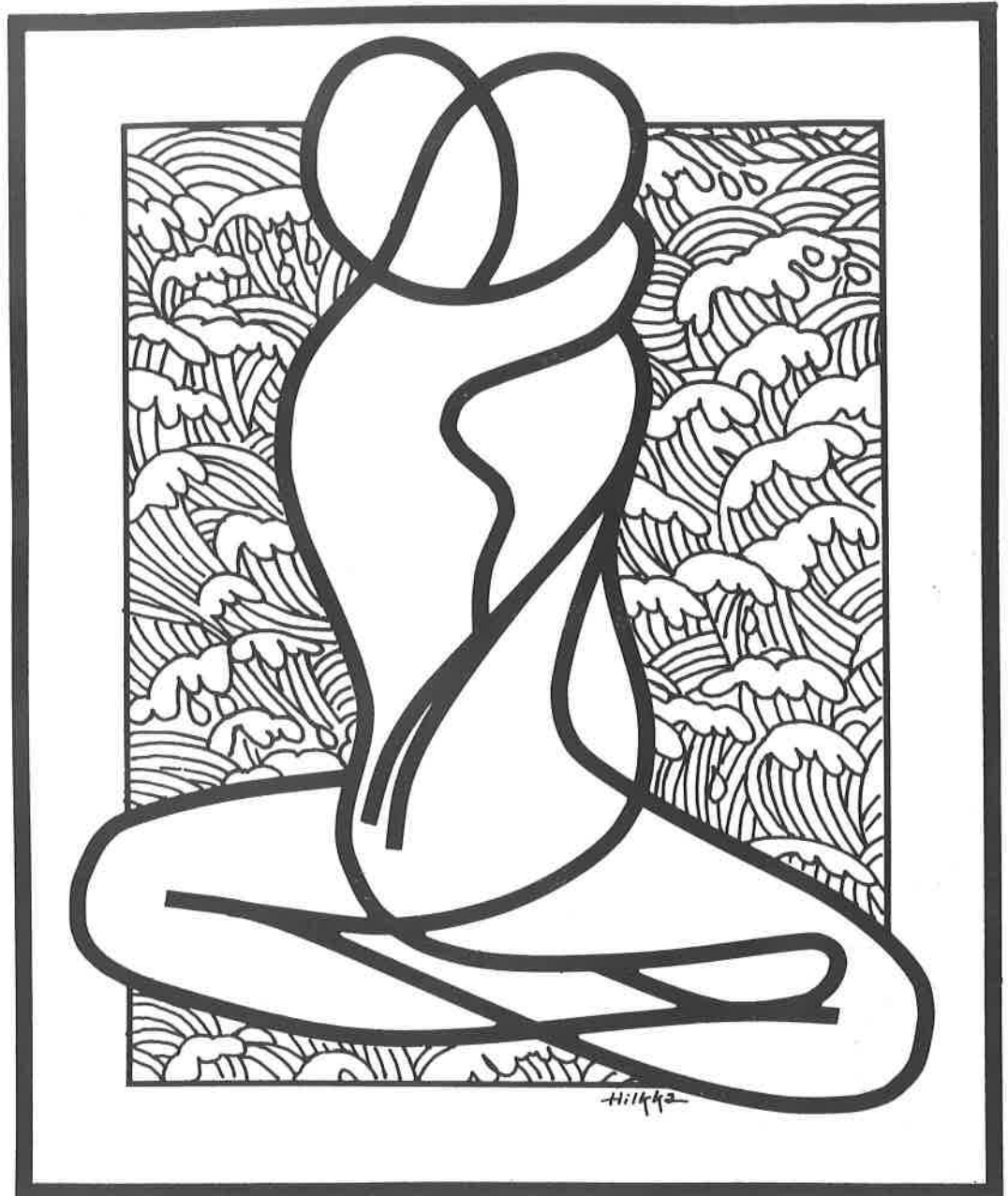


HERSHOIDS

IN EDUCATION



Educating for Healthful Sexuality

Articles by:

Calderone

Floyd

Gordon

Holden and Miner-Holden

Potter

Renshaw

EDUCATING FOR HEALTHFUL SEXUALITY

Editorial: An Overview	George S. Holden and Janice Miner-Holden	1
Sexual Wellness	George S. Holden and Janice Miner-Holden	2
The Case for a Moral Sex Education	Sol Gordon	6
The Educator and the Sexually Active Child	Domeena C. Renshaw	11
Touch, Communication and Sex	Jessie Potter	15
Masturbation	Mary S. Calderone	19
Community Health Planning Strategies Applied to the Selection of Sex Education Practices	Jerald D. Floyd	22
An Afterword	The Editors	26

THRESHOLDS IN EDUCATION FOUNDATION

BOARD OF DIRECTORS 1984-85

Chairman

Dr. Byron F. Radebaugh

Vice-Chairman

Dr. Robert Starkey

Dr. Weldon Bradtmueller

Dr. Joseph R. Ellis

Dr. George S. Holden

Dr. Frank W. Lanning

Dr. Leonard L. Pourchot

Alternates

Dr. Donald E. Heilman

Dr. Jule D. Scarborough

Treasurer

Dr. Roy L. Bragg

ISSUE EDITORS

George Holden

Janice Miner-Holden

COVER

Art by Hilka Itkonen

CONTRIBUTING MEMBERS

Township High School District 214

Mt. Prospect, Illinois 60055

Superintendent: Edward H. Gilbert

Romeoville High School

Valley View Community Unit

District 364-U

Principal: John W. Sini

College of Education

Northern Illinois University

DeKalb, Illinois 60115

Dean: Dennis D. Gooler

Office for Vocational, Technical,
and Career Education, Northern
Illinois University, DeKalb, IL 60115

Coordinator: Thomas L. Erikson

Department of Leadership and
Educational Policies Studies

College of Education

Northern Illinois University,

DeKalb, Illinois 60115

Acting Chair: Robert M. Lang

TECHNICAL ASSISTANT

Paula Propst

EDITORIAL BOARD

Roger Bardwell

University of Illinois-
Circle Campus, Chicago

James Boyer

Kansas State University

Thomas L. Erikson

University of Wyoming

Gloria Kinney

Palatine, Illinois

Patricia Krus

Arizona State University

Donald Potter

University of Nevada

William W. Purkey

University of North Carolina,
Greensboro

Galen Saylor

University of Nebraska

Gary Taylor

University of Arkansas

Robert Wendel

Miami University

Views expressed do not necessarily reflect the views of the editors of the editorial board of *Thresholds*.

Manuscripts. Submit manuscripts to Editor, *Thresholds in Education*, P.O. Box 771, DeKalb, Illinois 60115. Suggested length - 900-5,000 words. Typed double spaced include author's vita.

The *Publications Manual* of the American Psychological Association (Sec. Ed. 1974) should be followed in preparing manuscripts.

Advertising rates: 1 page \$200; half page ads \$110.00; classified ads: up to 50 words, \$8.00, 51-100 words, \$15.00. Address: Business Manager *Thresholds in Education*, P.O. Box 771, DeKalb, IL 60115.

Thresholds is entered as Third Class mail at the Post Office in DeKalb, Illinois under permit number 120.

Copyright: 1984 by *Thresholds in Education Foundation*. All rights reserved.

Subscription Information. Subscription rates are as follows: one year \$12.00, two years \$23.00, three years \$33.00. For foreign subscriptions other than Canadian add \$3.50 more per year. Send to Editor, *Thresholds in Education*, P.O. Box 771, DeKalb, IL 60115.

Thresholds is a refereed journal published quarterly in February, May, August and November.

EDITORIAL: AN OVERVIEW

By George S. Holden and Jan Miner-Holden

Perhaps one of the most distorted and hidden agendas in society today is human sexuality. We see it every day on television to advertise products that have little or nothing to do with sexuality; yet married partners often find it difficult to address openly and constructively with each other. We see it used openly in the exploitation of people on cable television; yet there is controversy about the appropriateness of quality sex education in the schools. We hear about how parents experience difficulty in talking with their children about sexuality; but those same parents are often at ease when they joke about sex with their cronies. What, then, is the solution?

The dualities we experience in our present day society--a society that proclaims enlightenment on the subject--is testimony to the anxiety that is associated with the topic of human sexuality. And, after all, anxiety is ultimately caused by ignorance. This means that we need to find ways to safely and accurately inform people.

The subject of human sexuality is vast; we know that we could not possibly cover all sexual issues in this one journal. We do hope, however, that bringing some of the more salient issues to the attention of the nation's classroom teachers, may have an affect on the sexual partners of the future.

We are fortunate to have gathered here the current thinking of some of our nation's foremost leaders in the area of human sexuality. The topics are presented in what we believe to be a meaningful order. The lead article, by the issue editors, introduces the topic of sexual wellness. Article two addresses the role of sex education in the schools, and how it contributes to sexual health. Articles three through five focus upon the specific issues or problem areas of 1) the sexually active child, 2) touching, and 3) masturbation. The last article offers help in organizing a sex education program.

We hope that you will find these presentations both personally and professionally useful.

*

SEXUAL WELLNESS

By George S. Holden and Jan Miner-Holden

Sexual response is a natural function of the autonomic nervous system. We know that human males have penile erections both before and directly following birth, and that female babies lubricate within hours after birth (Masters, 1982). We also know that in healthy systems, adult men erect every 60-90 minutes each night during REM (dream) sleep, and that women lubricate in the same manner (McCary, 1982). Therefore, we know that sexual response occurs naturally.

But sexual expression in humans does not occur naturally; sexual expression is learned. Just as people can learn voluntary control over such autonomic functions as breathing and elimination, so they learn to control and direct their inborn sexual responses. Of these three natural functions, breathing, elimination and sexuality, the latter has by far the greatest potential for a wide range of response. At one extreme, sexual expression can be almost totally blocked, and yet not endanger the life of the organism; at the other, it can become the major focus of an individual's inner life and relationships with others. The amenability of sexual expression to learning not only makes possible this wide range of potential responses; it also makes sexual expression a "sitting duck" for such things as ignorance, fear and guilt. One might hypothesize that no one, in Western society at least, has experienced their sexuality as a natural function.

Considering the wide range of responses that constitute human sexual expression, how do we evaluate whether our individual mode of sexual expression is "healthy?" The National Association of Mental Health has published a flyer in which they allude to a seemingly self-evident fact. Just as physical health involves, in part, absence of illness or pathology, so does mental health involve, in part, an absence of mental illness (NAMH). The same is true of sexual wellness. What follows is a brief look at a few of the more common sexual disorders that some people experience as they attempt to "do what comes naturally."

Some Disorders of Sexual Expression

Vaginismus is an involuntary cramping of the vaginal muscles, which makes intercourse painful or even impossible.

George S. Holden, Ed.D., is a psychologist and a professor at Northern Illinois University, where he teaches courses in sexual counseling and therapy. Jan Miner-Holden, M.S., is an NBCC certified counselor, a doctoral student at Northern Illinois University and a psychology teacher at York High School in Elmhurst, Illinois. Both George and Jan are AASECT certified sex therapists and have a private practice, Holden and Miner, in Geneva, Illinois, where they specialize in sex therapy.

Orgastic disorders are found in both men and women. The most common in women is inhibited orgasm; the most common in men is rapid ejaculation.

Disorders of sexual arousal involve inhibition of erection in men, and inhibition of lubrication and vasocongestion in women.

Disorders of sexual desire occur in both genders, and involve the inhibition of interest in sexual expression.

Just as serious physical or psychological disorders require the attention of a trained specialist, the disorders listed above are best treated by a qualified sex therapist. His/her first task is to determine whether the etiology of the disorder is physical, psychological, or both; the second is to decide on an appropriate course of treatment. Practitioners in the field of sex therapy have had a great deal of success in treating orgastic disorders, and better than moderate success with arousal disorders and vaginismus. The disorders of desire have been less amenable to therapy; nevertheless, under the care of a qualified specialist, the prognosis of even these disorders can be good.

This brief look at some of the problems in sexual expression is by no means inclusive, but the ones listed tend to be among the more typical problems found in adults. It is not the intent of this issue of Thresholds to address adult problems per se. However, educating youth about these disorders will enable them to recognize the presence or absence of these disorders in themselves or a partner, both currently and in an ongoing assessment of sexual wellness throughout life.

Other Dimensions of Sexual Wellness

The NAMH states that "...mental health is far more than merely the absence of mental illness. (It) has to do with everybody's everyday life. It means the overall way that people get along.. It has to do with:

1. How you feel about yourself;
2. How you feel about other people;
3. How you are able to meet the demands of life."

The same is true of sexual wellness; it is, in part, the absence of sexual disorder. But sexual wellness is more than that.

How You Feel About Yourself

One important step in sexual wellness is becoming well-informed about sexuality in general and about your own sexuality in particular. Ignorance about sexuality has frequently been found in the etiology of sexual dysfunction, and the writers estimate that between one fourth and one third of all sexual problems are eliminated by simply supplying accurate information. In addition, a general knowledge of sexuality can help to alleviate fears about "normalcy," and enable you

to understand occasional changes in your performance, expected changes in your sexuality that will occur as you age, and so forth. This knowledge can decrease anxiety which, as shall be discussed presently, can have a debilitating effect on the enjoyment of sex. For one thing, knowledge about your own sexuality can diminish the anxiety that accompanies facing the unknown. This knowledge, if complete, will include at least three dimensions; physical, emotional and valuing.

Physical self-knowledge involves knowing your body and how it responds sexually: what changes occur as you go through the sexual response cycle; how you respond to various types of stimulation, whether physical or fantasy; and under what circumstances you are not sexually responsive. It includes knowledge of organic causes of sexual dysfunction such as illness and trauma. Some of this knowledge can be achieved through experience, in sexual encounter either with yourself or with another. It can be enhanced by general knowledge, such as the fact that many drugs can physically inhibit the ability to respond sexually; alcohol, for example, depresses the central nervous system and decreases sexual response.

Emotional self-knowledge involves an awareness of how your emotional state affects your sexual response. For example, elevated anxiety, whether it be fear of sexual performance, of shame, impregnation, discovery, intimacy, or otherwise, and whether it be an intense, fully conscious fear or a low-grade fear of which you are not fully aware, usually depresses sexual

...it is paradoxical that when you worry about your performance, the worry itself may inhibit your ability to express your sexuality

response. Anxiety prepares the body for fight or flight. This involves decreased blood supply to the sexual and digestive systems, which are not needed for the "emergency," and increased blood supply to the organs and muscles that will be in demand during fight or flight. Since sexual arousal depends on blood flow to the genitals, it is paradoxical that when you worry about your performance, the worry itself may inhibit your ability to express your sexuality. Other emotions that can inhibit sexual response are guilt, anger, and depression.

Awareness of your values, such as with whom and under what circumstances sexual encounters are morally acceptable to you, are a third area of sexual self-knowledge. Values are closely tied to emotions such as guilt and anxiety which, as previously stated, can interfere with sexual fulfillment. Awareness of your values can promote acting in accordance with those values, or can foster examination and change of those values that create a burden by virtue of being too rigid or too liberal to afford you satisfying sexual gratification.

But simply knowing your physical, emotional, and valuing self does not alone enable feeling good about yourself. This knowledge must be accompanied by acceptance and respect. Acceptance and respect of yourself is not meant to imply resignation or reluctant compliance with how you

find yourself. Sometimes the most self-caring response to some aspect of self that is dissatisfying, is the decision to change, followed by appropriate action.

A full awareness of your own sexuality leads inevitably to the realization that each of us is responsible for our own sexual enjoyment. No one can make someone else enjoy something. If you were injured in some way so that you couldn't feed yourself, your partner could feed you and possibly facilitate your enjoyment of the food, but s/he cannot be responsible for your enjoyment. You may feel very bitter or guilty for being "helpless," and consequently not enjoy the meal at all. Or, on the other hand, you may appreciate his/her attention and caring, and enjoy the meal very much. Your response depends on what meaning the activity has for you, personally. Therefore, the control of your enjoyment rests with you. In the same way, a partner cannot make someone climax;

Knowledge about sexuality in general, and the physical, emotional and valuing components of your own sexuality in particular, coupled with a sense of responsibility for yourself, is the greatest enhancer of sexual enjoyment of which these authors are aware.

one must allow him/herself to receive and respond. The partner can only facilitate. If your physical, emotional, or valuing self is inhibiting your fulfillment, you need to deal with that, either alone or with the help of someone else, perhaps a professional. If your partner is behaving in a way that is not most facilitative to your enjoyment, it is your responsibility to express your feelings and/or ask for change.

Conversely, a positive sexual self-concept allows you to respond constructively to expressions of dissatisfaction or requests for change from your partner. The belief that you are a desirable and responsive partner can free you from self-blame and self-doubt and enable you to truly respond selflessly to your partner. It is hopefully becoming clear that how you feel about yourself strongly influences how you feel about and act toward others. Consequently, these issues will be reiterated in the next section.

Knowledge about sexuality in general, and the physical, emotional and valuing components of your own sexuality in particular, coupled with a sense of responsibility for yourself, is the greatest enhancer of sexual enjoyment of which these authors are aware. These ingredients lead to really believing that "It's alright to be me; my sexual drive and expressions do not need to live up to outside expectations." These ingredients lead to feeling comfortable and safe enough with yourself so that you are able to shift away from a "How am I doing" and toward a "How am I feeling" orientation during sexual encounters. It means getting away from being anxious about your performance so that you are free to focus on your sexual experience with heightened awareness of its pleasures.

How You Feel About Others

How you feel about others, the second focus of mental health, is inextricably tied to how you feel about yourself; it includes the same three components of knowledge, acceptance and respect as do feelings about self; and it is at the core of how you communicate. Since sex always occurs in a relationship, whether real or fantasy, as in the case of masturbation, your feeling about others is a crucial issue in sexual wellness.

...trust in a relationship cannot develop until you have risked yourself with your partner, and s/he with you.

Consider the establishment of trust in a relationship. You may believe that you cannot risk yourself because the other person has not yet proven trustworthy. But trust in a relationship cannot develop until you have risked yourself with your partner, and s/he with you. And in order to risk yourself with another, you must have trust in yourself. Not to risk is to say, "I know that to risk means I might be hurt, and I couldn't stand that." Trust in your ability to cope with potential ridicule, pain, or rejection frees you to risk, thereby providing the other with an opportunity to respond caringly. Only then can you grow in your trust of the other. Trust, therefore, is not a precondition of a healthy relationship. Risk is. But trust must be present before a healthy encounter can be said to exist. Even a casual sexual encounter, in order to be satisfying, requires a sense of safety--a belief that your partner will not laugh at, criticize or injure you. And the continued enhancement of trust in a long-term relationship is one of the most challenging and potentially satisfying tasks with which you are faced in interpersonal relationships.

Feeling good about others is also reflected in how trustworthy you are. When you can truly respect your partner's right to privacy, you show yourself to be trustworthy. When you can truly respect your partner's right to differ from you in values, sexual appetite and preferences, you show yourself to be trustworthy. When your partner expresses feelings of hurt and other burdens experienced in the relationship, and you can hear them openly, without blame or criticism, then you show yourself to be trustworthy. The person who feels good about others in this way is not likely to exploit or manipulate others to serve his/her own sexual needs or wants. Such a person is likely to find ways to meet his/her sexual needs without violating the sexual rights and wishes of others.

A closer look at the process of communication reveals further insight into the mode of operation of the individual who feels good about both him/herself and others. Communicating involves both the sending and receiving of messages on both verbal and nonverbal channels. The first sending kind of decision you make is whether to send at all. Sometimes wisdom dictates that you hold onto a thought or feeling, at least for a time. How-

ever, the authors believe that a healthy stance is one that ordinarily leans toward openness. Whatever folk myths have told you, satisfying sexual relationships do not develop between people who try to, or expect to be able to, read each others' minds. The belief that, "If you loved me, (or cared about me, or were any good as a sexual partner), you'd know what I want," is magical thinking. The truth is that if you want your partner to know what pleases you, you must tell him/her. The sexually healthy person accepts the responsibility for expressing his/her own needs and wishes, and does not relegate it to the partner.

After you've decided to send a message, the second and third decisions involve what the message will be and how it will be sent. You might choose to blame your partner for an act of commission or omission, or you may try to place demands upon him/her. Both of these messages are what are called "you-messages." "You-messages" attempt to place burdens on the other person while at the same time relieve yourself of any responsibility. This form of communication is more typical of the person who feels good neither about him/herself nor about others, believing that, "My happiness is your responsibility, and you sure are botching it!"

"You-messages" attempt to place burdens on the other person while at the same time relieve yourself of any responsibility.

"I-messages" give information about you, the sender, and frees your partner, the receiver, to choose his/her own response.

The sexually healthy partner expresses confidence in him/herself and cares for and respects the other person by sending "I-messages." "I-messages" give information about you, the sender, and frees your partner, the receiver, to choose his/her own response. For example, "Sometimes I'm afraid that you don't love me when you don't want to have sex," is a healthier message than "You never want sex anymore." The first message discloses your feelings of the fear, and offers your partner an opportunity to respond constructively, lovingly, and individualistically. Your partner may respond with something like, "I do love you and I'm sorry that what I do frightens you." He/she may also include a nonverbal hug.

The second message, the "you-message," is an attack, an accusation from which your partner may very likely feel the need to defend him/herself. The defensive response is often either a counterattack or a withdrawal, neither of which is constructive to the maintenance of an intimate, caring relationship in which each partner is concerned with meeting both his/her own, as well as the other's, needs and wishes.

One of the reasons that "you-messages" seem easier to send than "I-messages" is that the former place psychological distance between yourself and others, or place you psychologically above the other through blaming, criticizing, putting down (notice the words here), or

attempting to manipulate. You, the sender, feel relatively safer, but that need for safety may have come from negative feelings about yourself, such as, "I'm not lovable enough for him/her to respond willingly, so I must badger him/her into responding," or "If he/she doesn't do as I want, I'll die." "I-messages," on the other hand, tend to leave you more vulnerable by informing your partner about how he/she can hurt you. But the healthy person can tolerate vulnerability through a belief in his/her ability to cope with discomfort. Thus, the healthy person will attempt to communicate in a way that shows respect and caring for the other, and gives the other freedom to choose how he/she will respond. The absence of messages that blame, criticize, or manipulate express an essential component of "feeling good about others."

The fourth and fifth decisions you make in the communication exchange is, "What and how will I receive of the messages that come from others?" One choice is to ignore a message, perhaps because you experience it as personally irrelevant. This decision is best made only after you've first listened well, to be sure of having heard the message that is being sent. To avoid making erroneous assumptions about others' thoughts, feelings and behavior, it is important to check out with the sender whether your inferences are correct. To believe that your assumptions are correct without first checking them out, is another example of the magical mind reading that was discussed previously. For example, if your partner has said, "I'm too tired to make love tonight," you might check out the following assumptions: "Do you mean you are bored with our sex life?" "Do you mean that you're turned off or angry about something I've done?" "Do you mean that you will always be too tired for sex as long as you have this new job?" The partner's responses, whether reassuring or otherwise, can lead to new understanding and growth in the relationship.

In addressing how you receive messages, it is important to realize that many messages may be in some way threatening. If you do not feel good about yourself, you may choose to respond defensively to these more or less threatening messages.

In a healthy relationship in which two partners are truly caring, neither will intentionally use the other's vulnerability to frighten or hurt.

When this happens, you are really focusing attention and energy on yourself, and thereby significantly diminishing the opportunity to know and understand what your partner is experiencing. The healthier exchange gives your partner an opportunity to be heard and to have any disclosures of hurt dealt with undefensively.

In a healthy relationship in which two partners are truly caring, neither will intentionally use the other's vulnerability to frighten or hurt. If one partner does repeatedly take advantage of the other's vulnerability, the receiver who feels good about him/herself and the other will find ways that are free of blame, criticism, or manipulation, to express pain and

ask for change. If your partner continually fails to respond to your needs and wishes so expressed, you may choose to seek professional help and/or leave the relationship in order to be freed to establish another relationship, thus fulfilling your right to be loved and treated with respect and caring.

But when there is no evidence of intentional hurtfulness in a relationship, healthy partnering involves the belief that each is "for" the other, and love and commitment grow in the process of shared vulnerabilities. In this case lies an excellent definition of "feeling good about others": being "for" the other, and believing that he/she is "for" you.

Meeting the Demands of Life

Through seven years of private practice in marital and sex therapy, the authors have found two issues to be of recurring concern among couples wishing to maintain a fulfilling sexual relationship. Both of these issues, time and enthusiasm, are related, at least in part, to "the demands of life," and how these demands impinge upon the continuing sexual relationship.

...sexual relationships are enriched when you make dates with your partner as you did during courting and romancing.

Finding time for sex is much like building a savings account. Most people who try to build a saving account by putting away only that which is left over at the end of the month, usually end up with a paltry account. The way to build a savings account is to take money off the top of your income and pay your account in the same way that you pay other financial obligations. In the same way, if all you give to your sexual lives is that which is left over at the end of the day or the week, your sexual life is likely to be pretty empty. Rather, sexual relationships are enriched when you make dates with your partner as you did during courting and romancing. Furthermore, when you assign some importance to your sexual lives by giving it your high energy time, the sexual encounters are more likely to be mutually satisfying. And finally, the time that you give these encounters must be sufficient, and must be open-ended so as to be pressure-free. Giving time communicates to your partner that the development of intimacy with him/her is important to you in the maintenance of a mutually satisfying sexual relationship.

Boredom, too, can be an environmentally imposed burden of life, and boredom is deadly to healthy sexual functioning. To ward off boredom, the authors suggest that effort be made to periodically introduce variety into sexual encounters. This is not a recommendation for multiple partners, nor is it permission to impose on a partner behaviors which s/he finds objectionable. It is a recommendation for occasionally varying the typical way of relating, in a way that is mutually acceptable. After all, if you heard only your favorite recording or ate only your favorite food, you would probably soon

tire of them. To add variety in your sexual lives can mean sometimes adding humor, and at other times a special candlelight dinner. Remembering that a constant search for variety can itself become boring, or become a goal that detracts from the development of intimacy, you need to add your variety occasionally to a relationship that is relatively constant.

It is not uncommon for communication to suffer as a relationship ages. People wonder why romance diminishes when it is obvious that communication, the vehicle of romance, has not been given attention. The authors believe that romance is the anticipation of, and action toward meeting the needs of your partner. To keep romance alive, you must keep communication alive and work against the tendency to take your partner for granted. Continuing to anticipate and meet his/her needs, that is, continuing to romance and "win" your partner, is essential to a healthy and vital sexual relationship.

A mentally healthy person is one who is able to love and work. The same can be said of the sexually healthy individual; it is the person who is able to love him/herself, love the other with

whom s/he is in relationship, and work at maintaining vitality and renewal in his/her sexual relationship.

References

Masters, W., Johnson, V. & Kolodny, R. Human sexuality. Boston: Little, Brown and Co., 1982.

McCary, J. & McCary, S. McCary's human sexuality, 4th ed. Wadsworth Publishing Co., 1982.

National Association of Mental Health. Pamphlet, undated.



THE CASE FOR A MORAL SEX EDUCATION

By Sol Gordon

First we must make the case for a moral education in the Public School. "Our liberal democratic heritage expressed in the American constitutional framework of secular limited government is our strongest bulwark for personal liberty and human rights. True moral democracy...is always a morality of diversity, liberty and civil tolerance" (Ericson, 1982).

As Aristotle suggested, people do not naturally grow up to be morally excellent. They become so only as a result of a lifelong personal and community effort.

Human beings are not necessarily born with a capacity for behaving democratically or altruistically. One reason why moral development

is a lifelong process has to do with the complexity of almost any human issue. Moral development takes place within a community of persons; any individual's sense of right and wrong develops in interaction with others. For one individual to impose dogmatically his or her points of view on another would interfere with moral development and individual liberty.

There is a vast difference between being moral and being moralistic. Moralistic stance leaves little room for dissent and dialogue. For example, a teacher could state that most organized religious groups believe it is better for young people to wait until marriage before having sexual intercourse. This is a statement of a moral position. It would be moralistic for the teacher to declare, "If you have sex before marriage, you will go to hell." Moralistic statements clearly are inappropriate for public schools, but might be appropriate for parochial schools where dogma can be taught.

The tension between one person's liberty and another's is a moral issue. Put another way, a central moral dilemma is, "How can I exercise my individual liberty without harming another person or myself?" Or, "How can I exercise my individual liberty and enhance the growth of another?"

Young people need to understand these complex issues. They need to learn how to apply moral principles to situations in their own lives. The community, that is, parents, teachers and clergy,

Sol Gordon, Ph.D., is currently professor of Child and Family Studies at Syracuse University, and also the director of the Institute for Family Research and Education. Having spoken to many groups throughout the world and having had several books published on the subject of sexuality education, and having appeared on several TV talk shows such as Phil Donahue, Sixty Minutes, and the Today Show, Dr. Gordon is a recognized leader in sexuality education.

have the responsibility to help young people. If principles are imposed with no room for discussion and working them through, then the possibility of developing into a morally excellent person is prematurely foreclosed.

If, at its heart, education is moral education, then we have to face the fact that values will be part of the process. Education cannot be conducted in a value-free context.

In social studies, for example, the teacher doesn't say, "There are five main forms of government in the world: communism, facism, socialism, anarchy and democracy. All are equally good. Choose one." The teacher explains that democracy is what the founding American fathers thought was best. Democracy, in their understanding, offers the maximum benefits to the most people and protects them from exploitation. The notion of democracy, then, is value-laden. The Constitution guarantees the right to life, liberty, and the pursuit of happiness. Laws protect us from persons who interfere with these rights.

Moral education would foster the basic values embodied in the Bill of Rights. Since America is a democratic society, and public schools are committed to these values, moral education is logical and appropriate for American society. The basic principle of a moral education is the democratic principle of human equality. In practice, it is difficult to apply, but it provides a goal toward which educators can help students strive.

The values to be taught, then, are the values of a democratic society. They are not static in some of their applications--the Constitution is amended from time to time. The essence of these

In moral education, however, we teach the highest aspirations of our society, no matter what is manifested in isolated locales or in the pronouncements of extremist groups.

values, however, is considered universal and unchanging over time. The concept of community standards, so often applied to controversies on the local level in regard to racial or sexual matters, needs to be examined carefully when designing a moral education. Racist attitudes did and in some ways still do reflect community standards in sections of our country. The virtues of racism were and sometimes still are taught in the schools.

In moral education, however, we teach the highest aspirations of our society, no matter what is manifested in isolated locales or in the pronouncements of extremist groups. Equality of the sexes, dignity and respect for all human beings regardless of their race, religion, sexual orientation, or country of origin all stem from the fundamental democratic premise of equality.

In this context, all controversial issues can be discussed, even such volatile issues as abortion and masturbation. But if you're going to deal with a controversial issue, you must, fairly and rationally, present a range of points of view that exist on the matter. Even in this setting, however, one cannot tell lies, and one must

present the range of opinion in a rational manner in keeping with a scientific perspective.

Proselytizing in the public schools violates our constitutional rights and liberties. In this country we are firmly committed to separation of church and state. Of course we endorse a value-laden, moral education, but whose values? Ours. The moral aspirations of the democratic society in which we live. We are opposed to racism, sexism and the double standard. We favor equal opportunities for men and women. We are not clarifying our values with regard to rape, we're opposed to rape and sexual exploitation of children.

It's not difficult to make a distinction between using good judgment and being judgmental.

...we know that life is not fair, but our laws should be.

We are after all a democratic society, dedicated to diversity of opinion and religious beliefs. This doesn't mean we're not clear about what we want to accomplish in terms of justice without being influenced by race, religion and gender. We are not dumb; we know that life is not fair, but our laws should be.

Although American society subscribes to the principle of equality, in practice, the poor, blacks, disabled, women and children are often exceptions. There are many other ways to damage the dignity of others, coercion being one. Intimidation can involve physical aggression or threats, or it can play upon another person's sense of self. The classic words of coercion in male-female sexual relationships are, "You would if you loved me." Exposure to moral education mitigates against exploitation in the guise of seduction and demonstrates how moral development would be enhanced by teaching a full range of these ideas.

Robert Nozick (1981) suggests that one principle goal of moral education is to, ...find a way of living whereby our best energies and talents are poured out so as to speak to and improve the best energies and talents of others. We want to utilize our highest parts and energies in a way that helps others to flourish.

Some school systems are now teaching moral values. The Salt Lake City School District, for example, has introduced moral education into its curriculum. Some of their basic principles illustrate how democratic values can be an explicit part of the curriculum with time set aside for student discussion. Here are some of the principles.

1. Each individual has dignity and worth.
2. A free society requires respect for all persons, property and principles.
3. Each person is responsible for his or her own actions.
4. Each individual has a responsibility to the groups as well as to the total society.

Mary S. Calderone and Eric Johnson (1981),

both preoccupied with the moral dimensions of sexuality, developed a perspective that is useful for our purposes. They suggest that the following six values should be acceptable in our American democracy.

1. The value of information.
2. The value of responsibility.
3. The value of control.
4. The value of consideration.
5. The value of each individual person.
6. The value of communication.

This author firmly endorses the following position approved by the Values Education Commission of the Maryland State Department of Education (July 30, 1979).

...the Commission takes the view that the public schools are appropriate, indeed necessary, institutions in a democratic society for defining and encouraging character and citizenship values. The schools cannot supplant the role played by the family and religion in values education, but they can reinforce positive attitudes and behavior and counteract negative influences on the students.

The Commission recognizes that responsible personal and citizenship behavior can be encouraged by the entire public school experience as well as by special efforts within the curriculum to deal with the rights and duties of citizens in a democracy.

Character Objectives

1. Personal integrity and honesty rooted in respect for the truth, intellectual curiosity and love of learning.
2. A sense of duty to self, family, school and community.
3. Self-esteem rooted in the recognition of one's potential.
4. Respect of the right of all persons regardless of their race, religion, sex, age, physical condition or mental state.
5. A recognition of the right of others to hold and express differing views, combined with the capacity to make discriminating judgments among competing opinions.
6. A sense of justice, rectitude, fair play and a commitment to them.
7. A disposition of understanding, sympathy, concern and compassion for others.
8. A sense of discipline and pride in one's work; respect for the achievements of others.
9. Respect for one's property and the property of others, including public property.
10. Courage to express one's convictions.

Citizenship Objectives

1. Patriotism: love, respect and loyalty to the United States of America, and the willingness to correct its imperfections by legal means.
2. An understanding of the rights and obligations of a citizen in a democratic society.
3. An understanding of other societies

in the world which do not enjoy the rights and privileges of a democratic government.

4. Respect for the U.S. Constitution, the rule of law, and the right of every citizen to enjoy equality under the law. An understanding of the Bill of Rights and a recognition that all rights are limited by other rights and by obligations.
5. Respect for legitimate authority at the local, state and federal level.
6. Allegiance to the concept of democratic government as opposed to totalitarian rule. A recognition that such government is limited by the separation of powers and by the countervailing role of other institutions in a pluralistic society—principally the family, religion, the school and the private sector of the economy.
7. Recognition of the need for an independent court system to protect the rights of all citizens.
8. An acceptance of all citizenship responsibilities at the local, state and national levels and a commitment to preserve and defend the United State and its democratic institutions.

John Dewey suggested in the late 1800's that schools should focus less on what to do and more on "how to decide what to do."

Dewey opposed moral instruction which relied heavily on oaths, creeds, codes, prayers and extrinsic rewards. In order to facilitate moral development, Dewey suggested that schools provide opportunities in cooperation, self-direction and leadership rather than conformity, passivity and blind submission to authority.

Eighty-three percent of Americans favor sex education in the schools, according to a 1983 Roper poll. Yet less than 10% of American school children are exposed to anything approaching a good sex education.

Eighty-three percent of Americans favor sex education in the schools, according to a 1983 Roper poll. Yet less than 10% of American school children are exposed to anything approaching a good sex education. All you need is three or four opponents in almost any community and the sex education program is finished, because school boards are overly responsive to these extremists. Fortunately, after a long hard struggle, this did not turn out to be the fate in New Jersey where sex education is now mandated. (Only one of two states in the country as of 1984.) The anti-sex educator in New Jersey is still, however, complaining to the school administrator, "We don't want you to impose your values on our children." The administrator says, "Oh, don't worry, we have no values. We just clarify them." And then the fanatic says, "Oh, that's what it's all about. You have no values. We don't want people without

values teaching our children." What do you mean, we don't have values? A sex education without values is valueless. We need to promote a moral sex education.

From an ideal perspective, a quality sex education program involves all children in all grades and includes, minimally, the following:

1. Enhancing the self-concept--with the knowledge that young people who feel good about themselves are not available for exploitation and don't exploit others. In its use of sex as a means of selling products, society communicates that sex is the most important aspect of life, and so creates for many an impassible barrier to healthy adult adjustment. People who are consistently "grading" themselves against this kind of unattainable ideal are prevented from developing esteem for who they are, and will find it exceedingly difficult to establish mature relationships or act sexually responsible.
2. Preparing for marriage and parenthood--by understanding the interpersonal skills and responsibilities that strengthen family life.
3. Understanding love--as the basic component of a person's sexuality, including help in deciding "how you can tell if you are really in love."
4. Preparing for making responsible decisions--in critical areas of sexuality, based on a universal value of not hurting or exploiting others.
5. Helping people understand the need for equal opportunities--for males and females. Schools have a responsibility to discourage sexism.
6. Helping people develop tolerance and appreciation--for people who don't conform to the traditional norms regarding marriage and childbearing.
7. Contributing to knowledge and understanding of the sexual dimension of our lives--by realizing that we are sexual beings from before birth, continue to have sexual needs, and build our sexual identities throughout life. It includes an appreciation for the wide range of sexuality, that sexual expression is not limited to heterosexual, genital intercourse, and that sexual expression goes beyond reproduction. Reproduction can be taught in biology; in family life education, however, feelings, communication and values should be the focus.

The most successful programs will be those which raise young people's level of self-esteem,

Both girls and boys must be enlightened about the fact that sex is never a test of love, and that using another human being to satisfy selfish desires is wrong.

and teach them the facts of physiology and contraception that they need to know. Girls especially must be helped to cope with the double standard, which implies that boys may experiment sexually, girls may not, and that girls must bear the full responsibility for any offspring that result from

out-of-wedlock sexual intercourse. Young people also need guidance on subtler issues, such as how to tell if one is in love, or how to respond to exploitive lines that boys in every society use to influence girls to have sexual relations with them. Both girls and boys must be enlightened about the fact that sex is never a test of love, and that using another human being to satisfy selfish desires is wrong.

Young people who feel good about themselves, and who feel comfortable with their values in the midst of their own culture, are more likely to receive information openly and use it to their own best advantage. In this atmosphere, the transmission of values and information through sex education programs is most likely to be successful.

It may surprise some of our readers to discover that ethics or a focus on right and wrong behavior represents the very heart of sex education in Sweden.

Sex education starting in grade one was introduced in Sweden in 1942, and since 1970 it has been provided for all pupils at all school levels. It may surprise some of our readers to discover that ethics or a focus on right and wrong behavior represents the very heart of sex education in Sweden. The following principles are explicitly taught:

1. Nobody is entitled to regard and treat another human being simply as a means of selfish gratification.
2. Mental pressure and physical force are always a violation of individual liberty.
3. Sexuality, forming part of a personal relationship, has more to offer than casual sex and is therefore worth aspiring to. (This, it will be observed, does not imply any moral castigation of persons dependent on casual sexual relations during periods of their lives.)
4. Nearly all young persons take the view that sexual fidelity towards a person with whom one has a permanent relationship is a duty. Schools should support this conviction.
5. Complete frankness about sexual life in words and pictures is a great asset which we have struggled for and achieved during the present century. On the other hand we must vigorously reject the human degradation which normally permeates all pornography. It is quite possible to distinguish between pornographic and non-pornographic pictures and texts.
6. Men and women must be subject to identical standards of sexual morality. The old duality, whereby men were considered entitled to sexual indulgence to which women were not allowed, must be rejected.
7. One more reason for counteracting the traditional sex roles is that they have an undesirable effect on sexual relationships.
8. There can be no acceptance of racially discriminatory attitudes concerning sexual relations.
9. Homosexuals are meeting with somewhat less discrimination than used to be the case, and schools should help to achieve further progress in this direction.

10. There are old-fashioned prejudices to the effect that sexual relations are not permissible in the case of physically and mentally disabled persons or the inmates of prisons and other institutions. Schools should oppose these prejudices and also disparaging attitudes towards the sexual life of elderly persons.
11. Schools should endeavor to promote tolerance, but pupils should be made to realize that even here there are limits. There is no reason to extend tolerance to include persons who consider themselves entitled to commit all manner of assaults on other people.

In the last 10 years, there has been a steady decline in unwanted pregnancies, abortions, STD's (sexually transmitted diseases)--especially marked

In the United States, extremists have made controversy a dirty word. Controversy is the very heart of the democratic process.

among teenagers in Sweden. More than 80% of Swedish youth use a reliable form of contraception the first time they have sex. The comparable figure for U.S. youth is under 20%.

In the United States, extremists have made controversy a dirty word. Controversy is the very heart of the democratic process. We need to have controversial issues discussed in our society. How else are young people going to make up their minds? How are they going to be able to understand what is going on in our society?

We are so easily intimidated by people like Jerry Falwell who go around the country saying things like, "If God wanted homosexuals, he would have created Adam and Steve." What if I said, "If God had wanted black people, he would have created Adam and Sheba." What would you call me? Religious? No, a bigot. And people are afraid to call him a bigot.

I happen to be religious. I believe in God. I believe God's central message to us is "Love thy neighbor as thyself." God does not say "Love thy neighbor except if he's gay or black or handicapped." I know that when I go to meet my maker, God is going to ask "How come you didn't love Jerry Falwell?" (I'm working on it.)

Let's briefly explore homosexuality, which is a very controversial issue. We have no idea why people are homosexual. We used to know; they had a strong mother and a weak father. Then we did "studies" and found that 85% of all families consisted of strong mothers and weak fathers. At best, we know a person's sexual identity is determined by the time he or she is five years old.

So now some people are against homosexual teachers in the schools, because they are role models and might influence our children. Do you know that 90% of all sexual molestation in schools is between a heterosexual male and a female student? Personally, I'm opposed to all heterosexual males teaching in the schools.

We have not communicated to young people what they really want to know. Like all turn-ons are normal. As are all dreams, fantasies and wishes.

Behavior can be abnormal. If you have a thought or a dream or a concept that you feel guilty about you'll have it over and over again, because guilt is the energy for the repetition of unacceptable thoughts. If you realize that all thoughts, wishes, dreams and turn-ons are normal, nothing will happen.

We can also teach young people something about the women's movement. The basic agenda of people who are interested in sex education is the women's movement. I'm a feminist. I am sick and tired of cying five or ten years before women do. I'm fed up not being able to express affection to members of my own sex for fear of being diagnosed. I'm not going to live according to anybody else's expectations anymore. I am a feminist for that reason.

People say women nowadays are aggressive. The result is what? Impotent men. Why? It's because of the women's movement. I say for every impotent man that results from the women's movement, 10,000 of us have become liberated. And where do I get those statistics? I make them up. They make up their statistics, so I'll make up mine. Women have become assertive and if they don't get their legitimate rights they'll become aggressive.

Then somebody says, "but men and women are not alike." Even I have noticed that, but what has that got to do with the essential concept of the women's movement which is: equal opportunities for decision-making, leisure activity, and career choice. Equal pay for equal work. That's the essential concept--everything else is interpretation.

If I were to think of the ten most important things in a relationship, I would say that number one is love and caring and commitment. Number two is a sense of humor. Number three is communication. People don't communicate with each other. Number nine is sex. And number ten is sharing household tasks together. Those are the ten most important things in a relationship. A few readers who have been paying attention noticed that 4, 5, 6, 7 and 8 are missing. Well, we needed to leave room for curriculum development.

If there is one message to spread far and wide it's that knowledge is not harmful.

Somehow the public thinks that if you tell kids about sex they'll do it. Yet all our research reveals that young people who are knowledgeable about their sexuality are more likely to delay their first sexual experience. Knowledge isn't harmful. If there is one message to spread far and wide it's that knowledge is not harmful. Virtually all opposition, in this country, to sex education is based on the supposition that knowledge is harmful.

Let me conclude by telling you a true story that represents some of the real dilemmas that this country is in. A young college student came to me absolutely in despair and she said, "Listen, my boyfriend and I took your course and we plan to get married but our marriage is threatened because he wants to have sex before marriage and I don't. I don't care if I'm the last virgin. I want to be

a virgin on my wedding night. We had such a fight that we decided to compromise. We will leave it up to you. It's your decision.

Now, if I were a modern psychologist I would say, "Listen, I can't tell you what to do. You need therapy. At the end I still won't be able to tell you what to do because I can't impose my values on you. You'll develop a little insight and you'll figure out what to do." I didn't say that. I said, "Listen, if you have sex with him under those circumstances you're stupid. She was thrilled but wanted to know what she should tell him. I said to tell him that if he really loved her he wouldn't put this kind of pressure on her. She said, "Oh my God, that never occurred to me." (A college senior yet.) She went home to talk to her boyfriend. A half hour later she called me and said, "I told him." What did he say? "He said, you have a point."

References

Boethius, C. Swedish sex education and its results. Current Sweden, No. 315, March, 1984.

Calderone, M. S., & Johnson, E. The family book about sexuality. New York: Harper & Row, 1981.

Erickson, E. L. American freedom and the radical right. New York: Frederick Ungal Publishing Co., 1982.

Nozick, R. Philosophical explanations. Cambridge, MA: Belknap Press, 1981.

Values Education Commission--State of Maryland. Report of the State of Maryland values education commission. Appendix D. Baltimore: Maryland, January 5, 1979-January 31, 1983.



The Educator and the Sexually Active Child

By Domeena C. Renshaw

In September, 1983, on a teacher institute day, a ten-year-old girl was at home unsupervised while her divorced mother was at work. The child called a New York telephone number, known to many students in her class, for a free porn recording. Another 16-year-old arranged a "fun" conference call to the same number from her grandmother's home, so four of her younger friends could also listen. Where did the children get the number? From Hustler or other magazines that use telephone pornography as a marketing gimmick to sell more of their publications. Where do children find porn magazines? In a neighbor's garage, the garbage, a school washroom, from older friends, and dozens of other unexpected places. At one level, such resourcefulness is quite enterprising for a fourth grader. But at another, such eroticism at this

young age is distressing to parents and professional educators.

Equally distressing is the growing exposure to television pornography. On October 20, 1983, "Spectrum" cable TV offered the Western Chicago suburbs a prime time movie, "Vice Squad," rated R. It was laden with explicit sex and prostitution. Then an apparently redeeming element was the brutality and violence of using a car to kill a prostitute. While a parent is away at work or on the phone or busy at home, the eroticized and audio-visually brutalized child may watch this.

Cable TV pornography is obviously not illegal. Nor are obscenity laws violated by telephone promotions such as those described above; such callers are not unwillingly abused listeners, as they would be when receiving an obscene phone call. The phone company readily complies since they make large profits from such fads, even though such fads have cost thousands of dollars to commerce and industry, in the form of unnecessary on-the-job phone calls and lost work hours. A court order to ban such practices may not hold up in higher courts.

For parents and teachers, this type of commercial sex represents a contemporary values crisis. But blaming the media only touches the tip of the iceberg. The real problem is how we, as a culture, have avoided teaching the moral, as well as accurate factual, aspects of sexuality (Yates, 1978).

Domeena C. Renshaw, M.D., pursued her career in medicine first in South Africa, then in the United States. Presently a Professor of Psychiatry and Director of the Sexual Dysfunction Clinic at Loyola University, Dr. Renshaw has lectured widely and written numerous articles and books in her area of specialization, pediatric psychiatry and human sexuality.

Consider the case of Sarah. "How I wish I had known, when I was 15, what I know now," said the 29-year-old college-educated woman. Sarah's first unconsummated marriage ended in annulment, and she finally sought sex therapy four years into a second unconsummated marriage. "All my mother kept saying to me over and over as I grew up, was she'd throw me out if I got pregnant. That's all I remember about sex education at home. School? You're joking. When I was 12 years old, the girls heard a talk about menstruation. The teacher said never to put anything inside, because it would tear the vagina. I was terrified of touching down there." Even as intellectually enlightened adults, people have difficulty overcoming such early sexual fears. In Sarah's case, the help of a caring second husband and a sex clinic which provided accurate sex education and guidance by a physician, helped her to bring her behavior, emotions, and cognition into alignment; Sarah was finally able to have intercourse for the first time at age 29.

The important point is that Sarah's problem could have been prevented by accurate and appropriate sex education. The "overkill," anti-sex education Sarah received from her mother and teachers may have succeeded in preventing Sarah from contracting a sexually transmitted disease or becoming pregnant, but it also cost much in human suffering to several persons: herself and both husbands.

A dearth of sex education, or predominantly negative sex education, can do more than leave a person vulnerable to sexual dysfunction as an adult. It fosters the kind of curiosity that leads children--and adults--to seek out pornography. Thus, our unwillingness to disperse accurate sexual information may indirectly be promoting the pornography business. Consider that in Sweden, wholesome, explicit, accurate sex education has, since 1956, been available to

Sexual ignorance can also leave children vulnerable to the forces of peer pressure and curiosity about sexual experimentation.

students from kindergarten through high school. This program includes an emphasis on equality, respect, and commitment in interpersonal relationships. And in Sweden there are dozens of bankrupt, boarded up porno shops. It is lucrative to offer for sale what is unknown, forbidden, and sexually novel. Few porn sellers go broke in Chicago or other U.S. cities; flourishing porn peddlers have merely moved into the informational and moral vacuum left by centuries of zero wholesome sex education.

Sexual ignorance can also leave children vulnerable to the forces of peer pressure and curiosity about sexual experimentation. Much normal learning occurs through imitation and repetition; the sexually ignorant child may, after viewing pornography, try to mimic or comply with a peer who initiates an imitation of the scene. Confusion about sexual facts and sexual rights may also lead to uneasy compliance by a child in situations of sexual abuse or incest. Whether with peers or adults, the sexual experimentation

and compliance that results from ignorance of and curiosity about sex, can take on very real consequences, as when a 13-year-old becomes a mother.

We, as a society, have tended to believe that children are sexual innocents. As long as we hold that belief, we will stop them from obtaining sexual knowledge, which we think will corrupt them. But when are we to consider them adults--when they have their first baby at 13, their second abortion at 17, their third treatment for venereal disease at 18? Or after they have been

Children are sexually active.

the victim of ongoing abuse? Or, less common but equally real, when they have become a child prostitute, or been approached for or used in child pornography?

Children are sexually active, in that they are continually in the process of taking in and synthesizing information, feelings, and values about sexuality, and many are engaged in sexual behavior, from masturbation and fantasizing to behavior that includes real partners. The behavior of experimenting youngsters declares that, at least for them, the stork is dead (Shedd, 1976). Sexuality is around them in society, not only in the media, but also in the form of condom machines in men's washrooms, a divorced parent whose boy- or girlfriend stays overnight, or a relative, family friend, or peer who may approach them for sex.

How, then, are children to be immunized against ignorance, dysfunction, exploitation, and other more subtle distortions such as an overemphasis on the genital aspect of loving relationships? A good sex education at home, at school, or preferably at both places, may prevent years of human distress and later sexual disability.

Unfortunately, very few individuals, even educators in this decade, have themselves had a satisfactory sex education at home, in public school, or at college. So all, including parents and teachers, share a heritage of sexual illiteracy. Parents, the first and most important teachers, as well as professional educators, need to follow some important steps in becoming competent sex educators.

Perhaps foremost is the issue of becoming comfortable with providing sex education. For any new task, the first step is to gain accurate information. It is advisable to use proper terms for the body's sexual parts and functions. In all fairness, the real explosion of accurate scientific knowledge about how the sex organs function is hardly two decades old; it is, however, now widely and inexpensively available in paperback to any literate, interested person (Bellevue & Richter, 1970). Secondly, repeated attempts at sharing this knowledge with children, will enable the educator, whether parent or professional, to gain skill at the task; as skill in the task develops, so does comfort. These same two steps are involved in learning to teach any subject. A parent or other child educator must realize and accept that initial anxiety in

themselves is normal when first discussing sexuality with a child, and that they and the child will not only survive, but both will have greater respect for each other afterwards.

In addition to accurate factual information about sex, educators can enhance the emotional and moral aspects of a child's sexuality by teaching the five imperative R's of intimacy: 1) Relationship, 2) Respect, 3) Responsibility, 4) Risks, and 5) Rights.

1. Relationships have value in every person's life from childhood to the deathbed. Part of every good relationship is wanting to be with the other, and to be close to them, through looks, smiles, talking, and playing together, and through forms of touching, such as shaking hands,

Young people need to know the difference between a purely sexual relationship, and a loving relationship that includes ingredients of caring, sharing, loyalty, commitment, and trust, and possibly sex.

hugging or kissing; or through sustained closeness, even sleeping together--which may or may not be sexual (Renshaw, 1978). Children and teens need to learn that there is mechanical sex without love and there is much love without sex, as in families and friendships. In special close relationships there may be both sex and love. However, for too long too many persons have viewed sex and love as synonymous. Young people need to know the difference between a purely sexual relationship, and a loving relationship that includes ingredients of caring, sharing, loyalty, commitment, and trust, and possibly sex.

2. Respect for the other person, for his/her privacy, differences and values--all are part of a good relationship. This means no pressure to take off clothes, nor any forceful sexual activity. Each person's body and mind contains private parts which are to be respected, whether this person is one's self, a friend, or a relative. Privacy is a precious human right to be protected carefully (Renshaw, 1967, 1984). No one, inside or outside of the family, should violate that privacy.

3. Responsibility for the consequences of the closeness of two people is also part of intimacy. Both people must live with themselves, the partner, the family, and the community after a sexual encounter. Consequences may include feelings of shame if sexual activities are discovered or reported. This may be followed by blaming each other, and possibly breaking up as friends or lovers. There is also the possibility of losing other friends when one spends most of his/her time with "someone special." These consequences hold true for people of all ages.

An essential responsibility for every young person is to learn about the new, strong, exciting yet "scary" sexual body urges that occur during puberty. For the educator to discuss realistic caution and pre-arousal control is a "must" dimension of common sense sex education (Renshaw, 1973). Every young teen must know that alcohol, certain drugs, certain provocative music, dancing, readings, movies and being together in a car or bedroom, are all factors that will lower self-control and make it more difficult to say "no" to

intercourse. Sustained physical closeness, together with perceived privacy, will usually allow exciting, strong sexual urges to be expressed, from mild arousal to higher sexual arousal and then to full intercourse. This may feel good for one or both partners. Afterwards comes the responsibility of dealing with the interpersonal feeling of having been sexual together. Tonight's secret fun may become gossip by morning, hence the consequences of dealing with the reactions of others. There are the possible consequences of contracting or passing on a sexually transmitted disease. And of course, especially if intercourse has occurred without contraception, a possible consequence may be the unintentional creation of a new life.

Pregnancy can be a source of joy under some circumstances, but it can be an overwhelming stress to a young mother who feels unable to cope physically, socially, financially, or emotionally. And since nature endows only females with the capacity to menstruate, gestate and lactate, the consequences of pregnancy are unequally balanced, falling more heavily on the mother than the father (Renshaw, 1978; Mayle & Robins, 1981). For both people, it is important to learn how to control sexual feelings, and avoid situations that foster impulsively feeling pressured, by one's own or the other's sexual feelings, into sexual behavior that is later regretted. Being sexually responsible means taking the time to think over when, how, and with whom one chooses to share this important part of oneself.

4. Risks. Sexual intimacy includes such risks as being honest about our feelings, and saying "no" or "yes" to someone approaching us for sexual encounter. A positive but frightening risk is telling another close person, like a parent or loved one, about fears, weaknesses, shameful experiences; to disclose these brings the risk of displeasure. However, the other possibility of the risk is greater understanding and acceptance. A really open line of communication about sex, between parent and child or educator and student, is rare. The risks of such honesty are perceived to be high by most persons.

5. Rights of the self and of the other person constitute the fifth R of closeness or intimacy. Equality of ideas; being different;

Young people need to be reminded that it is their right to say "no" to sexual pressure.

making a mature choice of sexual partner without force or without adult/child or strong/weak exploitation; mutual effort and enjoyment; all of these are basic human rights to be valued and respected in every close relationship. Especially important is the right to privacy of body; no one inside or outside of the family should violate that privacy. Young people need to be reminded that it is their right to say "no" to sexual pressure, and to go to someone they trust with sexual questions, if they are feeling uneasy or confused.

Every child needs factual information, plus moral values, if he/she is to avoid developing unrealistic, unhealthy, or distorted ideas about

both genital and general sexuality. Each child deserves to be taught the appropriate place of normal sexual feelings and fantasies in his/her own body's development, family relationships, religious beliefs, and particularly in his/her peer group, where pressure to experiment is high. With these guidelines in mind, let's consider some possible situations that can and do arise regarding sexually active children.

It may be lifesaving for a youngster to be able to voice sex questions which may prevent child seduction, rape, and even murder. Teaching about how strangers, relatives, and friends, can pose a sexual threat, without generating hysteria or making all sex fearful, is a challenge in giving intimacy education (Renshaw, 1984). But the risks of sexual ignorance can be even greater, as headline cases, such as that of John Gacy, have painfully shown. If a child can tell a parent or a trusted educator or counselor of discomfort or of perceived sexual overtures from either inside or outside the home, then the child can be comforted and guided as to future behavior with the person in question. In some cases, protective police help for a child may be sought. Special caution must be exercised to protect the child from being more traumatized by the sexual abuse discovery than by the act itself (Renshaw, 1982).

Sexual behavior and references will surface almost daily in any classroom at any age. Masturbation, for example, may be comforting to a child, especially to the emotionally- or sensory-deprived, or the mentally handicapped. Privacy and appropriateness must quietly, discreetly, yet repeatedly be taught: "This behavior is not for the classroom. It belongs to you privately." If a youngster is too mentally handicapped to learn control with outside verbal cues, then an approach of modifying the unacceptable masturbatory behavior can be begun by using a point system of rewards for seeking privacy and penalties for not doing so. If this fails, a teacher may use a screen for privacy for short periods, to reinforce positive control and the idea that public sexual expression is inappropriate.

What if contraceptive pills or condoms are found on a student's desk? No child leaves the items visible in class "by accident." The need to have these seen--by peers or teachers--is a search

While school sex education may be "second best" to home sex education, it becomes an important alternative to peer misinformation or even molestation.

for some kind of attention, negative or positive. Being thought "cool" by the provocative sexual element of such a display, may or may not be one motive. Another may be a signal of readiness to learn more about intimate relationships in a more appropriate way--educator's directives--than merely through peer information, or, more often, misinformation. While school sex education may be "second best" to home sex education, it becomes an important alternative to peer misinformation or even molestation (Barzun, 1968). An effective approach involves having the student stay and talk privately, switching roles with him/her and asking

what s/he would do in a case like this if s/he were teacher, accepting any tears or other displays of emotion, and asking open-ended, non-condemnatory questions. This personal interview could be followed by class discussion and instruction on condoms and contraceptives, perhaps audiotaped for later play-back, and ending with an invitation for students to leave anonymous questions on the teacher's desk. Anonymity may help students to more openly express confusion or concerns (Renshaw, 1976).

Joint efforts between parents and teachers are also important. Parents could, at a PTA meeting, follow a format similar to the class discussion/instruction described above, on pertinent sexual topics, with tapes later available upon request. Twice a year, a combined Teacher-Parent-Child "Personal Question Hour" with written questions and a panel of educator-parent-physician-counselor may evolve as a good community modality to deal with the reality of today's sexually active child.

Pioneering sex educators may meet loud opposition from some protesting parents, who often are in the minority. The unfortunate aspect of this close-minded, anti-sex education group is that frequently they themselves are uninformed and

Just as an immunized child is resistant to that disease, so is a child educated in both the factual and moral aspect of sexuality, immunized against confusion, exploitation, and dysfunction.

sexually stunted (Rokeach, 1960). Self-righteous in their ignorance, they may be threatened by expansion of their limited sexual knowledge, afraid that change of their own fixed pattern might result in unknown penalties. They may falsely accuse. Society may be facing the danger of an era of "Sex Accuse" similar to the McCarthy era when all was "pink" or Communist; now teachers or others may be accused of sex abuse by disgruntled persons. Other parents and educators need to understand this anxiety, rather than attack it. Reassurance, open explanation, and invitation to audit tapes of sex education sessions, may finally achieve some slow attitudinal changes. It has been of value to review with parents--the first and most valuable teachers--the material that is used with their children, a double educational outcome thus being achieved. In addition, such monitoring subsequently opens up possible avenues of honest exchange between parent and child.

Just as an immunized child is resistant to that disease, so is a child educated in both the factual and moral aspect of sexuality, immunized against confusion, exploitation, and dysfunction. Such a child recognizes that pornographic material is exploitative in its exaggeration and impersonality. Such a child feels free to discuss with a trusted elder troubling sexual components in any of their interpersonal relationships. And such a child is more likely to avoid sexual problems before such problems begin or get out of hand. Difficult as it is to overcome both avoidance of sex dialog and the generation gap, it must be done; primary prevention importantly could

promote healthier growth to adulthood by freeing the child of needless sexual trauma, exploitation, or conflicts. An affectionate, open parent-child and educator-student relationship is essentially the healthiest and most enduring weapon against the onslaught of commercially or personally exploitative sex, which will finally fizzle out when people don't buy it or are able to recognize and avoid it.

From childhood to old age, all persons have sexual urges, to be felt, understood, expressed, or controlled (Renshaw, 1984). Parents and educators need to know that sexual ignorance is not sexual innocence. It will take courage, persistence, and ethical work of excellence by informed, dedicated educators in this sensitive and still sensational aspect of natural functioning, to reduce the still prevalent entanglements of preoccupation and shame. Educators of today have the important leadership task of assisting society and its young in recognizing, protecting, and fulfilling in a mature, safe and joyful way, every potential human talent and skill: physical, psychological, intellectual, social, spiritual, and sexual.

References

- Barzun, J. The American University. New York: Harper & Row, 1968.
- Bellevue, F. & Richter, L. Understanding human sexual inadequacy. Bantam Books, 1970.
- Mayle, P. & Robins, A. Congratulations, you're not pregnant. New York: MacMillan Pub., 1981.
- Renshaw, D.C. Sex education for educators. The Journal of School Health, December, 1973, 43, 645-50.
- Renshaw, D.C. Sex hazards in the teenage years (for teens). 1 hour audiocassette, Spenco, Box 8112, Waco, TX, 1976.
- Renshaw, D.C. Adolescent sexuality. Consultant, November, 1978, 18, 11, 72-89.
- Renshaw, D.C. Incest: Understanding and treatment. Boston: Little, Brown & Company, 1982.
- Renshaw, D.C. Sex talk for a safe child. AMA, Box 10946, Chicago, IL 60610, 1984.
- Rokeach, M. The open and closed mind. New York: Basic Books, 1960.
- Shedd, C.W. The stork is dead. Waco, TX: Key-Word Books, Pub., 1976.
- Yates, A. Sex without shame. New York: William Morrow, Inc., 1978.



Touch, Communication and Sex

By Jessie Potter

The true language of sex is primarily nonverbal. Our words and images are poor imitations of the deep and complicated feelings within us. Unsure of touching as a way of sharing with others, we have allowed our fears and discomforts to limit the rich possibilities for nonverbal communication. (Montagu, 1978)

Another indication of how far we have yet to go to understand our touch needs are the hundreds of books on family life, many of them used as texts in schools, that do not have a single mention of touch. Many books on communication skills also never mention the word touch. Even more incredibly, the word does not appear in the indexes of several sex encyclopedias. How can we teach young people the basic requirements of good family and marital relationships when we ignore our most vital sense? (Colton, 1983)

Jessie Potter, D.H.S., is the director of the National Institute for Human Relations in Oak Park, Illinois. Dr. Potter is a popular lecturer throughout America on the subject of "touch." She has recently had "The Touch Film with Jessie Potter" produced by Sterling Productions, Inc. in Chicago.

We often speak of people as sight impaired or hearing impaired. It is important to remember that our skin is our largest organ, that it is possible for us to be touch impaired, and it seems that many, if not most of us, are so impaired. In this increasingly technological, impersonal society, barriers that affect spontaneous expressions of warmth, affection and affirmation are set

in place in early childhood and are frequently sustained throughout our lives. Because of our early childhood learning, and not as a matter of conscious choice, most of us are better able to speak of "being in touch," about "stroking" others, than we are able to do these things. Ma Bell says, "Reach out and touch someone," which must be one of the most successful advertising messages of all time because it is so much easier for many people to reach out to others through words and a telephone than by an actual touch. Currently "getting strokes" means kind and/or complimentary words said to us rather than actual caring strokes. Touch is one of the things we appear to talk of the most but do the least. It has the longest entry in the Oxford English Dictionary of any word. The entry is fourteen columns long. We say of one person, "he is an easy touch," "a soft touch"; another is "touchy." How often have you said to another "keep in touch," or "we are out of touch?" Have you ever thought you were touched by music, words, a play, a story? We have a language of touch but rarely the reality of it. Here in the richest country in the world, the richest sense, our sense of touch is rigidly suppressed by a set of unspoken taboos.

This cultural taboo was demonstrated dramatically by Dr. Sidney Jourard (1966), a psychologist at the University of Florida. He sat in coffee shops all over the world simply to count the times one person touched another in an hour. In Puerto Rico, his study reports, there were 180 touches in the hour. In France, there were 110, and in America there were only two. (England did even worse with none.)

In our buses, trains, elevators, movie theaters, anywhere people must stand or sit near each other--there is awkwardness and tension. People are anxious about being too close to others' bodies. They are quietly terrified that somehow, for a moment, they might be touched. Contacts are broken so quickly, you could imagine

Touch is another way for couples and others to communicate meaning to one another.

an electric shock had been involved. What are a few of the reasons for believing our comfort today with really "being in touch" with others may be more important than was true of other generations?

1. Medical science has successfully added years to our lives. It is up to us to add life to our years. Certainly we appear to be more interested in our lives "feeling good" than was true of our ancestors. Edward T. Hall says that touch gives us "the velvet quality of satisfaction" (Colton, 1983). The more affirmed we are in our relationships the more humane we are with each other.
2. The couples that I see so frequently in my private practice are almost struggling with their inability to communicate and their fervent wish to do so. "Because of the differences in early childhood socialization males and females speak differently and these sex differences are so pervasive that even pre-kindergarten children are aware of them" (Hanley, 1977). "I know you believe you

understood what you think I said, but I am not sure you realize that what you heard is not what I meant" (Anonymous). Touch is another way for couples and others to communicate meaning to one another.

3. At a time when adults are alarmed by the involvement of young people in drugs, sex and/or cults, I find many of the teens I talk with unbelievably lonely. One young man said to me, "Most of the time I feel as if the world has gone away for a week-end and isn't coming back." Arthur Janov says, "Cults and related movements offer a new family. They provide the follower with new people to worry about him, to offer him advice, to cry with him and more importantly, to hold him and touch him. Those are unbeatable attractions" (Janov, 1978).

Adolescents aren't likely to touch or be touched in any meaningful way outside of a romantic and/or sexual relationship. Among parents there seems to be a general practice of not touching adolescents, a belief that they don't want to be touched by us. And so we leave them to be touched only by someone else. My experience for twenty-five years with adolescents who come for a hug, who react to a touch on the hand, is that they too respond to such an expression of concern or support.

Fathers move away from daughters as their bodies change, as they develop

Teens tell us that sex for many of them is their way of getting touched, getting held, the only time for contact, feeling valued--just as it is for many adults.

breasts. It's as though we punish our children for growing up. Many mothers speak of their sons' unwillingness to be touched. Our readiness to accept that 'no', when we so often try to push them in to everything else we think good for them, is an evidence of our discomfort as well as theirs. Teens tell us that sex for many of them is their way of getting touched, getting held, the only time for contact, feeling valued--just as it is for many adults" (Potter, 1983). Over the years as I have worked with young people in substance abuse programs and experienced their hunger for hugs and strokes, I've wondered if the sensory pleasure they get from drugs compensates for the absence of such things as caring, affirming touch.

4. "In the past, touching was considered part of sex, to be reserved primarily for procreative purposes" (Colton, 1983). "We are just beginning to acknowledge people's need, their hunger for loving, caring touch, that is affirming, relaxing and healing, especially touch that makes no demands for the sexual satisfaction of the toucher" (Potter, 1983). To be tender, loving and caring, human beings must be tenderly loved and cared for in their

earliest years, from the moment they are born" (Montagu, 1978).

I am particularly interested in the differences as I understand them in how boys and girls in this culture are touched from their earliest days and the possible implications for their adult loving and/or sexual relationships. "Abraham Maslow once observed that we are the first generation in the history of peoples sufficiently beyond sustenance to be able to focus on the quality of our relationships" (Curran, 1983).

We marry so we can love and be loved, not feed or be fed. We join together in a search for intimacy, not protection, as we did in earlier times. As women and men our efforts to be friendly, intimate, and/or lovers are hampered by the differences in the ways our society deals with us as boys and girls.

Polls and surveys tell the story. Reviewing more than 40 years of research on sex preferences, Dr. Nancy Williamson of the Population Council notes that American attitudes have not changed very much since 1933 when the first such study found boy babies preferred over girls by a ratio of 165 to 100. Despite the feminism of the 1970's, son preference is as strong as ever:

- For an only child--over 90% of the men and two-thirds of the women preferred to have a boy.
- For a firstborn--about 80% wanted a son, only 4% of the men and 10% of the women preferred to have a daughter first.
- For a three-child family--most preferred two boys and a girl, rather than two girls and a boy (Pogrebin, 1980).

Our preference for boys over girls reflects the belief that the two sexes are different inside and out in worth and potential. Unaware though we may be, we do treat and touch them very differently.

"In general, boys are expected to be brave, independent, strong and ready to explore their world, so we do not bind them to us with touch. Girls are raised not to be nearly so brave, independent and strong, so we bind them to us with

It is not surprising that an important part of sex therapy for many adults is a reawakening of their senses, learning what feels good.

touch to keep them safe" (Potter, 1983). For almost all of us from birth on, there is an enormous, commonly experienced investment of time and energy by adults in teaching the young not to touch themselves, others, and things around them. We have little comfort with the sight of a child sucking its thumb, blissfully patting someone's satin dress, or playing in warm cozy mud. About the time our toddlers want to put things in their mouths, to touch their world and the things in it, we throw them in jail--euphemistically called the play pen. It is not surprising that an important part of sex therapy for many adults is a

reawakening of their senses, learning what feels good.

Mothers stop bathing children very much too soon, leaving them to take their own baths. This happens most certainly because of our heavy cultural investment in the Freudian teaching of the Oedipus Complex (emphasis on potential sexual attraction of children to the opposite sex parent). So few of us beyond the very early years of two and three go to our young children and say anything to them like, "I'd really enjoy bathing you. I know you are big enough to do it yourself, but I would so like to do it. You have such nice skin to touch." Yes, we learned to feel uneasy about touch, but if we want to break the cycle of one generation after another seeing sex as the only way to get close and feel good, we must provide other good feeling experiences.

On a very cold day, I was bathing our 4 1/2 year old granddaughter Jeannette. While she was playing in the water that together we had made feel and smell good by adding some children's bath oil, I put her sleepers and towels in the oven for a few minutes. After her bath, I stood her on the toilet seat so we could be more nearly on an equal level and wrapped her up and patted her dry. She pulled me close, laid her head on my shoulder and said, "I'll always remember you. You couldn't forget someone who warms your towels in the oven."

Most Americans do indeed suffer from sensory deprivation but worst of all, we are unaware of how damaging this state of affairs is. I really believe that for many of the children victimized by incest, the need to be touched, held, to feel good, makes them available to the experience in the first place. This may also be true of the adult perpetrator.

I knew that Jeannette would have one more sense memory of me. She would remember how I looked, how I talked, read her stories, but most of all how it felt to be loved by me--really felt. It is those special human experiences that we can provide for the important people in our lives that I call "making love." A warmed towel would feel just as good to most adults as it did to Jeannette. Or an adult might enjoy a warm oil rub for tired feet. Most Americans do indeed suffer from sensory deprivation but worst of all, we are unaware of how damaging this state of affairs is. I really believe that for many of the children victimized by incest, the need to be touched, held, to feel good, makes them available to the experience in the first place. This may also be true of the adult perpetrator.

In our culture, for the most part, we expect girls to be private, modest people, have toilets with walls and doors. They will learn not to look at, talk about, or touch the genitals they are later expected to take responsibility for. In particular, I've discovered how rarely adults speak of or call a girl's attention in any way to her clitoris. There seems to be a disquieting need to ignore an organ that has no other function than to feel good. Think about how girls are trained to use lots of toilet paper after

urinating so their fingers won't touch their genitals but still must wash their hands. What a message of contamination! You must not touch this place but you still must wash your hands. No wonder so many women find diaphragms, vaginal foams, and jellies unattractive to use. With them, one must touch "down there."

I believe that there is a critical incongruity between the efforts to keep most little girls from looking at and exploring their genitals, and the encouragement, praise, and even rewards that a little boy gets when he learns to hold and pay attention to his penis. The little girl's training can take a terrible toll on her potential to have good feelings during lovemaking, particularly since most men don't understand a woman's reluctance to touch genitals--male or female.

The likelihood of misunderstandings between the sexes is very great when one considers the relative freedom of boys' attitudes toward their genitals. Boys are much more likely than girls to urinate outdoors with playmates, experience the public exposure of washroom urinals and group showers (no matter how shy or self-conscious they may feel), and often engage in group sex play.

And, of course, most young boys engage in group urination games that are one more public opportunity to show off their genitals and to feel much less private about them than girls feel about their genitals.

A sixth grade boy asked, "Why do they call them my 'privates'--everyone knows I have them?" I said, "You're right, girls have privates, boys have publics."

Boys and girls have so little helpful information about each other that it seems as if there is a conspiracy to make them into men and women who will be hostile toward each other. Even as early as junior high school, girls complain about boys wanting to touch and feel; and boys at that age want to know why girls are so withholding, so prissy. These attitudes persist when we grow up.

When a man wants to look and touch, a woman may think he is insensitive, compulsive or crude. The man who walks by his wife at the stove and pats her buttocks or touches her breasts may feel her crawl away or go rigid. She is unprepared for intimate behavior in the kitchen, where she is preoccupied with household chores. But he feels rejected, unloved, unlovable.

So often women will say, "He never touches me except my breasts or my butt; and he who has always touched his own genitals says, "What's the big deal?"

Boys generally get much less touching than girls" (Zilbergeld, 1978). It is sad to consider the poverty of touch in the lives of most boys who, as men, will be expected to know how to touch those they love in sensuous, pleasurable ways.

Girls and women are also frequently critical about boys and men touching themselves, or, as they phrase it, "pulling at themselves." They are astonished when I tell them that it is a matter of physical comfort rather than a disregard for good

manners. The high surface temperature of the scrotum causes it to cling to the inner thigh, and shifting its position eases the discomfort.

For girls and women who are taught not to touch themselves, even in private, this sort of public behavior seems, at best, insensitive, and at worst, outrageous. It is one more reason to be at odds with them.

We are a particularly non-touching society, and the few restrictions I have discussed apply to almost everyone. "Boys fare much worse in this drama than girls. Boys generally get much less touching than girls" (Zilbergeld, 1978). It is sad to consider the poverty of touch in the lives of most boys who, as men, will be expected to know how to touch those they love in sensuous, pleasurable ways.

Many men are discovering that women dislike, and are often unwilling to have intercourse with, a partner who is not in touch with them in other ways. For them, taking someone inside the center of their being, who reaches out to them in no other way, is unacceptable. Many women are finding that men, too, yearn for caring, non-sexual touch and that many of us are only a little better at pleasurable touch than the men we complain about.

I do not for a moment believe there has been a sexual revolution of any great consequence for most people in this country, certainly not one with a general calming, warming effect on sexual attitudes and expectations. Sexual expression is still the place where many of all ages find themselves most vulnerable. This is why the most

We need to learn as much as we can of the physical and emotional benefits of caring touch and act on the information.

commonly used euphemism for intercourse is "sleeping with someone." As long as we are a society that favors the least active verb in the language for what is supposedly our most intimate loving act, the sexual revolution has a long way to go. The most important social change I have observed in relationships is that men and women speak of communication, of being each other's best friend. Those of us who are parents, teachers, and friends of children must take seriously the need to help our boys and girls respect and be comfortable with each other. It is time for us as role models to closely examine our own beliefs and behavior. How much, when and why do we touch people around us? We need to learn as much as we can of the physical and emotional benefits of caring touch and act on the information. It is more vital to our health and to our relationships than we have known, for us to give real strokes and to keep in touch.

References

- Cohen, S.S. The amazing power of touch. *Redbook Magazine*, July, 1982.
- Colton, H. *The gift of touch*. New York: Seaview/Putnam, 1983.

Curran, D. Traits of a healthy family. Minnesota: Winston Press, Inc., 1983.

Henley, N. Body politics. New Jersey: Prentice-Hall, Inc., 1977.

Janov, A. For control, cults must ease the most profound pains. Los Angeles Times, December 10, 1978, Part 6.

Jourard, S. An exploratory study of body-accessability. British Journal of Social and Clinical Psychology, 1966.

Montagu, A. Touching: The human significance of the skin. New York: Harper & Row, 1978.

Pogrebin, O.L. Growing up free: Raising your child in the 80's. New York: McGraw-Hill, 1980.

Potter, J. The touch film with Dr. Jessie Potter. Chicago: Sterling Productions, Inc., 1983.

Zilbergeld, B. Male sexuality. New York: Bantam Books, 1978.



Masturbation

By Mary S. Calderone

Backtracking the long road of human living, it is impossible to envision the tragedies that must have stemmed from inability or refusal to acknowledge, comprehend and validate our inborn sexuality. After all it is one of our three major human endowments with spontaneous masturbation one of its earliest manifestations.

Consider first the two factors that most clearly mark our humanness: the human body and the human mind. No other living being spends most of its waking hours upright, freeing the hands for all of the marvelous things hands do--caress, defend, build, create, invent, cook, garden, do surgery, communicate--the list is endless. As to the human mind, no other living being approaches its capacities and functions, including spoken and written speech. Just thinking about writing on masturbation, brought home to me what is required by a serious approach to any aspect of the art of living life. The brilliant performances of women

in totally new sectors of the Olympics demonstrated adaptation and skills in fresh ways of using the human body. The fantastic contribution of computers even in private life illustrates the flexibility with which minds can learn to negotiate what seems at first incomprehensible. The contrast of these human advances highlights the painful, unenlightened, plodding destructiveness of our treatment of a third major human endowment--childhood sexuality.

Human sexuality has only recently been intensively studied, so its significance and importance are barely beginning to be understood, and even so primarily as to its pathologies and failures. Yet parents are expected to take their helpless infants and teach them how to leave helplessness behind and learn how to take charge of themselves and their lives. But about their children's sexuality it is my opinion that parents will remain on dead center until we manage to modify the paradigm of childhood sexuality that society stubbornly insists on. Feeble efforts are made too little and too late to "tell" children the "facts of life," generally in confusing ways that are literally untruths.

Because we believe knowledge brings loss of innocence, we hide from ourselves any possibility of validating the facts. So sexuality remains for the great mass of people an area mysterious and threatening about which people must not learn, talk or become comfortable. And in spite of the media's multiple images of sex as titillating and exciting and fun, the conviction remains that enjoyment of it is only for special, 'beautiful,' liberated people, while for ordinary people it is

Mary S. Calderone, M.D., M.P.H., is a physician and public health educator whose first job at fifty was Medical Director of the Planned Parenthood Federation of America. In 1964 she became a co-founder and first Executive Director and then President of SIECUS (the Sex Information and Education Council of the United States). Since 1981 she has been Adjunct Professor in the Program on Human Sexuality at New York University's Department of Health Education.

somehow shameful to enjoy, though quite okay to be joked about or exploited for personal profit.

Within the broad preserve that health and education professionals have carved out of the wilderness and learned to call sexuality, there still remains at its cloistered center a "no-person's" land identifiable by the heavily negative feelings that fence it in and besmirch it so that people whisper rather than voice its name: masturbation. Yet if we are ever to live at social peace with ourselves and others, sooner or later every inhabitant of any modern society must confront it and come to terms with and about it. Once accomplished, it might then be possible to face with some composure the necessity for all to speak openly even if privately about self-pleasuring, both among ourselves and with others about whom we care most--our children.

It is the caring I feel for the many who are and will remain unknown to me, and the caring that is returned to me in so many ways, that finally has led me to wrestle with the topic and set down the results of that wrestling. The Reverend John L. Thomas, a Jesuit priest-sociologist, first put me onto this track about twenty years ago when he wrote in an early issue of the SIECUS Newsletter (1965), "People will never solve their over-population problem until they come to terms with their sexuality." Although I realized he was not speaking specifically of sexual self-pleasuring, I felt he was indicating that this core place of unease and distress would have to be dealt with and resolved before we could come to an open place about sexuality that the majority could accept. It was as if the winds of truth had to sweep away choking clouds so that people might see clear and breathe free.

The Parameters of Masturbation

Definition. In defining the term masturbation, I found that ignoring the dictionary was best. Wrestling with my own words for long periods I developed this:

Masturbation is voluntary behavior engaged in at any and all ages to produce genital pleasure, whether by and for the self alone, or with and for another age peer, by the use of any one or more of a wide variety of means.

This definition is by necessity one-dimensional, for by intention I am not considering here the values and meanings that realistically have to be developed by emotionally and intellectually mature participant(s).

Body System Involvement. Aside from the special human attributes relating to upright posture most of the various body systems of humans and other mammals function quite similarly except for one that has yet to be universally recognized. Even during gestation all of the fetal body systems but one are known to function in one degree or another, e.g., constantly swallowing amniotic fluid, the fetal digestive system processes it as it will milk following birth; the urinary system functions fully from (literally) top to bottom, as the kidneys process that fluid as it is absorbed into the blood stream from the intestines, passing it on to the bladder which eliminates it from the male or female meatus at roughly thirty minute intervals (Calderone, 1983). The fetal brain registers function on the electroencephalograph, the fetus reacts to bright light and loud sound, and apparently hears with discrimination, to judge from its demonstrated recognition of the mother's voice after birth. The

organic system known as the skin covering causes skeleto-muscular withdrawal motions in response to an unwelcome stimulus such as a needle prick.

The one body system that does not function in utero is the reproductive, which remains on 'hold' until puberty. But a closely linked group of organs constitutes an as yet unrecognized body system that does function in utero. I identify it

As shown by ultra-sound, from around the seventeenth week of gestation, the fetal penis erects roughly every ninety minutes (Calderone, 1983) just as it does in normal adult males during sleep.

as the sexual response system, recognizing it as separate and distinct from, as well as independent of, the reproductive system, their only link being a single act at one auspicious (or inauspicious) moment. As shown by ultra-sound, from around the seventeenth week of gestation, the fetal penis erects roughly every ninety minutes (Calderone, 1983) just as it does in normal adult males during sleep. No exactly corresponding phenomenon is observable in the female fetus, but the neonates vaginal lubrication, often quite copious, has been observed. It occurs on the usual cyclic basis, and also with sexual arousal.

What are we to make of these phenomena? I have letters from physicians testily dismissing the notion of fetal erection with an airy 'But it's just a reflex!' Of course, yes, just as is all else that happens during fetal life! Yet many fetal reflex activities tend, after birth, to become voluntary with time and development--swallowing, musculo-skeleto movements, urination, even the responsively imitative protruding tongue of a new born only a few days old, as well as the under one year sounds that by age two become words! By contrast, as sex therapists have shown, penile erection can neither be 'willed' into nor out of being, but forever remains reflex responding to selected stimuli.

Nature of Effective Stimuli

To what kinds of stimuli? In other mammals those stimuli bringing erectile responses appear to lie in the spectrum of the purely physical, whether sight, sound, odor, or the biological clock governed by seasonal endocrines. But in human adults the stimuli eliciting penile or clitoral response are most apt to be psychic, of wide variety in nature and number, not only as between individuals but also as between life stages of each. It is primarily through fantasy, memory, and imagination that humans engineer sexual response. Of course newborns showing cyclic genital erection are not yet fantasizing, it may be the body rather than the mind that is remembering, and it will be some months before they can control their hands to reach out and touch.

Timing in the Life Cycle

Unlike other mammals, humans do not wait until adult life for sexual expression, but discover it during infancy, usually in the second six months when the baby hands explore the body under voluntary control. But even in the first

weeks some discover that pressing the thighs together produces pleasurable feelings (Kinsey, et al., 1953), and a baby girl or boy can at will engineer its own pleasure and repeat the discovery voluntarily. By contrast, some females claim that they have never experienced sexual pleasure, until psychotherapy can unlock what was once there, that having been punished, was repressed from conscious memory.

Conclusions

Step by slow step over the years these and other facts have accrued and claimed honest acknowledgement from me. One morning perhaps ten years ago, I awoke around six a.m. with words ringing in my ears--there has to be a reason, there has to be a reason--for what? I lay there mulling it over until I came to it: there simply has to be a reason why every baby born discovers its genital pleasure areas, and at very young ages. Parents insist to me, "My baby is not sexual, my baby is innocent," but the truth has to

...it is this very ignorance that turns such children, unprotected by information and the protective self-esteem it can assure, and trained never to say no to an adult, into sitting ducks for molesters and exploiters.

be, if babies do function sexually as I have described, how then can they not be totally innocent in it? When adults read in dirtiness and sin and wickedness, it is they who are not innocent. Rather, most are guilty of condemning their innocent sexual children to a kind of leering, joking, exploitive ignorance that is very far indeed from innocence. In fact it is this very ignorance that turns such children, unprotected by information and the protective self-esteem it can assure, and trained never to say no to an adult, into sitting ducks for molesters and exploiters.

How many parents are aware that child sex molesters have a far higher record of themselves having been molested as children, than does the general population? The obvious and disturbing question follows immediately; what percentage of today's molested children might be expected eventually to turn into child molesters themselves? If they have been recognized as molestees, so that they can receive careful, knowledgeable and supportive psychotherapy, will this serve to prevent the dreaded but real possibility that they will themselves become molesters? This and other pertinent questions ought to form part of an essential public health approach to a seriously threatening and growing problem. All parents of young children merit and should be accorded expert help in joining efforts to uncover the extent of the problem in their communities. Such an approach could never be in line for Senator Proxmire's Golden Fleece Award; far from it. As a long-term investment, preventive as well as therapeutic measures can and must be supported by government and set in place soon enough to interrupt the presently identified chains of destruction threatening the futures of

our already over-endangered children. Leading child psychiatrists and specialists in early childhood education must be consulted on all phases of a planned program. Funds must be well spent, but allocated they must be as soon as possible. We must perceive these critical investments in the welfare of our own and succeeding generations of children.

The Developmental Role of Masturbation

In being socialized and guided by its parents in the assimilation of sexual pleasure as a norm in life, the child must also learn the socially approved norms of privacy, of non-involvement of younger or weaker children, and of refusal of sexual involvement with those older, stronger, and more sexually experienced. Every child must come to look upon his/her body and all of its products and functions as fundamentally good, and as belonging to her/him as a legitimate personal resource for comfort and relaxation. A positive body image helps a child become intimate and confident with her/his innermost self, and prepares her/him ultimately for intimacy and confidence with another. It helps him/her learn how to postpone self-gratification to appropriate times and places, and promotes playing of the usually childhood 'sex games' only with age peers and in his/her own home where a parent can be an unobtrusive monitor.

The key to any chain of coping actions in our current dilemma lies in profound changes for the better in our comprehension and acceptance of masturbation as an essential aspect of child development.

The Key

The key to any chain of coping actions in our current dilemma lies in profound changes for the better in our comprehension and acceptance of masturbation as an essential aspect of child development. That was the answer to the question running through my head on that far off sleepy morning. What is the reason--there has to be a reason--why every single child ever born will find pleasure in its genitals--will masturbate. All the reasons must be made clear and real to parents, so that in accepting their child's sexuality as God-given and nature-given, they can begin to see children with new and different eyes as the sentient and sexual beings they are really born to be. They, their minds and their bodies, were given to their parents to bring to adult life as fully developed, normal human beings made capable, by their parents, of using their physical, mental and sexual endowments in intelligent, responsible and rewarding ways. The reason why little children must be helped to understand, accept and socialize their sexuality is that those twelve years, before puberty can bring full reproductive function, must be utilized by parents to teach their children respect for sex, and how to exercise sound, informed judgment in the use they put it to in their lives. Certainly, appropriate-

ness of time, place and person must be thoroughly taught, with family discussions on these broadening with puberty. I once overheard a mother in a supermarket deal beautifully with it all: smiling at her bored cart-riding three-year-old she said quietly, "Remember, Johnny, that's for in the car or when you get home." He smiled back as he dragged his hands out of his pockets and reached for a box of raisins with which she reinforced his responsively appropriate behavior.

As John F. Kennedy once said, "Let us at least begin"--with parents whose own lives may well be bettered by what they can learn to do to foster healthy sexual development in their children.

References

- Calderone, M.S. Fetal erection and its message to us. SIECUS Report, May/July, 1983, 11, 5/6, 9-10.
- Kinsey, A.C., Pomeroy, W.B., Martin, C.E., & Gebhard, P. Sexual behavior in the human female. Philadelphia: W.B. Saunders Co., 1953.
- Thomas, J.L. Sexuality and the total personality. SIECUS Newsletter, Fall, 1965, 1, 3.



Community Health Planning Strategies Applied to the Selection of Sex Education Practices

By Jerald D. Floyd

Introduction

One does not have to look far to find a vast array of resources being marketed for sex education programs. Considering the amount of research materials, catalogs, and pamphlets sex educators receive weekly, their decisions about which to review and/or purchase are time consuming and can be confusing. There is a strategy to avoid this dilemma, but it requires that you resist the temptation to build programs around resources. For example, after examining over a hundred resources you find six 16 mm color films, two videotapes,

three filmstrips, a set of transparencies, nine computer-assisted exercises for out-of-class assignments, seventy-five slides, an extensive bank of questions for testing from the text you have selected, and three dozen small group values clarification exercises specifically designed for tenth grade sex education units--and all are of top quality! Since your sex education program has fifteen fifty-minute class periods, would you be tempted to show four films, two filmstrips, the transparencies, and videotapes; intersperse five of the small group values clarification exercises; give three ten minute quizzes; and, use a full period for the final exam? Tempted? If you were, consider yet another dilemma: "Where will I find time for the slides?"

The problem with this often-succumbed-to method of program planning is that it rarely meets the needs of its intended audience--the student. It is tempting because it helps meet the needs of the instructor. One way to put the "attractive resources" temptation into perspective is to view resources as tools with specific tasks. Often educational programs are ineffective because they are tool oriented. Most of the time and effort spent planning is directed toward identifying, collecting, evaluating, and using the tools (resources). Little, if any, attention is given to clearly specifying and documenting the program's specific task.

Jerald D. Floyd, Ed.D., professor and Director of the Office for Health Promotions, Northern Illinois University, has a long standing commitment to the area of human sexuality education. For more than fifteen years he has taught courses as well as served numerous school districts and community agencies as a consultant. Most recently, Dr. Floyd's symposium was accepted for presentation sponsored by the American Association of Sex Educators, Counselors and Therapists (AASECT), and the Society for the Scientific Study of Sex (SSSS). Dr. Floyd is certified by AASECT as a sex educator.

As a health educator, my bias is to view the task of sex education in a wide context--a community health context. The benefits of this context are readily substantiated with careful review of pertinent literature. Ann Welbourne-Moglia (1984), as Chairperson-elect, stated in her "The Future of SIECUS" address, "In the 1960's there was a need to establish human sexuality as an important health issue." Through the work of people like Mary Calderone, this context was established and now provides us with excellent sanctions for clarifying and defining our tasks.

Traditionally, the comprehensive community health program is comprised of a system of services designed to promote health, prevent disabilities, treat health problems, and provide rehabilitation services. Health education programs are tools to be used in these areas. Certainly the potential of health education for coronary victims is high. The patients have obvious needs and there are specific, helpful things they should be taught so they may help themselves. One lesson, of course, is directed to the sexual aspects of the health problem. On the other hand, there may be less potential for preventing such problems by providing cardiovascular health education to second graders. The need is not as obvious; the suggestions not as appealing. So it has been with sexuality education--intervene ("treat") after problems occur and at times provide health education services to assist the patient in understanding the treatment and knowledge for preventing reoccurrences. This prevailing reactive scenario is not a totally inappropriate approach--just an incomplete one.

Recently there has been a community health movement to reallocate some of the resources from the reactive/treatment emphasis of the health care system into the proactive/promotion-prevention mode. This has been true of effective sexuality education programs. Using the community health base as a sanction (because sexual issues are health issues), sex education programs gain

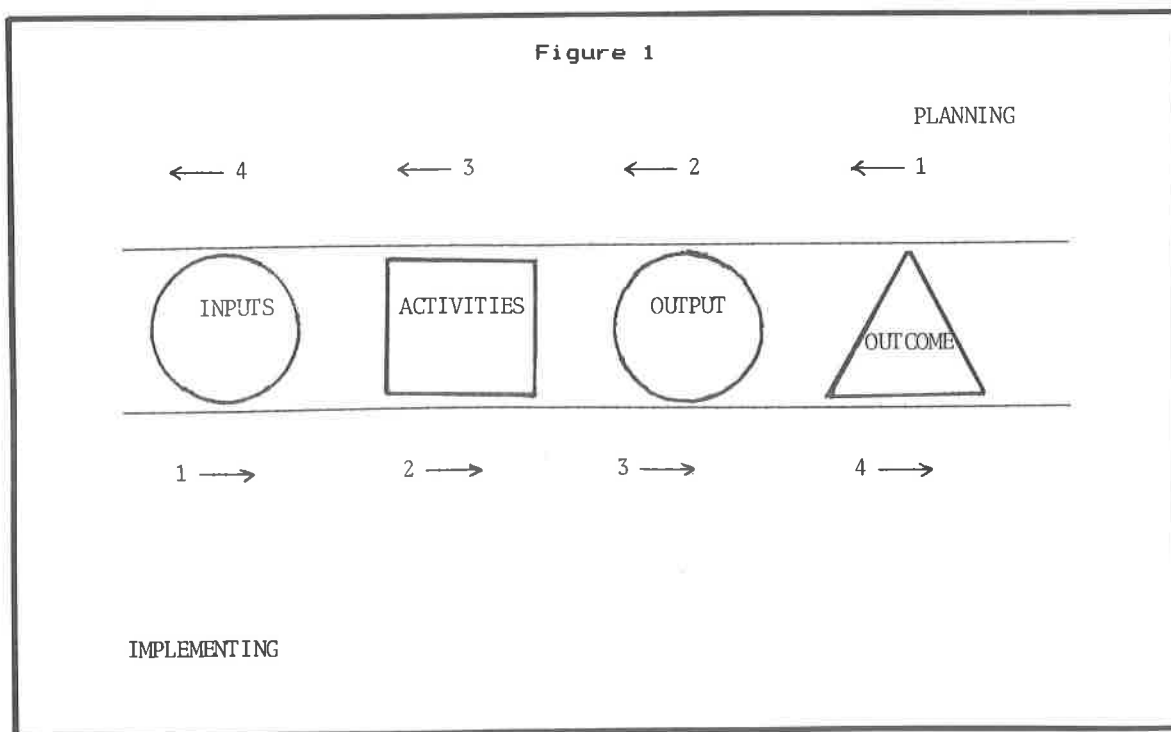
additional strength and effectiveness. This is particularly true for health education programs that address sexuality as an important aspect of a healthy lifestyle and as a vital component for preventing unnecessary sexual problems. All of this is in the context that health and its sexual component occur throughout the entire life cycle--no one is too young or too old.

The preceding was presented to provide a context for discussing the appropriate use of sexuality education resources. With this in mind, it should be obvious that the factors influencing sexual health are as complex as those influencing emotional, social, intellectual, and physical health. This manuscript will be limited to a discussion of formal sexuality education programs that emphasize promotion/prevention goals. Those programs in public schools will be discussed and many other public and private sector programs will be recognized.

A final caveat. There is considerable evidence that informal education experiences (peer interaction, media, etc.) contribute as much or more to sexual health as do formally planned programs. These, however, are beyond the scope of this paper.

Helpful to the following discussion are some general guidelines for program planning. One relatively simple model (see Figure 1) likens the process to a four question production line. It begins with defining the program's intended impact by asking the question, "What is the ultimate outcome you desire?" The answer ought to be whatever the long-term results of the program should be. Perhaps in the case of sexuality education the answer would be: individuals who have integrated their sexuality as a personally satisfying, health enhancing aspect of their lifestyle. The remaining questions are, "What outputs are required to achieve such an outcome?" "What activities (products) are necessary to produce such outputs?" and "What inputs (raw materials) are required?" This model provides a

Figure 1



means of identifying where the selections of resources should occur in an effective planning scheme. When the outcome has been defined and verified and the prerequisite products identified, the answer will be clear--the activity level. It is then necessary to plan the activities that are required to obtain the product. Near the end of that process, the resources required to support the learning activities are selected on the basis of their value for attaining a specific objective related to a program goal that is based upon the verified needs of a particular group of students. An example of this model as it might be used for planning a sexuality education program is presented in Figure 2.

What are the Goals (Outcomes) of Sexuality Education?

Six organizations have spent years defining, verifying and responding to the need for sexuality education. The following presentation of their goal statements, which is based upon public awareness and marketing brochures, is intended to provide examples of public, private, voluntary, and service perspectives.

1. Public Health Services Centers for Disease Control
 - to provide accurate information about sexuality
 - to facilitate insights into personal sexual behavior
 - to reduce fears and anxieties about personal sexual developments and feelings
 - to help people make more informed choices
 - to encourage more responsible and successful decision making
 - to develop skills for the management of sexual problems
 - to encourage students to question, explore, and assess their sexual attitudes
 - to develop more tolerant attitudes toward the sexual behavior of others

- to facilitate communication about sexuality with parents and others
- to facilitate rewarding sexual expression
- to integrate sex into a balanced and purposeful pattern of living
- to create satisfying interpersonal relationships
- to reduce sex related problems such as venereal disease and unwanted pregnancies

The goals specified above have two common qualities that should be emphasized. First, they are broadly humanistic. Second, they include much more than increases in knowledge. Rather, they focus upon changes in values, attitudes, skills, and behavior. Thus, these goals are far more ambitious than those of most other courses.

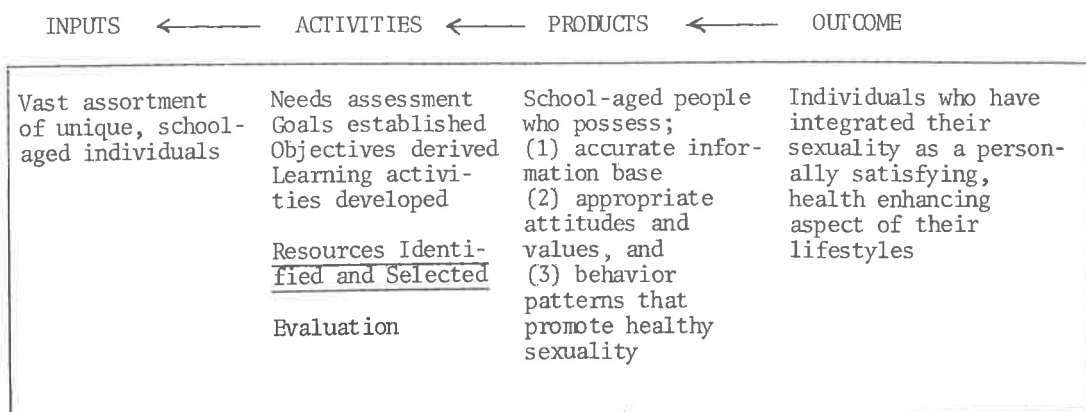
2. Sex Information and Education Council of the U.S.

SIECUS supports sexuality education in the public schools. Programs conducted by specially trained educators add an important dimension to the sexuality education given children by their families and religious community groups. Such programs must be carefully formulated by each community in order to respect the diversity of values and beliefs represented in a public school classroom. SIECUS recommends that school personnel, in consultation with community representatives including parents, clergy, and health care professionals, plan and implement public school sexuality education programs with curricula and resources appropriate to the ages of the students.

3. Planned Parenthood Federation of America.

Learning about sexuality and reproduction occurs first in the home. However, religious institutions, schools, youth-serving agencies, and health care providers share with parents the obligation of assuring that young men and women obtain sufficient

Figure 2



knowledge at appropriate times to make responsible decisions consistent with personal values about sexual behavior and child-bearing.

4. State of Virginia

Sexuality education in the schools is a moral education based on evaluation of self-esteem, responsible decision making and information on objective and controversial subjects. It operates on the assumption that people who feel good about themselves aren't available for exploitation and don't exploit other people. Education for human sexuality fosters equality and respect between the sexes and appreciation of the similarities and differences. It opposes sexism, racism, and the double standard.

5. Interfaith Statement on Sex Education: National Council of Churches, Synagogue Council of America, United States Catholic Conference

In addition to parents and the religious community, the school and other community agencies can have a vital role in sex education in two particular ways:

1. They can integrate sound sexual information and attitudes with the total education which the child receives in social studies, civics, literature, history, home economics and the biological and behavioral sciences.
2. They can reach the large numbers of young people whose families have no religious identification but who need to understand their own sexuality and their role in society.

6. National PTA

In many American school districts, sex education is still viewed as learning about human reproduction. PTA takes a very different approach in viewing sex education as an ongoing process that begins in infancy and continues through life. In this context, sex education reaches beyond the facts about reproduction to encompass all of sexuality; feelings about being male or female; a person's ability to trust and love; attitudes toward family; and understanding the personal and social meanings of relationships. In this broader context, the school can be a partner with the family, the church, and the community in helping young people understand themselves as sexual beings, and to become individuals who do not emotionally exploit and manipulate others.

From this author's point of view, health is the status of individuals which reflects the degree to which they have fulfilled their capabilities. Or simply put--"how well you've done with what you have." Therefore, my goal for health education is to provide effective programs to help people attain their maximum growth and achievement. With this goal as a basis, a strong case can be made that effectively dealing with one's sexuality is essential for accomplishing the task.

Sexual Needs of Individuals (Inputs)

The uniqueness of every individual is well documented. There are, however, two strategies that can be used during program planning and implementation. One is the triad used by the School Health Education Study to describe both how and why people and/or groups differ. They postulate that the interaction between: (1) growth and development characteristics, (2) interaction patterns, and (3) decision making processes can produce and explain individual variability in outcome by consistency in process. The other strategy is the carefully developed theory formulated by Money and Ehrhardt (1972) that describes the process by which people develop their gender identity. When employed in the planning phase, these two strategies can be utilized to build in flexibility, and their implementation can illustrate specific examples to students. (For a complete discussion of these strategies, utilize the citations in the references.)

The Appropriate Role for Instructional Resources

Sex education resources are tools to facilitate learning and should not be considered the focus of the process. Nor do resources determine the success of a sexuality education program. Instructional resources supplement personalized educational methods, such as one-to-one counseling, that serve to promote and encourage healthy behavior changes.

Sexuality education materials can serve three distinct functions: as information sources, as catalysts, and/or as reinforcers. Information sources provide advice or recommendations for changing specific behaviors. They can provide information on the facts about contraceptive effectiveness and/or the possible outcomes of a healthy behavior. The resources may teach skills, demonstrate how to personalize a behavior change, or alert the learner to potential health problems and suggest solutions.

Depending on program needs, instructional resources can be used as catalysts in the sexuality education process. One well designed pamphlet can, for example, stimulate an individual to focus attention on a particular aspect of sexuality that is personally relevant. This increased awareness is one step that may trigger the necessary commitment to change a behavior.

Sexuality education resources also serve to reinforce messages that instructors deliver to students. The materials can provide valuable opportunities to reinforce commitments and to clarify misunderstandings. The appropriate resources can also provide active reinforcement by the students themselves such as keeping a diary or referring to a checklist.

Even though resources are most effective for providing information or acting as catalysts and reinforcers, they can serve a variety of other roles. For example, teachers can use materials to increase interest in the program among community leaders and organizations that can lend support to the program. Resources can provide an understanding of the community's program and the importance of supporting those programs. The materials can also assist in illustrating complex concepts and can lend an atmosphere of credibility to a setting that might seem less than appropriate for sexuality education. An excellent how-to-do-it manual for locating, selecting, and integrating

resources into programs is Health Education Materials and Community Resources from the Centers for Disease Control (1982).

Summary

As previously pointed out, before selecting or evaluating sexuality education resources, preliminary planning is essential. Initially this planning may seem complicated and time consuming, but it is an investment necessary for success.

The planning steps involve:

- assessing the characteristics and needs of the target group;
- identifying the goals of the health education process as well as identifying the sexuality program's goals;
- identifying the activities to secure the desired outputs and determine the resources necessary to support the appropriate activity;
- identifying and assessing the education and training of the individual(s) who will deliver the program;
- considering the setting in which the sexuality education activity will be carried out;
- determining the amount of funding available to spend on educational resources;
- deciding the appropriate medium (print, audiovisual) for the intended audience and purposes; and,
- reviewing current knowledge for the content areas

In order to provide a credible program, the individuals responsible for planning and implementing it must be aware of the most current, up-to-date information concerning the areas covered by the program's activities. Because research and scientific knowledge can change rapidly, resources may become quickly outdated. It is particularly important to keep abreast of current information and to be alert to resources that contain outdated, inaccurate information. If updated materials are not available, revise materials so they do not give conflicting and confusing messages to students--inappropriate tools will not accomplish the TASK!

* * * *

An Afterword from the Editors

With all the talk about what *needs* to be done to improve sex education and healthy sexual adjustment in the United States, we do well to keep in mind that the topic of sexuality is already being handled with openness in some homes and schools - resulting sometimes in creative ideas, as the following true story indicates.

One day the young daughter of some friends of ours - he a psychotherapist, she a nurse - was examining one of her parents' drivers licenses. Coming upon the organ donor space, she asked about its purpose. They

- References
- Centers for Disease Control, Source book health education materials and community resources. Washington, D.C.: U.S. Government Printing Office, 1982.
- Dickman, I.R. Winning the battle for sex education. New York: Sex Information and Education Council of the U.S., 1982.
- Kenney, A.M. & Alexander, J. Sex/family life education in the schools: An analysis of state policies. Family Planning/Population Reporter, June 1980, 440.
- Kenny, A.M. & Orr, M.T. Sex education: An overview of current programs, policies, and research. Phi Delta Kappan, 1984, 65, 7, 491-496.
- Kirby, D., Alter, J. & Scales, P. An analysis of sex education programs and evaluation methods. Atlanta: Bureau of Health Education, Centers for Disease Control, Department of Health, Education and Welfare, 1979.
- Melbourne-Moglia, A. The future of SEICUS: A long-range planning committee report. SEICUS Report, 1984, 12, 5-6.
- Money, J. & Erhardt, A. Man and woman, boy and girl. Baltimore: John Hopkins University Press, 1972.
- Parcel, G.S. & Luttmann, D. Evaluation of a sex education course for young adolescents. Family Relations, January, 1981, 55.
- School Health Education Study. Health education: A conceptual approach to curriculum design. St. Paul: American Education Press, 1967.



explained it to her.

A few days later, she overheard them talking about a transsexual. Again she expressed curiosity, and again they sat down and explained it to her in some depth. When they were finished, she looked curious.

"The only thing I don't understand," she remarked, "is where do they get the vagina to give the man for his operation?" And before her parents had time to reply, she lit up and exclaimed, "Oh, I know! Organ donors!"

We must admit, we'd never thought of that!

*

Subscription Information

Yes, I would like your quarterly magazine.

To: **Editor, *Thresholds in Education***
 P.O. Box 771
 DeKalb, Illinois 60115

Please enter my subscription for:

- one year \$12 payment enclosed
 two years \$23 bill me
 three years \$33

Ship to:

NAME

ADDRESS

CITY

STATE

ZIP CODE

Back Issues Available

Please send me the following issues of *Thresholds*:

	Number	Amount
Vol. 1, #1		
Vol. 1, #2		
Vol. 1, #3		
Vol. 1, #4		
Vol. II, #2		
Vol. II, #4		
Vol. III, #1		
Vol. III, #2		
Vol. III, #3		
Vol. III, #4		
Vol. IV, #1		
Vol. IV, #2		
Vol. IV, #3		
Vol. IV, #4		
Vol. V, #1		
Vol. V, #2		
Vol. V, #3		
Vol. V, #4		
Vol. VI, #1		
Vol. VI, #2		
Vol. VI, #3		
Vol. VI, #4		
Vol. VII, #1		
Vol. VII, #2		
Vol. VII, #3		
Vol. VII, #4		
Vol. VIII, #1		
Vol. VIII, #2		
Vol. VIII, #3		
Vol. VIII, #4		
Vol. IX, #1		
Vol. IX, #2		
Vol. IX, #3		
Vol. IX, #4		
Vol. X, #1		
Vol. X, #2		
Vol. X, #3		
Vol. X, #4		

1-5 copies \$3 each 6 or more copies \$2.50 each Foreign orders add \$2.00 postage per issue

Ship to:

Payment enclosed

Bill me

NAME

ADDRESS

CITY

STATE

ZIP

The John Dewey Society

Founded 1935

Cordially invites you to join in membership

THE JOHN DEWEY SOCIETY FOR THE STUDY OF EDUCATION AND CULTURE encourages, through its publications and programs careful and responsible examination of our most basic educational and cultural commitments. Membership includes receiving the following publications annually: *The John Dewey Lecture*; issues of "Insight of the Members"; and various *Current Issues* publications.

----- (cut and mail) -----

DUES

Students/Retired	\$15.00
Fellows	25.00
Institutional Members	30.00
Patrons of the Society	50.00

Members may subscribe to *Educational Theory* at the special rate of \$10.00 per year.

Enclosed is a check for

\$ _____ to cover dues, or dues plus a subscription to *Educational Theory*.

Checks for dues, and for subscriptions, should be sent to:

Dr. Robert C. Morris (Secretary-Treasurer)
Dept. of Curriculum & Instruction
College of Education
Northern Illinois Univ.
DeKalb, Illinois 60115

1985 Membership Application

(type or print)

Name: _____

Address: _____

Institutional Affiliation/Position _____

New members receive a complimentary copy of one of the following: (check one).

- John Dewey's *Moral Principles in Education*, 1909, 72 pages.
- John Dewey's *The School and Society*, 1899, 118 pages.
- Thomas Green's *The Formation of Conscience — Moral Education in an Age of Technology*, (1984 John Dewey Lecture).

ANNOUNCING

THE THRESHOLDS IN EDUCATION FOUNDATION'S

1985 SPRING CONFERENCE

Ecology and Education:

Implications for Teacher Educators

May 17, 18, 19, 1985

Grand Isle Resort, Louisiana

For registration and program information contact:

**Joe Ellis (815-753-0658)
Department of Learning, Development and
Special Education**

Northern Illinois University

DeKalb, Illinois 60115

ANNOUNCING

THE THRESHOLDS IN EDUCATION FOUNDATION'S

1985 FALL CONFERENCE

**An Approach to the Study of the
Natural and Social Environment:**

Implications for Educators

September 6, 7, 8, 1985

Turkey Run State Park, Indiana

For registration and program information contact:

**Joe Ellis (815-753-0658)
Department of Learning, Development and
Special Education**

Northern Illinois University

DeKalb, Illinois 60115

Northern Illinois University
DeKalb, Illinois 60115

NON PROFIT ORGANIZATION
U.S. POSTAGE PAID
PERMIT 120
DEKALB, ILLINOIS 60115