newer and experimental methods of birth control has been added, much of the material on older methods regrettably has not been updated. For example, the information on condoms has a dated quality to it, and we find statements such as: "The contraceptive most frequently prescribed by physicians and family planning centers is the diaphragm with contraceptive cream or jelly." Sterilization is not included in the discussion. There could also have been some updating of the paragraphs on the changing social scene.

These criticisms are relatively minor. The additions considerably strengthen the text's solid contribution to the literature on marriage preparation. It is a frank, helpful volume that will continue to be welcomed by students in the '70's. **A**

Population and Family Planning: Analytical Abstracts for Social Work Educators and Related Disciplines. Katherine Brownell Oettinger and Jeffrey D. Stanbury. New York, NY: International Association of Schools of Social Work Inc., 1972. (161 pp.; price unavailable, paper).
Reviewed by Diane B. Brashear, M.S.W., Ph.D.

This book of selected abstracts is part of a project sponsored by the International Association of Schools of Social

Work, Incorporated. The IASSW project is a direct out-growth of two important social work education meetings. Initial impetus came from an International Conference in Social Work Education on Population and Family Planning held in Hawaii, in March of 1970. Later that year, a working group of social work educators convened in Manila to prepare social work educators for new responsibilities in new practice roles, such as in family planning and social work. The production of a book of abstracts in the area of family planning was part of their proposal.

The editors of this reference book, an outgrowth of the Manila Conference, chose to provide the novice social work educator with a comprehensive and basic view of family planning. Fifty-five articles and books highlight subjects in social work education, population and family planning. There is, naturally, an international scope with some interesting material from the cross-cultural literature. Aside from classic articles by Florence Hazelkorn there is little definitive or specific material about social work practice roles and problems. This lack is most likely reflective of the recent entry of social work into the family planning area. In addition to social workers, other educators and professionals may find this reference book a handy orientation. Such guides can be quite helpful to persons entering new educational territory. **PR**

What About Homosexuality? Clinton Jones. Nashville, TN: Thomas Nelson, Inc., 1972. (86 pp.; \$1.95).
Reviewed by William H. Genné, M.A., B.D.

The author of this book is one of the founders of the George W. Henry Foundation which seeks to help young people deal with questions of sexual orientation. The book itself is the twenty-first in the Youth Forum series, co-sponsored by the Youth Research Center, Inc., of Minneapolis, and the publisher, to help youth and young adults find moral guidelines for answering some of life's difficult questions.

This readable book gives an objective overview of the origins of sexual roles and the whole range of questions which persons with homosexual tendencies must answer for themselves as they

consider how they relate to themselves, their families, friends and the social, economic and legal world in which they live.

The author in his own work will not attempt to eliminate a person's homosexual tendencies, but may refer the client to other therapists who attempt such a "cure." His own therapy is directed toward the adjustment necessary in the acceptance of a homosexual orientation, providing that the person is old enough to have established a definite sexual identity.

The book also deals with homosexual movements in society today. While pleading for justice toward those with homosexual life patterns, the book is not a mere propaganda piece. It is a very helpful examination of all that is involved in adopting a homosexual lifestyle and will prove of value both to young people and to those who seek to understand and help them. **LT, A, P**

Homosexual: Oppression and Liberation. Dennis Altman. New York, NY: Outerbridge & Lazard, distributed by E.P. Dutton & Co., Inc., 1971. (index, 242 pp.; \$6.95).
Reviewed by Judd Marmor, M.D.

The author of this volume is a young native Australian who is a lecturer on American politics in the Department of Government at the University of Sydney. He writes as an avowed homosexual who obviously has been deeply moved by the experience of "coming out" and by his open identification with the gay liberation movement. He writes well and with considerable perceptiveness. The result is a remarkably objective discussion of homosexuality from the inside, but with neither the self-pity nor the shrill defensiveness that often characterizes such books. As he says, "This is neither a book about homosexuality *per se* nor a history of the homosexual movement. Rather its central concern is the question of identity, of why and how a movement for gay liberation has emerged at this particular point in American history."

The author is well acquainted with the American scene, having lived in this country for eight years. A particularly valuable aspect of the book is his critical and mature evaluation of much of the literature about homosexuality both within and outside of the

gay liberation movement. The author's personal solution for the "homosexual problem" which as he correctly notes is equally a "heterosexual problem," is the ultimate evolution of our social mores to a point where bisexual behavior becomes the accepted norm, a solution which he believes to be more in accord with our biological heritage than present prevailing patterns of exclusive unisexuality. He hopes that in the process a new human being will be created for whom distinctions such as heterosexual and homosexual will no longer be necessary for the establishment of one's identity, and the word homosexual "will be used only as an adjective to describe behavior rather than a noun to describe a person." **A, PR**

A Woman's Critical Years. Allan Fromme, M.D. New York, NY: Grosset and Dunlap, 1972. (210 pp.; \$6.95).
Reviewed by Mary S. Calderone, M.D.

This is a book of a genre that is rapidly glutting the market. The title is misleading: it seems that all of a woman's years are "critical" ones, and the pastiche of topics presented here is supposed to highlight the key factors that make them critical. Among the 13 chapter topics are "Do Something Different—Today," "How to Get Rid of Your Inhibitions," "Is It Better to Marry Poorly Than Not to Marry at All?," "Are Marriages Intimate Enough?," "Sexual Fantasies are Important!," and "Get Thin and Stay Thin."

In presumably pointing the way to solutions of these problems, a plethora of words gets in the way of the reader's train of thought. Words, words, words—strung together so that often one paragraph takes up a whole page or more.

The book is considerably sexist: "Men may not know what it feels like to give birth to a baby, but this hasn't stopped men from becoming first class obstetricians." Dr. Fromme should read Ellen Frankfort's *Vaginal Politics* which, for all its polemics and inaccuracies or exaggerations, has still made some excellent points on how some male obstetricians and gynecologists really treat women.

Dr. Fromme's opinions are often given heavily, as if they were facts: "The point is that in a good marital relationship, the woman feminizes the man somewhat, and the man masculinizes the

woman somewhat."

In other words, what might have been some good points are overwhelmed by a great deal of talk, some of which is ungrammatical or hypothetical. All in all, this book appears to be one of the too many that are creating flood conditions in the publishing world, with the crest of the flood of "another book on sex" not even in sight. **A**

Bonnie Jo, Go Home. Jeannette Eyerly. Philadelphia, PA: J. B. Lippincott Company, 1972. (141 pp.; \$4.50).
Reviewed by Lorna B. Flynn, M.A.

Bonnie Jo is a pregnant Midwestern sixteen-year-old, who goes to New York City alone to have an abortion. Because abortion is legal in New York, she had been led to believe that obtaining her abortion would be a relatively uncomplicated procedure. Armed with parental permission and with what her father thought would be enough money, Bonnie Jo learns that, at least in her case, it isn't that simple. Finally, after a good deal of personal trauma, Bonnie Jo aborts.

Because this novel deals honestly and realistically with the procedures which a teenager who comes to New York for an abortion is likely to encounter, it is a useful piece of fiction. The author, Jeannette Eyerly, has written other adolescent fiction dealing with difficult topics. However, *Bonnie Jo, Go Home* has a major flaw: Ms. Eyerly insists on having Bonnie Jo come from a broken home where she hated her stepfather. She was impregnated by someone who was "in a rough crowd" and who got her drunk first. The author thus makes Bonnie Jo a victim of circumstance who is not responsible for her actions. Presumably, this background was used to avoid the touchy question of whether or not she should have an abortion in the first place. However, it is not only insulting to teenage women, but also does nothing to promote the very important concept that an individual must be responsible for his or her sexual actions.

In spite of the misleading underlying implication that, had Bonnie Jo come from a happy family situation, she wouldn't have gotten pregnant in the first place, the book is a welcome addition to the growing number of

novels for adolescents which deal openly with sexuality. **ET, LT**

Techniques for Leading Group Discussions on Human Sexuality. Winifred Kempton. Philadelphia, PA: Planned Parenthood of Southeastern Pennsylvania, 1972. (12 pp; paperback; \$.60 each)
Reviewed by Derek L. Bureson, Ed.D.

Group discussion is at the heart of good sex education programs, whether they take place in the classroom, in a church youth group, at a PTA meeting, or in a college dorm. This little booklet, written for the inexperienced group leader, lays out guidelines for putting a group at ease, for getting its members involved, and for avoiding pitfalls in discussions on human sexuality. This booklet could well serve as a beginning resource in training programs for youth and adults who will lead groups in human sexuality discussions. **A, PR**

The Family of Families. Happy Day! Cried the Rainbow Lady, Full of Light. Sylvie Sunflower. Alicia Bay Laurel. New York, NY: Harper & Row, Publishers, Inc., 1972. (about 30 pp. each; \$1.95 each; paperback).
Reviewed by Jean Bruce

These three story books-to-color (but "no one has to color inside the lines") are a grown-up flower child's gift to city children, country children, children in communes and in nuclear families, and to adults who would like to recapture a happy, childlike view of the world.

Sylvie Sunflower, "a made-up story about [the author's] favorite way to live," is an idyllic portrayal of life in a rural commune, showing the "family" at work and at play. *The Family of Families* teaches that families of lions are called prides, families of trees are forests, and the family of all families is our universe, in which "We are all together." . . . *The Rainbow Lady* . . . simply celebrates life; she dances among the stars.

All three books are illustrated with the author's gentle, childlike drawings, and are hand-written in a spirit of love and joy. Counterculturists may like them best, but they are for everyone. **C, A**

The Family System in America. Ira L. Reiss. New York, NY: Holt, Rinehart and Winston, Inc., 1971. (493 pp.; \$10.50). **Readings on the Family System.** Ira L. Reiss. New York, NY: Holt, Rinehart and Winston, Inc., 1972. (597 pp.; \$7.95 paper).
Reviewed by Richard K. Kerckhoff, Ph.D.

If Ira Reiss is right and the sociology of the family has come of age (as claimed in *Readings on the Family System*), he is going to have to accept some responsibility for that development himself. Beginning with his early 1960's publications on premarital sex standards, this former Board member of SIECUS has made a series of theoretical and empirical contributions which have advanced the field of family sociology and have demonstrated that methodologically sound studies can be both useful and interesting.

The Family System in America is Reiss's attempt to integrate and understand a great variety of family-related data in a somewhat interdisciplinary, but basically sociological manner. (That is, he is more apt to show how families operate across various cultures or across the historical ages than he is to delve into the psychodynamics of their operation.) The book is scholarly and, as scientists use the word, objective; in no way does that mean it is lacking in usefulness to the practitioner-teacher, etc., however, or that it is dull. Reiss points out that Part Four, "Deviant Behavior and the Family System," might be especially useful to the reader with "an applied approach," but then so might Parts Two and Three which deal with the sociology of courtship and of marriage and the family. Part Five, "The Decades Ahead: A View of the Future of the Family," is nicely written and contains several sections of special interest to SIECUS' friends, but in view of the recent focus on family change and the family of the future, it seems a bit skimpy and incomplete.

Reiss's treatment of premarital sex (Chapters 9 and 10) is, of course, excellent but nothing of equal quality is offered concerning marital sex. Reiss is realistic about sex education in America. He notes much discussion of sex education in the schools, but finds relatively little there in actuality, what there is often being heavily physiological and moralistic, and somehow seldom dealing with the students' ques-

tions. But he does present the belief that sex education will improve and he speculates as to the impact this might make on society.

The book contains three very interesting appendices: "Value Judgments and Science," "Probability Statistics," and "Causal Analysis." Logically, these sections should be read first, so that the author's generalizations (as well as his research tables) will be consumed intelligently; also, Appendix 2, "Probability Statistics," is designed to help reduce some of the panic with which many readers approach statistical material.

Readings on the Family System is as good a collection of readings for a teacher who shares Reiss's sociological approach as any I know. They relate well to the approach of *The Family System in America* but they are not entirely coordinated with that text. Most of the selections are of rather recent publication. They include some "old friends" and some excellent articles which I must have missed when they first came out.

Some sections of the readings book, each containing about three or four articles, are "Cross Cultural Perspective on the Family," "Love and Mate Selection," "Mixed Marriage," "Social Class, Race, and Family," and "Marital Dissolution." A good section on "Premarital Sexual Relationships" contains a highly useful review of "Premarital Sexuality: Past, Present and Future," written especially for this volume by Reiss, as well as a reprint of the important investigation of Harold Christensen and Christina Gregg. Again, this reviewer was left disappointed by the attempt of the final section, "The Family, Change, and Deviance," to help the reader understand what is taking place in family life, perhaps because the conceptualization which unites change and deviance is not one which I find especially useful. **A, PR**

Love, Sex, and the Family: A Guide for Young Adults. Morton S. Fine, M.S., and Ivan Kusnitz, Ph.D. New York, NY: Signet Books, 1971. (221 pp.; \$.95, paper).

Reviewed by Lorna B. Flynn, M.A.

There are many books for teenagers about sex now available, and thankfully no single volume has to be aimed

at everyone between the ages of twelve and twenty. Here is an original paperback for younger and less sophisticated, middle class teenagers. Written by two professors in the Department of Health and Physical Education of York College of the City University of New York, the book presents information which the authors feel teenagers need during adolescence in order to prepare for a fulfilling marriage. Topics covered include physical and emotional changes during puberty and adolescence, dating and "boy-girl relationships," preparing for marriage and making a marriage work, human reproduction and family planning.

For the most part, the authors are objective and non-judgmental. However, they do subtly present their points of view. The very open but brief discussion of homosexuality is included in the "Special Problems" section along with VD, nymphomania, impotence, out-of-wedlock pregnancy and rape. Further, in a book which devotes so much space to the family and familial relationships, the absence of any discussion of alternatives to marriage and the nuclear family is regrettable.

The book not only contains a very useful glossary, but also presents phonetically each new term used in the text. While some teenagers would find this book condescending, others, who are more timid and less sophisticated, will find it a reassuring and useful reference. Many parents will also find it excellent for reading with their children. **ET, P**

ABOUT THE REVIEWERS

Reviews of books, booklets, journal articles and audio-visual material are written by present and former members of the SIECUS Board and Staff. Background information about present Board members can be found on the last page of the *SIECUS Report*. Identification of former Board members and Staff not so listed follows:

Robert L. Arnstein, M.D., Psychiatrist-in-Chief, Department of University Health, Yale University, New Haven, Connecticut.

AUDIO-VISUAL REVIEWS

Audio-visual material is reviewed by Derek L. Burleson, Ed.D., SIECUS Director of Educational and Research Services, unless otherwise indicated.

Biological Aspects of Sexuality. Three sets of 35mm slides and audio cassettes. 25 min. each. **Module 1: The Nature of Human Sexuality; Module 2: Conception Control; Module 3: Human Development;** Instructor's Notes. Harper & Row, Publishers, Inc., 10 East 53rd Street, New York, NY 10022. Price: \$85 per module.

These slides and audio cassettes provide good basic information on the topics of sexual development, conception control and reproduction for high school and college level courses on human sexuality. The visual material shows careful organization; the anatomical drawings are clear and readily understood. The audio component is well paced and the cassettes are simple to use.

Module 1, "The Nature of Human Sexuality," covers the reproductive anatomy of the male and female, and offers a clear explanation of sex differentiation from a genetic perspective and a good discussion of the role of hormones in the development of external genitalia during uterine life. Module 2, "Conception Control," provides a comprehensive overview of all known methods of conception control from coitus interruptus to the "Pill." A useful feature is an estimate of the risk of pregnancy for each method described. The slide on I.U.D.'s would be clearer and more accurate if more types than the Dalkon shield had been shown, especially as the slide following it shows the insertion of a Lippes loop. The discussion of the rhythm method ought to have been refined with a discussion of the basal temperature technique for determining time of ovulation. The "morning after" pill is described correctly with cautions about its use for emergencies only. Male and female sterilization and abortion are briefly described without getting into moral and ethical issues. For straightforward contraceptive information about methods, effectiveness, and risks, this program

does an effective job. Hopefully, follow-up discussion will deal with some of the psychological issues of contraceptive use.

Module 3, "Human Development," presents a detailed account of fertilization, embryonic development and birth. Both diagrams and photographs of fetal development and the birth process are used so that the viewer shares in the fascinating sequence of human development ranging from a single cell to a wiggling newborn baby. Interesting commentary is given comparing various stages of embryonic and fetal development with other animal forms. Technical vocabulary is introduced rather rapidly as the narrator describes the stages of development and so could be overwhelming to a student who is worried about being tested on such terminology.

Taken as a whole, these three programs could well serve as basic teaching resources for the biologic aspects of human sexuality. The psychological, social and cultural aspects which hold far more compelling interest to students will be well served by the solid biologic foundation this program provides.

Natural Family Planning: The Temperature Method. 35 mm filmstrip, audio cassette, leader's guide, 20 "points to remember" hand-out cards. Creative Educational Service, Suite 126 Gorman Plaza, Route 108, Columbia, MD 21045. Price: \$29.50.

For those who find mechanical and chemical methods of contraception objectionable on personal, medical or moral grounds, this sound filmstrip provides the alternative of the "temper-

ature method," a refinement of the rhythm method. It involves use of the basal thermometer to determine time of ovulation. Certainly any agency, clinic or physician providing counsel on contraception has an obligation to present all the choices available; they have an equal obligation to discuss effectiveness, risks, and contraindications of each and every method. This program, while offering a clear explanation of how the "temperature method" works, fails on the second count by not providing any of the contraindications. In its zeal to sell the method it violates a fundamental principle of sound educational materials, namely, objectivity. No mention is made of the variance in the female cycle due to illness, tension or emotional distress. No discussion is provided about the viability of sperm, which can be a crucial factor when intercourse occurs during what the filmstrip calls the "relatively safe period." No qualifications are made when the narration says it is "virtually impossible" to become pregnant after the temperature has risen for three days. Such positiveness is irresponsible given the well documented variations in the menstrual cycle.

One of the better features of this program is its treatment of the motivational factors involved in using the "temperature method" effectively. Through candid interviews with both married and engaged couples such issues as cooperation of both partners, the relative importance of spontaneity in love-making, and the factor of risk-taking are treated frankly and with maturity. One would wish that all couples could communicate as openly about their sexual lives as these couples do. Any family planning clinic could make good use of this program to educate clients in the careful record-keeping procedures needed to practice this method of conception control. But as the manufacturers of birth control pills are required to publish contraindications on their packages, so should the proponents of this method do likewise.

JOURNAL REVIEWS

ARCHIVES OF SEXUAL BEHAVIOR

(Plenum Publishing Corporation, 227 West 17 Street, New York, NY 10011. Annual subscription rate: \$26.00 institutional; \$6.00 individual.)

Because this is a relatively new journal and of some importance to the field, we are reviewing all issues, starting with Volume I, Number 1.—Ed.

Reviewed by E. James Lieberman, M.D.

An interdisciplinary research journal edited by Richard Green, M.D., of UCLA, this new publication is devoted to scholarly articles, reviews, and translations/synopses of foreign articles. It is directed to a professional audience interested in human sexual behavior. *Archives'* list of associate editors and editorial board is impressive.

Each issue contains five or six articles plus reviews, in an average of ninety pages. Issue No. 2 is devoted to gender identity; articles in the other issues range from sociological surveys in Germany and Czechoslovakia to case studies (e.g., transsexuals, precocious puberty), to endocrine research on humans and monkeys, to problems of sexual variance in this and other cultures. The book review section, edited by Martin Hoffman, is lively and in this volume includes, among others, *Human Sexual Inadequacy*, *Oh! Sex Education!*, *Tea-room Trade*, and *The Report of the Commission on Obscenity and Pornography*.

Issue No. 1 begins with a study done for the Commission on Obscenity and Pornography, "Experience with Pornography," among deviant and control males. The findings are complex and interesting: non-deviant controls had greater teenage exposure to erotica than deviants, convicted sex offenders, or men still using pornography a great deal. Also in No. 1, is a study of lower-class sexuality among West German young adults which finds "limiting sexuality to reproduction . . . is unanimously rejected. The model 'marriage and family' is, however, just as unanimously approved. . . ." The authors,

Sigusch and Schmidt, believe that attitude and behavior differences found in U.S., Scandinavian and German samples can be attributed to real socioeconomic differences, notwithstanding the fact that all subjects were lower class in their respective societies (N.B. erratum 1:4, p. 363). Another article in this issue, by W.G. Luttge, offers a comprehensive review of the literature on "The Role of Gonadal Hormones in the Sexual Behavior of the Rhesus Monkey and Human," and is an extremely valuable article, with references from Abel to Zumpe.

Issue No. 2 contains a range of definitive papers on gender identity ranging from child development to hormonal, diagnostic, legal, surgical, and treatment outcome problems of transsexualism. Kleeman, Green, Money, and Randell are among the authors.

No. 3 carries reports on a group of homosexual siblings, a questionnaire survey of transsexuals, and further technical hormonal and genetic studies.

Issue No. 4 has a more psychosocial emphasis, including male homosexuality in urban Mexico; family patterns of adolescent transvestites; Kallmann's syndrome; and mate selection among second-generation kibbutz adolescents and adults. This last study, by J. Shepherd, found no case of premarital sex or marriage between two members of the same peer group. The author suggests that negative imprinting occurs during the first six years of life among peers who engage in close social and tactile relations, whether or not they belong to the same family. He briefly but provocatively reviews theories of imprinting and incest. The article is a fascinating addition to the literature of human development, sexual avoidance, and the family.

As may already be clear, it is not possible for a single reviewer to encompass the riches of this journal. *Archives of Sexual Behavior* is a major new resource which will reward scanning and selective study by all serious students of theory and research on human sexual behavior.

THE FAMILY COORDINATOR

(National Council on Family Relations, 1219 University Avenue, S.E., Minneapolis, MN 55414).

Reviewed by Lester A. Kirkendall, Ph.D., and Richard K. Kerckhoff, Ph.D.

July 1973

Commercial Teaching Materials Used in High School Family Life Courses. Richard K. Kerckhoff and The Family Life Education Panel.

A sample of high school teachers listed and evaluated the books, films, filmstrips and other materials they use in their family life education classes and made suggestions for the improvement of these materials. A pertinent conclusion is that most of the newer and improved audiovisual materials in sex education have not yet found their way into these classrooms. (RKK)

A Vasectomy Education Program: Implications from Survey Data. Patricia Mullen, Richard Reynolds, Paul Cignetti, and David Dornan.

A survey of 387 California men and women focused on attitudes, knowledge, and prevalence of vasectomy. Community awareness of vasectomy proved quite high as did its prevalence. Attitudes were generally favorable and anxieties low. Educational approaches are suggested. (LAK)

Hyponatolgy, Sex Role Concepts, and Human Sexual Behavior. Lonny Myers, M.D.

The impact of hyponatolgy, the art and science of lowering birth rates, upon the family, sex role concepts, and sexual attitudes. Changes mentioned are in: research, education, services, pregnancy concepts, and sex role concepts. The author concludes that human sexual behavior will display a new freedom and casualness, though many hang-ups still remain. (LAK)

MEDICAL ASPECTS OF HUMAN SEXUALITY

(Hospital Publications, 18 East 48th Street, New York, NY 10017).

Reviewed by Robert L. Arnstein, M.D.

May 1973

Sexual Significance of Hair. Charles H. Stember, Ph.D.

A free-wheeling discussion of hair in its sexual context, its role for group identification, and its style vicissitudes. The author's speculations at times seem questionable, but they are thought-provoking and not uninteresting. There is a good comment by Gordon W. Hewes.

Viewpoints: Why Do Unmarried Women Fail to Use Contraception?

A series of views by a variety of experts that run the gamut of reasons for failure to use contraception. Inadequate knowledge, lack of availability, unconscious and/or conscious desires to be pregnant are all mentioned. Several of the comments stress the current emphasis on "spontaneity" and "naturalness" in sexual activity which necessitates the absence of planning in advance. Dr. Nathan Simon's comment is probably the most complete and the most helpfully organized.

Sexual Fantasies in Men and Women.

Andrew M. Barclay, Ph.D.

The subject is a rather interesting one, but the author's treatment is not very satisfactory. He reports only in the most general terms and makes no attempt to relate particular fantasies to particular groups. He does not describe how the fantasies were elicited and draws conclusions that are speculative at best. There is a good balancing commentary by Dr. Seymour Fisher.

False Accusations of Rape. John M. MacDonald, M.D.

An interesting discussion of a rather specialized subject. The author lists a long series of cases in which rape was alleged falsely. In most instances the motivation was usually jealousy or anger at the man accused or an attempt at "covering" the woman's voluntary participation in a sexual act that has embarrassing consequences. There is a balancing comment by Robert Veit Sherwin, J.D., who comments on the difficulties faced by the woman who has

actually been raped and attempts to press charges.

June 1973

Myths about Feminine Hygiene. A. Herbert Marbach, M.D.

A good discussion of "feminine hygiene," the subject of considerable advertising concern currently. The author notes the type of replies he received from manufacturers when he requested specific information about products. He goes on to detail old beliefs about menstruation, pregnancy and menopause, and comments that updating of information often (usually) does not occur.

Adolescent Boys Who Wear Girls' Clothes. James Spensley, M.D., and James T. Barter, M.D.

The authors distinguish cross-dressing in adolescence from the same phenomenon in preadolescence and adulthood. They give five different patterns: transvestism, fetishism, transsexualism, polymorphous sexuality, and homosexuality. Three commentaries provide additional clinical data.

Sexual Behavior in the Blind. Arthur E. Gillman, M.D., and Arlene R. Gordon, M.A.

A rather limited article on sexual behavior in the blind but of some interest in view of the scarcity of discussions on this topic. There are three commentaries that are rather more illuminating than the article.

Side Effects on the Family from Liberalized Sexual Attitudes. Clark E. Vincent, Ph.D.

A sensible, sensitive, and intelligent discussion of the effects of current changes in sexual attitudes on three age groups. The author cites "the impatience with patience," "the tyrannization of the majority by a minority," "the tyranny of the new," and "the tyranny of change" as broad underlying themes.

Sexual Activity after Tubal Ligation. Juan Carlos DiMusto, M.D.

The author points out that there is no physiological or anatomical reason for change in sexual activity after tubal ligation, so that any change that occurs results from emotional factors. His study indicates that in most cases there is no change or some improvement, but stresses the importance of pre-operative counseling.

THE OSTEOPATHIC PHYSICIAN

(O.P. Publications Corp., 733 Third Avenue, New York, NY 10017)

Reviewed by Mary S. Calderone, M.D.

May 1973

The Physician and Marital-Sexual Problems. David R. Mace, Ph.D.

A general discussion which provides an excellent basis for encouraging the acceptance by the physician of his own potentially helpful role in the treatment of marital sex problems.

Impotence: Its Diagnosis and Treatment. William S. Kroger, M.D.

"Impotence is so widespread in our society that it might well be called the 'emotional' plague. It is responsible for a high percentage of marital conflicts, divorces, broken homes, and an endless procession of neurotic children."

Such a sweeping statement covering the entire U.S. social scene would seem, even in a popular article, to call for a supporting reference or two, or a disclaimer from Dr. Kroger, such as "in my personal practice at least." It does make one wonder about the authenticity of the remainder of the article. In two places Dr. Kroger appears to consider impotence and premature ejaculation to be one and the same. The Masters and Johnson theories about impotence and its treatment are not even mentioned.

How to Build a Healthy Sexuality. Lester A. Kirkendall, Ph.D.

Kirkendall provides the kind of thoughtful paper we have come to expect from one of the most experienced observers of the socio-sexual scene. He poses the questions all physicians who engage in any form of sex or marital counseling should consider.

Understanding the Personal Side of Marriage. Robert N. Rutherford, M.D.

A lucid and warm combination of information on marital and premarital counseling, and the wisdom of the author's many years of experience in both fields.

Having Sex Without Emotional Commitment. Mary Jo Chapman.

A member of the "now" generation opts for a definition of freedom in a premarital sexual relationship that would include true emotional commitment.

third-party financing can be arranged, and the emphasis on therapy rather than on prevention.

5. *Sex Counseling as Part of Out-Patient Clinic Services.* Usually these are part of a psychiatric, gynecologic, urologic, or pediatric clinic. Sex counseling is usually, although not always, superficial in this setting and is almost always oriented to the individual rather than to the couple or family. Sex counseling may not be integral to the total clinic pattern, but may depend on the special interests of one or two of the staff members, and as such may disappear if the staff member leaves the clinic.

6. *Counseling as Part of a Family Planning Clinic.* Interest in sex counseling by family planning workers is increasing rapidly and several programs have been started, aimed at increasing their competence as sex counselors. Training thus far has been limited, however, and the level of competence is still low. This is a promising field for development, because the separation of family planning from sex education and counseling makes no sense and has adversely affected the family planning movement. If appropriate sex counseling can be offered as integral to contraceptive, problem-pregnancy, and sterilization counseling, motivation for beginning and remaining on adequate contraception will be much enhanced.

7. *Sex Counseling as Part of Marriage or Family Therapy.* Much of sex counseling belongs in this setting, because sexual problems are most often part of couple or family problems and often cannot be effectively separated in therapy. Methods dealing with patients' important relationships within the family will often bring results that an educational approach will not. One disadvantage is the greater complexity of treatment, in which many facets of the patient's life must be explored.

8. *Sex Counseling as Part of Special Family Care Clinics—A Form of HMO (Health Maintenance Organization).* General health care is one of the most important influences on the family. Not for this reason alone, but because integration of all health services in one locus is highly desirable for greatest efficiency and lowest cost, sexual counseling (indeed, all related mental health services as well) should be part of general health care. This would be enhanced if health care services were organized around families. Family health services would be delivered by a team of professionals and auxiliary health workers of various kinds. The sex counselor would be part of this team.

By its very nature and emphasis, the family health service unit (and training unit, as well) would emphasize prevention in the sense of developing forms of care and of education that would prevent illness or counter the adverse effects of illness on children and their families. Sex education should be an integral part of the human relations education that should be included as an important dimension of health care.

Special Issues

1. *Care of Minority Groups and Indigent Patients.* Sex counseling has been too largely a service for affluent people. Outreach to the less than affluent, many of whom are members of ethnic minorities, is probably best accomplished

through a team approach, using community organizers and some minority group counselors in a general family health care clinic. In such a setting, blows to self-esteem, usually masculine pride, are softened if not entirely eliminated.

2. *Who Will Pay for the Cost of Sex Counseling?* We are moving toward national health insurance; in some form it will surely come during this decade. Will sex counseling be included? Doubt about the inclusion of mental health services, and even more doubt about the inclusion of marriage and family counseling, is prevalent among professionals. It is likely that some limited form of national health insurance for outpatient services, including those mentioned above, will be provided if the services are furnished by a licensed physician or another qualified practitioner under the supervision of a physician. This is related to the great difficulties in the licensing of nonphysician marital, family, and sex counselors.

Although clinical psychologists are licensed in 19 states, only 5 states now license marriage counselors and, because of the complete absence of standards of accreditation, not one state as yet licenses sex counselors. In order to come under the umbrella of national health insurance and also of private insurance programs, standards of accreditation must be developed so that appropriate state licensing can occur during the next decade.

It is encouraging to note the recent organization of the Council of Sex Therapists of Eastern Medical Schools as a positive step. Along with established professional organizations, this new group may be able to catalyze accreditation so that, in a variation of Gresham's Law, good sex therapists will drive bad sex therapists from the market-place.

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