

SEXUAL HEALTH CARE

by Robert C. Long, M.D.

It is the position of SIECUS that:

Sexual health care is a valid concern of the total health care to which everyone is entitled, and therefore provision must be made for it in health care planning, with relation to mental and social as well as physical well-being.

There are many factors which affect an individual's physical and mental health: heredity, early environment, diet, drugs, various diseases, interpersonal relationships, and self esteem come immediately to mind, and this list could be lengthened greatly. The relationships between sexuality and physical and mental well-being are equally important, although it is only recently that this concept has begun to emerge. It was in order to emphasize its importance and to aid in its augmentation that SIECUS recently adopted the above policy position.

What do the terms "sexual health" and "sexuality" mean? How does our sexuality affect our total health? And finally, if sexual health is an important aspect of physical and mental well-being, what, if anything, can be done to foster, develop, and improve it?

Human sexuality according to Mary S. Calderone, "comprises everything that the individual is, thinks, feels or does during his entire life span as related to his being male or female." Sexuality is the concept of role identification, gender identification, and interaction with other people, rather than only a physical or mental act. How we feel about ourselves as sexual persons is critical, not only because it largely governs our sexual behavior, but also because it affects, often profoundly, our total health.

Sexual health care has both preventive and therapeutic aspects. Included among the preventive aspects would be: a) the influence of parents upon the sexuality of their children from early infancy through adolescence; b) the prevention or amelioration of the effects of sexual trauma, i.e. molestation, exhibitionism, incest and rape; c) peer group influences during adolescence; and d) interpersonal relationships during adolescence and adult life.

The influence of the early familial environment on sexual development and sexual and total health of adults cannot be overemphasized. The family, regardless of variations in its structure, is the preschool child's predominant influence. It is here the child gets his or her first impression of who he or she is and of what is expected. It is within the family that most children first learn that they have a parent of one sex and a parent of another, and that they are supposed to behave in the manner of one or the other. While these lessons are not learned in absolute terms, nevertheless it is through the family unit that the young child forms the first impressions of his

or her masculinity, femininity, self, role, value, and the value of other persons. Quite literally, everything the parent figures do influences the child's views and, therefore, the child's views about human sexuality.

All of which leads to the subject of sex education of children and young people, not only within the family unit, but also within the community. In terms of prevention of illness in later life, the importance of phase-specific and appropriate sex attitudes and education throughout the community as well as in the home cannot be overstated. The messages we receive, both verbal and non-verbal, comprise the formative forces which determine to a large degree our sexual attitudes and health as adults. The debate over the appropriateness and value of sex education has largely ended. Many institutions (SIECUS, AMA, APHA), Congresses of PTA's, three Presidential commissions (on Violence, on Obscenity and Pornography, and on Population Policy and the American Future), as well as several White House conferences, have all issued positive policy statements in support of institutionalized sex education of children and youth. Today, we are finally thinking about *how* sex education can best be presented, rather than *whether* it should be presented. However, problems exist that are not yet resolved.

The evasiveness of parents when their children wonder or ask about sex, as they inevitably will, is a major problem and will continue to be so for many years to come, for it stems from two sources: a) parental ignorance of elementary facts relating to sexuality; and b) the embarrassment which parents feel when discussing sexual matters with their children. Often this may be due to their own felt sexual inadequacies.

At the public school level, sex education again encounters two very real problems. The first is the reluctance on the part of many school districts to give more than token support to sex education and other health related programs because of fear of adverse community reaction as well as because of the negative attitudes which educators may personally have toward sex. Secondly, many teachers who conduct courses in sex education at the primary and secondary school levels are not qualified.

The need for the dissemination of factual information about sexual behavior and its consequences is perhaps best illustrated by the problems of teen-age pregnancy. The statistics can be shocking:

In 1973, an estimated 700,000 teenage girls became pregnant out of wedlock. More than a third opted for abortion. A smaller number gave birth to their babies, and others entered into pregnancy-caused premature marriages.

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SPEAKING OUT

SOCIETY AND MOTHERHOOD

When we decided to have a child, my husband and I knew that there would be changes in our lifestyle, and so when our daughter was born we were prepared for the necessary adjustments. The joys she brings us certainly make up for the minor inconveniences a hundred times over. But, after six years of being able to come and go as we please and of having a double income, we now have to plan far enough in advance to get babysitters, not to mention budgeting for them. Our schedules are largely determined by the baby's; even our love-making is affected as we wait for her to be asleep in her room. But these alterations are easily made. No one warned me, however, that the biggest obstacle I would have to face would be society or that I would have to face it alone.

Before I gave birth, I was never really concerned about how our society viewed motherhood. But now I am learning. If mothers, particularly of young children, are put on pedestals, it appears to be to segregate them from the mainstream of life. And there are strict rules and mores to keep us there. Now I find that I am rebelling against this motherhood mold, for I do not view motherhood as a self-fulfilling end in itself. Although it was something I wanted very badly, I had hoped it would become part of my life and not take it over as society seems to want it to do.

I think that one of the underlying reasons for this treatment of mothers is that society does not confront its feelings about the relationship between motherhood (good) and sexuality (questionable). When I was pregnant, for example, I noticed that people tended to stay away from me—some seemed to know how I became pregnant. Until recently, pregnant school teachers were forced to quit work when they started to "show," and even the most liberal of companies made a pregnant woman leave work at 6 months under the guise of health reasons. Another example is nursing. On a United Airlines flight from Washington, D.C. to Los Angeles I was simply told that I would have to nurse my child in the lavatory since it would offend the other passengers if I did so at my seat. This part of society could presumably not make the transition from nursing (good) to the sight of a breast (questionable).

But there is a more all-pervasive attitude which is far more damaging: Society either 1) pities women who must for economic reasons return to work after having a baby, or 2) scorns and even berates the mother of a young child who by choice returns to work. How many corporations welcome a new mother and help her find day care? How many small businesses or for that matter, agencies of the government, allow mothers to arrange their schedules so that they can be home when their children arrive from school? Not many. On the whole, personnel officers are very wary of mothers of children younger than teenage.

Does society really want me to give up my creative professional self and find other outlets for it for at least the next ten years, when what I do best is in demand in the job mar-

ket? In ten years, not only will I be a less attractive job candidate because of my age, I will probably have to go back to school to catch up on all that I missed in the interim. One hears that the years between 30 and 40 are some of the most creative in a person's life. What a shame that I must drop out of the mainstream during this time. And what about the possible effects of my restlessness on my child? And the middle-aged woman reported in the media to be absolutely lost when her children no longer need her full-time attention. What about the number of divorces which occur when the kids are no longer the center of attention? Could these maladies be prevented if mothers were not forced to drop out?

It is not only the corporate and professional world. Many of our friends whom I used to consider to be liberated share society's views when it comes to motherhood. My husband and I are not the kinds of people you would find on a television special about liberated couples; we do not live in a commune, but we do believe in sharing the responsibilities of parenthood. This began when we studied the Lamaze method of childbirth and attended Red Cross infant care classes. We were together for our daughter's birth. And since that time I have been able to do some work away from home because my husband has arranged his schedule to be home for longer parts of the day. This sounds like the perfect situation, except that we do interact with other people who think that this shared parenthood that allows my husband to participate in the joys of child-rearing and me to keep one foot in the mainstream is at best weird.

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DO YOU KNOW THAT . . .

Joint Meeting on Intimacy and Loving is Announced

The National Council on Family Relations and the American Association of Marriage and Family Counselors are holding a joint annual meeting 22-26 October in St. Louis, Missouri. The topic, "The Art and Science of Intimacy and Loving," will be explored in plenary sessions, section meetings, workshops, and round-table discussions. For more information, contact the National Council on Family Relations, 1219 University Avenue, South East, Minneapolis, MN 55414.

New Sex Journal Calls for Papers

Helen Kaplan, M.D., Ph.D., Clifford Sager, M.D. and Harold Lear, M.D. are the editors of *The Journal of Sex and Marital Therapy*. The first edition of the multidisciplinary journal is due this Fall.

The editors are looking for articles dealing with new developments in the treatment of sexual dysfunction, conjoint marital therapy, behavior modification, audio-visual aids, applications of psychoanalysis, drug and endocrine therapy, and other related areas within biology, sociology, and psychology. The *Journal* also invites papers on more general issues of sexuality.

Manuscripts and inquiries for further information should be sent to: The Editors, *The Journal of Sex and Marital Therapy*, 65 East 76th Street, Suite 1A, New York, NY 10021.

Ethical Questions of Sexual Exploitation Explored in New Study

The United Presbyterian Church Advisory Council on Church and Society has prepared a study document entitled *Dignity and Exploitation: Christian Reflections on Images of Sex in the 1970s*.

This impressive booklet struggles with such questions as commercialization of sex, the legitimate uses of explicit sexual material, and obscenity and censorship. It will be a very valuable resource for any group discussion on sexual exploitation. It includes a bibliography.

Available at \$1.00 a copy from: Presbyterian Distribution Service, 225 Varick Street, New York, NY 10014.

Pamphlet on Sterilization is Published

Public Affairs Pamphlets has published a new booklet, *Voluntary Sterilization*, by Elizabeth Ogg. The concise, comprehensive pamphlet explores the reasons for the growing acceptance of sterilization as a means of birth control and answers questions about vasectomy for men and tubal ligation for women.

Single copies cost \$.35 each; discounts are available for orders of 9 or more. Public Affairs Committee, Inc., 381 Park Avenue South, New York, NY 10016.

Gay Bibliography is Available

The Gay Task Force of the Social Responsibilities Round Table of the American Library Association has revised its selective bibliography. The list is one of the best resources available to people interested in homosexuality and gay lifestyles. It can be obtained by sending a stamped, self-addressed envelope and/or a contribution to: Barbara Gittings, Chairperson, Gay Task Force, Box 2383, Philadelphia, PA 19103.

H.E.W. to Rule on Co-Ed Sex Education

On June 20, 1974, the Department of Health, Education, and Welfare published a regulation setting forth how the Department proposes to enforce Title IX of the law banning sex discrimination by educational institutions receiving Federal financial aid. As interpreted by HEW, this regulation specifically prohibits making any distinctions at all between male and female students, whether as to content of curricula, participation in activities, or use of facilities (except for provision of separate locker and wash room facilities).

On July 8, 1974, the Secretary of HEW announced an addition to §86.34(a) that is self-explanatory: "Provided that elementary and secondary schools' sessions involving sex education may be conducted for boys and girls separately."

Comments on the proposed change from the public will be considered, provided they are received by Secretary Weinberger before October 15. Address any comments you might have to: Secretary Caspar W. Weinberger, Department of Health, Education and Welfare, Washington, D.C. 20201.

City Governments Accept/Reject Gay Civil Rights Proposals

A number of city governments have enacted legislation to protect the civil rights of gay people within their jurisdictions. Minneapolis, MN and Washington, DC have passed the strongest laws for major urban centers. (The Minneapolis bill passed on a 10-0 vote in the City Council.) Some smaller university communities have had such legislation for over a year (Ann Arbor and East Lansing, Michigan); still more have joined them (Alfred, NY). The laws protect gay people from discrimination in employment (including teachers), housing, and public accommodations.

The New York, NY and Worcester, MA City Councils rejected Gay civil rights ordinances this June. The debate over the New York City bill found the Roman Catholic Archdiocese of New York as one of the most vocal opponents and the Episcopal Diocese of New York as one of the strongest proponents. Gay activists promised to reintroduce the bill next year in both cities.

In Boulder, CO, the issue was presented to voters in a referendum and was overwhelmingly defeated.

WHERE THE ACTION IS

A STUDY OF CALLERS TO COMMUNITY SEX INFORMATION, INC.

by Susan Sarlin*

Background

Community Sex Information, Inc. is a non-profit educational organization created in 1970 to provide sexual information to the New York City area. What makes CSI unique is the fact that its trained volunteers provide anonymous telephone counseling to anyone in the community who wishes it. In the first 18 months of its existence (June, 1971 to December, 1972), CSI's staff answered more than 20,000 calls and recorded the sex, age, and marital status of the caller, as well as the type of questions that person asked.

Over the last several years many studies of sexual attitudes and practices have been done which have contrasted the interests of males and females. Most notable is the work done by Kinsey (1948, 1953), who with his co-workers took thousands of sex histories of their subjects to compare males with females in terms of anatomy and physiology of sexual response and orgasm, physical characteristics, neural mechanisms, and hormonal factors in sexual response.

Sorensen (1973) has done an extensive survey of adolescents' attitudes on different sexual topics, specifically on their attitudes about and practices of various forms of sexual behavior. And in 1972, Davis published a study of the relationship between marital status and sexual fulfillment in a sample of 2200 women to determine what factors in their lives had influenced the types of sexual experiences they had and their enjoyment of them.

Hunt (1974) has updated Kinsey's work in an effort to gauge the degree of change in sexual attitudes and behavior over the last twenty-five years and he found that in many areas, particularly in those of sexual attitudes, significant changes have occurred, most dramatically in females' attitudes.

Unlike any of these important studies, however, the subjects of the CSI study contributed information entirely voluntarily. No attempt was made by the staff to seek them out or to sample any population. Thus this study can provide a broad overview of sexual questions and problems asked by men and women of diverse backgrounds in a way never before accomplished.

The Callers

For the purposes of the inquiry a sample of 3600 call sheets was selected, but because 80% of our callers at that time were males, the sample was weighted to reflect an equal number of both sexes.** The final sample includes 652 females and 618 males. On the average, male callers were slightly older

***in recent months the number of women callers has risen substantially and these percentages are no longer accurate.*

than females: $\frac{3}{4}$ of the women were age 25 or younger while only about $\frac{1}{2}$ of the men fell into this category. Thus, $\frac{2}{3}$ of all the teenagers who called CSI were females while conversely, $\frac{2}{3}$ of all callers 35 or older were males. A higher proportion of female callers were single (75%) than were the males (60%).

Although both sexes called with many similar questions they varied in the frequencies with which they asked them. The ten topics most often discussed by men, in order of their frequency, were: oral sex, masturbation, lovemaking, premature ejaculation, impotence, orgasm, marriage problems, birth control, intercourse and, equally as often, questions of erection, requests for definitions of sexual terms, penis size, and relationship problems.

Some of the typical questions asked by males included: "How do you satisfy a woman through oral sex?" or "How can I convince my partner to have oral sex with me?" "Is it normal for a married man to masturbate sometimes?" "I sometimes enjoy masturbating more than intercourse. Am I normal?" "How can I maintain an erection longer?" "Why does my girlfriend have an orgasm when we have oral sex but not when we have intercourse?"

Women, on the other hand, asked most often about topics like birth control, pregnancy, orgasm, relationship problems, abortion, venereal disease, lovemaking, definitions of sexual terms, marriage problems, and oral sex. Some of their typical questions were: "Is it necessary to use birth control if you have your period?" "How can you tell if you're pregnant?" "What's the difference between a vaginal and a clitoral orgasm?" "Can a person get VD through kissing?", etc.

Some types of questions were clearly more troubling to one sex than the other. For instance, men were far more likely to ask about group sex, homosexuality, anal sex, foreplay, impotence, masturbation, penis size, and erections than were women. Women wanted information on venereal disease, sexual definitions, feelings of fear or guilt about sex, virginity, frigidity, orgasm, and relationship problems much more often than did males. Often their questions reflected a certain degree of anxiety about their involvement in sexual activities *per se*, as opposed to the majority of male callers who, although often concerned about the "normality" of their sexual preferences, tended to have technical questions more often than any of the morality of their activities.

There are some distinctions also between the types of questions asked by married vs. single callers, but it is difficult to know if these are factors of marital status, age, or a combination of both, since married callers as a group were older than single.

Single women appeared most concerned about getting medical information, specifically on how to avoid pregnancy

or venereal disease, while married women called most about orgasm and relationship problems and were also more inclined to want information about their partners' sexual problems, such as premature ejaculation and impotence, or to discuss their own sexual desires.

The distinctions between married and single males are less clear for both groups called most often about oral sex and masturbation and shared many other concerns as well.

If one were to generalize about their interests as reflected by marital status, it would seem that single men and women as a whole were more interested in getting medical information on birth control, abortion, and venereal disease, while married men and women asked more for information about lovemaking, communication problems and sexual dysfunctions. Both sexes often stated that communication between them and their partners was limited and that they felt this caused considerable sexual problems for them.

The age of the caller did not appear to be too significant a factor in the types of concerns he or she had. Often the questions asked by different-aged callers were very similar and varied only in terms of degree of interest. As one looks from the youngest to the oldest age groups of both sexes, there appears to be only a slight shift of interest from requests for factual information from young callers to questions which dealt more with attitudes or sexual preferences, asked by older ones. Therefore, while young women were most curious about learning sexual definitions or in obtaining information about where to go for pregnancy tests, VD testing, or for abortions, older women were much more concerned about emotional problems in their sexual relationships, about frigidity and orgasm and in their feelings about lovemaking in general.

Male callers of different ages were more consistent in their questions, although some variations did arise. Young men were the only group who showed any real interest in birth control or penis size and men 35 and older were far more interested than younger men about problems of impotence or erection. In general, however, all age groups of males were most interested in discussing oral sex, masturbation, and various phases of lovemaking.

Results

The results of this study substantiate many of the feelings of CSI's counselors: that women are more likely to be concerned about medical information or about difficulties in communication than men who are more technically-oriented and often call with questions related to sexual performance. But why is this so? Can it really be that women are so much less worried or curious about lovemaking than are men, or is it that the two sexes are socialized in radically different ways, to the extent that women find it difficult to discuss topics they feel they should not be too interested in, even anonymously over a telephone?

The fact that a large percentage of women do ask about orgasm would seem to be indicative of a recent trend toward women's rights for sexual fulfillment. Ironically, however, their questions about orgasm often reflect the same performance pressures which males frequently express.

Without doubt, men appear to be far more performance-oriented in their sexual questions than are women, and while the age and the marital status of the caller may both have some bearing on the types of questions one feels compelled to ask, the sex of the caller is by far the most important variable in the types of feelings he or she has.

It must be concluded that the differences between male and female concerns about sexuality are functions of the socialization process we all undergo and the subsequent sex roles we are expected to adopt.

*By invitation, Ms. Sarlin is a volunteer at CSI.

At the time of this study, *Community Sex Information, Inc.* was open for callers from 9 am to 9 pm Monday through Friday. Financial considerations forced CSI to close temporarily, until a radio station, WMCA in New York, donated office space and enough monetary support to allow CSI to resume its activities on a limited basis. The phones are now open Monday through Thursday from 5 pm to 9 pm; the organization hopes to expand its work further as support increases. For more information, you might write *Community Sex Information, Inc.*, c/o WMCA, 888 Seventh Avenue, New York, NY 10019.

This article represents a new venture for SIECUS Report. We plan to open this section to those who would like to describe innovative programs in the area of sexuality.

—Ed.

SIECUS and American Foundation for the Blind Publish Sex Education Curriculum Guide for the Blind

Culminating three years of cooperative effort, SIECUS and the American Foundation for the Blind are proud to announce the publication of *Sex Education and Family Life for Visually Handicapped Children and Youth: A Resource Guide*. Developed by leaders from the fields of sex education and visually handicapped education, the *Resource Guide* includes suggestions from hundreds of teachers of the blind who participated in the field testing of the pilot edition in 1973. The *Resource Guide* covers material on the special learning problems relating to the psycho-sexual growth of the visually handicapped, a developmental sequence of concepts and learning activities for teachers, and an extensive annotated bibliography of resources in print, large type, braille, talking books, cassettes, and audio-visuals. This cooperative project was funded by a grant from the General Service Foundation. Copies of the *Resource Guide* are available from SIECUS' distributor: Behavioral Publications, 72 Fifth Ave. New York, NY 10011. Price, \$4.00.

BOOK REVIEWS

Pornography and Sexual Deviance. Michael Goldstein and Harold R. Kant, with John J. Hartman. Los Angeles and Berkeley, CA: University of California Press, 1973.

Reviewed by William P. Brown, Ph.D.

This is a study designed to answer "the ultimate question . . . whether obscene and pornographic works serve as models for imitation, leading to acts of violence and encouraging perverted or unconventional sexual behavior or whether they actually help to prevent such acts through the release of tension." The researchers used an in-depth questionnaire designed to elicit memories of exposure to pornography in pre-adolescence, adolescence, and recent (adult) experience. The difficult but important question of short and long term effects of the exposure to pornography is met head on by asking the subject what these effects were.

"The 280 subjects (all male) in nine groupings include 60 imprisoned sex offenders (20 rapists, 20 male object pedophiles, and 20 female object pedophiles), 37 homosexuals, 13 males who had applied for sex transformation surgery, 78 pornography users, 22 low income blacks, 17 middle class blacks and 52 "controls." They were asked about frequency of exposure to pornography during pre-adolescence, adolescence and in adult life, about peak experiences from pornography during those periods and as to their use of fantasy."

There are methodological problems with the approach used to sample the long-term effects of pornography. The measure of "effect" is seen as the extent to which the subjects later copied the impressive aspect of the peak experience. Since the key pressure resulting from exposure to pornography was ordinarily towards masturbation or conventional homo- or heterosexual experience, it is difficult to relate a conventional sexual experience (which would seem quite understandable from ordinary development) to a pornography exposure months or years before.

A much more serious problem comes

in the selectivity of the subjects for study. The Kinsey research was severely criticized 30 years ago for making much less specific statements about samples over 20 times as large. This reviewer does not recall any other study where such wildly different small groups were so seriously compared with no effort to control for variables in age, education, social reference groups, etc. which could conceivably be far more significant than the class membership (transsexual, homosexual, etc.). Six charts, 21 tables and numberless references to levels of significance notwithstanding, the presentation does not hold up. **PR**

Sexual Identity Conflict in Children and Adults. Richard Green, M.D. New York, NY: Basic Books, 1974. (327 pp.; \$15.00).

Reviewed by E. James Lieberman, M.D., M.P.H.

This important book presents detailed studies of adults who want to change their sex—transsexuals—and of children who before puberty show signs characteristic of the opposite sex—feminine boys and masculine girls. The first 40 pages are devoted to historical-cultural, psychological, and biological background, including summary statements of various theories of sexual (gender) identity development, the remainder to case studies with verbatim interviews and comment.

Transsexuals are relatively rare in the population, and the vast majority are well hidden. Reading about them is a startling and important experience for anyone in the counseling or human development field.

There are more genital males than genital females approaching medical resources for sex transformation operations, some of whom—Christine Jorgenson and Jan Morris come to mind—have received significant amounts of publicity. Yet Green's book is by no means limited to male-to-female transsexuals.

"Whatever may be the reasons for fewer females than males requesting sex change, the fact remains that many females do feel that they are essentially male, wish to become male in the eyes of society, and seek medical help. These women face the same dilemma as do their more numerous male counterparts."

Although highly atypical, transsexuals help us place more common sexual variations (homosexuality, transvestism) in perspective, and help us better understand heterosexual development as well. Green refuses to offer an etiology of feminine behavior in boys or masculine behavior in girls and cautions against those who would do so:

"The question of what causes femininity is most easily answered by those who have never studied a single case history. Unfettered by facts, they adapt with ease their theoretic bias and provide essentially logic-tight explanations. . . . Those who have studied a very few cases and are favored by chance, will find a few variables constant from one to the next. From these will be synthesized: the etiology. Those who are driven to study larger and larger numbers of cases jeopardize the comfort of such security. It is the disquieting reward of the "expert" that the more data he collects, the more research knowledge he collates, the less he is sure he knows."

Green's studies of children with sexual identity conflict do, however, point to a tentative list of contributing factors, including, prominently, the willing acceptance of cross sex phenomena in these children by their parents.

The ethics of intervening with young children are raised sensitively. The treatment program separates family members rather than utilizing a family approach, though family observation is suggested for future research. Less impressive is the investigator's approach to sex education, in which he equates semen with food for the ovum.

This is an important book in a specialized field by a sound, careful pioneer researcher. **A, PR**

Infant and Child Sexuality—A Sociological Perspective. Floyd M. Martinson. St. Peter, MN: The Book Mark, Gustavus Adolphus College, 1973. (146 pp; \$3.35 plus .25 postage).

Reviewed by Derek L. Bursleson, Ed.D.

We accept intellectually the oft-quoted statement that sex begins at birth, but how much do we really know about the developing erotic potential of infants and young children? So much of the literature in human sexuality still presumes that sex begins at puberty. Fortunately, Floyd M. Martinson, professor of sociology at Gustavus Adolphus College, has rectified this gap with his publication of *Infant and Child Sexuality*. The privately published type-written off-set edition should in no way detract from the text's immensely valuable contribution to the field. First, Professor Martinson provides us with an excellent overview of the existing research on infant and childhood sexuality, but his real contribution is the data he has assembled from unpublished sources such as the Kinsey data on childhood sexuality and from information he has collected himself from students over many years. He acknowledges the contributions of psychoanalytic theory to childhood sexuality, but takes it to task for its lack of an empirical base and for its over-emphasis on pathological problems related to sex. He makes no claims that his findings represent a statistically accurate survey of the incidence or variety of sexual experiences of the young. Rather his intent is to look at the quality, not the quantity, of their affectional-sexual encounters. He lets the young speak for themselves regarding the nature of their sexual encounters and the meaning they had for them through the use of hundreds of anecdotal records. And fascinating records they are: most are not trauma laden, nor are they experiences ridden with great guilt. In spite of our culture's persistent efforts to shield children from sexual encounters, Martinson argues quite conclusively that many children discover through one means or another that they can produce pleasant and soothing sensations by stroking or touching their bodies and those of others. He points up the dilemma we pose for the supposedly "sexless" child who is expected to revise his or her attitudes toward the body and its erotic-genital potential almost totally as he or she passes from

childhood to adulthood. Sex therapists, of course, see the consequences of this dilemma. "Hopefully," concludes Martinson, "self-discovery, the touching and caressing by parents, siblings, and peers, and the release from feelings of sexual guilt and shame over the expression of innocent and honest affection will lead to richer interpersonal relationships." Here is an important source book for anyone interested in the full scope of human sexuality.

The Lesbian Myth. Bettie Wysor. New York, NY: Random House, 1974. (438 pp.; \$8.95).

Lesbianism: A Study of Female Homosexuality. David H. Rosen. Springfield, IL: Charles C. Thomas, 1974. (140 pp.; \$7.95 cloth, \$4.95 paper).

Reviewed by Sadjia Goldsmith, M.D., M.P.H.

Following several popular and personal accounts of lesbianism, academic treatises are coming out of the closet. *The Lesbian Myth and Lesbianism—A Study of Female Homosexuality* examine in depth our social, religious and psychiatric prejudices and call for understanding and change.

Both books agree with the thesis expounded by Kinsey and others that humans, like other mammals, are basically sexual beings who are extremely malleable and who can react sexually with both males and females. Bisexuality may be our common starting point, but most humans are molded by the culture into predominantly heterosexual expression, while some—perhaps because of positive early sexual experiences with the same sex—become predominantly homosexual. It is further pointed out that many lesbians have had some heterosexual experience, and some are mothers, but ultimately they come to prefer the love and companionship of a woman partner. Wysor's book also deals with the relationship between the Women's movement and lesbianism. There is a fascinating dynamic wherein some women whose consciousness is raised in terms of social equality and sexual mutuality can no longer relate to the men in their lives, and turn to a woman lover for a more equal and sensitive relationship even though

there had been no previous indication of homosexuality in their lives.

The Lesbian Myth is a long and carefully researched treatise on various aspects of the lesbian question. The first section documents Judeo-Christian doctrines concerning homosexuality and the failure of organized religion to this day to adapt to the human needs of homosexuals in the congregation. The author's extensive documentation of these points may be more than the ordinary reader would want to know, but is justified by her contention that the failure of religion to accept homosexuality lies behind our broader social failure to allow homosexuals basic civil liberties and social acceptance.

Wysor's book contains an excellent, well documented section on lesbianism in Western Literature. The second half of her book consists of tape recorded sessions in which various lesbians discuss their lives and viewpoints. The women are articulate and diverse; they illustrate or challenge many of the more theoretical points made earlier in the book. While *The Lesbian Myth* lacks cohesiveness and development as a treatise, it does contain a number of scholarly sections and ends with lively verbatim commentary.

Both books were written before the 1974 policy change of the American Psychiatric Association deleting homosexuality from the list of psychiatric diagnoses. The authors point out the fallacies of viewing sexual variance as illness; the concept that psychiatry should seek to change or cure homosexuality is condemned as irrelevant to the real needs of clients for self understanding and self acceptance. David Rosen's book is a report of a study of 26 members of the Daughters of Bilitis, a gay women's organization, carried out by self-administered questionnaires and psychological tests. The book is not a matched study but a descriptive piece, designed to illustrate the variety of personalities, social roles and occupations of homophile women and to point out areas where future research is needed, such as the impact of lesbian motherhood on children and the area of sexual therapy for homosexuals. The basic thesis of the book is that lesbianism is not a psychiatric disorder but an alternate life style, that lesbians differ from other women on the whole only in their choice of love object. The book is presumably aimed at the counseling professions, and through this route towards social and legal reform.

Readers interested in the woman question should not miss the earlier book, *Lesbian/Woman*, by Del Martin and Phyllis Lyon (Bantam, 1972; reviewed in *SIECUS Report*, Vol. 1, No. 5) for a comprehensive and fascinating discussion of gay women in contemporary society—their problems, adjustments, and demands for social change. **A, PR**

The New Intimacy: Open-ended Marriage and Alternative Life Styles. Ronald Mazur. Boston: Beacon Press, 1973. (134 pp.; \$8.95).

*Reviewed by Gail D. Hinand**

The “new intimacy” and “open-ended marriage” may sound like gimmick terms to attract readers, another answer to traditional monogamous heterosexual marriage. To the contrary, I found this book much more than an “answer” and regret the terms do appear gimmicky. Through this slim volume, Mazur has made contributions toward developing guidelines helpful to people who are thoughtfully and courageously seeking new lifestyles; people who are looking for ways to live with intimacy and integrity without being trapped within the ordinary conventions of society.

I was immediately impressed by Mazur's openness and fairness in supporting two forms of relationships increasingly emerging in today's society—woman-as-an-equal in relationships and same sex relationships. Although the word marriage itself may carry pre-determined societal connotations for many of us, Mazur effectively uses the words persons, couples and partners in such a way as to convey an understanding that the “marriage” which he envisioned was one of equality between persons, whether of the opposite or same sex.

Although the author supports open-ended marriage and used the term repeatedly throughout the book, I was unable to find a concise working definition of the term. I finally wrote my own in my copy. An open-ended marriage is a continuing, primary, special, stable relationship between self-actualizing persons with direction and purpose to their lives in which marital fidelity is dependent upon commitment, communication, encouraging personal growth, equality, openness and trust, not upon sexual exclusiveness or the exercise of various manifestations of jealousy.

Mazur's chapter on jealousy was especially enlightening to me. Jealousy is an emotional response which is situational and learned. Its primary function has been to reinforce the sexually exclusive factor in traditional monogamy. But as models of monogamy change, the expression of jealousy loses its value and may even be considered inappropriate behavior and a sign of emotional immaturity. The task of a person affirming an open-ended marriage is to recognize, understand, and deal openly and creatively with whatever manifestation of jealousy is being experienced. Mazur defines many types of jealousy and, helpfully, outlines how each can be overcome by a relationship of reality living, autonomy, sharing, specialness, role freedom, and security.

Mazur also exposes the negative aspects of the double standard, while stating that to go beyond the double standard it is required of us that we be autonomous, to stand on our own values, to resist enslavement of any sex ideology, and to focus on whole persons as well as on genitals. He then outlines more healthy attitudes toward intimacy that would include sex education for youth, a sex ethic for pleasure, and guidelines for overcoming language and related hangups.

I appreciated the questionnaires or communication strategies/exercises offered at the end of appropriate chapters. I would find them useful in a group situation to help participants realistically assess and understand their own feelings and opinions. However, they are so designed to be used equally well by individuals and couples.

Following his defining major distinguishable interrelated factors involved in sensual responsiveness he has an inventory which helps a person clarify his or her situation and compare it to that of a partner. At the end of the section on sexuality preference, he includes a profile for persons to look at their preferences from several different perspectives. And, finally, before and after the chapter on jealousy he suggests a recalling/inventory experience that is helpful in putting the various forms of jealousy into perspective.

Mazur is a realist. At this point, there is virtually no support system for open-ended marriage; no moral support and no societal sanctions. Few professionals have knowledge and competencies in dealing with this form of marital relationship. He acknowledges that his

book, in fact, has been written to change this situation.

Mazur is also a realist when he acknowledges the problems persons can encounter in attempting such a life style.

I would personally wish that all who are attempting an open-ended marriage (myself included) might be able to “come out,” using that expression made popular by gay people when referring to make public their sexual preference. For, beyond all the problems and complications, living and supporting each other in open-ended marriage is living in amazing grace. For we who have chosen this style openly, with value-venturing and knowing the risks, are seeking the possibility of a vibrant monogamy which embraces the being of any other person who seeks the grace of human caring, feeling and touch. **A, PR**

**By invitation. Gail D. Hinand is co-director of Women in Leadership, a project of the United Presbyterian Church. She and her spouse, Allen, have worked with groups attempting new forms of relationships.*

Father, Child, and Sex Role. Henry B. Biller. Lexington, MA: Heath Lexington Books, 1971. (193 pp; \$12.50).

*Reviewed by John Money, Ph.D. and Mark Schwartz**

Preoccupation with maternal influences on child development formerly led to a neglect of research on paternal influences. Biller presents a digest, with a 43-page bibliography, of the social-psychological literature on fathers and father-absence as related to sex-role and other development in sons. Daughters are represented to a lesser degree.

Much of the research reviewed is too trivial to permit a comprehensive theory of father-child relationships. Such a theory would require that data be subject to multivariate analysis, as seldom they have been. The influence of fathers, present or absent, cannot be accounted for in isolation from the influences of the mother, siblings, peers, racial status, economic status, native abilities, health, wars, catastrophe, and so forth.

Biller's attention to development of sex-role, which he subdivides into orientation, preference, and adoption,

is predicated on a simplistic dichotomization of traits and behavior as either male or female. The same dichotomization permeates all the experiments surveyed, with the result that sex differences are exaggerated and sex similarities are minimized. In the light of this bias it is possible to make such ostensible generalizations as that father-absent boys are less aggressive (though aggression is not operationally defined), and more sissy-like, submissive, and dependent, play fewer physical contact games, and are more dependent on peers.

Taken as a whole, this book has the flavor of an annotated bibliography. For this reason, it will interest primarily an experimental elite who need a handy index of father-role research up through the 1960s. **PR**

**by invitation. Mark Schwartz is a doctoral candidate at the Johns Hopkins University School of Hygiene and Public Health.*

Where Did I come From. Peter Mayle. Illustrated by Arthur Robins, designed by Paul Walter. Secaucus, NJ: Lyle Stuart, Inc., 1973. (44 pp.; \$5.95).

Reviewed by Lorna B. Flynn, M.A.

The first time I saw this juvenile book was on the coffee table of a childless adult friend of mine who said she'd bought it because it was the first "where did I come from" book that ever made her smile. It is a delightful book about the facts of life "without any nonsense" which will be a welcome addition to most bookshelves. Neither Arthur Robins' cartoon-like pudgy characters with genitals and pubic hair, nor Peter Mayle's text point to the beauty in sex and childbirth. But there are plenty of books around that do that.

The book covers just enough anatomy, conception, fetal development, and birth. Unlike most childbirth books, it pauses on love-making and explains it in a way that a six or seven year old can understand and an adult who's been there can acknowledge with a smile:

"When the man and the woman have been wriggling so hard you think they're both going to pop, they nearly do just that. All the rubbing up and down that's been going on ends in a tremendous big lovely shiver for both of them."

Where Did I Come From is dedicated to red-faced parents everywhere who get tongue-tied when they talk about sex with their kids. Now they can read this book with them. But parents beware: you might be able to say penis "like peanuts without a t," but unless you are from Boston you'll have one heck of a time making vagina "rhyme with liner." **C, A**

The Physician and Sexuality in Victorian America. John S. Haller and Robert M. Haller. Urbana, IL: University of Illinois Press, 1974. (303 pp.; \$10).

Reviewed by Robert C. Long, M.D.

This scholarly volume records in considerable detail the attitudes and beliefs of physicians toward middle class female morality and behavior during the last half of the 19th century. We are reminded that physicians, as authority figures and speaking in the name of science, strengthened and perpetrated the myth of male superiority-female inferiority. The importance of this is placed in proper perspective with the realization that promulgation of the myth of male superiority has legitimized discrimination against women which has persisted to the present time.

Perhaps some will not be surprised to learn that physicians in Victorian America were not only diagnosticians and healers but also acted as watchmen of morals, arbiters of fashion and judges of personal needs. As the authors state so well, doctors were actually "eloquent defenders of the status quo." Observers of the contemporary scene may wonder if the physician's self perception has changed very much in the last seventy-five years.

In describing female sexual repression in Victorian America the authors introduce a viewpoint that this reviewer has not seen before, namely that the Victorian woman sought to achieve a sort of sexual freedom by denying her sexuality by resorting to marital continence or abstinence except for procreation in an effort to keep from being considered or treated as a sex-object. Her prudery was a mask that conveniently hid her more "radical" effort to achieve freedom of person.

This is an excellent book in so many ways: well written, interesting reading, painstakingly researched, and it contains, in addition, an impressive selected bibliography. It is the best work on this subject I have read. **A, PR**

Lovers, Friends, Slaves: The Nine Male Sexual Types. Martha L. Stein. New York, NY: G. P. Putnam's Sons, 1974. (347 pp.; \$8.95).

Reviewed by Michael Phillips.

Lovers, Friends, Slaves is a catchy but deceptive title. The book is the result of covertly observing and recording the interactions of 1242 men with New York call girls. The title words describe three of the nine male role behavior patterns identified by Ms. Stein during her research.

Stein begins the book with a wonderful description of her metamorphosis from curious social worker (she holds an M.S.W.) to knowledgeable researcher who can understand and deal with sexual experiences. This part is well done, honest, and hopefully will make the whole book more valid for the lay reader.

The study is a remarkable feat of energy and determination. Aside from the emotionally draining transition Ms. Stein had to undergo personally, from sexual neophyte to sex researcher, she worked at a regular daily social worker job while collecting her data afternoons, evenings, and weekends for four years. Considering the additional preparation time, and the final writing of the book, this should be recognized as a magnificent accomplishment.

A major reason for the importance of this book is that it is based on observations of clients of call girls. The result is a strong, much needed statement about the extraordinary role of the call girl as therapist:

"Looking at the range of functions performed by the call-girl-client transactions, it becomes apparent that call-girl prostitution has been operating unrecognized as an underground sexual health service. Fifty-two percent of the clients I observed put the call girl in the position of meeting a definable therapeutic need for crisis intervention, for ventilation of problems, for the expression of suppressed desires, or for sexual counseling. Many others appeared to be using sessions with the call girl to obtain temporary relief from feelings of stress, to raise their sense of self-esteem, to restore their confidence in their own sexuality, and, by receiving all these benefits, to help them deal with the problems of middle life."

From Mr. Stein's peephole view came the following fascinating and useful descriptions which should help in counseling and sexological examination training:

"When they got into bed, the call girl would wait to see if the client would take the lead. Forty-nine percent of the men remained passive, preferring to have the call girl direct the activities. She would begin by trying to establish the clients' erotic zones, first licking his ear lobes, then moving her tongue down his neck and chest to his nipples. If he reacted to stimulation of any of these areas she would linger there. If not, she would move her mouth quickly down to his genital area and begin fellatio, experimenting with numerous various oral techniques until the client's responses told her which excited him. The men had different areas of sensitivity and liked different kinds of stimulation. Some men liked movement up and down the whole shaft, some hard, some softer. They might prefer sucking, elaborated rhythmic tongue movements, or gentle pressure. The glans of the penis were sensitive for all the men and some liked the call girl to concentrate the stimulation there. The rim of the glans, the vein on the underside of the penis, and the area where the vein meets the glans were also highly erotic for many men. Some clients preferred not to have their testicles stimulated. The call girl might stimulate the upper part of the penis with her hand. Generally, she would run her fingers along the area between the penis and the anus. If the man responded she would let one finger, lubricated with jelly kept by the bed, penetrate the man's anus. Some clients indicated or asked the call girl for analingus as well.

Once she had found the kind of stimulation the client preferred, the call girl would synchronize her movements with the rhythm of his pelvic thrusts. If the client's level of excitation continued to build and he did not interrupt her, she would bring him to climax orally. . . ."

One minor criticism is that the word "excessive" is used in a number of places. This is too judgemental a term, especially in the sex field, and should be removed in future editions.

One of my initial problems with the book was "the nine male sexual types" described on the cover and used as the key element in structuring the data (one chapter for each "type"). I am reluctant to look at human behaviors in terms of "personality" or sexual types. Stein does go overboard on this and probably feels she has found a more universal sexual behavior pattern than could be conceivably justified from observing well-to-do, middle-aged, American men with call girls. However, this is legitimate *field work* and like all good field work it presents new challenges to traditional thought. Ms. Stein has found and does describe clearly visible role behavior that men assume with call girls.

The book is a worthwhile contribution to the documentation of sexual behavior. It should also fit in with the campaign to decriminalize prostitution. **A, PR**

Female and Male: Dimensions of Human Sexuality. Elaine Pierson and William V. D'Antonio. Philadelphia: J. B. Lippincott, 1974. (349 pp.; \$8.95 cloth, \$5.95 paper).

Reviewed by Lester A. Kirkendall

The title and subtitle of this book suggest that one is about to embark on a discussion of gender roles and their new dimensions. The title and content of Chapter I, "Female and Male: He Created Them," does carry that expectation forward. The pattern of male domination-female subordination we find rests little or not at all in biology, but evolved from the struggle to survive, and a long existing socialization process. Freudian concepts derived from an outdated biology have also bolstered the outmoded male-female relationship.

The next three chapters survey intercourse from a variety of viewpoints—physiology function and dysfunction, reproduction and pleasure. Assault,

rape, prostitution, and venereal disease are discussed. The next three chapters deal with the reproductive process. I must confess a disappointment with these six chapters—not with the context, the accuracy of the material, its value, or the need for knowing it. The promise of new dimensions (or so I expected) which came across so clearly in the first chapter was quite muted in the next six. The authors did, of course, insist that sexual freedom is not an end in itself, and that concern for one's partner is the central issue in one's own satisfaction. But this has been said often.

The last three chapters deal with adolescence, pre- and nonmarital sex, and marriage. Here the authors are back exploring sexuality in ways that parallel the provocative approach of Chapter 1. How does a teenager learn who he or she is sexually and how does it differ across class and ethnic lines? What are alternate sexual life styles for adolescence? What can they expect in marriage from alternative styles? These three chapters have one clear message: ". . . young people are expecting too much too soon from sexual union."

And there is one point at which I feel the authors missed a dimension. On the book cover the publisher says, "Much care has been taken to abjure moral judgements. . . ." The writers say in the introduction, "we consider the old morality into which we were indoctrinated as quite inadequate, and less conducive to human development than we believe human beings are capable of . . . we . . . reinterpret the moral directives to enrich human life, to assure a greater degree of development for all human beings. The directive to love one's neighbor as much as one's self must mean at a minimum that the social relationship must not be exploitative." Basically isn't this what morality is all about? Here is a genuinely significant dimension; let's recognize it and put it in the text itself, not simply in the introduction.

The audience is youth in later adolescence, their teachers and parents. It is well written, but not elementary in style. **LT, A, PR**

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.).

JOURNAL REVIEWS

NEW OUTLOOK FOR THE BLIND

(Department of Information, American Foundation for the Blind, 15 West 16th Street, New York, NY 10011.)

Reviewed by Diane Brashear, M.S.W., Ph.D.

May 1974

The American Foundation for the Blind needs to be congratulated for providing this issue. Its mere printing provides comfort and legitimacy to individual efforts in developing a sex education program.

Learning about sex and how to become sexually competent in this culture requires a comprehensive understanding of sexuality as well as perception of non-verbal and verbal messages. Most sex education is covert and non-verbal, requiring visual sensory ability and a reality orientation. Visually handicapped persons are, therefore, quite likely to experience incomplete and frustrating sex education.

An article by Emerson Foulke, Ph.D. and Thomas Uhde, "Do Blind Children Need Sex Education?" points out that blind students' knowledge and attitudes about sex information clearly indicate that students with formal sex education were better informed about anatomy and the function of sex than students with no formal sex education. In the Foulke and Uhde studies, adolescent respondents reported they would turn to their best friend rather than their parents for advice about serious personal problems, including problems concerning sex.

A second article by Geraldine T. Scholl, Ph.D., "The Psycho-Social Effects of Blindness: Implications for Program Planning and Sex Education," describes dilemmas in delivering sex education and family life programs specifically to visually handicapped persons. Scholl argues for the use of real objects and live models which are used in other countries so that blind individuals can have accurate perception of body size and sex development. The

social effects of blindness may create additional barriers to that individual's obtaining full sexual expression.

David S. Torbett, Ph.D. in "A Humanistic and Realistic Approach to Sex Education for Blind Children" also underscores that blind children need full access to the sex culture which is usually available through written material.

In his article, "Starting a Sex Education Program: Guidelines for the Administrator," Derek L. Burleson, Ed.D., director of the Education and Research Service of SIECUS, suggests the school agency bears a primary responsibility for implementation of such a program.

In "The Planning and Implementation of Sex Education Programs for Visually Handicapped Children in a Residential Setting," Ruth B. Holmes, a teacher of blind children, reinforces the importance of careful planning and establishing a constructive and comprehensive program. A major contribution from her article differentiates content and curriculum suggestions from elementary through senior high level. She, as well as others in this publication, argues for concurrent evaluations of programs.

It is crucial to know that all articles pointed out the necessity of developing strategies in providing sex education programs which included teachers and parents as well as students. No sex education program in school systems and other institutions has proved as highly successful as those which began their program by involving parents and interested adults.

Several authors did point out the necessity of discussion of values. Adults have severe concerns about behavioral standards and how values can be transmitted to children in sex education programs. This is often a major area to be covered in sex education for groups of individuals who are more dependent upon formal sex education since they have less access to the general information in the culture.

Those adolescents who are attempting independence by taking on adult roles may use their sexual behavior to demonstrate their own adult role-taking ability. For example, a blind adolescent male is denied the opportunity to drive a car and to take some part-time

jobs. His last alternative may be to engage in sexual intercourse at an earlier age. This example and others suggest sexual behavior of handicapped individuals may be disproportionately important to this population as they begin to express their emancipation from parents and institutions. Another issue not mentioned is the dilemma of privacy for the blind person as his or her sexuality is expressed. Access to personal privacy is limited. In addition, totally blind individuals may have no privacy at moments when they may wish to engage in explicit sexual behaviors.

The reluctance of parents to aid and recognize the capacity of their children to develop fully as sexual beings is at the very essence of accepting this blind child as an adequate and complete human being. The best sex education for visually handicapped persons as well as others begins at birth.

THE OSTEOPATHIC PHYSICIAN

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

Reviewed by Mary S. Calderone, M.D.

May 1974

Although this issue has as its basic theme "Understanding Marriage and Divorce," several contributions consider such areas of sexuality as impotence, sexual response, and exhibitionism. Most of these simply pull together and repeat what has already been written elsewhere.

The lead article by the journal's Editor-in-Chief, J. Dudley Chapman, D.O., is titled "A Mnemonic for Managing Sexual Dysfunction." Dr. Chapman states that the material in this five page article is drawn from his forthcoming book, which in turn derives from a lecture given at the University of Michigan's School of Medicine in June of 1973.

He uses as a mnemonic the word *basics*: *b* for behavior modification, *a* for affects, *s* for sensate focus, *i* for imagery, *c* for cognition, and *s* for self-

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AUDIO-VISUAL REVIEWS

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

Your Changing Body—A Guided Self-Exploration. Two tape cassettes, 16 page guide for parents and teachers, vinyl case. Institute for the Development of Creative Child Care, 927 Bemis, S.C., Grand Rapids, MI 49506. Price: \$18.

Visually handicapped young people face unique problems with the onset of physical changes at puberty for the obvious reason that they do not have the constant visual feedback of seeing their own bodies and those of their peers gradually mature. They are less likely to have opportunities to seek out information independently through reading and visual images in magazines and films than do sighted youngsters. Yet visually impaired boys and girls do grow up; they do receive exposure to a host of sexual messages through radio and television and other mass media. How do they interpret them, integrate them into their own life space? The staff of the Association for the Blind and Sight Conversation in Grand Rapids, Michigan have courageously wrestled with such problems and recognized the potential of the audio tape cassette as a medium for transmitting basic information to blind youngsters about physical changes in puberty. Pat Allen and LeeAnn Lipke, the creators of the cassette, have wisely combined the audio message with specific instructions to the student to tactilely explore his or her own body from head to toe while listening to the cassette in the privacy of one's bedroom. Two cassettes are included in the program, one with sex slang terminology, the other without. This decision, while necessarily raising the cost of the program, was obviously made to avoid offending the sensibilities of those who find sexual slang in educational materials inappropriate. This is a realistic compromise in marketing educational material at this time. Students are asked to listen to the body exploration sequence of the opposite sex as well as participate in the relaxation exercises and body exploration of their own. The guide for parents and teachers provides a short but clear

explanation of the purposes of the program and includes such helpful aids as a sample letter to be sent home to parents enlisting their cooperation and a student feedback sheet that can be reproduced in large type or braille and on which students can write questions or comments about the experience of personal body exploration. There is also a brief bibliography of further reading materials. While this program deals only with basic information about physical growth and development, it is a giant step forward in the recognition of the needs of visually impaired young people.

No Lies. 16 mm sound/color, 16 min. Phoenix Films Inc. 470 Park Avenue South, New York, NY 10016. Price: \$250; Rental: \$25.

The subject of this film is rape. By the end of the film you will be tied up in emotional knots, not because of any explicit violence you will see, nor because of any dramatic courtroom scenes between the prosecution and the defense, but because you will vicariously experience the full emotional impact of what it means to be raped through an extraordinary interview with the rape victim herself.

No Lies uses an ingenious "sleeper" effect technique to pull you into the subject. What starts out as a rather crude home movie of a film student photographing a young woman putting on her makeup as she prepares to go out to a movie with friends, turns into a devastating revelation of the torment of the woman who had been raped a week previously. The rape is revealed in a casual comment during small talk with the camera-as-interviewer.

Gradually the probing questioning of the camera begins to unmask the defenses the woman has mustered to help herself cope with the horrible incident. The emotional tension builds and the woman verbally lashes back at the camera with the statement, "You will never know what rape is." And this is true for

most viewers, but the powerful technique can't help but build a social consciousness that will lead to more sensitive and humane treatment of rape victims. This is a disturbing and emotionally upsetting movie. Group discussion is essential as a catharsis for the anger it will arouse. Highly recommended for college audiences, women's groups, and adult education programs.

Physiological Responses of The Sexually Stimulated Female in the Laboratory. 15 min., 16 mm sound/color. Focus International, Inc., 505 West End Avenue, New York, NY 10024. Price: \$290.

Reviewed by Mary S. Calderone, M.D.

This teaching film by Gorm Wagner, M.D., was produced at the Institute of Medical Physiology of the University of Copenhagen by C. Hartkopp and E. Preisler Productions. The specific intention of its makers was to demonstrate for professional audiences the variety of phenomena associated with female orgasm, as described primarily by Masters and Johnson.

Although similar film footage may exist with Masters and Johnson, the fact is that none has been available for teaching purposes to medical and other health professions. This film is welcome because of its outstanding excellence, successfully illustrating the vagina and external genitalia in pre-, intra-, and post-orgasmic stages. Vaginal lubrication, changes in vaginal size, conformation, including the "tenting effect," and color, time duration of orgasm, effects on heartbeat and rate, the skin flush, breast changes, bodily and muscular contractions—all of these are successfully visualized in the film.

A narration script accompanies the film so that instructors can easily point out to students what they should be looking for.

The intention of the producers is to follow this valuable film with a counterpart on male response and orgasm.

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The Male Transvestite. 54 min., audio cassette. Confide Counseling Services, Inc., Box 56, Tappan, New York 10983. Price: \$12.

Reviewed by Paul A. Walker, M.A.* and John Money, Ph.D.

This audio cassette is designed for use by transvestites, their families, their counselors, and for advanced workshops and courses in sex education. The tape which is extensive in coverage and potentially useful for public education, is unfortunately misleading on at least two points.

A question and answer format, utilizing actors portraying transvestites and their families, and two therapists, Garrett Openheimer and Fae Robin, covers questions of definition, etiology, therapy, the social religious and legal aspects, and psychiatric status of transvestism. No claim as to any one etiological factor is made. Multiple causative factors are suggested with well chosen case materials for illustration. Therapies likewise are discussed without unnecessarily rejecting or approving any one approach. *Man and Woman, Boy and Girl* by John Money and Anke Ehrhardt is referenced repeatedly during this discussion.

Following a fairly accurate differential definition of transvestism and transsexualism, confusion between the two ensues. Estrogen therapy and silicone breast implants are discussed as appropriate for the transvestite. Such treatments, especially for the heterosexually married transvestite, most certainly are not usually appropriate. A second erroneous and potentially dangerous impression given by the tape is that most transvestites are erotically reliant on discipline and bondage. Such an impression is unfair to that majority of transvestites who are not discipline and bondage oriented.

*By invitation. Paul Walker is a research psychologist at the Johns Hopkins University School of Medicine.

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image. He discusses each of these in an interesting way, applying them to situations in which the physician may find him- or herself counseling on various sexual problems. He has a knack for bringing out new aspects of already familiar materials: "If we each were to

be involved sexually with 10 different people, sensate focus would still be a whole new exercise with each person because each person desires to be touched in a different way and probably each of us desires to be touched differently from day to day."

He recommends for patients reading materials which are interesting for their not being on most reading lists. These include some that he says might fall into the "dirty" books category, but, along with many other marriage counselors, he is recognizing the important role that encouragement of fantasy can play in the maintenance of interest in sex in his patients.

The article's musing approach would lead the therapist away from what might have become a rather cut and dried approach and toward the realization that, just as his or her patients may be seeking help in expressing their sexuality creatively, so the therapist can also benefit by new approaches and insights that can infuse his or her work with a new breath of life.

ARCHIVES OF SEXUAL BEHAVIOR

(Plenum Publishing Corporation, 227 West 17 Street, New York, NY 10011.)

Reviewed by E. James Lieberman, M.D.

January 1974

This, the first of six issues for the current year (*Archives* had been a quarterly, includes five articles and a brief book review.

Parental Background of Male Homosexuals and Heterosexuals. Marvin Siegelman, Ph.D.

The author recruited male homosexuals from nonclinical contexts; he divided them and a comparison group of heterosexuals according to neuroticism. While the total sample of homosexuals described parents as more rejecting, and fathers more distant than did the heterosexuals, the difference disappeared when neuroticism was controlled. The study challenges the assumption that parental, especially maternal, behavior is crucial in determining sexual orientation.

Nocturnal Penile Tumescence and Sleep of Convicted Rapists and other Prisoners. Ismet Karacan et al.

This is an interesting if somewhat inconclusive study. The hypothesis: That rapists would have less mature NPT patterns. It was confirmed, but other prisoners showed the same pattern as controls.

Sexuality and Educational Level of Women with Late-treated Adrenogenital Syndrome. Arye Lev-Ran.

The paper reports on 18 Russian women with untreated adrenogenital syndrome. A high educational (?I.Q.) level and increased libido corroborates earlier studies of women subject to increased prenatal androgen levels. In this group, however, there was no homosexual activity or dreaming.

Transsexuals: Legal Considerations.

John P. Holloway.

Holloway's major article includes guidelines for assuring informed consent. This includes "recognition by the patient that this procedure will not change or alter his or her anatomical sex and that it is being requested and consented to solely to prevent deterioration of the patient's mental health."

Fetal Hormones, the Brain and Human Sex Differences: A Heuristic, Integrative Review of Recent Literature. June Reinisch.

The review of the literature in a 40 page article concludes that hormonal effects are present but of limited and diffuse influence on brain and behavior.

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 and staff can be found on the back cover of the *SIECUS Report*. Identification of former Board members follows:

John Money, Ph.D., Professor of Medical Psychology, Johns Hopkins University, Baltimore, Maryland.

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At the same time, there were more than half a million cases of venereal disease reported among young people.

It is estimated that over half the nation's teenagers will become sexually active before they finish high school.

In addition to sex education, it is obvious that much remains to be done in regard to contraceptive education and the availability of contraceptive services to minors. Almost all major health organizations (SIECUS, AMA, ACOG, ACFP, APHA, and AAP) have adopted policy positions which support these goals. Specifically, it is the position of SIECUS that:

Contraceptive services should be available to all—including minors who should enjoy the same rights of free and independent access to medical contraceptive care as do others. While the availability of contraceptive services will not alone resolve the complexities of adolescent sexual behavior, it remains nevertheless a necessary component of overall sexual health care.

An equally important aspect of sexual health is its restoration through appropriate sexual therapy where sexual dysfunction exists. The incidence of sexual dysfunction is high. It has been estimated that less than half of all Americans lead sex lives which they consider satisfactory. This dissatisfaction is often reflected in a variety of physical and psychological symptoms: fatigue, pelvic pain, depression, low back pain, headache, and hyperacidity with or without ulcer formation. There is general agreement that sexual conflict can be an important component of psychosomatic syndromes, all of which emphasizes again and again the intimate and inseparable relationship between sexual health and total health.

It is important to understand how often problems encountered in the field of human sexuality may be manifestations of marital dysfunctions. The obverse is also true. In any case, Lief has reported that 75% of the married couples who seek counseling at the University of Pennsylvania's Marriage Council of Philadelphia have a significant sexual problem. In 15% of the total cases, a sexual problem is the primary cause of the marital problem. No sexual dysfunction within marriage is the problem of one person alone. As Masters and Johnson have aptly stated, "There is no such thing as an uninvolved partner in any marriage in which there is some form of sexual inadequacy."

Having established the great need for marital-sexual therapy, the question now arises, to whom shall the couple turn

for help? For many years, help has been sought from physicians, marriage counselors, ministers, and clinical psychologists. More recently, sex therapy clinics, some modeled on modifications of the work of Masters and Johnson and others organized around an eclectic approach, have sprung up across the country, primarily in some of the major medical centers. Regardless of the course, quality of care varies greatly, primarily because until recently so little has been known about the sexual response system, and opportunities for formal institutional training have been few.

Dramatic changes have occurred in medical education in the last decade in regard to the preparation of the physician for marital and sexual counseling. Whereas in 1961, only 3 of 82 medical schools offered courses in human sexuality, today 105 programs have been identified in the 114 medical schools in the United States. This augurs well for the future, not only because of the availability of large numbers of trained personnel, but also because the primary care physician is so uniquely positioned to carry out preventive counseling and to intervene to prevent a self-perpetuating cycle of sexual anxiety and dysfunction. Physicians see patients at every stage of life from earliest childhood to old age and each encounter furnishes opportunities to provide appropriate information, prevention, or therapy on the varieties of normal sexual development and behavior.

The emerging concept of sexual health care with all of its fascinating complexities is a valid concept indeed. All that remains is that it become, as did family planning ultimately, recognized as an essential part of total health care and therefore of responsible medical practice. The physical, mental, and social components of sexual health care must, and in time will, become integrated into total health care, preventative as well as therapeutic, and subject to the same financial support systems as other forms of health care.

The May 1974 edition of SIECUS Report included ten important position statements as adopted by the SIECUS Board of Directors at its October 1973 meeting. We believe that these position statements will form a major part of the next decade's direction for our organization. The SIECUS Report is asking members of the Board to expand on some of these statements in the lead articles for the new volume year. Single sheet reprints of the SIECUS Position Statements are available from SIECUS' office, 1855 Broadway, New York, NY 10023. Please enclose a self-addressed stamped envelope.—Ed.

Continued from page 2

Traditionally women have not been considered to be complete without motherhood—"woman's crowning glory." This is surely a more complex situation in today's situation. I don't think that the motherhood drive is so strong that it will overcome the desires of today's professional and creative women to remain active individuals in society's mainstream. Reliable birth control means that a woman does not have to become a mother. Will more women choose to be non-parents? And as more and more women seek professional training and to fulfill themselves as individuals through careers, will society's barriers steadfastly remain? I think that the result could well be that more and more talented women will choose to remain childless and not put up with the hassles which confront women like myself. And wouldn't that be a sad state of affairs! These women have so many special things to offer children. Studies have shown that it

isn't the amount of mothering a child receives that make the crucial difference to the child, but the quality of mothering. It is obvious that this quality must derive from a number of factors: the mother's sense of adequacy as a woman, her self image as a productive person, her satisfaction in all aspects of her life. Society needs to take that into account so that parenting and job satisfaction and development of human potential are mutually reinforcing rather than exclusive. This is what is meant by total sexuality—whether of the mother or of the father—as my husband and I are discovering.

If society is at all concerned with bettering humankind, it had better make sure that its creative and talented women don't all decide that motherhood is not for them because society itself makes it too restricting and prohibiting. Motherhood could become a self-selecting occupation for martyrs—an attitude hardly beneficial to children.

—Lorna Flynn, M.A.

an invitation to become an Associate of SIECUS

As SIECUS moves increasingly into areas of broad public concern the Board of Directors invites all of our supporters to join with us as SIECUS Associates. As an Associate you will be joining with more than one thousand professionals in the field of sexuality working towards a mature and rational society in which sexuality will take its rightful place as a natural and positive force in human life.

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