

DEALING WITH THE LAST TABOO

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Back in 1970, sex research historian Edward Brecher predicted that, after the homosexual taboo began to break down, incest as the last social taboo would soon follow suit. At a meeting of the Society for the Scientific Study of Sex a few months later, Mary Calderone, Wardell Pomeroy, Albert Ellis, and I discussed Ed's prediction. We agreed about the following points with respect to incest:

1. The taboo has prevented scientific investigation of incest.
2. Lacking scientific investigation, we are reduced to relying on the results of a few clinical or criminal cases for our knowledge of the subject.
3. Clinical and criminal cases are seldom if ever representative of a universe of human behavior.
4. The reported criminal and clinical cases tend to support moral and religious pronouncements with respect to incest.
5. No researcher has yet had the guts to find out what is really happening.

As an example of this final point, the Institute for Sex Research, while undertaking the famous Kinsey studies of human sexuality, inadvertently gathered what was to remain for many years the largest data base with respect to incest ever brought together in one study—a data base that included a broad range of society and that was not restricted to people in therapy or in prison. So far this material remains unpublished by the Institute, on the basis that "the population is not ready for it." Translation: the data suggest that some practitioners of incest have not been horribly damaged by their experience.

Eight years have passed since that conversation at the SSSS meeting and Brecher's prediction may be coming to pass, for today we have an unprecedented wave of new books on incest, articles on incest, and even television programs and movies on incest, with more to come. Unfortunately, the books published to date add little to what we already know about the subject. We are in roughly the same position today regarding incest as we were a hundred years ago with respect to our fear of masturbation.

In the post-Civil War era there was a mighty hue and cry

about the "crime against nature"—masturbation—and its heinous effects on children. Prominent among these reputed effects were insanity and/or a life of crime. So-called scientific proof for these assertions was forthcoming from simpleminded nose-counting in prisons and insane asylums. The researcher asked for a show of hands—"How many of you inmates have ever masturbated?" Of course the response was well above 90%, thus proving the effect of masturbation beyond question! How lucky for us all that the researchers did not ask the inmates how many of them had ever had intercourse. Not until the Kinsey studies showed that 92% of the population masturbates at one time or another were we reluctantly forced to abandon the notion that masturbation automatically leads to various and sundry dire consequences.

Is there a parallel regarding incest? Everybody "knows" incest has been taboo in every society since time began. This assertion is repeated over and over again by people who write books and articles without doing their homework first. Incest is not and has not been taboo in every society. It is in fact one of the most recent crimes to enter the English criminal law calendar, an event which took place in 1908. To this day incest between *bastard* relations is not criminal in Scotland, nor is intercourse between uncle and niece incestuous in England, or for that matter, in Rhode Island.

Some authors may have been confused because they did not carefully check what was considered incest in a particular society. In the Trobriand Islands, for example, a girl who has intercourse with her mother's brother is committing incest, whereas if she has intercourse with her father she is not committing incest. In the southern island of Japan, incest has been accepted for centuries, and occurs today. Thus there is some question about the extent to which incest is taboo. There is even more question about what actually constitutes incest.

Some legal definitions restrict incest to intercourse. Others include varying degrees of sexual involvement and some include such vague definitions as carnal knowledge, which could be interpreted to include changing clothes or even some harmless activity while fully clothed. Further-

more, the law in some states forbids contact not only between relatives, but between those who are not blood-related at all, such as in-laws or step-kin. To say the least, the situation is confusing. Like many other laws in the area of personal morality, those dealing with incest seem overly vague and overly harsh.

Over the years it has been shown again and again that the harmful effects on the family brought about by official recognition and punishment of incest were more serious than the effects of the incest itself (Gerchow, 1965; Miller, 1926; Mittermaier, 1906). Many professionals who discover incest in the course of their work with families are careful not to make an issue of it. If they feel that one party to the incest is being grossly taken advantage of, then they find some other reason to remove that person from the situation, for they know that to make an issue of the incest is primarily to punish the victim, since our court system will either remove the child from its home or incarcerate the adult. In either case the victim not only bears the guilt of having broken up the family, but may also be "sent away" to a foster home or to an institution.

If incest occurred only at the instigation of mentally and emotionally disturbed individuals, there might be sufficient justification for legal action despite the likelihood of breaking up the family and punishing the victim. But the evidence suggests that incest, while deviant insofar as it goes against the prevailing norms of society, is not usually psychopathological. As early as 1936, Sonden showed that incest seldom has anything to do with sexually "perverse" behavior. Schwab (1938) gave a figure of 3% for perversions, according to Maisch (1972). It is noteworthy that adultery, another "deviant" behavior that was often punished by death only a hundred years ago, is still illegal (and still punished by death if you are a woman in Saudi Arabia) but is no longer regarded with the same highly charged negativism as the "sick" behavior of incest.

There is no question but that those individuals who use extreme coercion, violence, or rape in the commission of incest should be summarily punished. The problem arises when incest is automatically equated with rape and violence although we know that this is generally not a proper analogy.

In a recent article Cohen (1978) discusses the gradual withering away of the incest taboo. He examines the various explanations for the existence of the taboo and finds them all wanting, including the biological one. He then suggests that there has been a trend away from the incest taboo for several thousand years because the economic necessity on which it was based has become less meaningful as societies have become more complex. When we arrange societies on a continuum of complexity from least to most complex we find an inverse relationship between degree of complexity and number of people who fall under the incest taboo—the greater the complexity, the fewer tabooed.

Cohen's argument is economic: the need to trade externally was so strong in simple societies that an entire village might come under the incest taboo; in later, more structured groups it was only clan incest that was tabooed, and so on until in modern, highly complex societies the need appears to have given way to custom.

The current activity in Sweden tends to support Cohen's argument. There it was found that there has been intermarriage without adverse effects. In one case a brother-sister couple were prosecuted but on appeal their case for continu-

ing their marriage was upheld on the grounds that they did not know they were related when they married. The Swedish Parliament is expected to abolish the incest laws in Sweden, on the recommendation of the minister of justice and the committee he appointed to look into the matter. It is assumed that existing laws against child abuse will take care of those few instances in which violence, extreme coercion, or rape occur, and that in other instances psychological deterrents to incest are stronger than legal ones anyway.

The Law Reform Commission of Canada in a 1978 report to Parliament has made a similar recommendation—one, however, that does not go as far. It has recommended that incest between consenting adults no longer be considered an offense. As Maisch (1972) said:

The variable nature of the legal treatment of incest reflects not only the uncertainty of official attitudes toward the "crime" but also dependence upon culture and epoch and uncertainty about the punishable nature of, and the aim of guarding against the "crime." The basic motivation of today's laws will withstand neither critical nor empirical testing by the medical and behavioral sciences. They appear to be a kind of ingrained prejudice.

What about the biological argument against incest? Even if the person who instigates incest is not mentally or emotionally deranged, what of the possibility that genetically defective children might result from incest? In the early part of the century this argument was dismissed, based on studies in Sweden, Germany, and the United States. In 1955 Weinberg reminded us that brother-sister marriages in Egypt and among the Inca resulted in no degeneration over as many as 14 generations. Stern (1960) claimed that human geneticists

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SIECUS REPORT

Volume VII, Number 5

May 1979

The *SIECUS Report* is published bimonthly. Subscriptions are sold on a volume basis only, with volumes beginning in September.

Subscription rates: Individual, \$10 for one year; Canadian and foreign, \$14. Institutional, \$20; Canadian and foreign, \$24. Single copies of any issue, \$2.

Queries about subscriptions and delivery should be sent to Human Sciences Press, 72 Fifth Avenue, New York, NY 10011 (overseas office: 3 Henrietta Street, London, England WC2E 8LU). Editorial queries should be sent to SIECUS at the address below.

SIECUS Report is available on microfilm from University Microfilms, 300 North Zeeb Road, Ann Arbor, MI 48106.

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Library of Congress catalog card number 72-627361

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SPEAKING OUT

Analysis + Reportage \neq Advocacy

Much is heard today about the low level of general education in young people—low especially in the basic skills of reading and reading comprehension. With regard to the latter, there is a related failure factor in the general *adult* population, a failure to understand the scientific methodology that, reduced to simplest terms, consists of a process: choice and identification of a population group to be studied, what you want to find out about it, and how you are going to go about this finding out. Do it. Report the results. Analyze and discuss these. Draw whatever conclusions are justified. Get it all published. Period. Beating the drums for your own conclusions is not smiled upon. Rather, their acceptance or rejection, whether enthusiastic or cautious, is best left to your peers.

Magazine-type studies are rife today: a questionnaire will go out or be published, with many questions almost inevitably introducing bias. Self-selection by subjects responding may surely introduce more bias, but results will be reported. Research that stands up? Sometimes, but not always. But the general public, unfamiliar with valid research methodology, swallows the results whole.

Sex research carries a double hazard—the above, plus the discomfort of the topic for most people, arousing anger, prejudices, and resistance. When the first Kinsey (male) study came out a storm arose: the public simply would not believe the figures on extramarital sex, homosexual behavior, masturbation. But it was as nothing to the storm that swept up with the second (female) study. People believed these figures even less, and Kinsey and his colleagues were berated for peering into things they had no business peering into (voyeurism), and for telling about what they found (pornography, libel of innocent womanhood). Further, because the re-

searchers did not condemn, they were accused of *advocating* the sexual behaviors they had described, A to Z, in their two studies.

The scientific method puts on all of us the obligation to react objectively to evidence and data. In this process of reacting, we should remind ourselves that analysis plus reportage does *not* equal advocacy. The editors of the *SIECUS Report*, aware that the topic of incest is currently being dealt with in many books and journal articles, asked Dr. James Ramey to discuss the subject in this issue's lead article. It is evident that what Ramey is *reporting* is the present situation in which a number of conclusions about the effects of incest have been drawn on the basis of insufficient or nonexistent data. What he is *advocating* is adequate and properly conducted research to find out the true facts about incest and its effects. In the absence of such research, to take for granted that the results will show up either as positive or negative is unwarranted and, either way, can in the absence of hard data be of genuine harm.

We believe that Dr. Ramey's article is an excellent interim report on a troubling subject, clearing the decks, as it were, of the kind of preconceptions and concerns that can so often obscure the really important issues. What are *not* needed in the field of sexuality are hysteria and fear. What is *most* needed is a calm, rational approach based on evidence arising out of sound research. Only in this way can the truth about incest be established and integrated into our whole comprehension of sexual behavior.

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DO YOU KNOW THAT...

Forum for Older Women

The National Action Forum for Older Women was recently organized to establish a network and central resource exchange for all people with interests in the issues which impact on women in mid and late life. To obtain brochures describing in detail the philosophy and goals of the organization, write to Nancy King, co-director, NAFOW Social Research, Policy and Practice Exchange, Center on Aging, University of Maryland, College Park, MD 20742; or Jane Porcino, co-director, NAFOW Physical and Mental Health Exchange, School of Allied Health Professions, Health Sciences Center, State University of New York, Stony Brook, NY 11794.

Resources to Write for . . .

Fundamentals of Human Sexuality, 1st edition, 1972, by Herant A. Katchadourian and Donald T. Lunde, is available from the Robert E. Krieger Publishing Co., P.O. Box 542, Huntington, NY 11743, at a cost of \$2.95 for single copies (plus 50¢ postage), or at \$1 each for 25 copies (plus \$6.00 postage). Although there is now a revised edition of this text, the original version remains a sound, useful resource, and the low bulk price may be helpful for groups operating with a limited resource budget.

Perceptions, the newsletter of the Association for Children with Learning Disabilities, contains practical advice on how to work for and with brain-injured children; information about relevant new programs, research, and laws; and book reviews. The yearly subscription rate for eight issues is \$12.00. Write to Perceptions, Inc., P.O. Box 142, Millburn, NJ 07041.

LEGAL BRIEFS

"Legal Briefs" is prepared by Ralph Slovenko, LL.B., Ph.D., Professor of Law and Psychiatry, Wayne State University Law School, Detroit, Mich.

Incest

All 50 of the United States outlaw incestuous sexual relationships, whether marital or nonmarital. The severity of the prohibition set out in the criminal law—penalties ranging from 1 to 10 or 20 years in prison—is linked to the degree of the relationship. Incest as a crime is generally defined in the United States much more broadly than in other countries. The legal prohibition on incest in other countries has tended to contract with the diminishing size of the family unit. On the other hand, many states in the U.S. have enlarged the prohibited degrees of relationships to add to the father-daughter, mother-son, and brother-sister relationships those of grandparent-grandchild, uncle-niece, aunt-nephew, and first cousins. (Some new criminal codes of several states now specify that there be actual knowledge of the relationship, a minor change in the law giving protection in the unusual case, as when orphaned children meet for the first time as adults without knowledge of their kinship.) In some societies cousins may marry, and often do, even though the inbreeding could result in physically unattractive or otherwise undesirable offspring by the emergence of recessive genetic characteristics. One notable historic example, well documented, is the Hapsburg family's physical and mental abnormalities. Then again, Cleopatra was the offspring of a brother-sister marriage, yet was reputedly as perfect a specimen of the human race as could be found in any age or class of society.

Largely because of the stigma and secrecy surrounding incest, accurate statistics on its incidence are not available. Paul Gebhard and associates in a survey carried out in 1965 estimated that 3.9% of the average population in the United States had experienced incest and that 13.1% of a prison population had (Gebhard et al., 1965). The incidence in the U.S. of reported incest in relation to the total number of sex offenses is approximately 3%. According to much of the literature, father-daughter incest is the most common, brother-sister the next, with mother-son least common. Gebhard and associates, however, indicate that brother-sister incest is about five times as common as father-daughter incest. In the majority of cases the girl is at puberty when the incest begins, and it tends to be protracted over a period of years rather than episodic. There is often enough psychological distance between a father and daughter to allow an attraction of the same type as is found to arise between strangers, while there is at the same time sufficient closeness between them to enable them to know each other well. Mother-son incest, on the other hand, resembles a return to the womb, and so rarely occurs, law or no law. Furthermore, it would tend to rupture a basic nurturing relationship by converting it into a romantic one.

While broad, the incest laws in many states do not cover nonconsanguineous sexual relationships as between step- or

adoptive parents and their children. As formulated, incest laws seem to be primarily based on the hypothesis of harmful biological effects and a consequent concern for the production of defective progeny. Thus the step- or adoptive parent relationship has not been seriously considered under the incest law. Many of the statutes were enacted prior to the time when a 50% divorce rate had made the step- or adoptive parent situation common. A few states, though, do forbid sexual intercourse between father and stepdaughter, mother and stepson, or brother-in-law and sister-in-law. (An analysis of the various states' statutory responses and a summary-reference chart including the prohibited conduct and relationships are presented in Daugherty, 1978.) As a matter of actual incidence, the sex act occurs far more frequently between father and stepdaughter than between natural father and child. The problems related to incest seem to be less morbid in the step- relationship. In any case, the stepfather is subject to prosecution under laws against contributing to the delinquency of a minor or against child molestation.

When a girl is underage, an act constituting incest may overlap statutory rape. The crime is rape when the act is by force [*People v. Lipski*, 328 Mich. 194, 43 N.W.2d 327 (1950)]. Should incest itself be considered a crime? Some favor decriminalization or that it be dealt with in family courts (Eekelaar & Katz, 1978, chap. 34). Incest as an indictable offense did not exist at common law, it being considered that church sanctions were sufficient. A common finding in cases of incest is that one or both partners is psychotic and, should the individual be institutionalized, it should be in a hospital, not a prison. There are also many cases of incest, notably among black families, where the mother is away from home during the day, the father is unemployed and is on drugs or alcohol, and he initiates an intimacy with the daughter. When an occurrence of incest comes to the attention of the district attorney, the offender is sometimes placed in a "criminally insane unit" on the ground that he is "not competent to stand trial." More often than not, however, the district attorney shuts his eye to the criminal law and, although this is beyond his official jurisdiction, seeks to have the offender civilly committed to a mental hospital. In the internal political hierarchy of a prison, the incest offender is generally considered a "patsy" and is used as a sexual object as well as being exploited in other ways.

Incestuous sex crimes, particularly when the father or mother lives in the same home with the girl, pose difficult problems for law enforcement officers and social workers. Verification of an allegation of incest is not easy. Freud in his analysis of Dora encountered difficulties in separating accusations based on fact from fantasies and falsehoods. The failure to recognize a child's fabrications as such can subject the family to unnecessary and troublesome legal action. On the other hand, failure to recognize the falsity of a victim's retraction of her previous allegation of incest can leave her in danger of further abuse.

The cessation of an incestuous relationship or the discovery of it is more likely to precipitate a traumatic crisis than the incest itself. Police preventive measures are almost impossible, and it is often necessary to remove the girl from the home to prevent violence. The mother may also be in danger, for her husband may retaliate physically if she reports him to the police. Court action hardly ever solves the problem, since a jail sentence serves only to remove the offending parent on a temporary basis, and the underlying problem which manifested itself in the incestuous behavior still remains. Also, there is trauma for the child in going to court. It often takes months or years for disposition of the case and she must repeat her story many times. Then, if the offender is convicted or sent to jail, nothing much has really been accomplished—all parties are injured psychologically and perhaps even physically. The *threat* of punishment, however, that may actually hang over an individual may deter the offensive behavior, or may encourage counseling with positive results. Once incest is disclosed, individuals who would not actively seek counseling seem to welcome the opportunity and usually continue counseling after probation has ended.

One law commentator, who sees no compelling reason why sexual experiments between brothers and sisters (though hardly to be encouraged) should lead to criminal proceedings, suggests that the law of criminal incest might be abolished as such and replaced by a law of "sexual abuse of authority," which would extend not merely to parents, but also to teachers and other persons in charge of young people (Honoré, 1978). There are indeed already countries, such as France and Belgium, in which incest is not a crime but where abuse of authority is punishable. If this policy is accepted, it would not necessarily lead to any change in the law, there being already many criminal statutes governing these sexual relations, but it might shift the focus of attention.

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DO YOU KNOW THAT...

Fourth World Congress of Sexology

The Fourth World Congress of Sexology will be held in Mexico City on December 16–21, 1979, with SIECUS again serving as one of the sponsoring organizations. The professional participation in the previous Congresses held in Paris (1974), Montreal (1976), and Rome (1978) indicated the intense interest around the world in the field of sexology. The Fifth Congress is already scheduled to take place in 1981 in Jerusalem.

Representing SIECUS, Dr. Mary S. Calderone went to Mexico City in December 1978 to meet with the organizing committee for the Fourth Congress. A number of papers have already been received, dealing with several of the approximately 40 topics being covered which include: sexology, the church, and the politicians; sexology in countries around the world; disease and the hyposexual effects of therapeutic drugs; human sexual response: the state of the art; ethical aspects on the issue of normality; bisexuality; sexual variation; surgery and sexuality; anthropology and sexuality; publicity and sexuality; and childhood sexuality. A series of courses and workshops will be offered during the week before the Congress. There will be ample space and facilities for exhibits, and excellent audio-visual facilities.

The social program is being carefully planned for those accompanying the participants and speakers. Mexico is rich in lore, in historic pyramids and temples, sculptures and ceramics, relics of the ancient civilizations. There are also beautiful Mexican handicrafts in museums and in marketplaces. During the Congress special programs for children and young people will be planned, and a fascinating series of pre- and post-Congress tours is being outlined. According to

Dr. Calderone, the weather in the area at that time of year is mild, sunny, and dry during the day, cool at night.

This upcoming Congress in Mexico City will give professionals across the United States an excellent opportunity to meet new colleagues in the field from the Latin American and Caribbean countries. For detailed information about presenting a paper and/or attending, write without delay to Dr. Juan Luis Alvarez-Gayou, President of the Organizing Committee, Fourth World Congress of Sexology, Apdo. Postal 61-057, Cd. de México, México.

Research Project

Ron Mazur is seeking the names and locations of sexuality educators, counselors, therapists, or researchers who work extensively with *small groups*. The goals may be general education, personal/relational enrichment, therapy, or training, and the settings may be clinical, academic, agency/institutional, or private practice, as long as the modality involves small groups. Persons engaged in such work in the area of human sexuality who are willing to consider responding to a written survey instrument are asked to write to Ron Mazur, University Health Services, University of Massachusetts, Amherst, MA 01003.

Conference on Adolescent Sexuality

The College of Family and Consumer Studies and the Office of Continuing Education at the University of Guelph are sponsoring a conference entitled "Adolescent Sexuality: A Need for Education and Understanding" at the university, on June 11–13, 1979. Of interest to teachers, health professionals, and social workers, the conference will deal with such issues as birth control, pregnancy, and sex education. For further details write to Office of Continuing Education, University of Guelph, Guelph, Ontario N1G 2W1, Canada.

Last Taboo, Continued from page 2

were generally agreed that incest or inbreeding in itself caused no inherited damage to offspring.

More recent studies have cast some doubt on the matter. Schull and Neel (1965) studied cousin marriages in Japan and found a significant increase in defects as the degree of relationship became closer. Adams and Neel (1967) matched 18 incestuous mothers with nonincestuous mothers and found that at age 6 months only 7 of the 18 incestuous children, born of father-daughter or brother-sister marriages, were normal, as compared to 15 of the 18 control babies. Five of the incestuously begotten babies were dead. While the selective nature of these samples throws considerable doubt on their results, the controversy over the biological impact of inbreeding is certainly not settled. Fortunately, as far we know, very few cases of incest involve offspring.

Everything I have said so far, all based on the work of experts over the years, has related to the impact of incest on people involved with the medical or criminal justice systems. We have seen that even with this unrepresentative sample, our attitudes toward incest have been called into question. The problem is much larger than this, however. What is lacking is the realization that only a small proportion of the population involved in incest actually reaches the medical/therapy and/or criminal justice systems, and those who do so are hardly typical of the population as a whole. What about all those other people who practice incest but do not come to the notice of therapists or the courts? Current books (several of which are reviewed in this issue of the *SIECUS Report*), like many which have come before them, suggest that the effect of incest is to ruin the lives of many of those involved. One of the authors reviewed in this issue quotes unnamed sources estimating that 25,000,000 American women have been "sexually abused" by their fathers. Note the term used—not "incest" but "sexual abuse." Since this author (Armstrong, 1978) equates incest with permanent damage to the victim, she is therefore suggesting that 25 million women, more than the entire population of individuals considered to have mental health problems, have been permanently damaged by incest. Note also that she is speaking only of father-daughter incest, which is not by a long shot the most prevalent type of incest. Thus if we assume that more than 25 million women have been permanently damaged by brother-sister incest, the most prevalent type, we are being asked to believe that one out of every two American women is so damaged! But perhaps Ms. Armstrong does not consider brother-sister incest permanently damaging. Could it have escaped this author, and others, that incest does not have the same impact on *all* participants? Or that the relationship and ages, the time and place, the circumstances, and the type of behavior involved may give rise to variations in the effects of incest?

Several authors concur with the observation of Walters (1975) that "many girls are, in the truest sense of the word, their fathers' lovers. Many have the same type of relationship that adults have, and some resent community intervention, and are difficult to work with, particularly when professionals carry over a cultural bias that incest is wrong and that by definition the girls should resent it." When speaking of family pressure on the child not to testify in court we often ignore those instances in which incest victims flatly refuse to cooperate against a love partner. In such cases these individuals and their families often appear happy and well adjusted despite the incest—which was usually brought to the atten-

tion of the authorities by a third party. It seems probable, if such evidence is available, based on the small percentage of incest situations that actually make their way into clinical and criminal files, that that portion of the incest iceberg lying under the surface may bear even less resemblance to the portion that gets to the couch or the bench, despite what most authors suggest.

If masturbation and homosexuality have proven to cover such a broad spectrum of behaviors and effects as to have little or no influence on most of their practitioners' lives as a whole, what about incest? For a few people masturbation may be highly significant, just as for some homosexuality is an important life determinant. But this is not true for the *majority* in either case. Incest may be more likely to have an effect than masturbation but less likely to have an effect than homosexuality, since it usually involves only a small portion of the childhood years, whereas homosexuality generally continues throughout life. We will not know the answers until we have conducted longitudinal randomized studies covering incestuous relationships that have never come to social, therapeutic, or legal attention.

Whether the population we are talking about is 5% (11 million) as some suggest, or 15% as Woodbury's 1970 study suggested, it is hard to believe that uniformly horrendous things have happened to so many people without anyone's awareness that something was amiss. Research to get at the real facts is long overdue. One such study, recently reported to the American Psychiatric Association annual meeting (Nelson, 1978), found certain "rare but undeniably healthy situations where incest was an obviously appropriate behavior." She also found a high correlation between abuse and negatively perceived incestuous experience as well as a high correlation between consent and positively perceived incestuous experience. Contrary to her expectations, incest did not occur primarily in families with a high level of dysfunction, and where dysfunction was present it was seldom possible to attribute its cause to the incestuous character of the experience. Whenever the incest situation isolated two or more members from the rest of the family, there was guilt and negativity in the report. Whenever the participants felt they had the permission of the family, a positive report resulted. It is significant that Nelson found "several such families where real or implied consent openly allowed active, sophisticated lifestyles which included sexual sharing."

The Nelson study, the currently suppressed Kinsey study, and two others that I know of suggest that we do not have the whole picture of incest before us and are therefore not presently in a position to make valid pronouncements and judgments about the nature of the practice. As a result, we may be doing considerable damage to those who have been or are currently involved in incest. The blatant sensationalism of television, added to congressional hearings which equate incest with rape, child abuse, violence, child slavery, and child pornography, combine to scapegoat many people. After a recent front-page incest story in one North Carolina newspaper, the sex "hotline" was deluged with calls from women and girls with stories just like the one in the paper. It is easy to blame one's problems on the latest scapegoat. It is also easy to set up guilt reflexes where no guilt existed before. We are all familiar with the scare tactics through which the government, the media, and the other defenders of morality turned millions of children into drug addicts overnight because they had smoked grass. Today we

have given up trying to make this absurdity stick.

What is accomplished by informing young people that they have been damaged "for life" by incest? We know there are some who have suffered irreversible damage, but that is no excuse for making sweeping generalizations about a group about which we know almost nothing at all—not even the extent of the group! As in the case of marijuana, we are convincing them they are damned without knowing anything about them or their situations: just as the youngster who smoked one joint found him/herself branded a drug addict, so the youngster who thinks maybe he or she was involved in incest (many do not know if they were or not) finds him/herself branded as permanently damaged.

Finally, there is a huge group of individuals who are being damaged by our drum beating—those who have not been involved in incest. American families have been so imbued with prohibitions against incest that they bend over backward to avoid any possibility of incestuous involvement or the possible accusation that they might become involved. This results either in complete and total abandonment of all parent-child physical contact at puberty, just when the child needs its reassurance most, or in seductive behavior that never culminates in any manifest sexual activity, which James Leslie McCary believed affects the child more negatively than does actual incest. This is a peculiarly American problem—the withdrawal of all touching contact—and children, especially girls, feel the lack very keenly, because it comes at a time when they are also being told in many ways that they have become "unclean" through no fault of their own. The withdrawal of touching confirms the message. Who knows how much psychic damage we cause our children with such well-meant yet inhuman attitudes? Who knows whether one result may not be the present rash of feverish adolescent sexual activity with its undesirable results? How many adolescent girls have not said, "It's the only time I feel someone really loves me"?

Surely the time has come when we can and should deal with the incest taboo by *finding out the facts*, all of them, and acting rationally and sensibly about them, whatever they may be.

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DO YOU KNOW THAT...

1979 Summer Workshops: Addendum

See the March 1979 SIECUS Report for a complete listing.

California

University of California, San Francisco, Calif.

- *Women's Sexual Health Educational Seminars (WISHES)*. June 1–2, 2 units nursing continuing education credit.
- *WISHES Leadership Training*. July 30–August 3, 3 nursing continuing education credits (pending).
- *Health Aspects of Human Sexuality*. August 10–12, 2 nursing continuing education credits.

Write to: Jacki Reubens, Human Sexuality Program, University of California, 350 Parnassus, Suite 700, San Francisco, CA 94143.

Nevada

University of Nevada, Reno, Nev.

- *Home Economics 430, 630, Human Sexuality*. July 30–August 17, 3 credits, graduate/undergraduate.

Write to: Milton L. Nolin, PhD, School of Home Economics, University of Nevada, Reno, NV 89507.

Vermont

University of Vermont, Burlington, Vt.

- *EDOH 292, Sex Education and Counseling*. July 16–27, 3 credits.

Write to: Kay Frances Schmucker, EdD, University of Vermont, 146 South Williams St., Burlington, VT 05401.

Washington

Whitworth College, Spokane, Wash., and **Eastern Washington University**, Cheney, Wash.

- *Sex Education for Teachers and Youth Workers*. June 19–July 12, 3 quarter credits.

Write to: Floye V. Barland, Education Director, Planned Parenthood of Spokane, YMCA Building, N. 507 Howard, Spokane, WA 99201.

Sexuality and Disability Symposium

On May 18, 19, and 20, 1979, in San Francisco, a national symposium on Sexuality and Disability is being held, sponsored by the University of California (Schools of Medicine, Dentistry, Nursing, Pharmacy, Continuing Education in Health Sciences, the Human Sexuality Program, and the Department of Psychiatry), the Israel Society for Rehabilitation of the Disabled, and SIECUS. This symposium, especially designed for all health science practitioners, will be chaired by Evalyn S. Gendel, MD (member, SIECUS Board of Directors), David G. Bullard, PhD, and Susan E. Knight, MSW. The program will include discussions of sociosexual counseling and education; the sexual implications of spinal cord injury, cerebral palsy, visual and hearing impairment, and various medical conditions; children's, adolescents' and women's issues as they relate to sexuality and disability; and a review and analysis of these issues from both national and international perspectives. A distinguished faculty will participate in the symposium.

DO YOU KNOW THAT . . .

Resources to Write for . . .

The Youth Values Project, a 68-page booklet, is the report on a two-year study of adolescent sexuality conducted by teenagers themselves in New York City. A confidential questionnaire was developed and administered to 1000 13- through 19-year-olds including every ethnic and income group. The summary, written by the youth consultants, states: "In addition to the factual information we learned about sex and birth control, we had a chance to share our thoughts, feelings, and values with other teenagers and to learn that many of the uncomfortable feelings we had were common and normal. This is what sex education should be like. Now we feel more able to think clearly about and understand our own sexuality. We [found out] how many harmful myths we have about ourselves and each other and that only through honest, difficult communication can we understand ourselves and grow as individuals and in relationships with other women and men." Chapter headings are: "Problems, or Symptoms of Problems?" "The Youth Values Project," "Research Findings," and "Recommendations." The 17-page appendix is devoted to charts and tables. This report is valuable as a pattern for those interested in developing similar projects across the country. Single copies are \$1.50. To order, write: Susan Ross, Project Director, % The Experiment, Kipling Road, Brattleboro, VT 05301.

Changes: Changes: Changes: you & your body, prepared by CHOICE (Concern for Health Options: Information, Care and Education) of Philadelphia, is an excellent addition to the growing number of pamphlets written to help young people understand the functions and meaning of human sexuality. The fact that 12 members of the CHOICE Teen Auxiliary Committee assisted in the booklet's preparation suggests that the questions and concerns dealt with reflect the questions and concerns of many contemporary adolescents. Included in the easily readable text are such topics as puberty, menstruation, penis size, masturbation, orgasm, birth control, and deciding about sexual relationships; there is also a glossary and a resource list, "Where To Go." Single copies cost \$1 plus 36¢ postage. To order, write CHOICE, 1501 Cherry Street, Philadelphia, PA 19102.

Lasting Longer: A Treatment Program for Premature Ejaculation by Sy Silverberg, a physician specializing in sexual therapy, is a 31-page booklet which demythologizes the premature ejaculation therapeutic regime and provides a simply explained and easy-to-follow program designed to promote control. It deals in detail with the process of using masturbation as an initial self-learning technique, and includes brief but helpful information for men on female sexuality. While it is expensive considering the quality of its printing and binding (\$3.95 plus \$1 postage and handling), it is a useful resource in the area of sexual dysfunction. To order, write: Nemaya Publishing, 1950 Yonge Street, Toronto M4S 1Z4, Ontario, Canada.

Sex Education for the Deaf-Blind, edited by Carmella Ficociello, is a compilation of the proceedings of the Adolescent Needs / Sex Education Workshop held in Dallas, Texas, in 1976, and sponsored by the South Central Regional Center for Services to Deaf-Blind Children. The 114-page booklet includes information under the following headings: "Human Sexuality Workshops," "Sensorially Impaired Adolescents and Questions on How to Meet Their Needs," "Preparing a Deaf-Blind Adolescent Female for her First Menstruation," and "How Do We Help the Kids?" The appendices contain exercises, a bibliography, workshop evaluations, and information on the use of the materials. The price of this compilation is \$5.70, plus \$1.50 for postage and handling. Write to: South Central Regional Center, 2930 Turtle Creek Plaza, Suite 216, Dallas, TX 75219.

Preparing Professionals for Family Life and Human Sexuality Education, prepared by Frances W. Hamermesh for the Michigan Department of Public Health, Bureau of Personal Health Services, is a comprehensive training package designed to meet the needs of both the specialist in teaching health education, human sexuality, and family life education, and all other teachers who may be integrating family life education into their programs or who must have an understanding of human development in their counseling and communication with students. It includes a helpful section on curriculum development and community planning. Copies may be obtained free of charge while the supply lasts from the office of W. Stanley Kruger, Director, Parent/Early Childhood and Special Programs Staff, Bureau of Elementary and Secondary Education, HEW, Office of Education, Washington, DC 20202.

Adolescent Fertility: Selected, Annotated Resources for the International Community, published in November 1978 by the Population Institute's International Clearinghouse on Adolescent Fertility, is a 60-page bibliography containing annotations and ordering information for over 300 entries. It is available at no cost to those in developing countries and for others at \$1.50 (U.S. postpaid) per copy. Write to: Population Institute, 110 Maryland Avenue NE, Washington, DC 20002.

REHAB BRIEF (Bringing Research into Effective Focus) devoted its September 12, 1978, issue to the subject of "Sex Counseling for Handicapped Persons—An Avenue toward Intimacy." This four-page leaflet contains a great deal of useful information about recent literature and research in the area of sexuality and disability, and also gives rehabilitation counselors concrete suggestions—that are applicable to other health care and counseling professionals—on dealing with a disabled person's need to discuss sexual concerns. To request copies of this issue of the *BRIEF* (available without charge while supplies last) or to be placed on a mailing list to receive *REHAB BRIEFS* on other topics as well, write to the Rehabilitation Research Institute, Box J-155 Health Center, University of Florida, Gainesville, FL 32610.

AUDIO-VISUAL REVIEWS

Sex and the Heart Patient. 16 mm, sound/color, 30 min. Produced for Burroughs-Wellcome Co. by Synthesis Communications, 119 West 57th St., New York, NY 10019. (To arrange for a free showing, contact Educational Services Department, Burroughs-Wellcome Co., 3030 Cornwallis Rd., Research Triangle Park, NC 27709.)

Reviewed by Ellen Borman, MD, Associate Professor of Psychiatry, Director of Clinical Training, Marriage Council of Philadelphia, University of Pennsylvania.

This film on sexual functioning in post-coronary patients deals with a number of the salient issues involved, such as the actual amount of stress on the heart during intercourse, and the fears, concerns, and depression which may develop. It contains general counseling suggestions for use by the physician. Actual cardiac patients are interviewed in the hospital or home, and attention is given to such issues as the appropriate time for the resumption of sexual activities and the frequently found postcoronary depression. The discussion of sexual counseling emphasizes the necessity for nongenital pleasuring in addition to intercourse.

While the film does not contain many suggestions for dealing with the spouse, or illustrate with a doctor/patient interview the taking of a sexual history or actual sex counseling procedures, it is nevertheless useful, up to date, and worth seeing. Being very medically oriented, it would probably be most appropriate for medical students, residents, or other health personnel.

Overcoming Erection Problems. Produced and directed by Richard Price, 1978. Super 8 mm and 16 mm, color/sound. Part 1: 12 min. Part 2: 9 min. Edcoa Productions, Inc., 310 Cedar Lane, Teaneck, NJ 07666. Purchase, \$250 each; rental, \$45 each.

Reviewed by Robert W. Birch, PhD, private practice of sex therapy, Columbus, Ohio.

Richard Price has, in these two films, again demonstrated his ability to pro-

duce visual media which are extremely useful as adjuncts to professional sex therapy. The two-part series portrays a fully clothed young couple talking in the therapist's office and, as they continue to describe their actions, feelings, and discoveries, the scene shifts to their bedroom at home. In the subsequent sensitive, explicit scenes, we see the couple begin their homework exercises with sensate focus. Part 1 shows the nonsexual phase but then moves into later phases which include genital caressing and verbal feedback. Unfortunately, the oftentimes slow and gradual sensate focus process is condensed into one film, whereas in therapy the therapist might wish to assign many smaller tasks involving nonsexual touching before introducing the more threatening task of genital pleasuring. In this regard, it is helpful to the therapist using this series also to have available the four-part EDCOA films entitled *Sensate Focus*, which can be integrated in a way to take full advantage of both series when working with males presenting erectile dysfunctions.

Part 2 of *Overcoming Erection Problems* focuses on genital-to-genital contact and, eventually, on vaginal containment and thrusting, but without aggrandizing intercourse as the only

method for pleasuring the female. Permission for manual or oral-genital stimulation is subtly included, allowing the viewers to appreciate the fact that vaginal intercourse may at times not be reliable for bringing the female to orgasm.

These films are most useful in cases of fairly clear-cut psychogenic dysfunction where performance demands have been identified as a major inhibiting factor. The couple shown is young, attractive, and verbal, but not without human imperfections. In the film both partners acknowledge their parts in the sexual expectations, but are reassured that theirs is a typical problem. The outcome is successful, and the improved sexual interaction clearly enhances the caring relationship of that couple.

These films will be a welcome addition to those clinicians and academicians who are building their film library, although EDCOA's more generally applicable *Sensate Focus* series and *Partner Genital Exam* films might best be purchased first. It should also be cautioned that owning and showing films do not per se bestow professional skills on the untrained, but that such films are of real value only when integrated skillfully into a well-planned, individualized treatment program.

SEX THERAPY

What some users of EDCOA patient counseling films have to say about them*

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Joshua S. Golden, M.D.
Neuro-Psychiatric Inst.
U.C.L.A. Medical School

*Original letters on file.

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JOURNAL REVIEWS

THE JOURNAL OF SEX RESEARCH

(Society for the Scientific Study of Sex,
% Mrs. Mary B. Westervelt, 208 Daf-
fodil Road, Glen Burnie, MD 21061)

*Reviewed by Lester A. Kirkendall, PhD,
Professor Emeritus of Family Life Educa-
tion, Oregon State University, Corval-
lis; and member, SIECUS Advisory
Panel.*

Volume 14, No. 1, February 1978

Concerning Female Ejaculation and the Female Prostate. J. Lowndes Sevely and J. W. Bennett.

Two issues are discussed here. First, the assertion is made that women's and men's sexual anatomies have more similarities than differences when it comes to coital responses. Females are declared to possess the equivalent of a male's prostate gland in their urethral glands, which help to produce genital wetness, a discernible sign of sexual arousal. In this sense, women may be said to ejaculate. Table 1, "Homologues in Female and Male Urogenital Anatomy," shows the extent to which the genital anatomies of the two sexes are similar.

Second, the authors note that many misunderstandings of female and male sexual functioning are rooted in semantic confusion and errors in biological understanding. The authors note the confusion they state exists in the work of Masters and Johnson, and postulate that the distinctions made by Reich, Lowen, Kinsey, and Money are more accurate.

Clinicians' Attitudes Toward, and Use of, Four Body Contact or Sexual Techniques with Clients. Michael Len and Joel Fischer.

A self-selected sample of 46 private practitioners in psychiatry, psychology, social work, and marriage and family counseling, using an unsigned questionnaire, expresses the attitudes of these toward, and their use with clients of, nonerotic physical contacts, explicit sex contacts, sexual intercourse with patients, and partner surrogates. No

generalizations are made but results indicate some approval of, but no use of, sexual intercourse; majority approval of, but no use of, partner surrogates. Nonerotic and nonexplicit sexual contacts were approved by a majority, and used by many. Certain inhibiting factors were mentioned: personal qualms, lack of legal or professional sanctions, inadequate training, and the feeling that the use of these techniques would be therapeutically counter-productive. Client request might be facilitative.

Multiple Orgasms in Males. Mina B. Robbins and Gordon D. Jensen.

The thesis is that multiple orgasms in males are possible through conscious control of moods and circumstances surrounding sexual encounter. In a study, 13 male subjects reported from 3 to 10 orgasms or more in each coital experience. At this point, the essential physiological features are speculative, but seemingly involve thrusting and breathing patterns, and conscious awareness by both partners that male multiple orgasms are possible.

Volume 14, No. 2, May 1978

Recreational Sexuality Preferences Among Middle-Class Husbands and Wives. Jay M. Mancini and Dennis K. Orthner.

In a survey, 227 husbands and 233 wives were asked to indicate preferences throughout their marriage relationship for three types of leisure-time activities: sexual or affectional, joint, or independent. The first, while it ranked first for 45% of the husbands and 26% of the wives, decreased as the number of years of marriage increased. For the husbands, their preference for both joint and independent activities increased, although the increase for independent activities was smaller. For the wives, the proportion preferring independent activities increased while those who preferred joint activities tended to remain at the same level.

The authors hypothesize that males are more ready than females to perceive "sex as play," whereas wives

may perceive it as a marital "obligation." If this is so, then wives look upon sex as a commitment, a means to an end rather than an end in itself. The authors further hypothesize that the notion that wives are more concerned than husbands with companionship in marriage may be in error.

Vol. 14, No. 4, November 1978

Sex Role Perceptions and the Abortion Decision. Raye Hudson Rosen and Lois J. Martindale.

In a study of 1281 women with "problem" pregnancies, 921 chose to interrupt and 360 chose to complete pregnancy. The mean age of the aborters was 22 (range 14-49), with 80% unmarried. The mean age of the pregnancy completers was 18 (range 13-34), with 84% unmarried. The data, collected in 1974-75 were obtained by an anonymous questionnaire. Findings related primarily to two items—the extent to which the subjects considered themselves adherents of *traditional feminine roles*, e.g., "An unmarried mother is more immoral than an unmarried father," and their own *perceived confidence*, e.g., "I often run into things I can't handle" as against "I can handle most problems as they come up." The aborters as a group were found to be "significantly higher in perceived confidence" than pregnancy completers. However, as regards traditional feminine roles the black aborters were significantly less traditional than the blacks who chose to complete their pregnancies, a distinction that did not hold for the whites. These differences remained when age was controlled.

A Survey of Sexual Attitude Reassessment and Restructuring Seminars. Richard W. Wollert.

In rating the effectiveness of their SAR programs, 11 directors of SAR seminars used subjective judgments, based mainly on clinical impressions. The researcher concluded that, with continuing use of SARs for professional training, there is a clear-cut need for more research.

BOOK REVIEWS

RECENT BOOKS ON INCEST: A SELECTION

Reviewed by James W. Ramey, EdD, Visiting Professor, Department of Psychiatry, Bowman Gray School of Medicine, Winston-Salem, North Carolina.

Kiss Daddy Goodnight. Louise Armstrong. New York: Hawthorn Books, 1978 (256 pp.; \$9.95).

On page 241 in an Afterword the author states that the goal of this book is "to define incest in people's minds as sexual abuse of children." (The dictionary defines incest as "the crime of sexual intercourse between persons related by blood or marriage within the degrees in which marriage is prohibited.") She attempts to accomplish this goal by relating the cases of 16 women out of 183 interviewed, including herself. It is difficult to determine the degree of bias in the work because the author provides no statistical data of any sort, merely stating that the 16 are "representative" of the 183. How did she pick these 16 cases? Why these 16 and not some other 16? In view of the author's tendency to make unsupported statements, e.g., repeating the estimate of unnamed others that 25 million women in this country have been sexually abused by their fathers (p. 9), it is hard to take her seriously. In view of the sensational nature of the prose, one wonders about the real intent of the book.

Betrayal of Innocence: Incest and Its Devastation. Susan Forward and Craig Buck. Los Angeles: J. P. Tarcher, 1978 (198 pp.; \$8.95).

This book is based on 20 case studies of incest, examinations of their causes, and treatment suggestions from a therapeutic practice. The cases are presented in a rather flip manner and there is far too much case presentation and far too little discussion. Again we have a quotation of unnamed sources

that place the percentage of incest victims in the population as high as 30%. That would be 66 million victims, and of course 66 million aggressors, or a total of one out of every three men and women in the nation. Her own estimate is only 20 million victims, or one out of every five women (which implies one of every five men is an aggressor). It is difficult to believe that an author who seriously quotes such figures can be relied upon in general. The final chapter, "Learning to Trust Again," is the best. Too bad there wasn't more of it.

Conspiracy of Silence: The Trauma of Incest. Sandra Butler. San Francisco: New Glide Publications, 1978 (208 pp.; \$10.00).

This is yet another book that is long on sensational prose and short on useable material. It is based on 130 interviews, about half of which involved prostitutes, or women in alcohol- or drug-abuse programs. No standardized data are reported. The book focuses on lack of professional services for incest victims, with the implicit assumption that mental health professionals are unwilling to provide such services. The author pays lip service to the trauma involved in official recognition of incest but appears not to realize that while her plea for providing services outside the framework of official reporting is praiseworthy, to do so would place the providers themselves in legal jeopardy in many jurisdictions. The real culprit is the law itself. Until we recognize the need to abolish incest laws and instead utilize existing child abuse and rape laws to handle those cases that warrant criminal prosecution, such services will remain hard to find.

Butler says, "Other studies conclude that 80% of the children are victimized by an adult they know and trust" (p. 16), suggesting that somewhere near half of the adults are victimizers! Yet her figures for the Santa Clara County incest program, multiplied by a factor of 10, would only suggest that 0.05% of

all children are victimized. Butler also prefers a definition of incest that includes even nonphysical acts. Thus "a father who watches his daughter undress is raping her as surely as the father who *violently and forcibly* rapes her body [my italics]." Once again we have a book based on skewed materials, so that it tells us something, although not very much, about the 130 women interviewed, but not much about the phenomenon of incest.

Incest. Karen Meiselman. San Francisco: Jossey-Bass, 1978 (366 pp.; \$15.00).

Readers seriously interested in the study and treatment of cases of incest that come to the attention of the therapeutic community should avoid the three books discussed in the preceding reviews and begin with this one. Dr. Meiselman has conducted a scholarly study, reported in easy-to-read fashion, of 58 active clinical incest cases, 47 of which have been seen over an average of 15 years. She has employed two control groups, one of 100 cases for general demographic information and the other of 50 cases chosen at random from clinic files as a specific control group of women over 12. While there is some question about the appropriateness of this latter sample, which might have been more meaningful had it been a matched sample based on demographic and diagnostic factors, this remains one of the few studies with controls and one of three that are longitudinal.

The author presents historic material in some detail and compares her clinical data with previously published studies. Her estimate of the number of incest cases in the United States is between 1% and 2%. This book is readable and comprehensive insofar as clinical studies go. It does not deal with the nonclinical population because the author does not have access to this population. She has not fallen into the trap of going out to find victims of incest in

Audience Level Indicators: C—Children (elementary grades), ET—Early teens (junior high), LT—Late teens (senior high), A—College, general adult public, P—Parents, PR—Professionals.

the highways and byways of life. She explicitly indicates how unproductive this would be, since those who volunteered would automatically be suspect. She appears, however, to be blind to the possibility that clinical patients are not representative of all incest participants, since very few people become involved with psychotherapy. **A, PR**

Physical and Sexual Abuse of Children.

David R. Walters. Bloomington: Indiana University Press, 1975 (192 pp.; \$4.95).

This is a practical handbook on physical and sexual child abuse, diagnosis, and treatment, written for the professional in the medical or criminal justice system but very readable and worthwhile for the layman who wants to know how to spot child abuse and what to do about it. The levelheaded, commonsense approach of this book is refreshing. Child abuse is a murky subject, almost completely lacking in research, and this author is keenly aware of that fact. I strongly recommend this book to both professional and general audiences, especially the last four chapters, which deal with sexual abuse and strategies for change. Chapter 8 begins with a listing of the myths about sexual abuse, followed by the facts in each instance. Chapters 9, on treatment or lack of it, and 10, on observations about abused children, should be read along with the Meiselman book. Finally, Chapter 11, on strategies for change, goes far beyond anything I have yet read in terms of both short-, intermediate-, and long-range goals. **A, PR**

Sex, Society, and the Disabled: A Developmental Inquiry into Roles, Reactions, and Responsibilities. Isabel P. Robinault. Hagerstown, Md.: Harper and Row (Medical Department), 1978 (273 pp.; \$14.95).

Reviewed by Theodore M. Cole, MD, Professor and Chairman, Department of Physical Medicine and Rehabilitation, University of Michigan, Ann Arbor; and Sandra S. Cole, BA, Adjunct Instructor, Department of Physical Medicine and Rehabilitation and Department of Psychiatry, University of Michigan.

This book presents a chronological discussion of the sexuality of people with

physical disabilities. Its juxtapositioning of the sexual growth and development patterns of both the able-bodied and the disabled is designed to help rehabilitation professionals better understand and anticipate the impact of physical disability on sexual growth and maturation as well as on sexual function, and also to expand their counseling methods in the development of responsive and responsible sexuality. Each of the six chapters deals with various aspects of the life cycle: normal sexual development, the impact of physical disabilities upon the normal stages, and current societal attitudes toward developmental behaviors in matters of sexual expression.

The first chapter addresses early psychosexual development, basic genetic factors, and the early shaping of male and female characteristics. Society's reaction to "imperfection" leads to the message that chronic disability desexualizes. Infancy, nurturing, emotional development, and gender identity and role formation comprise important baselines for school-age sexual development and role definition. The importance of education in sexuality for all children is stressed, with emphasis given to the necessity of dealing directly and honestly with facts, information, and behavioral expectations. It is further stressed that disabled children must have informed and competent role models who recognize the importance of the formative years in the development of mature sexual health.

Chapter 2 explores sociosexual development in adolescence and youth, new experiences, values and attitudes, early sexual activity, sex role and sex role expression. "It is necessary to distinguish between the developmental achievements of individuals, as well as the different stages in which they have become disabled: congenital, prepubertal, adolescent, young adult." The stigma of being conspicuously disabled can influence the amount and degree to which a young person is capable of exploring and experiencing emerging sexual maturity and values.

The author stresses the importance for all youth to have opportunities to learn the language of sexuality. Homosexual behavior in the developing adolescent is discussed with historical and current information. Contraception, sterilization, abortion, and venereal disease are discussed in the context of sound sex education pro-

grams. The author emphasizes that, for the able-bodied as well as the physically disabled, sexual responsibility—including alternatives, choices, accountability, rights, privileges, and social support—is an active learning process which cannot take place in a vacuum.

The third chapter deals with dating, courtship, and marriage. The development of sexual desire and gratification have direct implications for the physically disabled adult. Often the body image, the degree of self-esteem, and the nature of the disability—congenital, acquired, or chronic—may affect the ability to perform the "athletics of sex." To help individuals cope with the fears, anxieties, and vulnerabilities involved in fulfilling sexual potentials, they should be given the necessary information on contraception, childbirth, differences in relationships and lifestyles, as outlined in the book, and then be shown how to communicate as effectively as possible within interpersonal relationships. Also, as the author points out, the sexual problems and concerns can have an impact not only on the disabled person but on his/her intimate partner as well.

Chapter 4, "Priorities for Parenting," by its very size (14 pages) indicates the paucity of our knowledge about "parenting" by the physically disabled adult. Sex roles, child care ability, genetic concerns, pregnancy hazards, and struggles with responsibility and decision making regarding pregnancy and adoption, all affect parenting decisions. Robinault encourages the continual development of resources and counseling services and techniques to respond to these pressing social needs of the handicapped individual and family. One of the largest and most controlling difficulties a disabled individual may face, particularly in a hospital or institutional setting, is the lack of privacy for sexual expression and intimacy, a lack which may adversely affect positive development in the sexual life cycle.

Chapter 5 describes many specific problems affecting sexual function, such as drugs, chemotherapy, bowel and bladder function, specific organ or bodily dysfunctions, and surgical procedures. This chapter will be particularly useful for both health professionals and their physically disabled patients or clients.

The last chapter, which deals with the sexual adjustment involved in the aging process, points out that society in general is beginning to recognize that "sexuality in later years exists in one form or another in all persons," and that disease, disability, or chronic illness during this period may have many varied effects. The insights provided can be useful for the professional counseling the "middlescent" and the aged.

Sex, Society, and the Disabled is a well-organized book. In addition to detailed references, comprehensive appendices are included citing information currently available in the United States regarding resources, programs, bibliographies, statistics, position statements, projects on sexuality and special groups, and programs for training. An important addition to the growing collection of resource materials on the human sexuality concerns of the physically disabled, this book provides the clinician with a marvelous opportunity to reassess his/her own sexual attitudes. **PR**

Good Sex: A Healthy Man's Guide to Sexual Fulfillment. Gary F. Kelly. New York: Harcourt Brace Jovanovich, 1979 (235 pp.; \$8.95).

Reviewed by James A. Siefkes, MDiv, Director for Discovering Ministries, Division for Service and Mission in America, The American Lutheran Church, Minneapolis, Minnesota.

The target audience for this new self-help book is "males who want to work for more total sexual fulfillment through a greater awareness of their bodies, emotions, and abilities to communicate with other human beings." The book shows promise of achieving such goals remarkably well. It is short enough (235 pages) to be accessible to the busy person or non-reader; practical enough to provide many self-help approaches to communications, understanding, and therapeutic technique; on target enough to provide insights, direction, and counsel for the majority of the sexual concerns of men; gentle, caring, and sensitive enough to stay in touch with the reader.

A great strength of the book is its consistent placement of responsibility for one's sexuality where it rightly be-

longs, i.e., on the self. Those who are ready and willing to assume such responsibility for their own sexuality will benefit the most from using it. Others perhaps will not "use" it, but will nevertheless find the book interesting and informative reading as well as a helpful reference and food for thought that may lead to future "use."

A second strength is that it reassuringly grants "permission" to men to become more fully sexual. About two-thirds of the book deals with such related issues as "Men and Good Sex," "Communication," "Using What You've Got," "Making It Together," "Fulfilling Male Sexuality," and includes important, often overlooked issues for men such as self-image, body responses, mythologies, jealousy, women's needs and responses, pregnancy, birth, fatherhood, brotherhood, selfhood, and feeling good.

A third strength, and perhaps its most unique offering, is the inclusion of a multitude of practical self-help suggestions, checklists, exercises, self-inventories, questionnaires, and rating scales distributed throughout the book. While both private and "with partner" usages are suggested, the author demythologizes the idea that "the only way to work on sexual problems is with your spouse or sexual partner."

The remaining one-third of the book addresses the specific problem areas of premature ejaculation and impotence. It also deals with other problem areas (some only mentioned as referral areas) that may be cause for loss of male sex and enjoyment, "unless he takes some action," e.g., delayed ejaculation, interest lag, win-lose games, and body problems (penis and prostate, stroke, heart, VD, spinal cord injury, body fitness, diet, alcohol, and drugs).

In taking a first and important step away from the illness or medical model to a more holistic approach to sexual concerns, Kelly has made a unique contribution to "the brotherhood" with this book. He has succeeded in demythologizing some of the "complicated aura" that has grown up around sex therapy and emphasized the good principles of a commonsense approach and the struggle for, and meaning of, good communication. While he has offered concrete suggestions for help, he is also careful to point out the importance of recognizing when outside help may be necessary, and he provides an adequate bibliography and suggestions

to consider when selecting a therapist.

In writing this book, Gary Kelly expressed the hope that a man who reads and uses it will "feel good about being a sexually fulfilled man," that he will go beyond the self-alienating aspects of personality toward the enjoyment of his total being in his feelings and connections with other human beings. Both men and women will gain much from its reading and use. **A, PR**

Sex and the Single Parent. Jane Adams. New York: Coward, McCann and Geoghegan, Inc., 1978 (314 pp.; \$8.95).

Reviewed by Ellen Tuchler, MSW, clinical social worker and psychotherapist, Catholic Charities Community Life Center, Bay Shore, N.Y.; and member, New York Society for Psychoanalysis.

In the opening pages of *Sex and the Single Parent* the reader recognizes that this book is not just another pop-psychology treatment of unwedded bliss. Nor is it a scientifically conducted social survey on changing mores among sexually active separated, divorced, or widowed parents. It more nearly resembles a 20th-century *Pilgrim's Progress*, revealing a portrait of the author as a complex, engaging, human, and therefore sexual person. As such, she struggles to integrate many basic yet often opposing roles in a society which too often militates against such a synthesis. She seeks to resolve her identity crisis by questioning friends, children, families, neighbors, lovers, and professionals. Through this sharing of her struggle with the reader, the book gains in validity.

It is a realistic piece of work because it is by and about real people coping with their needs in very human ways. Some of them are brave and honest, some are frightened and cynical. Some have learned to grow from their experiences, while others have settled for less than they could have achieved because they are still ruled by an ingrained morality. Some have found unique solutions to meet their needs as parents and lovers, while others are still searching and questioning.

What really makes this book unique, however, is that Jane Adams lets children themselves comment on their perceptions of their parents' struggles to become whole people. As the title

suggests, whatever solutions these mothers and fathers find, the struggle is less around their sexuality than it is around the real and imagined effects on the children. To share with the reader how one put one's life together again after the trauma of death or divorce, or made certain decisions because of or in spite of the children, and for the reader then to hear these same children's observations about whether or not those decisions are viable or destructive to the relationship involved, is a revealing and unusual experience.

This is not a denial of the fact that these parents (primarily women, which merely reflects the fact that mothers are still in the majority as caretaker parents) must and do struggle with their needs as they search for a sexual ethic. Everyone who has ever dealt with a divorced or widowed person on a professional or personal basis knows that they must come to terms with feelings of guilt, anger, inadequacy, and failure when a marriage terminates. The decisions that the adults interviewed by Ms. Adams have made, however, are heavily influenced by their roles as custody parents: "How will my need for intimacy affect the children?" is of paramount concern to most of them. Ironically, the children see their parents' sexuality as a "given," for despite the attempts of many parents to hide or actually avoid sexual relationships, their children of all ages "know" and react to this knowledge as they would to any other piece of parental behavior. Some try to sabotage the relationship, some use it to fill some of their own needs, some imitate it by acting out, some overtly express their anger and jealousy, some manipulate or drive the adults into meeting their normal sexual needs with furtiveness and guilt, etc. The fact remains that *all* the children, from toddlers to adolescents, are fully aware of their parents' sexual needs and what those parents do in order to come to terms with these needs.

To those of us in the fields of mental health and education, this comes as no surprise. The decision to have children is often made consciously or unconsciously in an attempt to relive and rectify developmental conflicts vicariously (e.g., "If I can only have a child, then I'll finally be loved"). Sometimes a parent succeeds in "growing up" with his or her child, but more often the

parent's unresolved problems are passed on to the next generation like a contagious disease. If that developmental stumbling block centers around one's struggle to develop and become a sexually well-adjusted adult, it is practically axiomatic that the parent will have enormous difficulty in dealing with both the child's and his or her own sexuality.

Ultimately Jane Adams finds something that works for her and her two children. She does not proselytize, and she does not advocate any particular solution. Instead, she shares her intellectual and emotional struggles and growing pains with the reader and we end up feeling that we have met a thinking, feeling, and responsible human being. Her "solution" may not be a panacea for every single parent, but she explores such a variety of solutions and styles that there is something in it for just about every person faced with similar problems in living.

Jane Adams is a professional writer as well as an intelligent and thoughtful interviewer and observer of interpersonal relationships. She writes in an easy and thought-provoking style which ranges from personal narrative to expert opinion garnered from professionals. I recommend this book both to practitioners dealing with single-parent families (as family systems or as individuals), as well as to the members of single-parent families themselves, including adolescents. **LT, A, P, PR**

The Victimization of Women (Sage Yearbooks in Women's Policy Studies, Vol. 3). Jane Roberts Chapman and Margaret Gates, eds. Beverly Hills, Calif.: Sage Publications, 1978 (278 pp.; \$18.50 hardcover, \$7.95 paper).

Reviewed by Alice Scourby, PhD, Associate Professor and Coordinator, Women's Studies Program, Long Island University, C. W. Post Center, Greenvale, New York.

The editors have brought together an impressive collection of articles authored by practitioners, planners, and policy-oriented professionals. The writing is concise, clear, and replete with current research and data on rape, sexual abuse of children, battered women, the prostitute, sexual harassment, and a chapter on "Women's Health: The

Side Effects of Sex Bias." The book concludes with an overview of the economic basis of women's victimization.

The common thread that connects all the articles is that victimization of women is rooted in their economic dependence and sense of powerlessness. While the theme may not be new, it is one that needs to be stressed and restressed. There is a tendency to deny the vulnerability of those who are dependent on others for their economic and emotional survival. This is clearly reflected in the opposition to the ERA by many women who prefer to maintain the status quo of the double standard, an unrealistic position when one considers that women comprise 41% of the labor force. Men and women who resist the single standard are inclined to view the victimization of women as personal aberrations, thus deflecting attention from the inequities of the social system.

The thrust of this book is toward overcoming the self-castigation and mutual victimization that sex-role stereotyping tends to foster and social institutions tend to reinforce. The editors provide a brief historical review of how gender-role expectations have cast women in the role of victims. The ensuing articles demonstrate how the victim, be she a battered woman or a victim of rape, experiences guilt and a sense of low self-esteem, thus fulfilling the prophecy of defeat and subservience to men.

The writers view sex inequality as the major reason for the victimization of women and indicate changes needed in the social rearing of children, in the educational system, the mass media, in police techniques, and in the criminal justice system. While they acknowledge that overall social attitudes toward women must be revised in order to eliminate woman's victimization, they as practitioners make efforts to treat the *symptoms* of these social aberrations. Realistically, they recognize that many of the measures they offer are only "stop-gap" measures, but they are hopeful that in the long run these measures will serve to effect a degree of social change in a society where the validation of self-worth is still determined by masculine norms.

An interesting point made was that wife abuse tends to cut across economic and educational lines. This seems to suggest that in those cases

where women are not economically dependent on men, they have nevertheless internalized a sense of low self-esteem through the socialization process. A sense of powerlessness, therefore, may exist despite a woman's economic independence. I do not believe this weakens the central message of the book, i.e., that economic dependence makes for victimization, but instead increases the poignancy of women's position in our society by pointing out the more subtle and covert ways that subordinate and superordinate roles are internalized.

This book would serve as a valuable resource for classes in the behavioral sciences. **A, PR**

For the Woman over 50: A Practical Guide for a Full and Vital Life. Adele Nudel. New York: Taplinger Publishing Co., Inc., 1978 (436 pp.; \$12.50).

Reviewed by Ruth H. Chapman, MSW, Board Member and Volunteer Counselor, Community Sex Information, Inc., New York City.

Although the author terms her book a guide, it actually is more an all-encompassing reference volume for the over-50 woman. It covers a multitude of topics from "Returning to School," "What to Do About Your Aged Parent," and "Getting the Best Medical Care," to "Forty-five Ways to Look and Feel Fantastic!" Much of the information in several of these and other chapters is extremely factual, including names and addresses of organizations and agencies which provide information and services.

The chapters entitled "Sex, Relationships, Divorce and Remarriage," "Your Changing Marriage," and "Silence about Our Changing Bodies," are thoughtfully and sensitively written. Although the elements of depression and sense of loss are dealt with realistically, the prevailing attitude of the book is positive, encouraging, and challenging. The brief case studies of actual over-50 women are interesting and illustrative. Although Ms. Nudel offers many self-help pointers, these are tempered by the firm suggestion that one should seek professional help when indicated. She implies that the family physician or gynecologist may be inadequate when dealing with sexual problems, and states that if antidepressant drug

therapy is needed, a competent psychiatric referral is indicated. She advises the single or widowed reader against going to a psychotherapist who feels that women are fulfilled only as wives and mothers, because she thinks this therapist would probably consider such an over-50 woman "finished."

Throughout the book there is a definite identification with the liberated woman, but also a very real recognition that the over-50 woman today grew up in an era where role stereotypes were the rule. Also, the author makes a sincere effort to dispel the still solidly entrenched myths concerning sexuality and aging.

Ms. Nudel's coverage of the estrogen-replacement controversy is sound. Her advice concerning a late, menopausal pregnancy is excellent. Her section on testosterone replacement, however, appears dubious. In the chapter "Strategies for the Career Woman," her discussion of political awareness was discerning, but she implies that it is permissible to subtract a few years from your age, and that if you are comfortable doing it, you might even stretch the truth a bit concerning your academic achievement. The latter appears unethical as well as risky. "The Forty-five Ways to Look and Feel Fantastic!" seemed a bit out of place in a serious book. The suggestions were for the most part well chosen, but the author's expectations for facelifts may be overly optimistic.

In sum, this seems to be an excellent book. While it has universal appeal for all older women, it may be particularly useful for those with limited formal education and, perhaps, limited income. For this latter reason the reviewer hopes that libraries will see fit to purchase it for their shelves, as the very women who would find it most valuable might be deterred by the purchase price of \$12.50. **A**

Daughters: From Infancy to Independence. Stella Chess and Jane Whitbread. New York: Doubleday, 1978 (252 pp.; \$7.95).

Reviewed by Renée S. Nankin, SIECUS staff.

This easy-to-read book for predominantly middle-class parents can be a lifeline to sanity as they face the various stages of girl-child development.

The authors stress that the cornerstone to building a solid foundation of mutual understanding and trust is the opening up of lines of communication. Emphasizing the important role the father plays throughout all stages of the daughter's development, they point up the need for both parents to relate to her as an individual in her own right. This may be difficult for parents who are continually being bombarded by new societal concepts of childrearing and role modeling, many of which are in conflict with one another, and most of them in conflict with the parent's own upbringing.

In 1956 a group of doctors, including Dr. Chess, established the New York Longitudinal Study of Child Development to assess in very young babies the role that individual differences play in a child's development. The study established nine major categories of behavior in which differences of temperament express themselves. Ascertaining the child's predispositions at this early stage allows parents to temper their reactions to their daughter's particular behavior, thereby creating an atmosphere more conducive to peaceful coexistence for the entire family. The establishment of communication lines in infancy among all the individuals in the family should make it easier to work out together the inevitable problems which will arise in the daughter's uphill climb toward independence.

The book emphasizes that sex education does not start with a "when she's ready" discussion of the birds and bees but rather in the child's earliest years, as she is exposed to the interpersonal relationships around her. The manner in which her simplest questions are answered is also important to consider. The authors point out that girls between the ages of 9 and 12 are more influenced by what they observe or experience than by what they are told. They are more concerned with the human values of relationships than the physical aspects; the physicality of sexual relationships is still in the abstract at this stage. If the sex education is successful, the child will be comfortable with herself and her body, in tune with her own feelings, and sensitive to the feelings of others.

The book stresses that the volcanic stage of adolescence between 13 and 17 is not easy for daughter or parents. Words and actions suddenly take on

new meanings as her body and mind seem to her to be developing out of sync. Parents panic as they see their "little girl" metamorphose into a very individual "person" complete with her own mind, thoughts, feelings, and values. Their panic is heightened by the realization of the short time left before she will be on her own. But if it is a difficult time for the parent who must learn to let go, it is an equally difficult time for the child faced with the major adolescent task of learning to break away. The parent now has to learn all over again really to *hear* what the child is saying—a role reversal with the daughter now speaking and trying to be understood. All of the lectures on menstruation, reproduction, physiology, etc., now take on different meanings as the young person feels the strong sexual stirrings within her. These are feelings that are new and unexpected, and no matter how philosophical and practical those previous discussions may have been, they could never totally prepare her for the situations which arise each day of her self-realization.

The authors point out that it is at this period in the daughter's development that the value of her previous healthy and honest sex education makes itself clear. As the young woman broadens her social life and finds her parents listening to *her*, rather than to their preconceived notions of what "all today's teenagers are doing," she will try

to verbalize her innermost feelings about sex. And this is the moment when the relationship built up over the years on a foundation of trust and communication can be destroyed in one day by an atmosphere of distrust or accusation. Teenagers need supportive parents—parents who are willing to listen to their child, to ask her how she feels about a situation, to admit they disagree with her, to admit they don't know all the answers and are often confused themselves.

As the mother of an adolescent daughter, I find this book truthful and helpful. There are pertinent reading suggestions and questions and answers at the ends of the chapters to reinforce the text with practical application. I would recommend this book to the parents of daughters in any of the stages from infancy to independence. **A, P**

How to Have a Happy Marriage. David and Vera Mace. Nashville, Tenn.: Abingdon Press, 1977 (174 pp.; \$6.95).

Reviewed by Rabbi Bernard Kligfeld, MA, DD, Temple Emanu-El, Long Beach, New York; member, SIECUS Advisory Panel.

The trouble with most "self-help" books in the field of personal improvement is that if you really need the help which the book can give, you are

usually incapable of using it. For a change, in this book marriage counselors David and Vera Mace offer couples who are doing reasonably well in their marriages a viable opportunity to do much better. The secret is in the techniques of communications which the Maces have evolved during the many years of their own marriage as well as in working together with couples who have come to them for guidance and counseling.

In the book, the couple is asked to "contract" to follow very specific directions for a total of 24 hours spread over a six-week period. The process involves a unique self-administered marriage potential test which sets up realistic goals for further growth. A series of dialogues is then called for, requiring 20 minutes a day. The goals and content of each are described in easy-to-understand detail, and illustrative examples are supplied. The authors "guarantee" that if couples conscientiously follow the book's instructions for six weeks, they will find that their marriage relationship has improved. Those who have worked in marriage-enrichment and marriage-encounter programs know that many couples can, and will, follow and benefit from the kind of exercises presented here with clarity, understanding, and compassion. The book is not meant to take the place of counseling; it can, however, be extremely valuable to couples at any stage of married life. **A**

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