

THE UPPSALA CONNECTION: The Development of Principles Basic to Education for Sexuality

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[Note: In 1976, Mary S. Calderone formulated a list of 24 "Assumptions Basic to the Realization of Education for Sexuality." In the following two years, these were twice circulated to the SIECUS Board of Directors, whose suggestions were each time incorporated. When the SIECUS/New York University Colloquium for Sex Educators was convened in Uppsala, Sweden, in July 1979, the 16 participants had already received these assumptions (by then increased to 25), since the stated purpose of the colloquium was to develop them into a form possibly acceptable on an international basis, as a foundation for education about sexuality. The educators gathered at Uppsala possessed among them years of experience with a wide variety of people, cultures, and teaching methods, and represented viewpoints from several nations. The task was challenging and the opportunity unprecedented.]

SIECUS Report has asked one of the participants, Robert O. Hawkins, Jr., to summarize the process, interactions, and thinking that led to the final results of the task. In the following report, he first states the original "assumption," then reviews the group process involved in refining the ideas and language, and finally presents the version agreed upon in Uppsala. In some cases (as in No. 2), a further revision was subsequently made by members of the SIECUS Board. The report is of necessity considerably longer than the usual SIECUS Report articles, but the editors feel that the work done in Uppsala by these dedicated sex education experts is an important step in an attempt to provide a set of basic "givens" in the field of human sexuality education.

SIECUS wishes to express its appreciation to the author for his detailed description of the colloquium process, and to the colloquium participants (listed on page 16) who gave their time and energies to an arduous but, in the end, satisfying and praiseworthy task. For readers who may wish to present these statements for group discussion, the SIECUS/Uppsala Principles are printed separately on page 8 of this issue. —Ed.]

At our first meeting in Uppsala, introductions were made and each country's special perspective on sex education was presented. Our next job was to arrive at a definition of sexuality—if we were going to discuss educating for it, we obviously needed to clarify what we were talking about. At the second session, after accomplishing the task of combining several definitions of sexuality into one, and reaching consensus on statement No. 1, it quickly became evident that

this process would take the group well into the Swedish winter.

The facilitators then decided that it would be more productive if two groups worked with one set of statements and two groups worked with a second set. This process was then followed throughout the remainder of the sessions, with small groups working on revising statements and bringing those to the total group for discussion and consensus.

Within the small groups, questions were raised about the apparent intent of each original statement, followed by suggestions for rewording, clarification of the suggested revision, and questions about research. Occasionally, someone would identify a special concern over the use of particular words, including the possibility that to some people they might carry emotion-laden overtones, and the possibility that their meaning might be distorted in eventual translation into other languages. There was also much sharing of ideas, suggestions for new wording, questions about the possibility of its general acceptance, and considerations of changing a verb, a noun, or an adjective. As a result of this process, words would finally flow into a few sentences which seemed to convey that group's thoughts. The revisions were then read to the total group, questions were answered, often requiring an explanation or rationale for the wording or for eliminating words and sentences. Finally, group consensus would be reached—almost! There were some topics and words which could not be agreed upon in that manner. This situation required a special task force, usually two or three people who had expressed concern, who met separately to resolve the issue. Sometimes there was the inevitable person who chose to abstain in the final voting. However, once the new statement had emerged from the process, a powerful miracle seemed to occur with the absence of even a single negative vote.

The group first agreed upon the following definition of sexuality, which was to precede the revised statements:

Definition: The concept of **sexuality** refers to the totality of being a person. It includes all of those aspects of the human being that relate specifically to being boy or girl, woman or man, and is

an entity subject to life-long dynamic change. Sexuality reflects our human character, not solely our genital nature. As a function of the total personality it is concerned with the biological, psychological, sociological, spiritual, and cultural variables of life which, by their effects on personality development and interpersonal relations, can in turn affect social structure.

The next task was to take each of the original statements and discuss and revise them. The report of this procedure follows.

1. While human reproductive functioning begins at puberty, human sexual-erotic functioning begins immediately after birth, with periodic penile erections and vaginal lubrication. Barring accidents, sexual-erotic functioning in one or all of its many aspects will continue through the life stages of all human beings until the end of life.

There were objections to the use of the word "erotic" in "sexual-erotic functioning." Some participants felt that it was a word to which emotional reactions were likely and that it did not allow for a difference in perception of pre- and postpubertal sexuality. Using it might help to foster the notion that two three-year-old children exploring each other's bodies had the same internal meaning to the children as a similar activity between children of 17 or 18. But, someone argued, children are sexual beings and we have ignored that for too long. They have sexual needs and desires, and the expressions of their needs and the manner in which those expressions are received are very important for later sexual adjustment. "True, but using the word 'erotic' would simply cause more resistance among my students, many of whom are parents." Other wording was then found, acceptable to the group. There were also objections to the statement that such functioning began immediately after birth. "What about the importance of prenatal development, including the sex hormones that are present and active, and the development of the total somatype and its components?" "Good point! We should include *in utero*."

"And there is more to sexuality than sexual functioning as defined by 'periodic penile erections and vaginal lubrication.' Infants appear to have orgasm." "Agreed, and sexuality is not a static entity, it's dynamic. It can continue to change throughout life." "That's true! I've noticed that my own has continued to change and I hope it never stops." There were, of course, other comments, but these provide a sampling of the discussions which led to this final form of the first statement:

Principle 1. Human sexual functioning begins in the uterus and, in one or all of its many aspects, will continue throughout the life cycle of all human beings.

2. Because sexuality is endogenous to being human, it cannot by itself be subject to moral judgment. How it is used, however, particularly in its sexual-erotic aspects, is subject to moral judgment, just as are all other human actions. As with the human intellectual endowment, therefore, the human sexual learning process should not be left to chance or ignorance, but should be the object of a carefully thought-out and enlightened learning process.

This statement appeared to include two separate issues, the moral judgments made about sexuality and the need for education about it, so the group decided to separate those

issues. Concerns were also expressed for making strong positive statements rather than using negative statements, and for separating the sexuality of the individual from the expressions of that sexuality, acknowledging cultural variations. Thus we agreed on the following wording: "2. Sexuality is a vital and factual human function. It manifests itself in every dimension of being a person. As an entity, it should not be subject to moral judgment; however, the expression of sexuality may be, and this varies in different cultures."

After additional discussions, the SIECUS Board adopted the following revised statement:

Principle 2. Sexuality is a vital and basic human function. It manifests itself in every dimension of being a person. Therefore, as a part of every human being, its existence cannot be questioned or subjected to moral judgment. However, because sexual behavior and attitudes vary in different cultures, these may become appropriate subjects for debate and moral judgment.

3. The sexual learning process or sex education of the child begins at birth with parent-infant pair-bonding—i.e., clinging, skin and face stroking, hugging, rocking, kissing, and the crucial elements of eye and voice contact with the infant. It continues and expands so that many of its important elements are completed before the child enters school, that is, the establishment of gender identity by age three, and of the beginnings of gender role and sexual-erotic functioning continuing onward through adolescence.

In discussing the statement, the group agreed to eliminate all age-specific references because of an absence of conclusive cross-cultural research; to include parent-figure as well as parent in identifying the primary interacting adult; and to include both formal and informal aspects of sex

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WHERE THE ACTION IS

Practical Application of the SIECUS/Uppsala Basic Principles

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The platform for the actualization of a basis concerning education for sexuality is now a reality. The SIECUS/Uppsala Principles represent the collective thoughts, experiences, and research of the SIECUS Board and a group of educators from various parts of the world. In considering applications and implementation, a first step would be translation of the principles into the languages of target audiences, an obvious need for cross-cultural applications. Equally significant, although initially less obvious, translations would take into account as well the reading, experiential, and actualization levels of intended audiences.

Professional groups will undoubtedly approach the issue of utilization with the statements as they are written. Other applications will consider settings and techniques. With young children, I tend to choose visuals, so pictures of children at various activities in several cultures are good discussion starters. One wonderful photograph is of children playing outdoors in their Norwegian day care center playground wearing varying amounts of clothes. Looking at this together always results in comments about experiences and body feelings such as running under a sprinkler, being at the beach, swimming, or playing in the bath. These are outstanding moments of sharing and learning.

With junior high school students, I would present a statement or question related to the principle being examined. At this developmental stage, a consideration of Principle 5 might begin with this restatement: "People can reproduce before they have developed the skills and resources to care for children. Both boys and girls must learn to be responsible for controlling and managing their fertility." We might then go on to explore when and why this responsibility might be assumed—or neglected.

In educating older adolescents and young adults about sexual identity, an outline of Principle 10 might be presented. "Important ways by which a person can express sexual identity include: (1) describing oneself as a male or female person; (2) showing qualities of masculinity or femininity in social behavior; (3) preferring same-sex or opposite-sex partners; and (4) describing one's orientation as heterosexual, bisexual, or homosexual." We might then go on to discuss characters they have encountered in film, television, theater, and books, or persons they have met in their own experience. The concepts presented by the Kinsey orientation continuum are a dramatic change from the black or white, either/or world they carry with them from childhood.

An adult course on human sexuality in a community setting might receive a rewrite of the principles, an approach also appropriate to a group of parents and professionals considering the initiation of a sex education program in schools. Relating discussions to the principles provides a focus on basic philosophy for such a program. Persons in such groups often show a need to resolve issues surrounding their own sexuality before they can become effective workers in such a project. Workshops presenting positive learning opportunities for members of such planning groups will prevent curriculum-content decisions from being made on the basis of fear, distrust, or repression. A point-by-point discussion may not be adequate to application of the principles. As is stated in Principle 15, learning must cover attitudes, feelings, and behavior as well as information. This also applies to groups with organizational responsibilities.

In considering use of the principles in a human sexuality course for educators, numerous possibilities exist. In one in-service group I might ask small groups to work on a statement of individual beliefs on a specific area of sexuality. The group will then compare their statements with the corresponding principles. Significant learning was in fact achieved for the colloquium participants by a similar process, and could also be accomplished with other groups. In a more formal setting, educators might be interested in examining an existing sex education curriculum to determine if and how the principles were reflected therein. Few programs for preschool or elementary sex education include information or activities beyond body-part identification, health and function, and the relationships within the nuclear family structure.

With an expectant-parent class, practical implementation of sex education principles at home is often addressed. New or young parents discover submerged attitudes and feelings through role-play situations related to common childrearing experiences. An early issue for young parents is genital self-touching of their child. Another approach might be to describe situations on cards to which both father and mother must respond with an agreed-upon approach. Here the issues are numerous. One especially interesting one is sexual privacy for the parents.

The SIECUS/Uppsala Colloquium has given professionals and lay persons basics for a universal approach to sexuality. The participants anticipate unimagined possibilities for implementation and application.

BOOK REVIEWS

Sexual Unfolding: Sexual Development and Sex Therapy in Late Adolescence.

Lorna J. Sarrel and Philip M. Sarrel.
Boston: Little, Brown and Co., 1979
(354 pp.; \$15.00).

*Reviewed by Mary S. Calderone, MD,
president, SIECUS.*

This important and deep book is a treasure trove of learning and experiencing for all those interested in, or uneasy about, their capacity to deal positively with the sexuality, and sexual mores and adjustments, of young people. The focus of the book's specific universe consists of undergraduates at Yale University.

Lorna Sarrel is a psychiatric social worker, and Philip Sarrel a gynecologist. Both became interested in the field of sexuality about 13 years ago and began directing their energies into this field wherever Philip Sarrel was located during his days of military service, beginning by teaching non-credit sex education courses at Mount Holyoke, Smith, and Amherst colleges. Ten years ago they were invited to provide gynecologic care for the incoming undergraduate females of the newly coed Yale University. They suggested that instead they provide a specialized sex-counseling service within the mental hygiene services at Yale—and out of their 10 years of experience, not only with students at Yale but at many other colleges and universities where they have taught courses in human sexuality, has come this book.

Parents and the general public tend to stereotype the person taking off for college for freshman orientation as, at long last, really "grown up." Whatever they may mean by that, there is little relevance to the real state of affairs, and the Sarrels, aware that only the short summer months separate the high school graduate from the college freshman, have appropriately designated their study and practice population as "late adolescents." Our times do not make for maturational experi-

ences, which means that what does not happen in high school must be given scope to happen in college. (For consideration of the blue-collar job world, which is quite another story, see Lillian Breslow Rubin's *Worlds of Pain*, reviewed in *SIECUS Report*, May 1978.)

The Sarrels strike their keynote concern on the second page, where they list the major changes that should take place during the years between puberty and adulthood. Among the seven listed on page 18 one finds #4, "an evolving sense of one's sexual identity," and #5, "increasing independence from one's family of origin and an ability to be intimate and loving with a friend (lover)." It is clear that these two must be closely related, along with a number of possible factorial permutations and combinations that become identified in skillfully presented case histories throughout the book. These would include attitudes about: the body as a valid or prohibited source of pleasure; the nature of intimacy and trust with one or both or neither parent as a secure, shaky, or nonexistent platform for developing intimacy with a significant other; self- and other-responsibility in meeting the demands of intimacy; use of fantasy in sifting the realities of sexual decisions.

The Sarrels use the term "sexual unfolding" to mean "a process made up of innumerable experiences during adolescence, by which a person becomes aware of himself or herself as a sexual being, a male or female, who relates to oneself and others, sexually, in some characteristic ways. When unfolding is successful the person becomes capable of satisfying sexual and psychological intimacy with another (nonfamily) person (or persons)" (p. 19). They identify the complex of factors involved in sexual unfolding as necessary for a steady progress toward achievement of a fully evolved sexual and psychological maturity. The age span for the major portion of sexual unfolding being 12–20, they identify the absolutely central importance to

that unfolding of body awareness, images, and experiences during these years.

In Chapter 2 they detail the learning experiences that are part of today's sexual unfolding: early dating, sharing private space, learning about one's body, giving and being given to, sexual pressures, feelings of sexual competence and mastery—all the inevitable factors that parents just as inevitably fear and resist as being intrusive on family relationships, and that appear to separate their child mysteriously from them and their control. Chapters 3 and 4 discuss the disturbances that sexual orientation and shallow sexual experiences like promiscuity and prostitution can cause to the smoothness of unfolding. The Sarrels, however, point out that these can or should be looked upon as learning experiences, and in fact they state their belief that "recreational sex is an important, perhaps indispensable part of human experience . . . particularly valuable in increasing the capacity for playful, nonguilt erotic pleasure" (p. 104). This is something that those of us still under the shadows of our psychologically puritan ancestry might well bear in mind.

Chapter 5 closes the descriptive discussion of sexual unfolding of the first section of the book with a finely honed consideration of its vital evolutionary stages, including development of the capacity—through experiencing—for intimacy, commitment, fidelity. There are some excellent verbatim interviews that reveal young persons' concerns as they move through these experiences and as the counselor helps them achieve perspective about them. If it has not been evident before, it is certainly evident here that, because of today's complexities and intruding factors, the length and complexity of the sexual learning experience truly requires the assent of society to an atmosphere open enough for learning and experiencing such as the Sarrels have created at Yale University. Such an atmosphere can serve the best ends

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.

not only of therapy but of the prevention of sexual dysfunction.

Section II details the methods and principles of physical examination, history taking, and therapy developed by the Sarrels as most useful for the population they serve. Chapter 6 discusses sex counseling, and Chapter 7 considers sex therapies in a university setting, with many histories as illustrations. This is perhaps the most striking chapter, as it draws our attention to the fact that, yes, these young people are correctly described as being in "late adolescence." Then the mind encompasses the equally ineluctable conclusion that their problems are exactly the same as those identified and classified in the ways now made classic by Masters and Johnson, LoPiccolo and Heiman, and other sex therapists. The conclusion from which there is no escape is that apparently our culture produces immature people psychosexually fixated at the early and late adolescent levels. This is reminiscent of one of the Kohlberg and Gilligan findings that, as compared to decision-making processes for resolving moral dilemmas in nonsexual areas, most people lag behind at far more immature levels in their sexual moral decision making.

Perhaps the most broadly applicable is Chapter 8, "A Sexological Approach to the Medical History and Physical Examination." The first five pages discuss medical findings in the physical exam, the next three discuss the physical exam as an educational experience, and the last ten pages cover using the physical exam to promote sexual unfolding, and include a one-page summary. Voilà: 18 short pages that should be required reading for all graduates and undergraduates in their pediatric, gynecologic, and family medicine rotations, for all residents and interns preparing to specialize in these areas, for the professors who are preparing them for this specialization, and for the physicians already practicing in them. Members of the ACOG, please note that there is strong likelihood that, with these approaches, your practices might bring to your attention patient problems that may be of more importance to your patients than the ones that sometimes bring them to your office.

Members of the Academy of Pediatrics may find it advisable in the very near future to include at least a token vulvar and superficial vaginal exam from earliest childhood on, simply to

avoid the kinds of problems identified and having to be treated in late, often still virginal, adolescence—whether nonmarital or marital.

Finally, a word on behalf of the hapless (because neglected) male of all ages. Pediatricians, urologists, family practitioners, and proctologists should be aware of a new field called andrology. This would include the sex-related problems of homosexual as well as heterosexual males. All those who treat couples, including many gynecologists, will also want to be aware of this development.

The final two chapters are devoted to contraception, pregnancy, and, illuminatingly, to sex education on campus. In the latter the Sarrels usefully devote 20 pages to the history, evolution, structure, and content of the Yale University Human Sexuality Program.

Because of its approach and content, this book will probably be of broader usefulness to sexologists in all subspecialties of human sexuality than almost any book published in the past 12 months. Its humanity and almost visionary perceptions of what "might be" if we just behave a little differently to our children and young people are not easily described in words, but have to be experienced by reading the book.

PR

Men: A Book for Women. James Wagenvoort and Peyton Bailey, eds. New York: Avon Books, 1978 (369 pp.; \$5.95 paper). **Women: A Book for Men.** James Wagenvoort and Peyton Bailey, eds. New York: Avon Books, 1979 (369 pp.; \$6.95 paper).

Reviewed by Betsy A. Kelly, MEd, Community Educator, Planned Parenthood of Northern New York, Inc., Potsdam, N.Y.; and Gary F. Kelly, MEd, Director, Student Development Center, Clarkson College, Potsdam, N.Y.; member, SIECUS Advisory Panel.

We approached these books with a degree of skepticism, since they seemed to have a sort of "gimmicky" appeal. Closer examination, however, not only captured our interest, but a degree of respect for their contents. Each volume was created by a staff of writers, editors, and production people, under the general editorship of James Wagenvoort. Even with so many hands in the work, the texts seem to maintain their continuity throughout.

At the same time, topics are sufficiently self-contained that sections of the books may be read independently or in differing sequences without any loss of impact.

Both books deal with sexuality at a variety of levels, ranging from genetics to sociocultural influences. There is a great deal of emphasis on breaking through stereotypical images of masculinity and femininity. A curious paradox of the books is that while obviously being nonsexist in their tone, the compartmentalization of topics into separate volumes carries in itself a certain kind of sexism.

The earlier chapters of the books deal with chromosomal and hormonal influences on sexuality, masculine or feminine images, and discussions of anatomy and physiology. The fourth chapter in each book deals with brain research and differences in brain function between males and females. Some highly controversial findings in this research are treated as if they were established fact. Later chapters deal with reproduction, contraceptive responsibility, sensuality, physical fitness and disorders, the world of work, interpersonal relationships, and parenting. The topic of masturbation is discussed more completely and sensitively in *Women* than it is in *Men*. We felt that the sexual dysfunctions, along with treatment methods, could have been covered more thoroughly, since these are concerns for so many couples.

The books are illustrated with cartoon-style drawings that are more pleasing and professionally done than similar efforts in other popular books. There are a number of marginal quotes and quips, many of which are humorous. Their value escaped us at times, although they can also be thought-provoking and interesting. The design and layout are attractive, and the books are easy to read and entertaining.

As with most books aimed at popular audiences, there are some oversimplifications and inaccuracies. Some "pop" research is cited as if it were scientifically valid. We were taken aback by such omnibus statements as "Castration literally separates a man from his manhood" (*Men*, p. 143) and "Women have more difficulty than men climaxing in each and every sexual encounter" (*Women*, p. 137). Still, the books are essentially sound, thorough, and well meaning, while conveying positive attitudes toward human sexu-

ality. They would appeal to a general readership and could be a recommended for joint reading by heterosexual couples needing or wanting to deepen their understanding of one another as sexual persons. The titles may represent a disservice to the books, since both volumes contain information of interest and value to both sexes. **LT, A**

Not My Daughter: Facing Up to Adolescent Pregnancy. Katherine B. Oettinger, with Elizabeth C. Monney. Englewood Cliffs, N.J.: Prentice-Hall, 1979 (184 pp.; \$8.95).

Reviewed by Helen Southard, MA, member, SIECUS Advisory Panel.

Oettinger's deep involvement in research on adolescent pregnancy through her social work and government experience is evident in her presentation of the scope of the problem and its human relations aspects. Occasionally the author seems to direct the message to middle-class families with both father and mother present in the home, speaking of communicating to their young daughters what it will mean to have a baby to care for while trying at the same time to carve out a life for themselves. In today's world, however, only one-third of U.S. adults live in a two-parent-and-children family. Thus without a father present, and even in instances where a teenager sees a child being cared for under adverse circumstances within her own home, a pregnancy may still take place.

Fortunately and wisely, no simplistic answers are given in this book, for Oettinger is well aware of the complexity of the problem of ferreting out the motivations for pregnancy in young teenage women. Nevertheless, she is right to urge communication between adults and teens at an early age as one step in prevention. Parents, reminded that they generally begin too late to discuss sex with their children, are advised to get together in groups to discuss the subject of adolescent pregnancy. Unfortunately, as many group workers are discovering, it is extremely difficult to get mothers to these sessions because many of them work and are unwilling to go to meetings in the evening.

The section on peer counseling is excellent and should help parents understand some of the "out of family"

help that can be another step in prevention. Also, the author presents some often-overlooked material on the role of the young man in situations of adolescent pregnancy, citing, for example, the statistic that the idea of pregnancy had not even occurred to 40% of young males involved.

Of special help to parents is Oettinger's carefully documented treatment of legal aspects such as the rights of minors to receive services without parental consent. Also, she presents clearly and objectively the options available to teenage young women.

The book is neither lengthy nor ponderous. It presents both anecdotal material and hard facts drawn from excellent studies, with a resource list at the end that will be useful to many readers. The author's plea is that parents, as the important sex educators of their children, should become aware of the ubiquity of the problem and realize that the issue cannot be avoided, for what is truly an epidemic of adolescent pregnancies cuts across economic, racial, and ethnic lines. The author, who says modestly and correctly that no one fully understands how to combat the sweeping forces that are responsible for this wave of pregnancies, concludes that more is known about its consequences than its causes. But the book will be helpful to parents and to those leaders in the field who are seeking perspectives on the problem in their search for preventive measures. **P, PR**

Positively Gay. Betty Berzon and Robert Leighton, eds. Millbrae, Calif.: Celestial Arts, 1979 (219 pp.; \$4.95 paper).

Reviewed by Charles Silverstein, PhD, ACS, author of A Family Matter: A Parent's Guide to Homosexuality (McGraw-Hill, 1977) and The Joy of Gay Sex (Crown, 1977). His third book, Man to Man, a book about gay male love relationships, will be published by T. Y. Crowell in 1980.

Of the many books that have appeared in the past few years about homosexuality, a good proportion are meant for gay people themselves, designed to help them cope with some of the adversity placed in their path by a hostile world, and to provide useful information about available resources. *Positively Gay* is a recent publication of this type. In contrast to material written by some professionals who are forever try-

ing to reason out etiology and treatment, this book should be "positively" useful for its gay readers.

Some of the areas discussed are couple relationships, attitudes toward religion and homosexuality, coming out, gay parents (and parents of gays), aging (hurrah for the editors), and legal and financial matters. With a few exceptions, the chapters are well written, lucid in their discussion, and, in my estimation, bound to be very helpful particularly for those who are just coming out or are isolated from other gay people geographically, and also for their families.

The title of the book is well chosen, since the authors affirm in every way their admiration of their own lives and their hope of becoming sources of positive contagion to other gays by illustrating the dimensions in the life of a gay man or woman. This they have done well.

No book is perfect and this one has a few flaws. One chapter by Berzon, "Developing a Positively Gay Identity," contains a huge list of famous, supposedly gay people from the past to the present, ranging from Zeno of Elea to David Bowie and Elton John among the men, and from Sappho to Janis Joplin for the women. Alas! It also lists Ernst Rohm. Perhaps it is time to say that these lists are no longer necessary and are even ill advised. Aside from the fact that a contemporary gay man has little in common with Zeno or Alexander the Great (including their sexual proclivities), the space might better have been used to continue the authors' admirable job of informing readers about their own attributes.

The emphasis on religion is also interesting since some selective sense of fair play on the part of the editors led them to ask for chapters from the Catholic, Protestant, and Jewish religions, but not from those who believe religion is passé, even oppressive. Why not a chapter from a gay person who rejects organized religion and holds a new view of morality and human values? Some readers may actually find the book "square" because of its traditional notions of love relationships and religion, and its total lack of any radical views.

One last comment. There has been much valid criticism by women that writers say "gay" but mean "male," and ignore lesbian attitudes and behavior entirely. They ask for separate

chapters about such lesbian issues. The editors here have included a chapter written by a lesbian about lesbian couples, but behold, the chapter on gay couples is then written by another lesbian. If men should not write about women, then women should not write about men!

Any collection of essays is bound to be a mixed bag, appealing more to one person than another, needed by one person more than another. As a collection, this book is certainly recommended as a fine compilation of thoughts and opinions on issues that are important to gay people everywhere. **A**

Havelock Ellis: Philosopher of Sex.

Vincent Brome. Boston: Routledge and Kegan Paul, 1979 (271 pp.; \$21.50).

Reviewed by Edward M. Brecher, author of The Sex Researchers (expanded edition, 1979).

As the author of a chapter (in *The Sex Researchers*, expanded edition, San Francisco: Specific Press, 1979) on the life of Havelock Ellis (1859–1939), I am well aware of the shortcomings of earlier accounts of his life—including Ellis's autobiography *My Life*, and *Friendship's Odyssey*, the account by Ellis's last mistress, Françoise Delisle. Hence I picked up this new volume with high hopes. My hopes rose even higher when I learned from the preface that Vincent Brome had gained access to hundreds of unpublished letters to and from Ellis and to an unpublished 15-year diary kept by Ellis, all made available by Delisle—along with “over seven hundred unpublished documents” from other sources. Here at long last, I thought, I will learn the truth about Havelock Ellis.

Alas, there is almost nothing new here. The gaps in our knowledge of Ellis remain for the most part unfilled. One reason for my disappointment is Brome's annoying habit of paraphrasing his sources rather than quoting them. Brome writes, for example, that a pupil of young Ellis's named Minnie “liked to stand very close to him, while disturbing impulses passed between them, until, almost irresistibly, his hand was driven into minor caresses. His attraction to Minnie had physical reactions which he promptly recorded at some length in his diary.” Ellis himself said this (and much more) much

better: “Sometimes, after she had snuggled up to my side with her slate of sums, and the hours of school were over, and I started off alone with my Shelley into the bush, I would feel, for the first time in my life during waking hours, the physical presence of the impulse of sex.”

Part of Brome's failure to quote directly may be for copyright reasons. He explains that after Delisle had made her Ellis materials available to him, “difficulties developed between Mme Delisle and myself which made it necessary to suspend publication.” Since Delisle was Ellis's literary executor, she was in a position to deny him permission to quote. But many of Brome's previously unpublished sources were *not* under Delisle's control—and they, too, are rarely quoted directly. Despite his lavish expressions of thanks to Margaret Sanger for information, he adds little to our knowledge of Sanger's love affair with Ellis—an affair important in the lives of them both. He fails even to mention Ellis's relationship with the American poet H.D.

Brome is the author of earlier biographies of Freud and Jung, and he occasionally seeks to analyze Ellis in Freudian terms. I myself would prefer an analysis in Ellisian terms.

In short, Ellis's *My Life* and Delisle's *Friendship's Odyssey* remain, despite their shortcomings, the best accounts of Ellis's long, fascinating life.

Questions and Answers About Love and Sex. The Editors of *Bride's* magazine and Mary S. Calderone. New York: St. Martin's Press, 1979 (158 pp.; \$8.95).

Reviewed by Robin Dow, past training coordinator and current evaluations coordinator of Reachout, a 24-hour crisis intervention and referral service, Postdam, N.Y.

This book is an excellent guide and reference source for prospective brides and grooms, newlyweds, and older married couples alike. With its easy-to-understand, informal style, it puts the reader at ease, while at the same time answering questions about subjects with which some readers may be uncomfortable, such as masturbation and orgasm.

The authors deal with many of the common questions which readers of *Bride's* magazine have sent in to the

column entitled “Sex and You” during the past several years. Insightful, sometimes humorous, always realistic, the book covers such topics as intimate health care, communication, and birth control in a straightforward manner. Many of the embarrassing questions we would hesitate to ask even our most intimate friends are answered in an intelligent and sensitive manner.

One of the book's most outstanding aspects is its practicality. Throughout every chapter, examples of new ideas and techniques are presented in addition to the answers to the questions. The reader may find that these suggestions are very useful in adding new dimensions to his or her relationship.

Another valuable asset is the extensive bibliography provided at the end. Numerous references are made throughout the text to the pertinent supplemental reading material that is available should the reader wish to explore further any specific topic.

The book's sensitive approach to the beauty to be found in a fulfilling sexual relationship will encourage the development of healthy sexual attitudes in anyone who reads it. **LT, A**

Men Who Rape The Psychology of the Offender

by **A. Nicholas Groth, Ph.D.**
Director, Sex Offender Program,
Connecticut Correctional
Institution at Somers
with **H. Jean Birnbaum**
Graduate Program in Criminal
Justice, Northeastern University

“... examines important areas of rape, such as female offenders, male rape and the rape of elderly persons, which have been previously neglected... [it] should be required reading for any professional working with offenders or victims of sexual violence.”

—**Linda Tschirhart Sanford,**
author of *In Defense of Ourselves*

225 pp., illus., 1979, **\$15.00**

Prices slightly higher outside the U.S.



227 West 17th Street
New York, N.Y. 10011

THE SIECUS/UPPSALA PRINCIPLES BASIC TO EDUCATION FOR SEXUALITY

The principles that follow were first set down by SIECUS staff in 1976, then commented on at length and approved with changes by the SIECUS Board of Directors in 1977. The board again considered them in 1978, with further refinement.

In the summer of 1979 a group of sex educators generously came at their own expense to Uppsala, Sweden, to attend a SIECUS/New York University Colloquium. They were invited for the specific purpose of couching the principles in language that might be less technical and therefore more readily translatable for other languages, cultures, and levels

of education. The versions they finally agreed upon were once again submitted to the SIECUS Board, whose relatively few comments are herewith integrated.

The purposes to which SIECUS proposes to put these principles are, first, to provide a position base broad enough to be acceptable to health workers everywhere, and second, to enlist official support for the document by organizations in the health field throughout the United States and elsewhere in the world. Comments on the usefulness of these principles will be welcomed.

Michael A. Carrera, EdD, Chairperson, SIECUS Board of Directors

Mary S. Calderone, MD, President, SIECUS

Definition

The SIECUS concept of *sexuality* refers to the totality of being a person. It includes all of those aspects of the human being that relate specifically to being boy or girl, woman or man, and is an entity subject to life-long dynamic change. Sexuality reflects our human character, not solely our genital nature. As a function of the total personality it is concerned with the biological, psychological, sociological, spiritual, and cultural variables of life which, by their effects on personality development and interpersonal relations, can in turn affect social structure.

The Principles

1. Human sexual functioning begins in the uterus and, in one or all of its many aspects, will continue throughout the life cycle of all human beings.

2. Sexuality is a vital and basic human function. It manifests itself in every dimension of being a person. Therefore, as a part of every human being, its existence cannot be questioned or subjected to moral judgment. However, because sexual *behavior* and *attitudes* vary in different cultures, these may become appropriate subjects for debate and moral judgment.

3. Sexuality is learned as the result of a process that should not be left to chance or ignorance. The sexual learning process actually begins with the intimate relationships between the father and the parents or parent-figures, e.g., with clinging, skin and face stroking, hugging, rocking, kissing, and the crucial elements of eye and voice contact with the infant. These constitute only a small part of what leads to the establishment of gender *identity* before the age of three. With relation to acquiring positive attitudes about one's gender *role*, this learning process continues throughout life. It is important that the informal process of sex education

within the family be supported by planned, enlightened learning opportunities offering information at appropriate times in the growing period.

4. The developing child's sexuality is continually and inevitably influenced by daily contacts with persons of all ages and especially by contacts with peers, the family, religion, school, and the media.

5. In many cultures, for both boys and girls reproductive maturity precedes by some years emotional and social readiness for parenting. Puberty, with the arrival of reproductive capacity, can be made of especial significance for enhancing the sexual learning process.

6. While the reproductive and pleasurable aspect of genital sexual expression may occur together, it is possible for humans to separate each from the other. The development of values recognizing and acting upon this fact can facilitate acceptance of family planning in order to allow individuals to enjoy their sexual lives in a socially responsible manner.

7. Sexual self-pleasuring or masturbation is today medically accepted as a natural and nonharmful part of sexual behavior for individuals of all ages and both sexes. It can help girls, boys, women, and men to develop an affirmative sense of body autonomy. It is a source of enjoyment and can provide an intense experience of the *self* as well as preparation for experiencing an *other*. Many persons, however, do not express their sexuality in this way and this also is an individual choice.

8. In providing healthy perspectives on sexual practices and attitudes for children, the aim should be to facilitate a child's capacity and right to explore, enjoy, and integrate sexuality into his or her developing self-concept. Thus the most constructive response to, for example, masturbation, nudity, and rehearsal sex play, would be to teach children to under-

stand them as personal rights that are subject to responsibility for the rights of others and to appropriate degrees of privacy within the family and the community. It should be recognized that such experiences can contribute positively to their future sexual health.

9. Children of all ages have the capacity to establish caring, loving relationships with people of all ages. These relationships should be seen as important elements in the development of their sexuality, and some can even continue throughout life.

10. The expression of sexual orientation is a fundamental human right. Preference for sexual partners and sexual relationships (sexual orientation) is one important component of an individual's sexual identity, which thus includes gender identity, gender role, sexual orientation, and recognition of the self as a sexually functioning person. The examination and understanding of these components can lead to an understanding by a person of the degree to which he or she is heterosexual, bisexual, or homosexual.

11. The manner in which sexual orientation occurs is not known, but it appears that it is established early in life. The majority of individuals have some elements of both homosexuality and heterosexuality in their makeup which may or may not be identified or expressed by the individual throughout his or her life.

12. All human beings, regardless of sexual orientation, may be subject to personal difficulties which are not necessarily related to that orientation. Social structures or attitudes which lead to repression of sexuality in general, and homosexuality and bisexuality specifically, may cause individual and interpersonal difficulties.

13. The sexual orientation of any person, whether child, adolescent, or adult, cannot be changed solely by exposure to other orientations. Occasional and/or situational sexual

experiences are not necessarily indicative of a person's sexual orientation.

14. Sex education can be formal or informal. Everyone receives sex education in one way or another. All persons are informal sex educators whether or not they are aware of it. Formal sex education should be planned and implemented with careful attention to developmental needs, appropriateness to community settings and values, and respect for individual differences.

15. Sensitive sex education can be a positive force in promoting physical, mental, and social health. It should be geared to the three levels of learning— affective, cognitive, and operative—and should begin as early as possible.

16. Television and other mass media have an important and widespread impact on the community. Their vast potential for informal and formal sex education should be put to productive use.

17. Rational understanding and acceptance of the wide range of possible expressions of sexuality constitute one goal of education for sexuality. Where sexual fulfillment is limited by life circumstances, or restrictive lifestyles such as aging or disability, alternative ways of meeting the need for such fulfillment should be encouraged and facilitated by society. However, when sexual expression infringes on the freedom of choice of other persons, management must then be consistent with basic human rights.

18. All health, social science, religious, teaching, and counseling professionals should receive education in human sexuality.

19. It is the right of every individual to live in an environment of freely available information, knowledge, and wisdom about sexuality, so as to be enabled to realize his or her human potential.

DO YOU KNOW THAT...

Sex and Disability

The Second National Symposium on Sexuality and Disability will be held under the aegis of the University of California at San Francisco on May 16–18, 1980, at the Claremont Hotel in Berkeley, California. For details, contact the Sex and Disability Unit, Human Sexuality Program, 814 Mission Street, 2nd Floor, San Francisco, CA 94103.

New Master's Program

The University of Pennsylvania Graduate School of Education is now offering a master's program in human sexuality (10 course units). Each student's program is individualized, with courses being offered in such areas as history of sexuality and moral culture, psychosexual development, relationships and

sexuality, and human sexual function and dysfunction. For further information about the Master of Science in Education in Human Sexuality Program, write to: Andrew E. Behrendt, Graduate School of Education, 3700 Walnut Street, Philadelphia, PA 19104.

San Francisco Conferences

On February 9–10, 1980, the Department of Continuing Education in Health Sciences of the University of California at San Francisco will sponsor two separate symposia to be held at the Sheraton-Palace Hotel. They are entitled "The Health of the Young and the Development of Sexuality and Gender" and "Contraception Update 1980: Current Problems and Potential Solutions."

On March 1–2, 1980, under the same sponsorship, a symposium will be presented concerning "Health Communication for Providers and Consumers." For further information about these conferences, write to Ms. Tecoa Bruce, University of California, Continuing Education in Health Sciences, 24 Kirkham, San Francisco, CA 94143.

AUDIO-VISUAL REVIEWS

SEX EDUCATION FILMS

Reviewed by Deryck D. Calderwood, PhD, Director, Human Sexuality Program, New York University; member, SIECUS Board of Directors.

Am I Normal? 16 mm, color, 24 min. Price, \$375; rental, \$35. New Day Films, P.O. Box 315, Franklin Lakes, NJ 07419.

This film for adolescent boys (girls, teachers, and parents will benefit, too) is a real winner! It deals frankly with the concerns, attitudes, and typical experiences of young males in a humorous and warmly human manner. In situation-comedy style we follow Jimmy and his two buddies through a series of episodes that provide specific information on penis size, erections, wet dreams, masturbation, and general information about sex. The film deals with the issues of the embarrassment involved in communicating about sex, the difficulty in finding accurate information, peer pressures, and sex-role stereotypes. The characters of the three boys are well drawn and they are portrayed by three 13-year-olds who demonstrate the wide range of physical development common at that age. Jimmy's quest for information brings him into contact with a variety of adults, not all of whom are paragons of knowledge and understanding, but who are sympathetically portrayed. The message is that pursuit of authoritative sex information is legitimate and that adults can be found who are willing to discuss sexual matters with young people. The acting and production values are first rate; the content is on target and winningly presented. It is an excellent film that makes sex education fun!

Happy to Be Me. 16 mm, color, 25 min. Price, \$425; rental, \$40. Arthur Mokin Productions, Inc., 17 West 60th Street, New York, NY 10023.

This documentary-style film is based on a survey of more than 600 students (K-12) from one of New York City's

public school districts, representing a wide variety of socioeconomic, racial, and ethnic backgrounds. The results of this research on attitudes about sex roles are presented through brief portions of the filmed interviews with young people from 5 to 18 years of age. The selected excerpts present a mixture of humorous, stereotypical, insightful, naive, thought-provoking, and liberated viewpoints. The effect is both depressing as we perceive the rigidity of sex roles at early ages, and hopeful as we hear and see refreshingly open attitudes toward gender. The photographic sequences of school yards at recess and recreation periods used to visualize the narrative portions are well selected to depict a range of sex-role attitudes and do not distract the viewer from listening to the report. The film is perhaps longer than absolutely necessary, and due to the format may seem a bit slow in getting started, but it gains in impact and is an engrossing and challenging contemporary record of childhood and adolescent views on gender roles. An accompanying guide provides the statistics on the 14 basic questions in the interview schedule broken down by sex and by age groupings 5-9, 10-13, and 14-18. In combination, the film and guide make an excellent educational resource on one of the most basic aspects of our sexuality today.

The Teenage Mother: A Broken Dream. 16 mm or video cassette, color, 14 min. Price, \$250; no rental (some University Film Libraries handle rentals). Produced for CBS News, distributed by Carousel Films, 1501 Broadway, New York, NY 10036.

This is a well-edited, concise case history of a 15-year-old unwed mother in Grand Rapids, Michigan, where the Board of Education has set up the Park School to help pregnant girls prepare themselves for labor and delivery as well as to continue with their high school studies. Mary has had one abortion prior to the present pregnancy. Although her mother tried to persuade

her to give her baby up for adoption, Mary has been determined to have a child of her own, and is hopeful that the father of the child will marry her. The filmed interviews with her mother and with the director of the Park School bring out the issues involved in teenage pregnancy. There is, however, no interview with the 16-year-old father; although he appears in the film, his situation and concerns are not considered. We learn in postscript that the father deserts Mary, the baby is placed in a foster home, and Mary's mother will no longer support her. This brief documentary brings to life all the tragic statistics about adolescent pregnancy.

Rose by Any Other Name. 16 mm, color, 15 min. Price, \$295; rental, \$40. Adelphi University Center on Aging, 141 Main Street, Hempstead, NY 11550.

This film helps us understand older people's need for touch, affection, love, and personal dignity. Rose Gordon is a 79-year-old woman living in a long-term-care facility. She has developed an intimate relationship with a male resident and quietly finds her way into his room at night. When she is discovered in bed with him by the staff of the nursing home, the administration and her family attempt to stop such "indecent" behavior. Rose is at first intimidated by the threat of being expelled from the nursing home, but finds she cannot give up a relationship that means so much to both herself and her partner, and this precipitates a crisis. The resolution of the problem will prompt realistic awareness of the needs of older people for privacy, freedom of association, and expression of their sexuality. The poignant presentation of Rose's situation provides an excellent springboard for frank discussion of sexuality and aging. While the technical aspects of the film are not of the highest quality, the acting is professional and the dramatized experience is a compelling one. It is appropriate for a wide range of ages and will be an asset to classes and workshops in sexuality in a variety of settings.

RESEARCH NOTES

This summary was prepared by Stephen Sloan, PhD, Staff Fellow in charge of Sex Education Projects, Bureau of Health Education, Center for Disease Control, Department of Health and Human Resources, Atlanta, Georgia.

Federal Government Research

Because it is so important for sex educators to stay abreast of new research in the field, "Research Notes" has been reinstituted as a regular feature in the *SIECUS Report*. This issue's column will focus on research done or funded by the federal government. There has been a surprising amount of federal research, much of it devoted to the area of adolescent pregnancy, with the results substantiating the critical need for sex education.

The Center for Population Research of the National Institute of Child Health and Human Development has funded seven demographic studies focusing on the consequences of early childbearing on the later social and economic status of the mother and her family, specifically in education, family size, marriage and marital instability, labor force participation and earnings, welfare receipt, and poverty. An overall summary of these reports indicates that important negative consequences of teenage childbearing for the young mother and her family are not always direct, but seem to constitute part of a chain of events that undermine future social and economic well-being. Although this may appear to be common knowledge, these studies offer excellent statistical data verifying the consequences. Copies of these studies are available through the National Technical Information Service, U.S. Department of Commerce, Springfield, VA 22161. The price list should be requested before ordering.

The Bureau of Health Education at the Center for Disease Control has instituted research projects focusing on several aspects of sex education. Their goals in this research include reducing unwanted pregnancy, increasing mental health through increased sexual health, and reducing the venereal disease rate.

The first project, "An Analysis of U.S. Sex Education Programs and Evaluation Methods," has now been completed (see *SIECUS Report*, November 1979). It is a six-volume report which extensively reviews the literature on sex education programs, identifies the important features and outcomes of programs, selects and summarizes superior school and nonschool programs, reviews previous methods of evaluating programs, and develops new methods for further such evaluation. The new methods for evaluating sex education programs have been and will continue to be the most valuable contribution of this report to the field of sex education since few tested methods existed previously. The report concludes with an extensive bibliography reviewing the entire field of sex education.

As a follow-up to this report, three new major contracts in the area of sex education have been awarded. The first

examines the barriers to school and nonschool sex education programs with a focus on the community level. Barriers at the state and federal levels will also be analyzed, and subsequently, effective strategies for overcoming these barriers and implementing such programs are to be developed. The second contract will carefully identify and rate the important features of programs for the parents of young people ages 5 to 17. Parent programs will also be developed in Washington, D.C., Syracuse, N.Y., and an as yet unspecified third site, and then carefully evaluated based on the impact of these programs on parents, their children, and the relationships between them. The third contract will provide support to 10 school and nonschool programs and help to develop five completely new school programs. This support will facilitate teacher training, purchase of materials, expansion of programs to other grades, etc. The contractor will carefully evaluate the effects of these programs, helping to develop and provide strategies for implementing sex education programs for both parents and teenagers.

A project that is just beginning at the Center for Disease Control, in the Professional Services and Consultation Division in the Bureau of Health Education, involves the production of tapes on human sexuality. Tape-recorded messages for use with Health-Line or Tel-Med systems will be developed, implemented, and evaluated. The Denver, Colorado, area is the testing site for this project. Specific tapes heard anonymously over the phone, to be based on community needs, will be developed in hopes of reaching more people who have questions about certain areas of sexuality such as masturbation, birth control, etc.

The Bureau of Health Education plans future research into sex education focusing on teacher training, peer sex education, and sex education for the disabled. For further information, contact Dr. Walter Gunn or Dr. Stephen Sloan, Bureau of Health Education, CDC, 1600 Clifton Road, Building 14, Room 10, Atlanta, GA 30333.

The Office of Family Planning of the Bureau of Community Health Services is sponsoring several research projects of interest. One such project nearing completion is to develop and test three prototypes of educational materials for use by parents in providing guidance to their children in the areas of family life education and decision making regarding family planning and personal sexual behavior. The target audience is parents, and preadolescents and adolescents ages 9 to 16.

Another project from this same office designed, developed, and demonstrated in two sites a model educational program for adolescents that emphasized human values and sexual responsibility. This resulted in a manual entitled A

Decision-Making Approach to Sex Education: A Curriculum Guide and Implementation Manual for a Model Program with Adolescents and Parents. The manual is designed in a "how to do it" form with chapters ranging from "How to Get Started" through "Evaluation." It can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20242 (include DHEW Publication No. [HSA] 79-5608 in your request).

In the Bureau of Community Health Services several projects are being completed. One especially related to sex education involved producing a 16-mm color/sound motion picture and instructor's manual for use by professionals, with the focus on male involvement in family planning. This film is completed, and information can be obtained from Richard Deltrick, Bureau of Community Health Services, Parklawn Building, Room 9A-31, 5600 Fishers Lane, Rockville, MD 20857.

The Office of Adolescent Pregnancy Programs, a fairly new office with the potential to provide some leadership regarding problems in this area of concern, will be funding several projects of interest to sex education professionals. This office is located in the Hubert H. Humphrey Building, Room 725H, Washington, DC 20002.

Future columns for "Research Notes" will present detailed descriptions of significant individual sexuality research projects, with accompanying evaluation when available. *SIECUS Report* readers who are involved in or aware of such projects, whether government or nongovernment sponsored, are urged to write me (at the SIECUS office) so that they may be considered for inclusion in this series. To be optimally valuable, research must be shared.

DO YOU KNOW THAT...

SSSS Conference

"Sex Research: Attitudes Across the Lifespan" will be the theme of the April 26-27, 1980, Philadelphia conference organized by the Eastern Regional Chapter of the Society for the Scientific Study of Sex. For further information, write to: SSSS Eastern Regional Chapter, P.O. Box 84, Leonia, NJ 07605.

California Survey

Under sponsorship from the California Department of Health Services, Office of Family Planning, the Planned Parenthood of Santa Cruz County is undertaking a survey of family life and sex education programs in the State of California. Projects will be described and catalogued for inclusion in a resource manual to be published in June 1980. In addition, the project will be seeking to establish the beginnings of a statewide network of citizens interested in the field of family life education. To be included as part of this California network, write to Steven Bignell or Liz Warshaw, Planned Parenthood, 212 Laurel Street, Santa Cruz, CA 95060, including your current address and occupation, the age/grade level or other primary identifying category of those persons with whom you work, and the names of any California family life education projects (since 1974-75) that should be considered for the statewide resource manual.

Uppsala Connection. Continued from page 2

education. As we at Uppsala endorsed it, the statement read: "3. Sexuality is a learned process and should not be left to chance or ignorance. The sexual learning process of a child begins with, for example, the intimate relationships between the infant and the parents or parent-figures, i.e., with clinging, skin and face stroking, hugging, rocking, kissing, and the crucial elements of eye and voice contact with the infant. This leads to the establishment of gender identity and gender role at an early age, and this learning process continues throughout life. It is important, therefore, that the informal process of sex education be enhanced by a planned, enlightened formal teaching process."

The final version adopted by the SIECUS Board added further concept clarification:

Principle 3. Sexuality is learned as the result of a process that should not be left to chance or ignorance. The sexual learning process actually begins with the intimate relationships between the infant and the parents or parent-figures, e.g., with clinging, skin and face stroking, hugging, rocking, kissing, and the crucial elements of eye and voice contact with the infant. These constitute only a small part of what leads to the establishment of gender identity before the age of three. With relation to acquiring positive attitudes about one's gender role, this learning process continues throughout life. It is important that the informal process of sex education within the family be supported by planned, enlightened learning opportunities offering information at appropriate times in the growing period.

4. *The growing child will continually receive reinforcement or disturbance of his/her gender identity, gender role, and sexual-erotic expression et al., by daily contact with adults and peers.*

The group agreed that the reinforcement or disturbance was focused on the total sexuality, and that it was affected by contacts not only with people but also with institutions.

Principle 4. The developing child's sexuality is continually and inevitably influenced by daily contacts with persons of all ages and especially by contacts with peers, the family, religion, school, and the media.

5. *In most boys, reproductive and sexual maturation automatically come together in the teen years, so that by age 18 practically 100% of males have experienced orgasm with ejaculation of sperm and semen.*

6. *In girls, reproductive maturation is also automatic, usually by the early teens while their sexual-erotic maturation process is still proceeding. But the latter is not automatic as it is with boys, for by the age of 18 only around 50% of women have experienced orgasm, although most have discovered simple genital pleasure considerably earlier.*

The group decided that the focus of Statements 5 and 6 was essentially on the differences between reproductive maturity and readiness for parenting, both socially and emotionally. It therefore combined them into one, taking into consideration that in some cultures parenting is expected as reproductive maturity occurs.

Principle 5. In many cultures, for both boys and girls reproductive maturity precedes by some years emotional and social readiness for parenting. Puberty, with the arrival of reproductive

capacity, can be made of especial significance for enhancing the sexual learning process.

7. In animals, erotic and reproductive functioning are closely interconnected. By contrast, in humans the two are entirely separable. But with erotic functioning of paramount interest, reproduction is most often not deliberate even today, but continues throughout the world to be a primarily accidental by-product of sexual pleasure. Such modification of sexual-erotic functioning as occurs is for the most part by societal indoctrination, because of human capacity for choice and decision, usually based on culture-related values.

"Forget animals! Let's leave our statements to humans." "While it may be true that pleasure and reproduction are separable, let's not imply that reproduction cannot be pleasurable." "We do need to highlight that sometimes people have concerns because their value system is developed for reproduction alone and yet they wish to enjoy genital sexuality without reproduction." "This is the first time that the term 'genital sexuality' has been used. We need to be very specific in identifying that we are talking about genital pleasure." "And we want to recognize that we are not focusing on orgasm."

Thus the Uppsala version of this statement was worded as "6. While the reproductive and pleasurable aspects of genital sexual expression may occur together, it is possible for humans to separate each from the other. The development of values recognizing and acting upon this fact will allow individuals to enjoy their sexual lives in a socially responsible manner."

The final version adopted by the SIECUS Board reads:

Principle 6. While the reproductive and pleasurable aspects of genital sexual expression may occur together, it is possible for humans to separate each from the other. The development of values recognizing and acting upon this fact can facilitate acceptance of family planning in order to allow individuals to enjoy their sexual lives in a socially responsible manner.

8. Masturbation is totally without physical harm. From the physiologic point of view there exists no such thing as "too much" masturbation or orgasm: the body has built-in protective mechanisms that, following orgasm and ejaculation, result in refractory periods, the duration of which is different for each person, or at different times or situations in individual lives. Such long-lasting harmful effects as are related to masturbation derive predominantly from negative and repressive reactions to it from authority figures who, observing it in children, then instill in them guilt, fear, and distaste that subsequently often extend to all sexual matters.

First, there was concern for the definition of masturbation: "After all, we are not discussing mutual masturbation." This was solved by using "sexual self-pleasuring" as an explanatory phrase. Second, the group decided to include a reference to research on masturbation, refuting the mythology of its being harmful and supporting its expression in people of all ages. Third, there was concern expressed about making the statement sound as if it were wrong for one to abstain from masturbation; yet retaining positive wording was important.

Principle 7. Sexual self-pleasuring or masturbation is today medically accepted as a natural and nonharmful part of sexual

behavior for individuals of all ages and both sexes. It can help girls, boys, women, and men to develop an affirmative sense of body autonomy. It is a source of enjoyment and can provide an intense experience of the self as well as preparation for experiencing an other. Many persons, however, do not express their sexuality in this way and this also is an individual choice.

9. In providing healthy perspectives on sexual self-pleasuring practices and attitudes, the goal is to promote a child's positive and integrated self-concept as a sociosexual person. Thus the most constructive response to sexuality in general and to masturbation and nudity in particular is to socialize the child to understand them as personal rights subject to appropriate and necessary degrees of privacy. It is recognized that at present many sociocultural environments may at times be hostile to such rights.

10. Small children in all cultures usually seek to engage in sexual-erotic rehearsal play by themselves and with each other. It should be recognized that, in the prevention or absence of such experience, their sexual-erotic life after puberty can be subject to impairment that may lead even to extreme abnormality.

The group decided to incorporate both of these into one statement, because they appeared to be focusing on the single issue of childhood sexuality and adult reactions to it.

Principle 8. In providing healthy perspectives on sexual practices and attitudes for children, the aim should be to facilitate a child's capacity and right to explore, enjoy, and integrate sexuality into his or her developing self-concept. Thus the most constructive response to, for example, masturbation, nudity, and rehearsal sex play, would be to teach children to understand them as personal rights that are subject to responsibility for the rights of others and to appropriate degrees of privacy within the family and the community. It should be recognized that such experiences can contribute positively to their future sexual health.

11. Children before puberty, especially in the kindergarten age, establish romantic pair-bonds or love affairs. Although a few of these might survive beyond childhood, usually the first of a series of intense and longer lasting love bonds begins in adolescence.

There was much discussion about the intent of this statement. "Why separate out the relationships established in childhood and lower their importance?" The relationships that children establish with both peers and adults were viewed as being very important to the dynamic process of developing sexuality. It was decided not to separate out romantic attachments with peers but to include all types of caring, loving relationships and to expand the age range to include the life span, with the idea that these relationships are important throughout life.

Principle 9. Children of all ages have the capacity to establish caring, loving relationships with people of all ages. These relationships should be seen as important elements in the development of their sexuality, and some can even continue throughout life.

12. Heterosexuality, bisexuality, and homosexuality appear to be learned sexual orientations acquired very early in life—in all probability well before 10 years of age although it is at present not possible to determine precisely the manner

in which this occurs. Thereafter they are not subject to significant change, except that, by its very nature, bisexuality may create the illusion of change. In light of these facts it is clear that the state of being heterosexual or homosexual cannot be considered to be a decision capable of being made consciously by a person.

13. Bisexuality is not necessarily 50/50, but appears in all ratios of masculine/feminine. The majority of human beings have, at the least, some minor proportion of bisexuality in their makeup, even though it may remain erotically unexpressed throughout their lives.

While there was general agreement that sexual orientation was learned, there was much discussion about the age at which it was established, resulting in a discussion of the definition of orientation. A subgroup was asked to develop such a definition, and in so doing, generated a new term, sexual identity, which included all the elements as expressed in the new Principle 10, with orientation being very specifically identified as partner and relationship preference. The group agreed that elements of homosexuality and heterosexuality were present in the majority of humans, even though not necessarily expressed. The group decided to maintain the basic ideas from the original statements, but to separate them in a different way, with the right of expression and definition in one, and development and identification in the other. Our version thus read: "10. The expression of sexual orientation is a fundamental human right. Sexual orientation is an important component of an individual's sexual identity. This sexual identity includes gender identity, gender role, preference for sexual partners and sexual relationships (orientation), and self-recognition. The examination and understanding of these components determine the degree of a person's heterosexuality, bisexuality, or homosexuality."

After additional deliberations, the SIECUS Board adopted a revised Principle 10:

Principle 10. The expression of sexual orientation is a fundamental human right. Preference for sexual partners and sexual relationships (sexual orientation) is one important component of an individual's sexual identity, which thus includes gender identity, gender role, sexual orientation, and recognition of the self as a sexually functioning person. The examination and understanding of these components can lead to an understanding by a person of the degree to which he or she is heterosexual, bisexual, or homosexual.

Principle 11. The manner in which sexual orientation occurs is not known, but it appears that it is established early in life. The majority of individuals have some elements of both homosexuality and heterosexuality in their makeup which may or may not be identified or expressed by the individual throughout his or her life.

14. All human beings, whether heterosexual, bisexual, or homosexual, are subject to personality difficulties and their problems tend to relate to these rather than to their sexual orientations.

People are subject to personal difficulties which may or may not be personality difficulties. Sometimes these problems might relate to orientation, but too often people assume that the problems always stem from orientation. There are social structures which restrict orientations, but these are focused more on homosexuality and bisexuality than on heterosexuality.

Principle 12. All human beings, regardless of sexual orientation, may be subject to personal difficulties which are not necessarily related to that orientation. Social structures or attitudes which lead to repression of sexuality in general, and homosexuality and bisexuality specifically, may cause individual and interpersonal difficulties.

15. A child whose early environment programmed him or her to heterosexuality cannot later be "seduced" into a permanent homosexual orientation, any more than the reverse. Some bisexuals who pass as heterosexual can become interested in same-sex experimentation, but even if carried on throughout life this does not indicate a fixed or exclusive state of homosexuality.

There was concern for the inclusion of all ages, not just children, in the idea that a person's sexual orientation is not altered by exposure to people of other orientations, even when that exposure is explicit pleasurable genital interaction. The group also wanted to acknowledge the experiences of prisoners, of people experimenting with behavior associated with other orientations, and people who may experience sexual interaction which may appear to be indicative of other orientations. There was also concern for the recognition of people who may have a particular orientation but never express it for whatever reasons.

Principle 13. The sexual orientation of any person, whether child, adolescent, or adult, cannot be changed solely by exposure to other orientations. Occasional and/or situational sexual experiences are not necessarily indicative of a person's sexual orientation.

16. Formal (institutional) and informal (familial and social) sex education must be distinguished from each other. Formal sex education should be planned and carried out with careful attention to appropriateness to life stage needs, and community settings and values.

There was general agreement that both formal and informal sex education existed and the former should be well planned. There was some discussion about the specific sources of informal sex education, but a listing of those became too cumbersome. The next discussion was deemed especially important because it was to be a statement of precisely how a group of sex educators viewed the planning and implementation of sex education. "Life stage needs" became "developmental needs," and it was decided that attention should also be focused on recognizing and respecting the individualized nature of the development of sexuality.

Principle 14. Sex education can be formal or informal. Everyone receives sex education in one way or another. All persons are informal sex educators whether or not they are aware of it. Formal sex education should be planned and implemented with careful attention to developmental needs, appropriateness to community settings and values, and respect for individual differences.

17. If sexual feelings, impulses and responses, whether one's own or those of others, are not to be misunderstood and feared, then one must learn as much as possible about their origins and meanings, so that they can be comprehended, respected, and socialized as unique and valuable.

18. Today many teenaged young people begin sexual relations at or soon after puberty, and thus find themselves

committed to pregnancy and parenthood far too early. Training in value choices, goal-setting, birth control information, and, if desired, services, should be available for both boys and girls.

The contents of both these statements were considered to have been covered in the revised Principle 14.

19. *Sound sexual information and goals and prompt sexual health care can prevent the personal health risks and spread of venereal disease.*

The group did not like the negativeness of this statement, and felt that it should speak to the promotion of health rather than the prevention of a long list of ills. There was also a desire to give some guidelines for when to begin sex education. This created a small problem because there were concerns for specifying an age or time at which to begin. It was deemed unrealistic to state that formal sex education should begin at birth or in some cultures even at kindergarten age. In order to allow for the realities of cultural differences, even though everyone agreed that it should begin at birth, they agreed to compromise and indicate that it should begin "as early as possible."

Principle 15. Sensitive sex education can be a positive force in promoting physical, mental, and social health. It should be geared to the three levels of learning: affective, cognitive, and operative, and should begin as early as possible.

The next statement from the original list was No. 20, with an obvious change in focus from education to expressions of behaviors. The colloquium had earlier asked a subgroup to develop a statement about the effect of the media on sex education, and it was agreed to include that statement at this point because it dealt with education.

Principle 16. Television and other mass media have an important and widespread impact on the community. Their vast potential for informal and formal sex education should be put to productive use.

20. *Most pedophiliacs (people who are sexually interested in minor children) are heterosexuals. Generally speaking, homosexuals prefer their own age groups. Most pedophiliacs are gentle and affectionate, and are not dangerous in the way child molesters are stereotypically considered to be.*

21. *Most rapists are heterosexual rather than homosexual. Bisexual rapists whose violence, depending on opportunity, can be directed at both males and females, are rare.*

While there was agreement with the statements, it was decided that citing two forms of sexual expression such as these would require further specification, including sadomasochism, exhibitionism, fetishism, and many others. Because the concern was with sexual activity which infringed on others' rights, a general statement was proposed: "17. A rational understanding of the range of sexual expressions is a goal of education for sexuality. When sexual expression infringes on the freedom of other persons, management must be consistent with basic human rights."

Since the Uppsala Principle 17, the original Statement 24, and the principle derived from it by the Uppsala Colloquium (see below) all addressed the range of human sexual activity and abstention from activity through various life choices and circumstances, the SIECUS Board incorporated this discussion outcome as well into its Principle 17:

Principle 17. Rational understanding and acceptance of the wide range of possible expressions of sexuality constitute one goal of education for sexuality. Where sexual fulfillment is limited by life circumstances, or restrictive lifestyles such as aging or disability, alternative ways of meeting the need for such fulfillment should be encouraged and facilitated by society. However, when sexual expression infringes on the freedom of choice of other persons, management must then be consistent with basic human rights.

22. *According to World Health Organization Technical Report #572 (1974), "The provision of appropriate sex education for the general public should receive the highest priority of all the approaches to sexual health care, because of its importance in terms of prevention and its potential for affecting the largest number of people."*

The group agreed that the information in this statement was already included in the new Principle 15, which addressed the effect of sex education on sexual health.

23. *As reflected by the WHO report and by 1976 State of California legislation, health professionals applying for or renewing licenses in any of the several health and caring disciplines should be expected to have had appropriate and adequate training in human sexuality.*

While it was agreed that health care professionals should have sexuality training, it was also noted that there were others who should be included in that list, especially those who represented social institutions which influenced the sexual learning process.

Principle 18. All health, social science, religious, teaching, and counseling professionals should receive education in human sexuality.

24. *Sexuality is a quality of each human being throughout life. Those who for any reason freely choose to abstain from sexual intercourse itself are still sexual beings with self-concepts as to their masculine and feminine characteristics and qualities. With those on whom such choice is forced by circumstance, such as changing lifestyles due to aging or disability, it should be remembered that the human need and capacity for sexual expression and fulfillment continue. Alternative ways of meeting these acknowledged needs should be encouraged and facilitated by the society so as to make easier the necessary adaptations to such specific life situations.*

The group decided to reword the beginning of this statement for several reasons. Restrictions on sexual expressions may curtail more than intercourse. Sexuality had been defined earlier in the colloquium, and the intent of this statement appeared to be focused on the need for sexual expression and fulfillment. The reference to aging was eliminated because the statement might be misinterpreted to mean that aging is necessarily sexually restrictive. The causes for restrictions could be life circumstances, such as pressure; lifestyles, such as incarceration or a vow of chastity; or a mental or physical disability. In addition, there was much discussion as to who was responsible for assuring that these life-long sexual needs could be met. It was agreed that the social structure should both encourage and facilitate the alternative ways of meeting those needs.

Thus the Uppsala rewording of this statement read:

"19. Every individual has the right to sexual expression and fulfillment. Where this is limited by life circumstances, restrictive lifestyles, or disability, alternative ways of meeting these acknowledged needs should be encouraged and facilitated by society." (The SIECUS Board incorporated this statement into its Principle 17.)

25. Human sexuality is a vital and honorable part of life that, once understood by all the component elements in a society, will be used responsibly and constructively rather than feared by members of that society. The right of every child to an environment of information, knowledge, and wisdom about sexuality, so that the child can grow up whole and fulfilled, should be recognized and supported.

Since this was the last statement, and was a summary of sorts, it was agreed that the same idea should prevail in the rewording. While there was agreement about the right of each child to access to information, there was also concern for the right of anyone, regardless of age, to access to information.

Principle 19. It is the right of every individual to live in an environment of freely available information, knowledge, and wisdom about sexuality, so as to be enabled to realize his or her human potential.

Once the new statements were developed, the title of the document was discussed. The group felt that the new statements were more than assumptions: they were principles not only basic to sex education, but broader in scope than many people assume sex education to be. It was concluded that these should be identified as "Principles Basic

to Education for Sexuality." There would be no separation of principles into subsections because each was deemed equally important.

The two weeks in July spent developing these principles was an invaluable experience for the 16 people who undertook the challenge. The ultimate value of the principles to the overall field of education for sexuality has yet to be determined.

Colloquium Participants

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