

## NEEDS IN SEXUALITY EDUCATION FOR CHILDREN AND ADOLESCENTS WITH PHYSICAL DISABILITIES

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Children who have physical or mental disabilities have much the same concerns as those who do not. They must learn to cope with the same biological changes, for they too experience the intensified sexual feelings and new desires of early adolescence. Although individual disabilities and concerns may complicate resolution of the usual adolescent developmental tasks, students with disabilities can nevertheless greatly benefit from quality family-life education designed to support the process of understanding these physical and emotional changes and of developing successful social and sexual relationships.

With young children a primary need is for social skills training, for without these skills it can ultimately be incredibly difficult to function at an optimum level of independence, to gain employment and, of concern in this paper, to develop social and sexual relationships. In the past, when both schools and families tended toward extremes of overprotection, most of the young disabled were isolated from able-bodied peers, and often given very low expectations for their future functioning. There is hope that, with the 1975 passage of PL 94-142 (federal legislation mandating free appropriate public education in the least restrictive environment for disabled youth), those who are thereby "mainstreamed" will receive feedback about what is expected of them. It is, of course, more common for the disabled child to be the one "observed" rather than to have the chance to observe others. Since most people develop social skills by watching other people, lack of these opportunities can hinder the development of such skills in the young with disabilities.

An additional concern is that even when disabled youth are taught how to behave appropriately, they are not always expected to do so. When a 12-year old adolescent with Down's Syndrome indiscriminately and constantly hugs everyone, it is not only socially inappropriate but is also potentially dangerous to a child who may then be viewed as sexually seductive. Opportunities to role-play ordinary social situations are needed. Some areas that should specifically be addressed for pre-school disabled (equally with non-disabled) children

include identification of all body parts, discussion of roles in families and relationships, exercises in positive self-image, and drilling in appropriate social behavior.

Helpful in the children's development of positive self-esteem is positive reinforcement for things they do well, with continuing exposure to older disabled children and adults who can act as positive role-models. (Over-praise or effusiveness can be counterproductive, however, by leading to unrealistic goals and expectations.) Only recently have disabled people themselves become teachers in special schools or classrooms and many, many more such are needed in as many settings as possible to allow young people to see how adults with disabilities function successfully and enjoy full lives.

Quality sex education usually tends to improve self-esteem, for people tend to feel better about themselves the more they understand their own bodies and feelings. A small research study conducted by the author showed significant increases in both the sexual knowledge and the self-esteem of the disabled students in a semester-long family-life education class (Thornton, 1975).

Preparing for relationships and developing a set of values are often complicated by the common myths that disabled people are not sexual and do not enter into or need intimate relationships. In 1974, I interviewed physically disabled high school students to determine if there was a need for a special family-life class in addition to the regular family-life class offered at our school—a course covering anatomy and physiology, venereal disease, and pregnancy, but including nothing on sexuality and disabilities. The one or two disabled students in each regular class had questions which they did not feel comfortable about asking, such as: Because I am disabled, does that mean that my sperm are defective? Will I be able to have or to father babies? Would my child be born with the same problem I have? How have adults who are disabled learned to handle questions and harassment from others who regard them as freaks? How can I handle such things? Am I physically capable of having sex? Will I ever have the chance to have sex with a girl? Could I really fall in love some day? They also had

questions about the stigma that disabled adolescents often experience. Thus they were highly enthusiastic in their response to the idea of a family-life class designed especially for them, which would give them not only necessary information in the area of sexuality but also the opportunity to explore their feelings about this knowledge.

Disabled youth need affirmation of the fact that they are sexual beings and certainly do have the potential to develop and maintain satisfactory sexual relationships. (This is where disabled role models can have positive impact on the students.) However, they also need to understand that such relationships will not magically appear. All individuals, disabled or not, have responsibilities in developing and nurturing relationships.

There is also a need for definite information to be given to students regarding specific disabilities and sexual activity. While many disabilities do not affect the sexual functioning of the body, some, such as spinal cord injuries and spina bifida, affect sensation and thus interfere with sexual response. Erection, ejaculation, male fertility, and lubrication may be affected but with varying predictability. Women with these disabilities may develop the usual complications of pregnancy (anemia, bladder and kidney problems), but their fertility is not impaired. However, with a potentially high level of birth injury, there can be complications with labor and delivery, and thus a need for close monitoring.

Young people who have a diminished or total lack of sensation need to know that any part of the body may be considered erotic—sexual feeling is not prompted solely by the genitals. A vibrator may produce sensation in a body area where a lighter touch produces no response. Experimenting with various kinds and levels of touch on all areas of the body assists in knowing more about oneself, which can be useful information to share with a partner.

Another point important for disabled youth to know is that the male-superior position in intercourse is only one of many modes of sexual expression which include cuddling, stroking, massage, and oral-genital activity. In regard to oral-genital or anal sex, it is important to remember, when teaching a family-life class, that these may sound repulsive to adolescents and must be approached very sensitively, allowing students plenty of time to assimilate the information. Disabled youth should also know that nongenital orgasms are quite possible through fantasy, dreams, and stimulating other areas of the body ordinarily not considered sexual.

Muscle spasms (common with cerebral palsy and spinal cord injury) can interfere with positioning for sexual activity, although some people find these can actually aid movement. Massage and warm baths can reduce this spasticity. While muscle relaxants may also help, the drug used may interfere with sexual activity.

The pain and fatigue accompanying some disabilities (juvenile arthritis, cardiac and respiratory disease, spinal cord injuries, multiple sclerosis, amputation) may hinder sexual activity, and for these, warm baths, massage, and pain medications may be useful. Fatigue can also be diminished by interspersing periods of activity with periods of rest and planning sexual activity during a time of relaxation. The shortness of breath which frequently accompanies cystic fibrosis and other respiratory or cardiac disabilities can hamper positioning. For this, sitting or passive positions may help and some have found the use of oxygen helpful during or preceding sexual activity. Effie dolls (see References) are very useful for demonstrating various positions.

When two people with very restricted movement wish to

engage in sexual activity together, an attendant may be prepared to be discreetly available to assist with positioning. The addition of a third person may seem an impossible barrier for some; others, particularly if this is the only way to participate in sexual activity with a chosen partner, can easily overcome this barrier. With an amputation, using pillows under the affected limb or leaving a prosthesis on to assist with balance are possible solutions.

An ostomy does not affect sexual response in most young people, but others fear that it may prevent sexual activity or that a potential partner may not accept it. It is important for them to remember to empty the appliance before intercourse and to try various positions that do not put pressure on the stoma or appliance. Good communication between partners can aid in acceptance of the ostomy. Such communication skills can be practised by role playing in a family-life education class.

Some young people with spina bifida or a spinal cord injury use catheters for bladder drainage, but these need not interfere with sexual activity. In-dwelling catheters may either be removed or left in. Methods of positioning with either a catheter or ostomy have been well described by Mooney, Cole, and Chilgren (1975) and Shaul, Boyle, Hale-Harbaugh, and Norman (1978). After positioning the tube or bag so that it will not interfere, care should be taken not to put pressure on it or to kink the tubing. Those who must use the Crédé maneuver or intermittent catheterization for emptying the bladder should do so just before sexual activity.

As with all youth, disabled students need to be aware of currently available contraception (including abstinence) but they also need to understand how specific disabilities can complicate the use of certain contraceptive methods (Shaul et al., 1978). Those whose disabilities are hereditary need to be made aware that genetic counseling can assist them in making informed decisions about childbearing.

In a discussion of the socio-sexual concerns of children and adolescents who are disabled, the concerns of their parents must also be considered, for their concerns can arise in

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# SPEAKING OUT

## Disability/Ability The Importance of Sexual Health in Adolescence: Issues and Concerns of the Professional

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As professionals in the broad field of sexual health, we must become aware of the importance of sexual maturation to the disabled adolescent. We all learn at an early age the strong message that society's reaction to "imperfection" suggests that desexualization automatically accompanies chronic disability. The power of that message becomes inculcated into our early personal values. While all children must have informed and competent role models who recognize the importance of these formative years in the essential and natural development of mature sexual health, it is especially important for those who are disabled.

Some of the developmental tasks facing all maturing children are: building wholesome attitudes toward one's self; learning to get along with siblings and peers; developing a conscience, a morality, and a scale of values; accepting one's own physical body; achieving emotional independence of parents and other adults; and preparing for family life which may include marriage. The child with a disability should not be excepted from these tasks.

It is important to recognize and distinguish between the stages of psychosexual development and the stage in which the child has become disabled. Was the child born with a congenital disability, or was the disability acquired in pre-puberty, adolescence, or as a young adult? If a developing sex role has been interrupted, then the process of redefining the goals of "becoming a man, becoming a woman" can be traumatic. If the disability is congenital, then an obvious deficit can exist in social-skill development and the natural and spontaneous opportunities to relate to other people. Yet all persons experience the basic human emotion of vulnerability and the need for closeness. Sexuality is the essence of one's self and the basic component of our self-esteem. The socialization implications of development also would be reflected in when the child experienced the disability. The stigma of being conspicuously disabled does influence how much and what a young person explores and experiences in his or her new and emerging sexual maturity and values. The nature and degree of limitation caused by the disability may affect the "athletics" of sex. And whenever a physical disability appears conspicuous to the observer, the possibility of acute sensitivity and vulnerability of that disabled person is predictable. We all recognize that exploration and experience is a natural and essential process.

Learning about one's sexuality cannot be experienced or acquired in a vacuum but should be integrated into one's life as

a whole. Therefore, being able to understand the language of sexuality is an important role in maturing. When we look at some of the studies, surveys, and interviews with young people, we find that the concerns and goals in the progression toward adulthood are universally the same between able-bodied and disabled.

For young children who are institutionalized or confined to their homes, there are special difficulties regarding social activities and relationships. The basic deficits are obvious, such as lack of informal contact, lack of dating experience, lack of basic and practical sex information which we all know is acquired in covert and overt ways, and most importantly, lack of "sex talk" opportunities with peers. Basic concerns for all adolescents, wherever they may be, are appeal ("Whom will I love? Who will love me?") and acceptance (satisfaction) of one's genitals.

It is of primary importance for us, as professionals, to recognize our own attitudes regarding sexuality and our own attitudes regarding disability and being disabled. These messages are conveyed clearly to the disabled individual and, if negative, they inhibit or discourage desirable outcomes—in effect adding a new disability to the pre-existing one. For all of us, sexuality is a conduit toward intimacy—an intimacy of vast importance to all people, able-bodied or disabled, young or old, married or single. Isolation from intimacy can be frightening and, in itself, disabling.

As professionals, we must be able to assess and evaluate how much the existing physical disability contributes to the sexual concerns and the current emotional status of the individual, and be able to recognize when to refer for clinical assessment. In considering the differences among disabilities, we must identify whether the disability is stable or progressive, as that fact alone will have a great influence on the ability of an individual to plan and gain control over his or her life. It is essential to assess neuromuscular involvement of a physical disability in sex function which includes self-pleasuring, coitus, and fertility. Once physical assessment is completed, then the presenting focus of concern can more readily be put into context. A physical disability is never experienced exclusively by the individual and therefore it is important to identify the concerns of the parents as well so that the issues become understandable by the entire family system.

How can we as health professionals help? A most basic therapeutic principle is willingness to become involved, to

regard the disabled person in a positive way where there is permission to discuss private and intimate subjects. As is true in all aspects of sexual health, it is important to listen carefully, and to be genuinely respectful of the other person. We, as professionals, also convey messages nonverbally and we should pay close attention to the comfort of our body language, the intonation, pace, and tone of our communications as well as those of the people with whom we work. This does not mean, however, that disabled people should be considered fragile, for it is a myth that it is "good to protect" the disabled person from "reality" and give him or her special treatment.

Individuals with physical disabilities have probably learned to deal more directly with their bodies than have those of us who are able-bodied. That is, they may have frequently been observed, cared for, assessed, touched, and handled by the health care system all or part of their lives. Yet we may somehow feel a basic discomfort or anxiousness when dealing directly with the subject of sex and intimacy with people with physical disabilities.

In summary, sexuality and sexual health are part of the total life experience, and, since sex is thus a legitimate health concern for everyone, we have an obligation to address this issue with all young people. When one recognizes that the processes of development are inevitable in all young children, it is therefore no longer acceptable to overlook or underestimate the sexual concerns and physical and social events of those with disabilities.

## Needs Continued from page 2

several different areas. One is attitudinal. Parents often believe the myth that disabled people are not sexual; therefore, it follows that their child cannot be sexual. It is not uncommon for a parent to ask: "Why teach them about something they won't ever be able to do?" Many parents also believe that if their child should get involved in a relationship, he or she could only be hurt. But to be hurt one way or another in a relationship is a risk all of us take. Full participation in our society includes the opportunity to consider doing so.

Parents are often unaware of the facts concerning the potential social/sexual functioning of their disabled child. In working with parent groups, I often hear such statements as: "My daughter is 10 and has spina bifida. I don't know whether or not she can get married or have kids, or have pleasurable sexual activity." Simply spending five minutes with such parents, and giving them a little basic information, can make it possible for them to go home and start really talking with their children.

Another concern for parents is in the area of values and morals. They need assurance that the teacher's role is to provide accurate information and not to examine or stress one particular value system—a practice which, in our pluralistic culture, is generally not considered to be the teacher's right or responsibility.

During the 1979 United Nations Year of the Child, many rights of children were examined and affirmed. The sexuality of all children, disabled and able-bodied, is an area that remains to be universally recognized and given the acceptance it deserves in order to assure children and youth their complete rights. The International Year of Disabled Persons 1981 is the appropriate time for this to happen.

## 1981 Summer Workshops: Addendum

See the March 1981 SIECUS Report for a complete listing.

### Connecticut

**Central Connecticut State College**, New Britain, Conn.

- **Psychology of Women.** June 29–August 6, 3 credits.
- **Psychology of Violence.** June 29–August 6, 3 credits.

**Write to:** A. L. Cotten-Huston, PhD, 193 Westland Avenue, West Hartford, CT 06107.

**The Taft Educational Center**, Watertown, Conn.

- **The Institute of Sex Education #410.** July 19–24, 2 credits.

**Write to:** Edward M. North, Director, The Taft Educational Center, The Taft School, Watertown, CT 06795.

### Maryland

**Mathtech**, Bethesda, Md.

- **Developing Basic Skills for Sex Educators.** August 15–21, 3 credits.
- **Enhancing Skills for Sex Educators.** August 22–28, 3 credits.

**Write to:** Pamela Wilson, Mathtech, 4630 Montgomery Avenue, Bethesda, MD 20014.

**Towson State University**, Towson, Md.

- **Sex Education and Family Life.** July 16–August 19, 3 credits.

**Write to:** Russell Henke, Coordinator of School Health, Department of Health Science, Towson State University, Towson, MD 21204.

### Pennsylvania

**Indiana University of Pennsylvania**, Indiana, Pa.

- **Psychology of Teaching Sex Education.** To be taught three separate times: June 15–19, July 20–24, and August 3–7; 3 credits.

**Write to:** Dr. Bruce Meadocroft, Indiana University of Pennsylvania, Indiana, PA 15705.

### References

- Bullard, D. G., & Knight, S. E. *Sexuality and physical disabilities; Personal perspectives*. St. Louis: C. V. Mosby, 1981.  
Effie Dolls. Order from Mrs. Judith Fraving, 4812 48th Ave., Moline, IL 61265. Male and female dolls with genitals, 18" high, available in Caucasian or Black. Female doll is pregnant and includes a baby with umbilical cord and placenta; female doll also has sanitary belt and napkin.  
Mooney, T. O., Cole, T. M., and Chilgren, R. A. *Sexual options for paraplegics and quadriplegics*. Boston: Little, Brown, 1975.  
Shaul, S., Boyle, J., Hale-Harbaugh, J., & Norman, A.D. *Toward intimacy: Family planning and sexuality concerns of physically disabled women*. New York: Human Sciences Press, 1978.  
Thornton, C. E. *The effect a sexuality and relationship education class has on the self-esteem, self-disclosure and sexual knowledge of adolescents who are physically disabled*. Unpublished study, University of California, San Francisco, 1975.

### Other Sources

- Buscaglia, L. *The disabled and their parents: A counseling challenge*. Thorofare, N.J.: Charles B. Slack, 1975.  
Edwards, J. *Sara and Allen: The right to choose*. Portland, Ore.: Edwards Communications (P.O. Box 3612, Portland, OR 97208), 1976.  
Gordon, S., Scales, P., & Everly, K. *The sexual adolescent: Communicating with teenagers about sex* (2nd ed.). North Scituate, Mass.: Duxbury Press, 1979.  
Gordon, S., Weening, C., Kratoville, B. L., & Biklen, D. *Living fully: A guide for young people with a handicap, their parents, their teachers, and professionals*. Fayetteville, N.Y.: Ed-U Press, 1975.  
Johnson, W. *Sex education and counseling of special groups: The mentally and physically handicapped, ill and elderly*. Springfield, Ill.: Charles C Thomas, 1975.  
Robinault, I. P. *Sex, society and the disabled: A developmental inquiry into roles, reactions, and responsibilities*. New York: Harper & Row, 1978.

# SEXUALITY AND DISABILITY: A SELECTED ANNOTATED BIBLIOGRAPHY

This annotated listing of sexuality and disability materials was prepared by Leigh Hallingby, MSW, MS, SIECUS librarian. All of these resources are available for use at the SIECUS Resource Center and Library at New York University, or for purchase from the sources listed. Unless otherwise indicated, the prices given do not include postage.

Single copies of this bibliography are available from SIECUS on

receipt of \$1.00 and a stamped, self-addressed, business-size envelope for each list requested. In bulk they are: 30¢ each for 2-49 copies; 20¢ each (plus \$1.00 for postage handling) for 50 copies or more.

Please note that, with the exception of the bibliographies of holdings of the SIECUS Resource Center and Library, SIECUS does not sell or distribute any of these publications.

## GENERAL WORKS

### ENTITLED TO LOVE: THE SEXUAL AND EMOTIONAL NEEDS OF THE HANDICAPPED

Wendy Greengross

Provides direction for professionals in difficult areas such as marriage, residential care, and dealing with parental concerns. Answers the question: What should disabled people learn about sex?

National Marriage Guidance Council (1976), Little Church Street, Rugby, England; £2.50 (approximately \$5.50)

### FAMILY PLANNING SERVICES FOR DISABLED PEOPLE: A MANUAL FOR SERVICE PROVIDERS

Ebon Research Systems

Excellent resource which provides guidance for training staff to work with disabled persons, making clinics barrier-free, and offering services related to specific disabilities. Includes a chart of disabling conditions and their effects on reproduction and contraception.

National Clearinghouse for Family Planning Information (1980), P.O. Box 2225, Rockville, MD 20852; single copies free

### THE SEX AND DISABILITY TRAINING PROJECT, 1976-1979: FINAL REPORT

David G. Bullard et al.

Report on a non-degree program which trained educator-counselors, most of whom were themselves disabled, to help disabled persons achieve more satisfactory sexual functioning and relationships.

Human Sexuality Program, Dept. of Psychiatry, University of California (1979), 814 Mission Street, 2nd Floor, San Francisco, CA 94103; \$6.00

### SEX EDUCATION AND COUNSELING OF SPECIAL GROUPS: THE MENTALLY AND PHYSICALLY HANDICAPPED, ILL, AND ELDERLY

Warren R. Johnson and Winifred Kempton

Deals with problem areas in sex education

and counseling of handicapped persons, and points out danger of losing the individual behind group labels. Offers suggestions for dealing with sex-related topics from masturbation to abortion.  
*Charles C Thomas (2nd edition in press for 1981), 301-27 East Lawrence Avenue, Springfield, IL 62717; \$16.75*

### SEX, SOCIETY, AND THE DISABLED: A DEVELOPMENTAL INQUIRY INTO ROLES, REACTIONS, AND RESPONSIBILITIES

Isabel P. Robinault

An excellent resource, presenting a chronological discussion of the sexuality of people with physical disabilities.  
*Harper & Row (1978), Medical Department, 2350 Virginia Avenue, Hagerstown, MD 21740; \$16.95*

### SEXUAL CONSEQUENCES OF DISABILITY

Alex Comfort, ed.

Useful collection of articles on a range of disabilities.  
*D. Van Nostrand Co. (1978), 135 West 50th Street, New York, NY 10020; \$24.50 hardcover, \$17.00 paper*

### THE SEXUAL SIDE OF HANDICAP: A GUIDE FOR CARING PROFESSIONALS

W. F. R. Stewart

An easily readable, handy reference for those beginning to study the sexual world of people with disabilities of various natures.  
*Woodhead-Faulkner Publishers, Ltd. (1979), 8 Market Passage, Cambridge, England CB2 3PF; \$28.00 (includes airmail postage)*

### SEXUALITY AND DISABILITY

Ami Sha'ked and Susan M. Daniels, eds.

A quarterly journal presenting clinical and research developments in the area of sexuality as they relate to a wide range of physical and mental illnesses and disabling conditions.  
*Human Sciences Press, 72 Fifth Avenue, New York, NY 10011; annual subscription, \$23.00 individual, \$50.00 institutional*

### SEXUALITY AND DISABILITY: A NATIONAL SYMPOSIUM

David G. Bullard, Susan E. Knight, and Evelyn S. Gendel, eds.

Compilation of 18 papers presented at conference held May 1979 at the University of California in San Francisco.

*Human Sexuality Program, Dept. of Psychiatry, University of California (1979), 814 Mission Street, 2nd Floor, San Francisco, CA 94103; \$5.75*

### SEXUALITY AND THE DISABLED

Michael Barrett and Neville Case, eds.

Proceedings of a workshop held at Royal Ottawa Hospital, April 1976, where most presenters were disabled people.

*Sex Information and Education Council of Canada (1976), 423 Castlefield Avenue, Toronto, Ontario M5N 1L4, Canada; \$3.00 (includes postage)*

### WHO CARES? A HANDBOOK ON SEX EDUCATION AND COUNSELING SERVICES FOR DISABLED PEOPLE

Sex and Disability Project

Unique, outstanding, and comprehensive resource with excellent listings of available services and materials. Highly recommended.  
*RRRI-ALLB (1979) 1828 L Street, NW, Suite 704, Washington, DC 20036; \$10.00*

### Booklets and Pamphlets

### CHOICES: A SEXUAL GUIDE FOR THE PHYSICALLY HANDICAPPED

Maureen Neistadt and Maureen Freda Baker

Makes suggestions for dealing with each of a number of physical problems (such as tremor and loss of mobility) that can result from a wide variety of disabilities and impede sexual functioning.

*Massachusetts Rehabilitation Hospital (1979), 125 Nashua Street, Boston, MA 02114; \$2.00 (includes postage)*

### GETTING TOGETHER

Debra Cornelius, Elaine Makas, and Sophia Chipouras

Tenth in a series on attitudinal barriers facing disabled people, this booklet deals with myths about the sexuality of the disabled and steps that can be taken to overcome them.

*RRRI-ALLB (1981), 1828 L Street, NW, Suite 704, Washington, DC 20036; \$.50*

**SEX EDUCATION, COUNSELING  
AND THERAPY FOR  
THE PHYSICALLY HANDICAPPED**  
*American Association of Sex Educators,  
Counselors, and Therapists*

Discusses the impact of eight disabilities on sexuality.  
AASECT (1979), One East Wacker Drive, Suite 2700, Chicago, IL 60601; \$2.50

**SEX EDUCATION FOR DISABLED PERSONS**  
*Public Affairs Pamphlet #531*

Concise summary of how to provide sex education to disabled people and why.  
*Public Affairs Committee, Inc.* (1975), 381 Park Avenue South, New York, NY 10016; \$.50 (bulk rates available)

**SEXUAL RIGHTS FOR THE PEOPLE . . .  
WHO HAPPEN TO BE HANDICAPPED**  
*Sol Gordon and Douglas Bilken*

Covers basic concepts of sex information, expression, and birth control services, with a selected list of references.  
Ed-U Press (1979), P.O. Box 583, Fayetteville, NY 13066; \$1.00 (bulk rates available)

**TOWARD INTIMACY: FAMILY PLANNING  
AND SEXUALITY CONCERN  
OF PHYSICALLY DISABLED WOMEN**  
*Task Force on the Concerns of Physically  
Disabled Women*

A discussion of various relationships within a disabled woman's life, aimed at promoting communication and understanding.  
*Human Sciences Press* (1978), 72 Fifth Avenue, New York, NY 10011; \$2.50

**WITHIN REACH: PROVIDING  
FAMILY PLANNING SERVICES  
TO PHYSICALLY DISABLED WOMEN**  
*Task Force on Concerns of Physically Dis-  
abled Women*

Helpful for family planning providers serving disabled women.  
*Human Sciences Press* (1977), 72 Fifth Avenue, New York, NY 10011; \$2.50

## Bibliographies

**BIBLIOGRAPHIES OF HOLDINGS OF THE  
SIECUS RESOURCE CENTER AND LIBRARY:  
SEXUALITY AND ILLNESS,  
DISABILITY, OR AGING**  
*Leigh Hallingby, comp.*

Bibliographies on 30 separate illnesses or disabilities as they relate to sexuality. The 500 unannotated citations include books, chapters from books, periodical articles, booklets, pamphlets, and curricula. Order blank available to those wishing to purchase individual bibliographies.

*SIECUS* (1980), 84 Fifth Avenue, Suite 407, New York, NY 10011; \$24.90 (includes postage)

**HUMAN SEXUALITY IN PHYSICAL AND  
MENTAL ILLNESSES AND DISABILITIES:  
AN ANNOTATED BIBLIOGRAPHY**  
*Ami Sha'ked*

Excellent reference tool for all those who provide help with sex-related problems of the ill, aged, and disabled.

*Indiana University Press* (1979), Tenth and Morton Streets, Bloomington, IN 47401; \$22.50

**SEX AND DISABILITY:  
A SELECTED BIBLIOGRAPHY**  
*M. G. Eisenberg*

Contains hundreds of references to literature published from 1942-1978, with 80% from 1960 on. Very useful for a wide range of disabilities.  
*Rehabilitation Psychology* (1978), Box 26034, Tempe, AZ 85282; \$5.00

**SEXUALITY AND DISABILITY:  
A SELECTED ANNOTATED BIBLIOGRAPHY**  
*Debra Cornelius, Elaine Makas, and Sophia Chipouras*

Product of literature searches conducted by the Sex and Disability Project, containing over 400 listings.  
*RRRI-ALLB* (1979), 1828 L Street, NW, Suite 704, Washington, DC 20036; \$3.00

**SEXUALITY AND THE DISABLED:  
AN ANNOTATED BIBLIOGRAPHY**

Includes 200 citations to books, periodical articles, curricula, conference papers, and dissertations.

*Planned Parenthood Federation of America* (1981), Katharine Dexter McCormick Library, 810 Seventh Avenue, New York, NY 10019; \$5.00

## CANCER

**BODY IMAGE, SELF-ESTEEM, AND  
SEXUALITY IN CANCER PATIENTS**

*J. M. Vaeth, R. C. Blomberg, and L. Adler, eds.*

The conference on which this outstanding book is based was a first in the specific area of cancer and its possible effects on sexuality and self-esteem in patients of all ages.

*S. Karger, (1980); 150 Fifth Avenue, Suite 1103, New York, NY 10011; \$49.25*

**SEXUALITY AND CANCER**

*Jean M. Stoklosa et al.*

Sensitively written discussion with useful sections on ostomy, laryngectomy, and mastectomy.

*Bull Publishing* (1979), Box 208, Palo Alto, CA 94302; \$2.95

## HEARING IMPAIRED

**SEXUALITY AND DEAFNESS**

A compilation of eight articles by Robert R. Davila, Della Fitz-Gerald, Max Fitz-Gerald, and Clarence M. Williams. Deals primarily with the need for instruction in sexuality for hearing impaired persons of all ages.

*Gallaudet College, Outreach Services, Pre-*

*College Programs* (1979), MSSD Box 114F Kendall Green, Washington, DC 20002; \$2.50

**SIGNS FOR SEXUALITY:  
A RESOURCE MANUAL**

*Susan D. Doughten, Marlyn B. Minkin, and Laurie E. Rosen*

Contains over 600 photographs illustrating 300 signed words and phrases associated with human sexuality. Bound to lie flat, leaving hands free for communication.

*Planned Parenthood of Seattle/King County* (1978), 2211 East Madison, Seattle, WA 98112; \$11.95

## MENTALLY HANDICAPPED

**AN EASY GUIDE TO LOVING  
CAREFULLY FOR MEN AND WOMEN**

*Lyn McKee, Winifred Kempton, and Lynne Stigall*

Basic information about sexual anatomy, reproduction, and contraception, presented in large print with many illustrations. Suitable for higher functioning mentally handicapped people to read on their own or with a parent or professional.

*Planned Parenthood of Contra Costa* (1980), 1291 Oakland Boulevard, Walnut Creek, CA 94596; \$5.95 (includes postage)

**DEVELOPING COMMUNITY ACCEPTANCE  
OF SEX EDUCATION FOR  
THE MENTALLY RETARDED**

*Medora Bass*

Outlines a program of two or three meetings for parents or staff to explain the need for sex education and to indicate concepts to be taught to the mentally handicapped.

*Human Sciences Press* (1972), 72 Fifth Avenue, New York, NY 10011; \$3.95

**GUIDELINES FOR TRAINING  
IN SEXUALITY AND  
THE MENTALLY HANDICAPPED**  
*Winifred Kempton and Rose Forman*

Not a textbook, but a proposed training program for those working with staff, aides, or parents involved with the mentally handicapped.

*Planned Parenthood of Southeastern Pennsylvania* (1976), 1220 Sansom Street, Philadelphia, PA 19107; \$5.95

**HANDICAPPED MARRIED COUPLES**  
*Ann Craft and Michael Craft*

Gives an account of authors' research of a sample of 25 marriages with at least one mentally handicapped spouse. Suggests ways in which service to such couples might be improved and provides material for teaching purposes.

*Routledge and Kegan Paul, Ltd.* (1979), 9 Park Street, Boston, MA 02108; \$25.00

**HUMAN SEXUALITY AND  
THE MENTALLY RETARDED**  
*Felix F. de la Cruz and Gerald D. Laveck, eds.*

Examines the physical and psychological

aspects of sexual behavior, and relates them to the special needs of those with learning handicaps.

*Brunner/Mazel (1973), 19 Union Square West, New York, NY 10003; \$12.50*

#### **LIKE NORMAL PEOPLE**

*Robert Meyers*

Warm, touching story of the marriage of Roger Meyers and Virginia Hensler, written by Roger's brother. Describes long struggle of these two mentally handicapped individuals to lead a dignified life.

*McGraw-Hill (1978), 1221 Avenue of the Americas, New York, NY 10020; \$9.95*

#### **LOVE, SEX, AND BIRTH CONTROL**

##### **FOR THE MENTALLY RETARDED: A GUIDE FOR PARENTS**

*Winifred Kempston, Medora Bass, and Sol Gordon*

Thoughtful guide covering sex education and sexual responsibility. Spanish edition also available.

*Planned Parenthood of Southeastern Pennsylvania (1973), 1220 Sansom Street, Philadelphia, PA 19107; \$1.95*

#### **ORGANIZING COMMUNITY RESOURCES IN SEXUALITY, COUNSELING, AND FAMILY PLANNING FOR THE RETARDED: A COMMUNITY WORKER'S MANUAL**

*Karin Rolett*

Self-instructional format moves reader step by step toward organizing informational or service programs.

*Carolina Population Center (1976), University of North Carolina, University Square, Chapel Hill, NC 27514; \$2.00*

#### **SEX AND THE MENTALLY HANDICAPPED**

*Michael Craft and Ann Craft*

Written for professionals and parents caring for the mentally handicapped, this British book looks at many of the questions, anxieties, and fears raised by the sexuality of this group. Offers guidelines to those wishing to plan sex education programs.

*Routledge and Kegan Paul, Ltd. (1978), 9 Park Street, Boston, MA 02108; \$12.50 (includes postage)*

#### **SEX EDUCATION FOR PERSONS WITH DISABILITIES THAT HINDER LEARNING: A TEACHER'S GUIDE**

*Winifred Kempston*

Invaluable resource for instructors on human sexuality for students with learning problems, stressing the need to integrate sexuality with every facet of human experience. *Planned Parenthood of Southeastern Pennsylvania (1975), 1220 Sansom Street, Philadelphia, PA 19107; \$5.95*

#### **SEXUALITY AND SOCIALIZATION: A GUIDE FOR PARENTS OF DEVELOPMENTALLY DISABLED PEOPLE**

*Virginia Blackridge and Lyn McKee*

*Planned Parenthood of Contra Costa (in press for 1981), 1291 Oakland Boulevard, Walnut Creek, CA 94596*

#### **SEXUAL RIGHTS AND RESPONSIBILITIES OF THE MENTALLY RETARDED**

*Medora S. Bass, ed.*

Comes to grips with social attitudes and educational policy relating to the sexual rights of the retarded.

*Medora S. Bass (1975), 1387 East Valley Road, Santa Barbara, CA 93108; \$2.50*

#### **SOME THINGS ABOUT SEX FOR BOTH MEN AND WOMEN**

*Nancy Varner and Malcolm Freeman*

Simplified explanations of sexual intercourse, masturbation, birth control, etc. An excellent resource for limited readers of all ages.

*Emory University, Family Planning Program (1976), 69 Butler Street, SE, Atlanta, GA 30303; \$1.15 (includes postage)*

## **Curricula**

#### **BECOMING ME: A PERSONAL ADJUSTMENT GUIDE FOR SECONDARY STUDENTS**

*Theresa Throckmorton*

For use with secondary special education students. Focuses on functional living skills such as decision making, problem solving, and sexual and social fulfillment. A content outline, behavioral objectives, suggested resources, and learning activities are included for each topic covered.

*Grand Rapids Public Schools (1980), 143 Bostwick, NE Grand Rapids, MI 49503; \$12.00*

#### **ESSENTIAL ADULT SEX EDUCATION (EASE) CURRICULUM**

*David Zelman*

Includes curriculum guide, pre- and post-tests, birth control and menstruation kit, and profile sheets. Highly regarded for its comprehensiveness and ease of use.

*SFA, James Stanfield Film Associates (1979), P.O. Box 1983, Santa Monica, CA 90406; total curriculum package, \$125.00; sequential curriculum guide only, \$25.00*

#### **LINCOLN SCHOOL: HUMAN GROWTH AND DEVELOPMENT**

*William W. Krate et al.*

A curriculum guide oriented toward trainable mentally impaired people from age two through adulthood. Includes suggestions on parental involvement, staff development, assessment and evaluation, and four comprehensive curricular units: self concept, health and self-care, human growth, and social developments.

*Lincoln School HGD (1980), 860 Crahen Road, NE, Grand Rapids, MI 49506; \$17.00 (includes postage)*

#### **PERSONAL DEVELOPMENT AND SEXUALITY: A CURRICULUM GUIDE FOR DEVELOPMENTALLY DISABLED**

Provides instructional content and many excellent group activities in areas of sex education and skill development. A fine resource for those working with the mentally handicapped.

*Planned Parenthood of Pierce County (1978)*

*312 Broadway Terrace Building, Tacoma, WA 98402; \$18*

#### **A RESOURCE GUIDE IN SEX EDUCATION FOR THE MENTALLY RETARDED**

*SIECUS and American Alliance for Health, Physical Education & Recreation*

Concepts to be taught are outlined, followed by comments, content, and activities relating to each.

*Human Sciences Press (1971), 72 Fifth Avenue, New York, NY 10011; \$3.95*

#### **SEXUALITY AND SOCIAL AWARENESS: A CURRICULUM FOR MODERATELY AUTISTIC AND/OR NEUROLOGICALLY IMPAIRED INDIVIDUALS**

*Dawn A. Lieberman and Mary Bonyai Melone*

Extremely valuable for sex educators working with lower functioning mentally handicapped individuals.

*Benhaven Press (1979), 9 Saint Ronan Terrace, New Haven, CT 06511; \$17.55 (includes postage)*

#### **TEACHING SEX EDUCATION TO ADULTS WHO ARE LABELED MENTALLY RETARDED**

*Al Strauss*

Can be used by professionals and parents. Deals with self-appreciation, friendship, and love, as well as anatomy, physiology, and birth control.

*Al Strauss (1976), P.O. Box 2141, Oshkosh, WI 54901; \$5.00*

## **MULTIPLE SCLEROSIS**

#### **GUIDE TO PROGRAM PLANNING ON SEXUALITY AND MULTIPLE SCLEROSIS**

*Ann Barrett and Michael Barrett*

Includes well-devised exercises for groups dealing with sexuality and multiple sclerosis. *Multiple Sclerosis Society of Canada (1978), 130 Bloor Street West, Toronto, Ontario M5S 1N5, Canada; \$1.75*

#### **SEXUALITY AND MULTIPLE SCLEROSIS**

*Michael Barrett*

Useful booklet for people with multiple sclerosis and professionals working with them.

*Multiple Sclerosis Society of Canada (revised edition in press for spring 1981), 130 Bloor Street West, Toronto, Ontario M5S 1N5, Canada; \$1.00*

## **OSTOMY**

#### **SEX AND THE MALE OSTOMATE SEX, COURTSHIP, AND THE SINGLE OSTOMATE SEX, PREGNANCY, AND THE FEMALE OSTOMATE**

Well-written booklets for ostomates and those working with them. *Sex Pregnancy, and the Female Ostomate* is being revised as two

booklets, one on pregnancy and ostomy and one on the female ostomate.  
*United Ostomy Association* (1973), 2001 West Beverly Boulevard, Los Angeles, CA 90057; \$1.00 each

#### **SEXUAL COUNSELING FOR OSTOMATES**

*Ellen A. Shipes and Sally T. Lehr*

A commonsense approach to sexual counseling of ostomates, covering easy-to-understand techniques.  
*Charles C Thomas* (1980), 301-327 East Lawrence Avenue, Springfield, IL 62717; \$8.50

## **SPINAL CORD INJURED**

#### **FEMALE SEXUALITY FOLLOWING SPINAL CORD INJURY**

*Elle Friedman Becker*

Offers an opportunity to understand the struggle of a quadriplegic or paraplegic woman in a world that represses and defines her sexual expression and identity, and to learn what disabled people look for from the professional community, their family, and friends.

*Cheever Publishing* (1978), P.O. Box 700, Bloomington, IL 61701; \$10.95

#### **A HANDBOOK ON SEXUALITY AFTER SPINAL CORD INJURY**

*Joanne M. Taggie and M. Scott Manley*

A workbook to help spinal cord injured people and their partners identify and begin to work out their feelings as sexual individuals.  
*M. Scott Manley* (1978), 3425 South Clarkson, Englewood, CO 80110; \$5.00 (bulk rates available)

#### **PSYCHOLOGICAL, SEXUAL, SOCIAL, AND VOCATIONAL ASPECTS OF SPINAL CORD INJURY: A SELECTED BIBLIOGRAPHY**

*Gary T. Athelstan et al.*

Unannotated bibliography containing almost 900 citations, of which over 200 fall under the heading "Sexual Aspects."  
*Rehabilitation Psychology* (1978), Box 26034, Tempe, AZ 85282; \$5.00

#### **THE SENSUOUS WHEELER: SEXUAL ADJUSTMENT FOR THE SPINAL CORD INJURED**

*Barry J. Rabin*

Informal, positive treatment of the subject, stressing the sharing of sexual responsibilities and vulnerabilities.  
*Multi Media Resource Center* (1980), 1525 Franklin Street, San Francisco, CA 94109; \$6.95

#### **SEX AND THE SPINAL CORD INJURED: SOME QUESTIONS AND ANSWERS**

*M. G. Eisenberg and L. C. Rustad*

Questions discussed include areas such as physical attractiveness, aging, drugs, catheters, divorce, adoption, and alternative methods of sexual expression.  
*Superintendent of Documents, U.S. Govern-*

*ment Printing Office, Washington, DC 20402 (1975); \$2.50*

#### **SEXUALITY AND THE SPINAL CORD INJURED WOMAN**

*Sue Bregman*

Booklet providing guidelines concerning social and sexual adjustment for spinal cord injured women and health professionals who work with them.  
*Sister Kenny Institute* (1975), Dept. 199, Chicago Avenue at 27th Street, Minneapolis, MN 55407; \$2.00

#### **SEXUAL OPTIONS FOR PARAPLEGICS AND QUADRIPLEGICS**

*Thomas O. Mooney, Theodore M. Cole, and Richard A. Chilgren*

Because the senior author is a near quadriplegic himself, a personalized style of writing results that, with the explicit photographs, provides an excellent self-help teaching or counseling resource.

*Little, Brown and Co.* (1975), 34 Beacon Street, Boston, MA 02106; \$9.95

## **VISUALLY IMPAIRED**

#### **BIRTH CONTROL: ALL THE METHODS THAT WORK AND THE ONES THAT DON'T**

*Bess D. Kaplan*

Special editions of a well-known Planned Parenthood of New York City publication.  
*Braille Edition: Iowa Commission for the Blind* (1977), 4th and Keosauqua Way, Des Moines, IA 50309; \$7.50. Large type edition: *Foundation for Blind Children* (1977), 1201 North 85th Place, Scottsdale, AZ 85257; \$3.20

#### **FOR BOYS: A BOOK ABOUT GIRLS**

Braille booklet explaining menstruation. Includes braille diagrams of female reproductive system.  
*Personal Products Co.* (1980), Milltown, NJ 08850; \$1.50 (one complimentary copy per school system)

#### **GROWING UP AND LIKING IT**

Booklet explaining menstruation to girls, available in both braille and large-type editions.

*Personal Products Co.* (1980), Milltown, NJ 08850; \$1.50 (one complimentary copy per school system)

#### **SEX EDUCATION AND FAMILY LIFE FOR VISUALLY HANDICAPPED CHILDREN AND YOUTH: A RESOURCE GUIDE**

*Irving R. Dickman et al.*

Grew out of project sponsored by SIECUS and American Foundation for the Blind. Most useful for its developmental sequence of concepts to be taught and learning activities.  
*Human Sciences Press* (1975), 72 Fifth Avenue, New York, NY 10011; \$4.95

#### **SEX EDUCATION FOR THE VISUALLY HANDICAPPED IN SCHOOLS AND AGENCIES: SELECTED PAPERS**

Sound advice on the development and implementation of sex education programs for the visually impaired, from professionals in a variety of settings.

*American Foundation for the Blind* (1975), 15 West 16th Street, New York, NY 10011; \$4.50 (includes postage)

## **OTHER DISABILITIES**

#### **CEREBRAL PALSY AND SEXUALITY**

*Nathan Liskey and Phillip Stephens*

A collection of case studies focusing particularly on sexual development and adult sexual expression.

*Disabled Students on Campus Organization* (1978), California State University, c/o Handicapped Student Services, Fresno, CA 93740; \$2.00

#### **LIVING AND LOVING WITH ARTHRITIS**

*Jo-An Boggs*

Reassuring booklet on sexual adjustment for persons with arthritis.

*Arthritis Center of Hawaii* (1978), 347 No. Kua-kini Street, Honolulu, HI 96817; \$1.50

#### **SEX AND DIALYSIS**

*Barbara Ulery*

A valuable resource in this special area of concern.

*Barbara Ulery*, P.O. Box 462, Durango, CO 81301; \$3.75 (includes postage)

#### **SEX EDUCATION FOR DEAF-BLIND CHILDREN: WORKSHOP PROCEEDINGS**

*Carmella Ficociello, ed.*

Proceedings of a 1976 conference.  
*South Central Regional Center for the Deaf-Blind* (1976), 2930 Turtle Creek Plaza, Suite 207, Dallas, TX 75219; \$6.00 (includes postage)

#### **SEXUALITY AND NEUROMUSCULAR DISEASE**

*Frances Anderson, Joan Bardach, and Joseph Goodgold*

This monograph's recommendations for helping disabled individuals with neuromuscular disease achieve sexual fulfillment are derived from interviews with patients, their families, and physical therapists, as well as from literature surveys.

*Institute of Rehabilitation Medicine* (1979), 400 East 34th Street, New York, NY 10016; \$2.00 (includes postage)

#### **SOUND SEX AND THE AGING HEART**

*Lee Dreisinger Scheingold and Nathaniel N. Wagner*

Discusses sex in the mid and later years, with special reference to cardiac problems.

*Human Sciences Press* (1974), 72 Fifth Avenue, New York, NY 10011; \$14.95

# LEGAL BRIEFS

"Legal Briefs" is prepared by Ralph Slovenko, LLB, PhD, Professor of Law and Psychiatry, Wayne State University School of Law, Detroit, Mich.; author, *Psychiatry and Law* (Boston: Little, Brown, 1973).

## Treatment of a Minor Without Parental Consent

Minors (typically one under age 18) are not legally competent to act on their own. The consent, express or implied, of a parent or guardian is necessary to authorize treatment or services for them. Absent that consent, treatment in law regardless of the outcome constitutes a battery or possibly negligence. To this general rule, however, there are a number of exceptions: (1) "parens patriae"; (2) emergencies; (3) emancipated minors; (4) mature minors; and (5) certain types of care.

(1) The state in its capacity as "parens patriae" (father of the people) may protect the best interests of a minor in the face of parental refusal to consent to treatment deemed necessary to preserve the life or health of the minor. Under this authority, for example, the state can compel vaccination or fluoridation. And the state may override parental consent. Even with parental consent, sterilization or transplantation involving a minor is a procedure fraught with legal hazard, so court authorization is warranted. [Hart v. Brown, 29 Conn. Sup. 368, 289 A. 2d 386 (1972)] In the case of mental hospitalization, the responsibility for the care and treatment of the patient becomes invested in the hospital or court, and so a parent has no right of access to the minor's records. [In re J.C.G., 144 N.J. Super. 579, 366 A. 2d 733 (1976)]

(2) In an emergency where delay would produce serious risks for the minor, a physician may proceed with treatment without awaiting parental consent. Consent is implied from the emergency. An "emergency" is defined as "a situation wherein, in competent medical judgment, the proposed surgical or medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain a consent would reasonably jeopardize the life, health or limb of the person affected, or would reasonably result in disfigurement or impairment of faculties." [Mo. Ann. Stat. §431.061 (Vernon Supp. 1979)] When the question arises, the courts give a broad interpretation to "emergency." Thus the treatment of a fracture has been deemed an emergency though it was not life-saving but done to stop pain and suffering. [Greenspan v. Slate, 12 N.J. 426, 97 A. 2d 390 (1953); Sullivan v. Montgomery, 155 Misc. 448, 279 N.Y.S. 575 (1935)]

(3) An emancipated minor—a minor who is free from the care, custody and control of his or her parents—may give a legally valid consent. By dint of certain legislation, pregnancy amounts to emancipation. Alabama's statute, for example, provides: "Any minor who is married, or having been married is divorced, or has borne a child may give effective consent to any legally authorized medical, dental, health or mental health services for himself, his child or for herself or her child." [Ala. Code tit. 22, §104(16) (Supp. 1973)]

(4) Under the "mature minor" doctrine, a minor is permitted to consent to medical treatment if he or she is sufficiently mature to understand the nature of the procedure and its consequences and the alternatives to that treatment. The usual

standard, age, is easy of application, but maturity is a matter of dispute. It is a behavioral test. One pediatrician has suggested that any child who could get to her Greenwich Village office by subway from the Bronx was, in her eyes, an adult. The mature minor doctrine has found application in cases where the minor is at least 15 years of age, the treatment is for the benefit of the minor, and the procedure is something less than major or serious in nature. There is apparently only one case where liability has been imposed on a doctor for treating a minor without parental consent. [Bonner v. Moran, 75 U.S. App. D.C. 156, 126 F. 2d 121 (1941)] The operation in this case, however, was not for the benefit of the minor, a 15-year-old, but rather a transplant operation for the benefit of a cousin (consent was by an aunt), yet the case has been cited or relied upon in discussions as to the need for parental consent in every situation.

(5) In recent years *ad hoc* exceptions have been made to parents' authority to consent, usually to help deal with problems that have high social costs, such as venereal disease, drug or alcohol abuse, contraception, and pregnancy. Underlying psychodynamics may be identical among individuals showing different symptoms or behavior, but it is only the named symptom or behavior that opens the door to care or treatment without parental consent. Some states set a minimum age for consent in these treatments or procedures. Many people—for example, Eunice Kennedy Shriver, who suggests that programs involving parents in their children's lives are more worthy of support than those that isolate them ["Sex Values for Teens," *New York Times*, March 1, 1981, p. E-21]—argue that such services should not be provided without parental consent, notice or consultation. In any event, the majority of states have enacted statutes permitting minors to consent without parental notice or consultation, to receive treatment for venereal disease and drug or alcohol abuse, and to seek and receive counseling on and devices for birth control or contraception. The Supreme Court has upheld the right of minors to obtain contraceptives without parental consent [Carey v. Population Services International, 431 U.S. 678 (1977)], and in the wake of that decision the Sixth Circuit Court of Appeals recently ruled that contraceptives may be provided to minors without also the knowledge of their parents [Doe v. Irwin, 615 F. 2d 1162 (6th Cir. 1980)]. A number of state statutes specifically provide that records concerning the treatment of a minor for venereal disease or the performance of an abortion shall not be released or in any manner be made available to the parent. [N.Y. Public Health Law ch. 763 (McKinney 1977)] However, in the event the minor is using a family insurance plan to pay for service, the parents may learn about it when they receive a benefit report from the insurer.

The Supreme Court in 1976 in *Planned Parenthood of Missouri v. Danforth* [428 U.S. 52] ruled that a parent may not veto a minor's decision to have an abortion, but the Court went

on to say: "We emphasize that our holding . . . does not suggest every minor, regardless of age or maturity, may give effective consent for termination of her pregnancy" (emphasis added). From this language it might be implied that "nonmature" or "noncompetent" minors would be required to have parental consent to abortion, even in the first trimester, as they would for any other procedure. That issue came to the Supreme Court in 1979 in *Bellotti v. Baird* [428 U.S. 132]. In that case the Court said that every minor has the right to go directly to a court without consulting her parents. Justice Powell said, "A pregnant minor is entitled in such a proceeding to show either: (1) that she is mature enough and well enough informed to make her abortion decision, in consultation with her physician, independently of her parents' wishes; or (2) that even if she is not able to make this decision independently, the desired abortion would be in her best interests."

It remained an open question until 1981 whether a state could impose a requirement of parental notice (as opposed to consent or consultation) as a condition of a minor's receiving an abortion. Given notice, many have said, parents may be supportive and may dissuade their minor from having an abortion. Justice Stevens in the *Bellotti* case in 1979 remarked in a footnote: "[Our previous decisions do not determine] the constitutionality of a statute which does no more than require notice to the parents, without affording them or any other third party an absolute veto." In its 1981 decision the Supreme Court by a 6-3 vote upheld a Utah parental notification law. The Court said: "A statute setting out a 'mere requirement of parental notice' does not violate the constitutional rights of an immature, dependent minor. The Utah statute gives neither parents nor judges a veto power over the minor's abortion decision." [H.L. v. Matheson, No. 79-5903 (March 23, 1981)] The Court's decision does not make parental notification mandatory nationwide but leaves it up to each state to decide whether to impose the requirement. There are more than 400,000 abortions a year performed on teenagers in the United States, and an estimated one-quarter of these girls do not tell their parents about the pregnancy. [New York Times, March 24, 1981, p.1]

As a matter of practice, the procedure set out by the Court in the *Bellotti* case has been and continues to be ignored. Abortion clinics around the country are carrying out abortions on minors just as on adults. No path is beaten to the courthouse door for a determination of maturity or best interests. Should there be complications, however, the minor will usually find that a hospital will not admit her without parental consent. Emergency care in a clearly life-saving situation may be available, but even then, the hospital (while administering such care) will as a matter of practice attempt to contact parent or guardian..

What actually is the hazard in treating a minor without parental consent? In general, physicians and other therapists appear to be overly fearful in the care and treatment of minors, leading quite often to tragic results. While the law defines an emergency broadly, many physicians and hospitals define it very narrowly. One case that was recently publicized involved a minor who split his lip and was spurting blood but the doctor in the emergency room refused to suture it without parental consent. [S. Ramos, "Insuring Medical Aid If Parents Are Away," New York Times, Jan. 22, 1981, p. 15] In actual fact, there is not a reported case in any state, apart from the aforementioned transplant case, in which a physician or health facility has been held liable for treating a minor over age 15 without parental consent. [H. Pilpel, *Minor's Rights to Medical Care*, Albany L. Rev. 36:462, 1972] And consent is no insulation

against liability. Parental consent or no, there may be liability in the case of faulty treatment. Consent protects from a charge of battery, but not from negligence or malpractice. In the case where the treatment measures up to acceptable standard of care but there is no parental consent or applicable exception, the parents may claim that their expenses for the support and maintenance of their child were increased by an unfavorable result of the treatment, but that is not likely. Treatment of a minor without parental consent is technically a battery, but in these cases only for nominal damages, and the doctor is entitled to have the jury so instructed. [Lacey v. Laird, 166 Ohio St. 1219, 139 N.E. 2d 25 (1956) (plastic surgery)] More likely, the court would allow the doctor payment for his services. [Greenspan v. Slate, *supra* (fee awarded for X-raying a child's foot and applying a cast)]

## DO YOU KNOW THAT . . .

### Graduate Program

The Graduate School of Education, University of Pennsylvania, offers a graduate program of study in human sexuality education, leading to the MS or PhD. The major purpose of the program is to prepare educational professionals and researchers in the field of human sexuality education to serve colleges, universities, graduate professional schools, social agencies, state boards of education, and school systems. This is not a clinical training program in sex therapy. The program consists of required and elective courses in four areas: Content, Methodological-Professional, Foundations, and Measurement-Statistics-Research Design. For further information, write to: Dr. Kenneth D. George, Professor of Education, Human Sexuality Program, Graduate School of Education University of Pennsylvania, 3700 Walnut Street, Philadelphia, PA 19104.

### International Year of Disabled Persons

The United Nations has proclaimed 1981 as the International Year of Disabled Persons, with the aim of improving the quality of life for this significant segment of the world's population. In recent years, professionals in the sexology field have made important progress in research, education, and counseling in the area of sexuality and disability. And for this special year, an impressive number of national and international conferences dealing with this topic have been planned.

As a sponsor of the Third Annual National Symposium on Sexuality and Disability, June 19-21 at New York University, SIECUS, through the work of board members and staff involved in the organization and presentation of the symposium program, has been part of the widespread support for the United Nations 1981 IYDP goal. In addition, this issue of the *SIECUS Report* highlights sexuality and disability concerns, and includes a special bibliography of pertinent resources.

# AN IMPORTANT NOTICE TO SUBSCRIBERS

Since 1972, when the *SIECUS Report* first began publication, it has been subsidized by *SIECUS's* general funds as part of the organization's outreach program. *SIECUS* can no longer afford to do this—the *SIECUS Report* must pay its own way.

Therefore, by action of the *SIECUS* Board of Directors at its annual meeting on April 13, beginning with Volume X, 1981-82, the *SIECUS Report* will only be available to *SIECUS* Associates. The special envelope enclosed with this issue is for the use of present subscribers who wish to continue receiving the *SIECUS Report*.

**What Is A *SIECUS* Associate?** *SIECUS* Associates believe, with *SIECUS*, in the right of every individual to accurate information about human sexuality. They support the organization's work both philosophically and financially, helping *SIECUS* expand its clearinghouse function in the field of education for sexuality.

**Benefits of Being A *SIECUS* Associate** The Associate fee provides significant benefits for both the Associate and *SIECUS*:

- Associates receive the *SIECUS Report* which you, as a subscriber, know is the leading periodical in its field. (Organizational Associates receive two copies of each issue.)
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- Associates have no-charge access, in person or by mail or telephone, to the *SIECUS* Resource Center and Library, a unique facility housed at New York University, which contains an extensive collection of human sexuality publications and resources of all kinds. (Non-Associates pay a user fee.)
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**How Much Will It Cost?** To encourage current subscribers to become *SIECUS* Associates, we are offering special transition rates for the 1981-82 Associate year. (The Associate year is identical to the volume year of the *SIECUS Report*.) These special rates, available only until August 1, 1981, are: Individuals, \$25; and Organizations, \$50.

**New Rate for Libraries** Recognizing that many libraries are facing significant cutbacks in acquisition funds, *SIECUS*, contrary to general custom, has reduced the regular library rate to \$15—lower than individual rates.

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**Notice to Current Associates** *SIECUS* thanks you for your continuing loyalty. You have helped make it possible for us to plan the expansion of the *SIECUS Report* by 50%, from 96 to 144 pages per volume, beginning in September 1981. And we know that you will continue to support *SIECUS*. Your Associate renewal notices have been sent in a separate mailing. The envelope attached in this issue is for regular subscribers only.

The "SIECUS Report" will no longer be available by subscription from Human Sciences Press, but is now available only through the *SIECUS* Associate Program. Please direct all inquiries about this program to *SIECUS*, 84 Fifth Avenue, Suite 407, New York, NY 10011.

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## DO YOU KNOW THAT . . .

### Resources to Write for . . .

**Peer Education in Human Sexuality** is a manual developed by Planned Parenthood of Metropolitan Washington after five years' experience in implementing PPMW's peer education program in schools and youth service agencies in the District of Columbia. A practical, "how-to," skill-oriented guide, it provides the reader with an understanding of the peer education model, a step-by-step procedure to initiate and continue such a program, ideas for using peer educators after training, and a list of suggested resources. To order the manual, send \$17.50 to: Resource Center, Planned Parenthood of Metropolitan Washington, 1108 16th street, NW, Washington, DC 20036.

**Sex Education for Individuals with Developmental Disabilities: An Annotated Bibliography** was compiled in July 1979 at the University of Iowa. The first section contains sex education materials specifically for and about the developmentally disabled; section two lists sex education materials of a more general nature which can be useful to both developmentally disabled individuals themselves or to those who work with them. Two appendices list selected bibliographies and resource guides, and the addresses of the publishers. Single copies are priced at \$3.75 (plus 40¢ postage and handling). Orders should be sent to: Campus Stores, IMU #30, University of Iowa, Iowa City, IA 52242.

**When I Grow Up: Structured Experiences for Expanding Male and Female Roles**, by Michelle Kavanaugh, is a two-volume set of workbooks designed to facilitate support of young people striving to achieve a positive self-concept. Volume I is subtitled "The Early and Middle School Years" and Volume II, "High School and Beyond." The activities and exercises are based on the assumption that providing opportunities for both sexes to reach their full potential requires sexual equality and the elimination of sexual stereotyping. For ordering information, write to: Humanics Limited, P.O. Box 7447, Atlanta, GA 30309.

**Sexuality Education and Training: Theory, Techniques and Resources** (2nd edition) by Joan Helmich and Jan Loreen, a 1979 publication of Planned Parenthood of Seattle/King County, is a useful manual for sex educators working with adolescent and adult groups. It provides information on a wide variety of techniques and exercises. Single copies cost \$5.75 (including postage), and may be ordered from: Planned Parenthood of Seattle/King County, 2211 East Madison, Seattle, WA 98112.

**Prescriptive Package: "Treatment Programs for Sex Offenders"** (1978) by Edward M. Brecher presents information on 20 treatment programs in 12 states which are directly concerned with the existing sexual problems and future behavior of correctional inmates, probationers, and parolees. It is a useful resource on a subject about which only a limited amount of material is available. To obtain a copy (Stock No. 027-000-00591-8), send \$4.00 to: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

**Special Report on Aging 1980**, recently published by the National Institutes of Health, is excellent on all counts. It reports on research findings which can help improve medical care and social services for the elderly, discussing such topics as loss of interest in sex among healthy old men, biological versus chronological age, muscle loss, and the hazards of hospitalization for the elderly. Single complimentary copies may be obtained by writing to: NIA/SR80, Expand Associates, 8630 Fenton Street, Suite 508, Silver Spring, MD 20910.

**Human Sexuality: A Curriculum for Pre-Teens**, published in a 100-page looseleaf format, is a resource recommended for those working with the preteenager, grades 5-8. It provides background information, suggested exercises, resources, and sample quizzes in 12 chapters, under such headings as: Sexuality and Roles, Puberty, About Girls, About Boys, Problems, and Decisions. The price of this resource is \$15.00, and it is published by the Education Department, Planned Parenthood of Rochester and Monroe County, 24 Windsor Street, Rochester, NY 14605.

**What Everyone Should Know About STDs** is a recent (1980) addition to the Scriptographic Booklet series put out by Channing L. Bete Company. It gives readers the basic facts about sexually transmitted diseases, including syphilis, gonorrhea, herpes simplex, and nongonococcal urethritis. The compact, easy-to-read format makes these booklets useful for distribution in health centers and community agencies. For orders of 1-24 copies, the unit price is 75¢; bulk rates are available. Write to Channing L. Bete Co., Inc., 200 State Road, South Deerfield, MA 01373.

**Methods of Contraception Flip Chart**, a useful teaching device produced by the Planned Parenthood Federation of America, on durable hardboard with a hinged base, contains diagrams depicting male and female physiology, the menstrual cycle, how conception occurs, and the ways it can be prevented. The chart is available in two sizes: 18" x 24" priced at \$25 plus \$4 handling; and 11" x 16" at \$15 plus \$3 handling. The smaller size is also available in a Spanish edition. Order from: Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY 10019.

# RESEARCH NOTES

## The Varieties of Female Orgasm and Female Ejaculation

John Delbert Perry, PhD, ACS

and

Beverly Whipple, RN, MEd, ACS

In February 1981, the *Journal of Sex Research* published a group of three articles (see References) which challenge several of our most cherished beliefs concerning human, and especially female, sexuality.

For the past three decades, science has accepted Kinsey's research which attributed to the clitoris—and the clitoris alone—the central role in triggering female orgasmic response. When Masters and Johnson undertook their pioneering physiological research, they assumed that the ability to masturbate to orgasm clitorally defined normal, healthy female sexual response and used it as one of their criteria for accepting research subjects. Freud's "vaginal orgasm" was assigned to the category of "myth," where it served as a harmless comfort to "sentimental" women.

All the old questions about the nature of female orgasm are now being reexamined. This in itself is not new; feminist writers have been doing it for several years, on the grounds that subjective experience did not agree with the supposed "objective" measures. What is new is the publication of objective evidence that supports women's subjective discriminations. Central to the argument is the discovery—or rediscovery—of the "Gräfenberg" spot, an exceptionally sensitive area of the vagina which helps to explain "vaginal" orgasms (orgasms which do not rely on clitoral stimulation) and "ejaculation" (which occurs in perhaps 10% of women in America).

Our research began as an attempt to replicate the work of Arnold Kegel, a California gynecologist, who proposed in the 1940s a positive relationship between the strength of the pubo-coccygeus (or "PC") muscle (which surrounds and supports the pelvic organs and orifices) and sexual satisfaction. Kegel developed a system of PC muscle exercise and measurement using an air-pressure gauge, the perineometer. In 1979, Benjamin Gruber and Georgia Kline-Gruber published the first statistical study supporting Kegel's theory.

Preliminary investigations of vaginal sensitivity and the relationship between pelvic muscle strength and female "ejaculation" are reported in the aforementioned *Journal of Sex Research*. In a companion article, a case study of one woman who "ejaculates" was presented, and finally, our colleague Edwin Belzer provided an historical review of evidence concerning these "orgasmic expulsions of fluid." Our conclusions have forced us to reexamine contemporary sexological theory, and they have profound implications for education and therapy.

First, consider the issue of vaginal sensitivity. For the past decade sex therapists have been prescribing clitoral stimulation for pre-orgasmic women. Although it sometimes seemed to work, more often than not clitoral stimulation never "gener-

alized" to intercourse. Kaplan (1974) felt forced to conclude that perhaps most women were never intended to have coital orgasm, or at least would always require simultaneous clitoral masturbation.

But now it seems that the clitoris has very little to do with coital orgasm. Researchers have discovered a sexually sensitive spot, first described in detail by Ernest Gräfenberg in the *International Journal of Sexology* in February 1950. This spot lies about a centimeter beneath the vaginal surface, in the area of the urethra. It is very responsive to deep pressure, although women who are not accustomed to its stimulation often initially mistake the resulting sensation for the more familiar signal of urinary urgency. When Kinsey's staff sought to investigate vaginal sensitivity, they judiciously employed "Q-tips" to test for tactile responsiveness. Their failure to identify this area of sensitivity can now be attributed to their application of "soft" or surface pressure.

Our deep pressure technique has identified this spot in all our research subjects, both by their subjective reports of its sensations and by objective reports from the examining physician or nurse concerning its size and location. Women who claim to ejaculate identify this spot as the "trigger" for their ejaculation (Gräfenberg also noted its ability to induce ejaculation). Other women identify it as the trigger for "deeper" or "uterine" orgasms associated with intercourse. Zwi Hoch, in Israel, has independently confirmed our observation of this sexual trigger-point in the anterior vaginal wall. Therapists who have begun to prescribe digital stimulation of the Gräfenberg spot to couples seeking coital orgasm are reporting promising results. Many women first become orgasmic thus during intercourse, while others report that they prefer vaginal stimulation over clitoral stimulation, even without orgasm.

Secondly, the single-nerve explanation of Masters and Johnson and Kaplan is not sufficient to explain the ejaculatory reflex which we photographed and reported in the "Case Study." The clitoris-pudendal nerve-pubococcygeus reflex, previously thought to account for all of female orgasm, simply cannot explain female ejaculatory orgasms. The area of the Grafenberg spot, as well as of the bladder and uterus, is served by the pelvic nerve and hypogastric plexus. It is this second nerve pathway that is presumably responsible for the female ejaculatory process and, in combination with the traditionally accepted pudendal nerve pathway, explains Singer's (1974) "blended" orgasm, as well as the typical male ejaculatory orgasm.

This two-nerve theory helps to explain why we are presently calling them "uterine" orgasms, following Singer's terminology. It also explains the temporal separation of Masters and

Johnson's "point of ejaculatory inevitability" (now believed to involve the pelvic nerve reflex) from the expulsive process of orgasm (which involves the pudendal nerve). Our theory of "two nerves" (detailed in the previously mentioned *JSR* article) has been corroborated by Tordjman, in France, who reached the same conclusion by analysis of the effects of spinal cord injuries.

The two nerves produce muscle responses in separate areas. The pudendal nerve activates the PC muscle while the pelvic nerve stimulates the uterus and perivaginal tissues. In our theory, variations in sexual practice result in developmental differences between these muscles. Our measurement and analysis of the muscle strength of women who do and do not ejaculate showed dramatic differences between the two groups. The ejaculators produced voluntary contractions of the pubococcygeus muscle twice as strong as the non-ejaculators; their uterine contractions were almost three times stronger. There are many possible explanations, but all of them are consistent with the original Kegel hypothesis we set out to test.

Thirdly, the demonstration of female ejaculation by Gräfenberg-spot stimulation alone is noteworthy both in its own right and because of its implications for therapy and education. Excessive wetness at orgasm has previously been attributed to either (1) urinary incontinence, or (2) pathologically excessive vaginal lubrication. Surgery and drugs have been used extensively to "cure" what may be a perfectly normal, natural condition. Countless women have reported that they were embarrassed, and insulted by their partners for ejaculating. One of our research subjects blamed her voluminous and unexplained ejaculations for destroying two marriages and several relationships.

Ironically, not ejaculating may be even more important than ejaculating. We have frequently discovered a history of what was believed to be "urinary incontinence" during first sexual experiences of many presently anorgasmic women. That is, many women had ejaculatory orgasms during their first sexual encounters but were so humiliated by the social repercussions that they now tighten the musculature of the vulval area as sexual tension mounts and thus prevent both leakage of fluid and orgasm.

Our "Case Study" report included collection of specimens of ejaculate and motion picture recording of the stimulation and subsequent orgasms. Chemical analysis (conducted by Dr. Belzer at Dalhousie University) showed the subject's ejaculatory fluid to be high in "prostatic acid phosphatase," previously assumed to be present only in the secretion of the male prostate gland. The ejaculate was also higher in glucose and lower in urea and creatinine than was the urine in samples taken from the same woman. These results were confirmed with similar samples collected from several other women under less stringent conditions. The amount of ejaculate can range from a few drops to (in several reports) as much as a full cup or more. The determination of prostatic acid phosphatase in the normal fluids of even one woman can present a complicating dilemma for forensic medicine: the p.a.p. test has been considered indisputable evidence of male presence in rape cases.

Technological developments, such as the "electronic penileometer" which measures "PC" muscle strength by electromyography (EMG) and provides more precise information, and a new device, the "uterine myograph" which fits over the cervix and measures "uterine" muscle activity, plus new chemical tests for prostatic acid phosphatase, were essential ingre-

dients in these new discoveries. Singer's *The Goals of Human Sexuality* (1974) provided a conceptual framework for our explorations. But the greatest contribution came from the many women who refused to discount their own sexual experiences, even when these did not fit into the official patterns of "official" prevailing theory. As a result of their persistence and courage, we now can appreciate and investigate the tremendous variety of orgasmic experience which is open to women.

[Note: The authors are seeking women who are willing to complete a questionnaire on ejaculatory experience and the "uterine" orgasm. For details on the research program, write to: Research, Perry and Whipple, Ltd., 70 Spruce Street, Burlington, VT 05401.]

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## DO YOU KNOW THAT... .

### National Family Sexuality Education Week

National Family Sexuality Education Week 1981 will be observed from October 5 through 11. Initiated in 1975 by the Institute for Family Research and Education at Syracuse University, this special week is designated annually to convey an important message: Parents are the primary sexuality educators of their children. The national campaign emphasizes the importance of community support for programs designed to strengthen the parental role in family sexuality education.

To aid community-based organizations—schools, religious organizations, family planning agencies, libraries—in their efforts during this special week to highlight their programs and gain local support, Planned Parenthood Federation of America is once again publishing the *Guidebook for National Family Sexuality Education Week*, which provides valuable information on working with the media, forming community coalitions, and developing materials. It also lists the national organizations which endorse NFSEW. Individual copies cost \$6.50 (including postage), and may be ordered from: Department of Education, Planned Parenthood Federation of America, Inc., 810 Seventh Avenue, New York, NY 10019.

### Sexual Health Care Clinic

The Institute for Advanced Study of Human Sexuality has announced the opening of its Sexual Health Care Clinic offering a comprehensive range of services to people of any sexual preference who have sexual concerns which may cause dissatisfaction and/or dysfunction. The Clinic, supervised by members of the Institute's faculty, is located at 1523 Franklin Street, San Francisco, California 94109.

# BOOK REVIEWS

**Sexual Counseling for Ostomates.** Ellen A. Shipes and Sally T. Lehr. Springfield, Ill.: Charles C Thomas, 1980 (105 pp.; \$8.50).

Reviewed by Carol C. Flax, PhD, Columbia University College of Physicians and Surgeons, Hunter College; co-director, Columbia University Seminar: Human Adaptation in Modern Society; sex therapist, private practice, New York City.

This book's primary purpose is to present a commonsense approach to sexual counseling of people with various ostomies, with easy-to-understand techniques. Chapter 6 on "Counseling," the most important in the book, accomplishes in itself this fundamental aim. It presents suggestions on how to approach the topic of sex with the ostomate, guidelines for exploring concerns and looking at ways to deal with problems, precautions for insuring comfort and safety during sexual activity, and useful suggestions for helping the ostomate deal with such subjects as masturbation, penile prostheses, and communication skills. The important role of the ostomate's partner in pre- and post-surgical counseling is emphasized. This excellent chapter with its sound suggestions is valuable to any person desiring an introduction to sexual counseling of ostomates.

If not as strongly focused, the remainder of the book is, on the whole, sound and well-meaning. After an introductory chapter that includes a brief overview of the sexual response cycle, Chapter 2 provides factual information about colostomies, ileostomies, and urostomies, including concise explanations of anatomical locations, shapes, and colors of stomas for the different types of ostomies and reasons for performing the surgery. The authors wisely caution that, "prior to counseling ostomates and their partners," health professionals should "become familiar with stoma and stomal functioning beyond what has been discussed here."

The next section is devoted to the spe-

cial problems of paraplegics and quadriplegics who become ostomates and may have fecal or urinal stomas or both. Here the emphasis is on learning the skill of attaining pleasure above the level of the lesion. It is clear that "successful sex," as defined in this book, is "completely subjective and runs the gamut from mutual feelings of pleasure and comfort to mutual orgasmic satisfaction reached by a variety of means."

The authors note that individuals with disabilities that are hidden from view may have the most difficulty in adjusting because of this very fact. Unfortunately the counseling suggestions do not deal with how or when to tell a potential sex partner about the ostomy, nor how to deal with possible negative reactions. It is also disappointing that lack of available information still necessitates far too brief a discussion on aging, homosexual, and adolescent ostomates. In addition, since this book is intended primarily for enterostomal therapists, staff nurses, physicians, and physical therapists, the rather flippant cartoon-style drawings seem particularly condescending and tend to detract from the quality of the book.

Throughout the volume, however, there is commendable emphasis given to the assumption that "health care personnel are responsible for rehabilitation of the whole person, and one very important aspect of this whole person is his/her sexuality." PR

**Is the Homosexual My Neighbor?** Letha Scanzoni and Virginia Ramey Mollenkott. New York: Harper and Row, 1978 (157 pp.; \$4.95 paper).

Reviewed by James Harrison, PhD, Clinical Psychologist, New York, N.Y.

Every psychotherapist and sex or marriage counselor should be aware of this book. It is uniquely valuable and may be of significant help to all who have uncritically accepted assumptions about sex-

ual ethics thought to be derived from Jewish and Christian teaching.

Written for evangelical and/or conservative Christians, the book represents the best of the moral tradition involved. Through its language and style, the authors appeal to biblical authority in their challenge to Christians to question common social prejudice against homosexual persons. They urge church leaders to seek more accurate knowledge about homosexuality lest they "bear false witness" in violation of the ninth Commandment—a gentle reminder that to perpetuate inaccurate stereotypes is equivalent to an act of prevarication. In response to the too often met self-righteous condemnation of homosexual persons, they point to Paul's admonition in *Romans* 2:1: "At whatever point you judge the other, you are condemning yourself." For those who would exclude gay people, they point to the parable of the Samaritan (of a despised caste in Jesus' time), illustrating his moral sensitivity in contrast to the moral callousness of the self-proclaimed "religious" of the period.

Although the book is relatively short and simply written, the authors' extensive background research is apparent. They have managed to discuss a majority of the topics essential for an in-depth examination of social and religious attitudes toward homosexuality. They discuss the phenomenon of stigmatization, and the perpetuation of misinformation which is fostered by the inability of many gay people to be honest and open about their lives for fear of reprisal. They provide an overview of the biblical texts which bear upon the discussion of homosexuality, and exemplify a principle of interpretation in which texts are understood in historical context. They demonstrate the inconsistent use of "Biblical proof" texts by self-righteous Christian leaders, and show how the latter misuse the Bible to support their own socially determined "Christian" prejudices while ignoring other texts which would condemn their own behavior.

Scanzoni and Mollenkott provide an

*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.

excellent summary and critique of psychological/psychiatric research and theory, and discuss the nature and sources of the anxiety generated in so many people by their misperceptions of homosexuality. In their conclusion, they describe the status of the theological and ethical debate about sexuality in the Christian churches. While they consider the unlikely possibility of sexual reorientation and the option of celibacy, they do suggest that the most morally creative possibility for gay people is to live in committed faithful relationships. In this regard, they appeal to the churches and to individual Christians to provide social support for gay couples. In their view, the morality of a sexual relationship is best judged by the quality of the personal interaction rather than the sex of the partner. Although this position is held by a number of religious groups, it is bound to be shocking to many people, religious or not, especially those who reject scientifically based research. On the other hand, it will fall short for those who suggest that personal fidelity is not necessarily synonymous with sexual exclusivity, whether homo- or heterosexual.

This book constitutes a remarkable resource for the counselor who dares challenge her/his own preconceptions. It is also an invaluable resource to recommend to gay people, their families, and their friends, who need relief from a repressive interpretation of the common religious tradition. **A, PR**

**The Family Book About Sexuality.** Mary S. Calderone and Eric W. Johnson. New York: Harper & Row, 1981 (330 pp.; \$14.95).

Reviewed by Lorna J. Sarrel, MSW, Assistant Clinical Professor of Social Work in Psychiatry and Obstetrics/Gynecology, Yale University School of Medicine; and Philip M. Sarrel, MD, Associate Professor in Obstetrics/Gynecology and Psychiatry, Yale University School of Medicine. They are also co-directors of the Human Sexuality Program, Yale University Health Service.

When two thoroughly expert people team up to write a book which summarizes their experience and wisdom, the result is a book such as *The Family Book About Sexuality* by Mary Calderone and Eric Johnson—a book which is rich in human understanding, broad without sacrificing depth, and an integration of

complex ideas in simple language. It fills an important gap in the field because it could be a family's one book about sex read by parents and grandparents, young couples, adolescents, and even sophisticated grade schoolers. It covers a wide range of topics, from the sex response cycle to family planning, to sex and marriage, to disability, to sex education at school and in the home (plus many, many more). There is a highly useful 70-page "encyclopedia" of terms at the end of the book, plus a chapter recommending other reading about sexuality.

Each subject in the book is treated factually and in terms of people's feelings. The context for most of the discussions is a family context and, in that sense, it is a strikingly pro-family book (although the Moral Majority might not agree with that judgment). On the other hand, the book doesn't ignore persons who are not in families—young singles, widows and widowers. Nor does it neglect those who are sometimes called the sexually disenfranchised—the mentally or physically disabled, and the emotionally bruised whose capacity for interpersonal attachments may be impaired.

There are wonderful black and white

illustrations, drawings of people interacting with genuine feeling and warmth. The artist has beautifully captured the flavor of the book. In a few of the pictures we see breasts or an erect penis, but the purpose of the illustrations is so clearly appropriate that it is hard to imagine even the most anti-sex person objecting to the pictures. The drawings show white, black, and Hispanic people, and many show fathers in loving physical contact with their children. If some readers do no more than look at the illustrations they will learn some valuable lessons.

Since Calderone and Johnson have particular points of view they want to communicate, the book could have been preachy. It is interesting to see how they managed to express their value positions without "lecturing." For example, on the topic of nudity, they state: "Children whose parents feel at ease in such natural events as stepping out of the shower, toweling and walking back to their room to dress are fortunate." Other value statements are made more directly, in terms of facts, such as "masturbation is harmless" or, in the section on homosexuality, "to label any form of sexual behavior as deviant should not be taken to mean it is wrong, harmful, or despicable." Another technique the authors used to present values is giving forceful arguments both for and against a topic, e.g., pornography or the decriminalization of prostitution.

We believe that parents will particularly like the parts of the book that discuss the everyday sexual issues that come up with kids—infants discovering their bodies, "bad" language, kids masturbating in public, and childhood sex games. There are useful specific suggestions given, including sample phrasings that should help some parents overcome their fears of talking about sex. In a rather unique section, young people are encouraged to take the initiative in raising sexual topics with their parents.

As sex therapists, we are perhaps prejudiced and would have liked to see more discussion of common sexual dysfunctions. These are simply listed and defined, while less common problems such as voyeurism, transsexualism, and fetishism are more fully discussed. We also feel that the normal changes which accompany aging could have been discussed in more detail.

There does appear to be one factual error. In the chapter on contraception, suppositories are listed among "methods not recommended at all," while

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foams, creams, and jellies are recommended. Recent studies suggest that suppositories are about as effective as these other spermicidal chemicals.

With the above caveats, we can recommend *The Family Book About Sexuality* with enthusiasm. Sex educators, counselors, and therapists should not hesitate to suggest it as a basic reference guide for families. Its factual material, and even more importantly, its carefully considered tone and maturity of judgment make it a valuable resource for sexual learning. **ET, LT, A, P, PR**

**The Sexual Victimization of Youth.** Leroy G. Schultz, ed. Springfield, Ill.: Charles C Thomas, 1980 (416 pp.; \$19.75).

Reviewed by Judith V. Becker, PhD, Director, Victim Treatment and Research Clinic, Columbia University College of Physicians and Surgeons, New York, N.Y.

This book presents a collection of papers dealing with the medical, psychological, and legal aspects of the sexual victimization of children. Two sections also focus on the child sex industry and sexual emancipation. Although no comprehensively accurate statistics regarding the incidence of child sexual abuse exist, several of the authors have done an excellent job of presenting those statistics which are available.

The book is rich with guidelines and protocols for the identification and diagnosis of child sexual abuse, and includes methods of obtaining medical corroboration as well as for conducting the medical examination and reporting to criminal justice personnel.

In the section devoted to incest, the paper by Herman and Hirschman provides an excellent, cohesive, and credible theoretical perspective for incest behavior. Unfortunately, only one type of treatment intervention for incestuous families is presented and no data were given reflecting whether this treatment technique has or has not been unequivocally shown to be effective using controlled group outcome studies. In general, the book is weak in offering psychological treatment strategies for either offender or victim.

The chapter on pederasts is clearly not representative of what appears in the literature regarding homosexual and heterosexual pedophiles. The author's sampling techniques as well as his conclusions are questionable. Furthermore,

I found the classification scheme to be clearly class-biased when compared to existing psychiatric and psychological data.

The section dealing with the child victim in relation to the criminal justice system was highly informative, presenting specific recommendations and guidelines for accommodating children within the criminal justice system. Because many children have been further victimized psychologically at the hands of criminal justice personnel, the "child-courtroom" is proposed as one step toward protecting the rights of the child while seeing that justice is served. This is designed "to take a victim's testimony in an informal and relaxed manner, while the child can see only four persons around him: the judge, the prosecutor, the defense counsel and the child examiner. . . . The accused, the jury, and the audience should be seated behind a one-way glass." This arrangement provides optimum security and psychological comfort for the child.

A final comment relates to the editor's view that "sexual behavior between adult and child or between two minors is neither harmful nor harmless always." The child's lack of ability to give consent

with an adult and the child's lack of the "power" in such a relationship has clear implications regarding the child's subsequent development. Clearly the work of such researchers as Drs. Sgroi and Burgess has demonstrated the physical as well as the psychological trauma experienced by children who were used to satisfy adults' sexual needs. There is no collection of data which indicates that child sexual abuse has any positive impact on the child. Quite the contrary, the data indicate that such assaultive behavior has a severe impact on children.

In conclusion, if the reader is looking for guidelines on emergency room procedures, protocols for collecting evidence and for working with the criminal justice system, this is a helpful book. It does not, however, provide data-based information on the psychological treatment either of the victim or of the offender. **PR**

**Human Sexuality in Health and Illness,** 2nd ed. Nancy Fugate Woods. St. Louis: C. V. Mosby Co., 1979 (400 pp.; \$10.95).

Reviewed by Ann K. Welbourne, RN, PhD, Associate Professor, School of Nursing, Graduate Program, Health Sciences Center, State University of New York at Stony Brook.

Educators who teach health care professionals about sexuality have some needs unique to their specific role. They must address not only the essential issues about sexuality through the life cycle, but also the effects and implications which illness, trauma, or disease may have on sexuality. These dual educational objectives further mandate teaching about the assessment of sexual health, and preventive and restorative intervention.

As more programs have developed to educate and prepare health care professionals about sexual health issues, the need for appropriate texts and resource books has also clearly emerged. *Human Sexuality in Health and Illness*, written by Nancy Fugate Woods with collaboration from others in specific areas, is a very good example of this special type of book. It is divided into three parts. Unit I defines sexuality with biological, psychological, and social perspectives. Sexual response patterns and life cycle issues are also presented. Unit II is concerned with the role of health professionals, particularly related to assessment and intervention. Sexual dysfunction is

DR. MARY CALDERONE calls it  
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If every parent would read this book and pass on the absolutely true information that is in it, we would see a big change not only in teenage behavior and pregnancies, but in parent-child relationships."

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## CHANGING BODIES, CHANGING LIVES

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Ruth Bell and other co-authors of  
**OUR BODIES, OURSELVES AND  
OURSELVES AND OUR CHILDREN**,  
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also reviewed. The focus of Unit III is on the clinical aspects of human sexuality, with specific sections on pregnancy and lactation; abortion; fertility and infertility; sexual assault; hospitalization and illness; chronic illness; adaptation to changed body image, trauma, paraplegia; and the effects of drugs on sexual behavior. Each section is clearly written and well documented with current research. The chapters conclude with summaries, questions for review, and references.

It is difficult to be completely comprehensive when presenting information about the many, many aspects of sexuality influenced by health and illness. Woods has done a commendable job in preparing this text. Her extensive knowledge and experience as both a nursing and sexuality educator make this book a very helpful resource for all those concerned with the promotion of sexual health care. PR

**Circumcision: An American Health Falacy.** Edward Wallerstein. New York: Springer Publishing, 1980 (281 pp.; \$21.95 cloth, \$9.95 paper).

Reviewed by Vincent J. Longo, MD, FACS, Chief of Urology, Lawrence-Memorial Hospital, New London, Conn., AASECT-certified Sex Therapist and Educator.

Bravissimo, Edward Wallerstein! Now, at last, it has been told—the truth about circumcision. In this book the myths, fables, legends, misinformations, and taboos about routine circumcision have been exploded. The author is a retired business executive, industrial engineer, and researcher in diverse fields and, fortunately for us, a health consumer activist with an important message: *routine circumcision of the newborn is “archaic, useless, potentially dangerous.”*

Lest one complain about his nonmedical background, rest assured that the author has researched his topic meticulously and the bibliography is voluminous. His bias is therefore well founded and the conclusions justified—the results of a thorough consideration of both the pros and the cons of all aspects of this controversial subject. Consider the fact that only in the United States is routine infant circumcision practised with such unfounded and confounding regularity: 85% of all American newborn males are circumcised! And for no accountable, well-founded medical or social reason.

Not all of my urologic colleagues will agree with everything said so far; but they will agree, I think, with this necessarily brief list of reasonable indications for circumcision: (1) religious ritual (Orthodox Jewish, Moslem); (2) urinary retention (inability to void because of complete closure of the foreskin opening), a rare event.

Wallerstein begins with an entertaining review of the circumcision mystique—body image disfigurement and modification have been with us for thousands of years—and delves into the historic origins of male and female circumcision. He then discusses specific topics such as phimosis (nonretractability of the foreskin over the head of the penis), which is not at all uncommon at birth but will usually resolve by the age of three years with further maturation, development of these tissues, and careful but persistent efforts by parents and boy to retract the foreskin. It is axiomatic that the presence or absence of an otherwise healthy foreskin bears little or no relationship to sexual function or dysfunction—or masturbation—or personal hygiene (it's far more difficult to keep one's ears clean than the prepuce space, and no one advocates cutting ears off for hygienic reasons). The author also discusses the issues of venereal disease (let's not blame the foreskin for the rise in VD) and penile cancer (“a rare hazard—just wash, don't cut it off”).

In all fairness to the medical profession at large and, especially, to urologists in America, there has been review and reconsideration of the subject in recent years which has led to change in attitudes and modification of practice in many quarters; more and more of us do refuse to perform routine circumcision and some of us do attempt to inform and educate parents, especially since even this so-called minor operation can have its complications: bleeding (blood dyscrasias with bleeding tendencies are not rare); phimosis (scarring from surgery—this sometimes causes the deformity it was supposed to cure); “hidden” penis (removing too much foreskin in a chubby baby, interfering with complete erection); meatitis (removing the foreskin exposes the head of the penis to urine and feces in the neonate and thus ammoniacal “diaper rash” can cause ulceration and, not infrequently, meatal stricture or scarring, perhaps the commonest complication of circumcision and one that then calls for another operation—meatotomy—to enlarge the structured urethral opening); and

finally, sadly, deaths have occurred (infection, septicemia, hemorrhage).

Wallerstein has written the definitive book on the subject of routine circumcision of the newborn. Once again, bravissimo! A, PR

**Human Sexuality: Feelings and Functions.** Leonore Tiefer. New York: Harper and Row, 1980 (128 pp.; \$4.95 paper).

Reviewed by Mary S. Calderone, MD, President, SIECUS.

This book is part of a Life Cycle series that includes 11 other titles. Except for certain questionable illustrations, it constitutes a fine introduction to any formal consideration of human sexuality, covering the following topics: how we know what we know about sex; cultural themes in sexuality; sexuality through the life cycle; adult sexuality; sexual arousal and response; performance problems; sexual deviance; and sexuality and you. Two pages of references are included, along with an index.

The first 24 pages lead the reader directly and easily into a consideration of sex research and its methods, including the cross-cultural approach. Highlights of the latter are comparisons of what is and is not done sexually in various cultures, leading to identification of the wide range of expressions of sexuality across the world. The photographs here are notable and interesting for their broad variety.

The life-cycle approach lends itself well to helping the newcomer base his or her understanding of the sexual field on the concept that we are born and remain sexual throughout our lives. Fairness characterizes the discussions, and the author uses simple declarative sentences, each one meaningful. In both text and illustrations the emphasis is on behavior rather than anatomy, function rather than physiology, and on feelings and attitudes throughout. The bibliography is intelligently selective, ranging from five to ten references for each chapter, mostly of easily available books. This is an intelligent “pre-scholarly” gambit, because any book chosen by a beginner for extra reading will have its own more detailed bibliography.

The book carries such pithy observations as: “Finding out about one's body begins early; finding out about other people's should not be left too late.” The author draws attention not only to the broad cultural differences in atti-

tudes about sexuality that affect infants and young children, but also to the innate differences that are acted upon by the variations in the attitudes and natures of their primary caretakers. The natural conclusion here is that it is truly no wonder that each of us differs from others and is a unique sexual being, with our own particular needs, desires, and hangups.

The book has its negative aspects. Because it was published in Britain, there are verbalisms that could confuse the uninstructed U.S. student, e.g., "nappy" instead of "diaper." There is also the problem of using the word "deviation" instead of the currently preferred "variation." Thus Chapter 8, which has the title "Sexual Deviance," discusses such "variations" in forms of sexual behavior as fetishisms, but then concludes with a one-page discussion of "homosexualities," which in its first paragraph warns against classifying all homosexuals into a single category, just as all heterosexuals can not be indiscriminately grouped. The second paragraph discusses the wide variety of social behavior engaged in by homosexuals, including recreational and political activities with other homosexuals. The third paragraph describes the homophobia existing in a number of Western societies (not identified), observing that "such homophobia is more prevalent in societies where sex roles are rigidly defined." But the fourth paragraph is headed "Beware of mixing apples and oranges," and leaves the reader up in the air regarding the development of attitudes about all the topics discussed. Furthermore, in contrast to those for the remainder of the book, this chapter's illustrations could be confusing. Two in particular reinforce negative stereotypical images of gay males.

The final chapter invites the reader to "imagine the sudden appearance of another person" called Alfred, whose task it is to understand the reader's sexuality. The following three pages of questions, searching ones, could very well lead the reader not only to a better understanding of him/herself as a sexual person, but also to further reading.

With the exception noted above, this book could be highly recommended not only for college students but for senior high school students, for couples just marrying and starting their families, and for people with or without families who are beginning to allow themselves to approach rationally this strange, sometimes overpowering, and still

incomprehensible aspect of every human being's life. LT, A

**The Best Kept Secret: Sexual Abuse of Children.** Florence Rush. Englewood Cliffs, N.J.: Prentice-Hall, 1980 (226 pp.; \$11.95).

**The Silent Children: A Book for Parents About the Prevention of Child Abuse.** Linda Tschirhart Sanford. Garden City, N.Y.: Anchor Press/Doubleday, 1980 (367 pp.; \$12.95).

Reviewed by Warren R. Johnson, EdD, Professor of Health Education; Director, Children's Health and Developmental Clinic, University of Maryland, College Park, Md.

Einstein once commented that in recent years everything has changed except our ways of thinking about them. How true in matters large and small! Each New Year's Eve, large numbers of people deliberately make themselves silly and sick because tradition so ordains. We go on thinking about war as a viable solution to international problems, even though we know that continuing to think in these terms threatens the existence of the human race in this nuclear age. And as Rush details in the first part of her book, *The Best Kept Secret*, one of our ugliest "traditions," that of abusing and exploiting children, especially females, thrives today partly because tradition allows it (and there may be financial profit involved).

Rush's book has been cited as "a major critique of our civilization" and "a brave and unforgettable work." It is indeed brave. She traces to its source in biblical and talmudic literatures the beginning of the "infamous tradition" that it is permissible for males to abuse little girls sexually. (She could evidently have gone even further back to pre-Mosaic Persia for the even now surviving excuse that the female, as temptress, is basically to blame for her own abuse!) She goes on to describe how Christian thought reenforced the earlier Jewish tradition from which it was largely derived. There are numerous examples in this carefully documented report, such as: "If copulation with the child took place before the child was seven, the man was then free to marry the mother. Why? Because as in the Hebrew tradition, where sex with a child under three was invalid, so under Christianity

was sex with a child under seven invalid." Perhaps true for the male who could claim it wasn't "really" sex, but not for the child herself, for whom it was a real and present danger.

Rush's chapter, "A Hard Look at the Law," another brave gesture, makes it clear that even though all states have some legislation designed to protect children from sexual abuse, discrimination in the law continues to be a fact of everyday life. In contrast to males' treatment, girls are considered criminals and are jailed regularly for even the suspicion of promiscuity; and in general, "the law, written and executed by men, tends to be extremely lenient with the sex offender," including the child molester and rapist. It is legal and common for women and girls who complain of a sexual offense to be examined for "moral delusion." In the 1954 "Durham Rule," the U.S. Supreme Court established that "an accused is not responsible for his unlawful act if the act was produced by mental disease or defect." This may well boil down to considering the abusive alcoholic or emotionally retarded or disturbed male as being not criminal but a victim of compulsions. Also the Court ruled that the uncorroborated testimony of any child under 12 "was not sufficient evidence to sustain a conviction of indecent liberty."

Rush even takes on Sigmund Freud and his numerous psychotherapeutic and legal followers, especially concerning the belief that females fantasize rather than experience sexual abuse by males. This she refers to as "A Freudian Cover-Up." It seems that Freud was hard put to explain why so many of his female patients reported sexual abuse by fathers. He was unable to accept the father as seducer, so he "exchanged female veracity for female fantasy," and concluded that, in fact, the mother is the seducer of the child but the father is blamed. When little girls do complain of some father figure's behavior, Freud is there to certify that it didn't really happen. It was all a fantasy.

Sanford's *The Silent Children* is aimed at prevention via parent education. She, too, is obviously indignant about the unfair power that adults have over children and the societal license for males to abuse. She draws heavily upon the existing literature and her own extensive work in this area to build a most convincing case for immediate action. Her chief focus, however, is on prevention made possible by informed and concerned adults. She wisely urges open

communication with children about everything, *including* the threat of abuse. Within this framework of knowledge and trust, they will know that what they say to their parents will be listened to and believed. She also illustrates ways in which children can be helped to feel good about themselves, to the end that they may have the confidence to resist adult pressures.

Her analysis of the behavior of both the potential child molester and the potentially incestuous father should provide warning cues concerning the males who most often commit these acts. She goes into the specific approaches of abusers and provides coaching as to how to teach children to deal with them. For example, her "what if . . ." game tends to be very effective in getting children to imagine themselves in various situations and to talk about how they would respond. It was an inspiration for her to include "Advice from Offenders" who describe their tactics and specify what responses by children make them hard or easy marks. The book ends with commentaries by parents with special needs, e.g., parents of various minority groups, single parents, and parents of developmentally disabled and physically handicapped children.

Sanford makes an important contribution by distinguishing different levels of abuse, from "copping a feel" to doing violence, such as different degrees of rape and murder. People frequently use the terms *abuse* and *molestation* as if they had a single meaning, so of course there is misunderstanding and clashing. For example, "authorities" may cite "evidence" that molestation (of the "cop a feel" kind) has no lingering harmful effects, emotionally. They therefore argue—without condoning the behavior—against making a great outcry about it which may turn something harmless into something harmful indeed. But other "authorities" who are deep into the commonly devastating effects of father-daughter molestation may well be outraged by such apparently easy-going talk. A young mother, preoccupied with a publicized rape-murder of a child, may see little sense in the debate between authorities.

I found both these volumes very valuable contributions to a terribly neglected area. For some years now I have been including child sexual abuse as a major topic in my college-level sex education courses, and I am sure that books such as these will encourage colleagues

everywhere to spread the word. A caveat, however, seems in order. My wife's work at the elementary school level and my own with parents of children in our Children's Health and Developmental Clinic have alerted us to the resistance one can expect from parents and teachers in dealing with this subject. They tend to want nothing whatever to do with it probably because of deep feelings about how things "should be" for their children, because it brings together two tabooed subjects—adult-child sex and childhood sexuality—and because it requires using forbidden language with your own child.

Both Rush and Sanford have made valuable contributions to the literature on child sexual abuse—a problem, like the problems of war and prejudice, that is not likely to vanish soon. However, as more and more scholars identify and delineate the problem and propose helpful approaches, they help more and more people to become aware of the existing situation. Both books may be somewhat too technical for the average parent, but they would be very useful to teachers and other professionals involved in adult education, to child care workers, and to those parents and surrogate par-

ents who might profit from discussion sessions with other concerned parents.

P, PR

**Men in Love**, Nancy Friday. New York: Delacorte Press, 1980 (528 pp.; \$12.95).

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

Friday has previously written two well-received books on women's sexual fantasies, so it is not surprising that she would eventually turn her attention to a study of men's sexual flights of fancy. This is not the first collection of male fantasies, but it is special in two important respects. First, there is an effort made to set forth a theoretical framework which gives a basis for analyzing and interpreting the fantasies. Too often we are presented with sexual research that gives us data with no attempt at linking the bits and pieces to other knowledge or to suggest a concept that would provide some significance to the information. Second, Friday not only describes the mechanics of collecting over 3,000 fantasies but she also is refreshingly honest in sharing her personal reactions and her struggle to accept the frank responses in answer to her requests for material. Her account of her shock at and revulsion to some of the fantasies enables the reader to get a fuller appreciation of the task of the researcher. That Friday was able to work through her feelings and achieve an objective stance is evidenced by the theory she presents. She suggests that "Fantasy gives men the love of women they want, with none of the inhibiting feminine rules they hate. . . . Love conquers rage." Hence the subtitle of her book—*The Triumph of Love over Rage*.

Whether one agrees or not that her theory adequately explains the dynamics of male fantasy, the book will be reassuring to many heterosexual men. Few homosexual fantasies are included and Friday is at a loss to explain the lack of response from the homosexual community. It is a curious omission since other collections of male fantasies include more of such contributions.

Men as well as women may have some discomfort with the frank language and the content of some fantasies, but the book does much to make such fantasy acceptable as a creative aspect of our sexuality. A, PR

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# AUDIO-VISUAL REVIEWS

## AUDIO-VISUAL RESOURCES ON DISABILITY AND SEXUALITY

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

In this issue, the audio-visual resources focus on aspects of disability and sexuality. Several of the films are award winners and all of them not only attest to the courage and resourcefulness of the human spirit, but also validate our belief that all humans, both able-bodied and disabled, are sexual beings.

**Best Boy.** 16 mm, color, sound, 111 min. Rentals: for classroom use with under 50 viewers, \$150; general audience with under 200 viewers, \$200; general audience with under 500 viewers, \$350. Documentary Films, Inc., 159 West 53rd Street, New York, NY 10019.

This film, which deservedly won an Academy Award in the feature-length documentary category, centers on the efforts to emancipate Philly, a 52-year-old retarded man who has the mentality of a six-year-old. Philly's cousin Ira, the film's producer, became concerned that Philly's sheltered life with his father, 78, and his mother, 72, would leave him defenseless and with no hope other than institutionalization when they died. The film was made over a three-year period and provides us with rare insights into the life of a very special person and his family.

We share with Philly his ventures into the world beyond his neighborhood grocery-shopping excursions. Ira arranges for psychological testing to determine his cousin's abilities and then enrolls him in a school where he can socialize with other people who have developmental disabilities. We come to know Philly's parents, Max and Pearl, and understand their anxieties over the increased separation from their son along with their pride at his new accomplishments. Eventually Ira persuades Pearl that Phil should move to a family-type care center where he can

continue to become more self-sufficient. We can appreciate Pearl's struggle to cope with her smothering love for Philly and her realization that she must let her "best boy" go. When Max dies, Pearl's loneliness is intensified. Three months after Phil was established in his new home, she too dies.

The sensitive film-making captures many wonderful moments of family interaction—humorous episodes, sad and moving experiences—with love, caring, and courage evident throughout. The film illustrates the strong need for physical touch which growing individuals have, and the importance of role models and family love that enable individuals to reach out with trust to others so that socialization with peers can take place. These are the basic building blocks of our human sexuality. A marvelous film for all ages!

(The following two films include no specific mention of sex but lend themselves to productive discussion of disabled children's need for preparation in understanding adult sexuality.)

**Andy.** 16 mm, sound, color, 60 min. (Write for rental and sale prices.) Mary Elaine Evans, 2620-A Indianola, Columbus, OH 43202.

This film, which won a Best of Category Award from the National Council on Family Relations, introduces us to seven-year-old Andy Detwiler, his family, neighbors, church, and community. Andy lost both arms and a shoulder in a threshing machine accident when he was two and a half years old. Through his own efforts at rehabilitation, he learned to use his feet as hands in an incredibly effective manner so that he functions as a very happy boy in his rural Ohio community. Andy's pluck, his family's warmth, and the community's pride make this an inspirational and provocative film.

**I'll Find A Way.** 16 mm, sound, color, 26 min. Price, \$445; rental, \$44. The Media Guild, 118 South Acacia Avenue, Solana Beach, CA 92075.

Nine-year-old Nadia was born with

spina bifida, has spent her life undergoing physiotherapy, and is keenly aware of her disability. She is an engaging, optimistic child who does not feel limited to less than a full and happy life. Here, too, we get to know her family and friends and gain insights into how disabled youngsters function and how they wish to be treated. When asked how she is going to be able to handle a situation difficult for her, she flashes her winning smile and responds, "I'll find a way!" Her story can prompt discussion on how she will find a way to full sexual experience as she matures into womanhood.

**Sex and the Handicapped.** 16 mm, sound, color, 18 min. Price, \$295; rental, \$50. Focus International, Inc., 1776 Broadway, New York, NY 10019.

In this film, Dr. Maj-Britt Bergstrom-Wallan, of the Swedish Institute for Sexual Research, discusses dating, courtship, and sexual options with individuals representing several forms of disability. She demonstrates how live nude models can be used in sex education for the blind. A young couple, confined to wheelchairs, show how they assist each other as they shower and then move into their bedroom for love-making. The film is a frank presentation of the sexual needs of the disabled and illustrates how health-care services in Sweden have responded with special technical aids and supportive help.

**Artist's Fantasy.** 16 mm, sound, color, 15 min. Price, \$235; rental, \$40. Multi Media Resource Center, 1525 Franklin Street, San Francisco, CA 94109.

A young artist with cerebral palsy, confined to a wheelchair, shares his feelings about being fully sexual although disabled. His own sketches are used to help portray his fantasies, and he permits us to share his masturbation experience. This sensitively handled sequence gives able-bodied individuals an increased appreciation of their own autoerotic opportunities and provides a role model for similarly disabled persons as he makes use of a variety of stroking techniques as well as a vibrator. He

makes clear the possibilities of pleasure despite the limitations he has in the use of his hands. It is a worthwhile film for those in training to work with the disabled, for use with the disabled themselves, and as an important resource for any program or course in human sexuality.

**Adjusting to Amputation.** 16 mm, sound, color, 14 min. Price, \$295; rental, \$40. Polymorph Films, 118 South Street, Boston, MA 02111.

This is another award-winning film—a first prize in the International Rehabilitation Film Festival. In contrast to films depicting the experiences of those with congenital disabilities, this film considers the adjustment individuals must make to traumatic loss of limbs. Three young people share their frustrations and eventual satisfaction in coming to terms with their new body image and sense of self. Lon was a motorcyclist and he misses the competition in sports, while Kerry and Desiree are more concerned with the effect of their amputations on friends—especially boy friends. All three express their fears about being rejected by the opposite sex; the young women wonder about their physical attractiveness now and the young man wonders if he will be considered fully masculine. The film presents an optimistic view about successfully maintaining romantic relationships.

**Sara Needham: A Special Person.** Three-part sound/slide program. Part I, 12 min.; Part II, 10 min.; Part III, 9 min. Price, \$185; rental, \$30. Focus International, Inc., 1776 Broadway, New York, NY 10019.

Reviewed by Sandra S. Cole, CSE, CSC, Instructor/Health Education Specialist, Department of Physical Medicine and Rehabilitation, University Hospital, University of Michigan, Ann Arbor, Mich.

Sara Needham was born with no legs and only one complete arm, as a result of the femur/fibula/ulna syndrome. In the first section of this self-narrated, autobiographical sound/slide profile, Sara describes her disability, her early childhood years growing up in her family, her social relationships as a young adult, and her subsequent marriage. In Part II, the focus is on the quality of her life at the present time, the issues and situations which confront her on a daily basis. In Part III, Sara and her husband discuss the intimacies of their relationship and the bond of caring and loving. She also discusses the importance of the natural opportunities for developing as an adolescent in social activities and sexual experiences.

The common ethic throughout the series is summed up with Sara's final reflections: "I feel very good about myself. My own creation, I feel, is very perfect, purposeful, important, signifi-

cant. To touch the earth the way I touch the earth is truly significant. It's something that I appreciate and I think that my uniqueness is a part of my sexuality, my attraction."

One of the most outstanding components of the slide series is the naturalness with which Sara Needham was raised and the fact that there were a multitude of childhood pictures taken of Sara for the family album. There is a tremendously powerful message to disabled children when their pictures do not appear with those of other members of the family, or when some attempt is made in photographs to cover up the disability or to provide the semblance of "normalcy" to the untrained eye. For the child, not being photographed can carry serious implications for lessened self-esteem.

This slide program would be appropriate for all helping professionals working with disabled individuals and their families, for classroom teachers and other health educators involved in clinical work, classes, seminars, or meetings with community groups. It is intentionally designed to evoke and generate feelings and responses in the viewer for discussion purposes, and it provides many opportunities to select individual goals toward improved self-esteem, growth, and development. A 12-page discussion leader's guide accompanies the series.

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