· THE ·

CONTINUUM *Complete International* ENCYCLOPEDIA OF SEXUALITY

· ON THE WEB AT THE KINSEY INSTITUTE ·

http://www.kinseyinstitute.org/ccies/

RAYMOND J. NOONAN, PH.D., CCIES WEBSITE EDITOR

Edited by:

ROBERT T. FRANCOEUR, Ph.D., A.C.S.

and

RAYMOND J. NOONAN, Ph.D.

Associate Editors:

Africa: Beldina Opiyo-Omolo, B.Sc.
Europe: Jakob Pastoetter, Ph.D.
South America: Luciane Raibin, M.S.
Information Resources: Timothy Perper, Ph.D. &
Martha Cornog, M.A., M.S.

Foreword by:

ROBERT T. FRANCOEUR, Ph.D., A.C.S.

Preface by:

TIMOTHY PERPER, Ph.D.

Introduction by:

IRA L. REISS, Ph.D.

· THE ·

CONTINUUM *Complete*

International

ENCYCLOPEDIA OF SEXUALITY

Updated, with More Countries

continuum
NEW YORK • LONDON

2004

The Continuum International Publishing Group Inc
15 East 26 Street, New York, NY 10010

The Continuum International Publishing Group Ltd
The Tower Building, 11 York Road, London SE1 7NX

Typography, Graphic Design, and Computer Graphics by
Ray Noonan, ParaGraphic Artists, NYC http://www.paragraphics.com/

Printed in the United States of America

Library of Congress Cataloging-in-Publication Data

The Continuum complete international encyclopedia of sexuality / edited by Robert T. Francoeur ; Raymond J. Noonan ; associate editors, Martha Cornog . . . [et al.].
p. cm.
A completely updated one-volume edition of the 4-volume International encyclopedia of sexuality (published 1997-2001), covering more than 60 countries and places, 15 not previously included.
Includes bibliographical references.
ISBN 0-8264-1488-5 (hardcover : alk. paper)
1. Sex—Encyclopedias. 2. Sex customs—Encyclopedias. I. Title: Complete international encyclopedia of sexuality. II. Francoeur, Robert T. III. Noonan, Raymond J. IV. Cornog, Martha. V. International encyclopedia of sexuality.
HQ21.I68 2003
306.7′03—dc21 2003006391

Contents

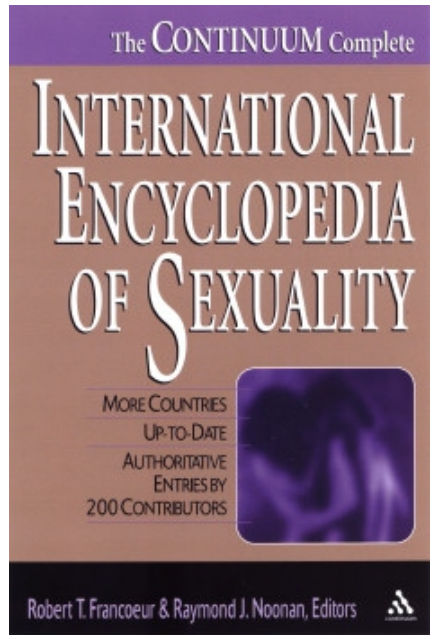
For updates, corrections, and links to many of the sites referenced in these chapters, visit *The Continuum Complete International Encyclopedia of Sexuality on the Web* at http://www.SexQuest.com/ccies/.

Readers of *CCIES* are invited to submit important news items or reports of findings of new sex research being done in any of the countries covered here, or any other country in the world. We will try to keep the SexQuest *CCIES* website updated with your help. Send items in English if possible, with appropriate citations, to Raymond J. Noonan, Ph.D., CCIES Editor, Health and Physical Education Department, Fashion Institute of Technology, 27th Street and 7th Avenue, New York, NY 10001 USA, or by email to rjnoonan@SexQuest.com.

Special Pricing Just for Users of CCIES at The Kinsey Institute Website!

The Continuum Complete International Encyclopedia of Sexuality (Noonan & Francoeur, 2004)

$195/£100 plus $4.50/£9.50 S&H (*save $55 US/£30 UK!*)



The 1,436-page, 1.5 million-word, single-volume *Continuum Complete International Encyclopedia of Sexuality*, edited by Robert T. Francoeur, Ph.D., and Raymond J. Noonan, Ph.D., with contributions from 280 scholars on seven continents, contains 60 countries and 2 extreme environments:

- The 31 countries published in volumes 1–3 (1997), updated & revised: Argentina, Australia, Bahrain, Brazil, Canada, China, Finland, French Polynesia, Germany, Ghana, Greece, India, Indonesia, Iran, Ireland, Israel, Japan, Kenya, Mexico, Netherlands, Poland, Puerto Rico, Russia, South Africa, Spain, Sweden, Thailand, Ukraine, United Kingdom, and United States
- Plus the 17 countries and places published in volume 4 (2001), updated & revised: Austria, Colombia, Croatia, Cyprus, Egypt, Iceland, Indonesia, Italy, Morocco, Nigeria, Outer Space, Papua New Guinea, Philippines, Portugal, South Korea, Turkey, and Vietnam
- Plus 14 new countries and places: Botswana, Bulgaria, Costa Rica, Cuba, Denmark, Estonia, France, Hong Kong, Nepal, Norway, Outer Space/Antarctica, Sri Lanka, Switzerland, and Tanzania

Come see our other titles at: http://www.continuumbooks.com.

Special pricing available only with this page. **Print it out and take it to your school or local library and encourage them to add CCIES to their collection.**

ORDER FORM

continuum
NEW YORK • LONDON

SHIP TO:

Name: _____

Address: _____

_____

City: _____ State: _____ ZIP: _____

In North, Central, or South America, mail or fax this page to: Emma Cook, Marketing Manager, Continuum, 80 Maiden Lane, Suite 704, New York, NY 10038; Fax: 212-953-5944; Email: emma@continuum-books.com

In the rest of the world, mail or fax this page to: Academic Marketing Department, Continuum, The Tower Building, 11 York Road, London SE1 7NX, United Kingdom; Fax: +44 (0)20 7928 7894

BILLING INFORMATION:

☐ Enclosed is my check/money order, payable to **Continuum**; *or*

☐ Please charge my: ☐ Visa ☐ Mastercard ☐ AmEx

Card Number: | | | | | | | | | | | | | | | | Exp. Date: | | | |

Signature: _____ Telephone: _____

ORDER DETAILS:

Author/Title	ISBN	Special Price	Quantity	Subtotal
Francoeur/Noonan: Continuum Complete International Encyclopedia of Sexuality	0826414885	$195/£100		
(Add $4.50 first book; $1.00 each additional book/£9.50 in U.K.)			Shipping	
(NY residents please add 8.375% sales tax; PA residents please add 6% sales tax)			Sales Tax	
			TOTAL	

CU59

(CIA 2002)

United States of America

David L. Weis, Ph.D., and Patricia Barthalow Koch, Ph.D., editors and contributors, with other contributions by Diane Baker, M.A.; Ph.D.; Sandy Bargainnier, Ed.D.; Sarah C. Conklin, Ph.D.; Martha Cornog, M.A., M.S.; Richard Cross, M.D.; Marilyn Fithian, Ph.D.; Jeannie Forrest, M.A.; Andrew D. Forsythe, M.S.; Robert T. Francoeur, Ph.D., A.C.S.; Barbara Garris, M.A.; Patricia Goodson, Ph.D.; William E. Hartmann, Ph.D.; Robert O. Hawkins, Jr., Ph.D.; Linda L. Hendrixson, Ph.D.; Barrie J. Highby, Ph.D.; Ariadne (Ari) Kane, Ed.D.; Sharon E. King, M.S.Ed.; Robert Morgan Lawrence, D.C.; Brenda Love; Charlene L. Muehlenhard, Ph.D.; Raymond J. Noonan, Ph.D.; Miguel A. Pérez, Ph.D.; Timothy Perper, Ph.D.; Helda L. Pinzón-Pérez, Ph.D.; Carol Queen, Ph.D.; Herbert P. Samuels, Ph.D.; Julian Slowinski, Psy.D.; William Stackhouse, Ph.D.; William R. Stayton, Th.D.; and Mitchell S. Tepper, M.P.H.*

*Updates coordinated by Raymond J. Noonan, Ph.D., and Robert T. Francoeur, Ph.D., with comments and updates by Mark O. Bigler L.C.S.W., Ph.D., Walter Bockting, Ph.D., Peggy Clarke, M.P.H., Sarah C. Conklin, Ph.D., Al Cooper, Ph.D., Martha Cornog, M.A., M.S., Susan Dudley, Ph.D., Warren Farrell, Ph.D., James R. Fleckenstein, Robert T. Francoeur, Ph.D., Patricia Goodson, Ph.D., Erica Goodstone, Ph.D., Karen Allyn Gordon, M.P.H., Ph.D. (cand.), Eric Griffin-Shelley, Ph.D., Robert W. Hatfield, Ph.D., Loraine Hutchins, Ph.D., Michael Hyde, M.F.A., Ph.D. (cand.), Ariadne (Ari) Kane, Ed.D., Patricia Barthalow Koch, Ph.D., John Money, Ph.D., Charlene L. Muehlenhard, Ph.D., Raymond J. Noonan, Ph.D., Miguel A. Pérez, Ph.D., Helda L. Pinzón-Pérez, Ph.D., William Prendergast, Ph.D., Ruth Rubenstein, Ph.D., Herbert P. Samuels, Ph.D., William Taverner, M.A., David L. Weis, Ph.D., C. Christine Wheeler, Ph.D., and Walter L. Williams, Ph.D.***

Contents

Communications: Robert T. Francoeur, Ph.D., 4310 Cleveland Lane, Rockaway, NJ 07866-5811 USA; rtfrancoeu@aol.com. Raymond J. Noonan, Ph.D., Health and Physical Education Department, Fashion Institute of Technology of the State University of New York, 27th Street and 7th Avenue, New York, NY 10001 USA; 212-217-7460; rjnoonan@SexQuest.com. David L. Weis, Ph.D., Bowling Green State University, Family and Consumer Science, Bowling Green, OH 43403-0001 USA; weis@bgnet.bgsu.edu. Patricia Barthalow Koch, Ph.D., Pennsylvania State University, 304 East Henderson Bldg., University Park, PA 16802 USA; p34@psu.edu.

**In addition to the above sexologists who authored specific sections of this chapter, the authors and general editor are grateful to other colleagues who served as special consultants: Mark O. Bigler, L.C.S.W., Ph.D., Bonnie Bullough, R.N., Ph.D.; Vern L. Bullough, R.N., Ph.D.; Sandra S. Cole, Ph.D.; Carol A. Darling, Ph.D.; J. Kenneth Davidson, Ph.D.; Clive Davis, Ph.D.; Karen Komisky-Brash, M.A.; Barbara Van Oss Marin, Ph.D.; Ted McIlvenna, Th.D, Ph.D.; Gina Ogden, Ph.D.; Paul Okami, Ph.D.; Letitia Anne Peplau, Ph.D.; and Stephanie Wadell, M.A. Although these colleagues generously contributed resource materials and their expertise for sections of the chapter, the authors and general editor accept full responsibility for the final integration of the material presented in this chapter.

Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

The United States is located in the southern part of the North American continent. Its mainland is south of Canada and north of Mexico and the Caribbean Sea, Cuba, Puerto Rico, and other Caribbean island nations. The North Atlantic and North Pacific Oceans border the mainland on the east and west. The United States is the third-largest country by size, after Russia and Canada, and by population, after China and India. In comparing landmass, the U.S. is about half the size of Russia, three-tenths the size of Africa, about half the size of South America, slightly larger than China, and about two and a half times the size of Western Europe. The state of Alaska lies off Canada's northwestern border, and the islands of Hawaii are 2,090 miles (3,360 km) southwest of San Francisco in the North Pacific.

The mainland climate is mostly temperate, but it is tropical in Florida and Hawaii, arctic in Alaska, semiarid in the Great Plains west of the Mississippi River, and arid in the Great Basin of the southwest.

In July 2002, the United States had an estimated population of 280.5 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: *0-14 years*: 21% with 1.05 male(s) per female (sex ratio); *15-64 years*: 66.4% with 0.98 male(s) per female; *65 years and over*: 12.6% with 0.72 male(s) per female; *Total population sex ratio*: 0.96 male(s) to 1 female

Life Expectancy at Birth: *Total Population*: 77.4 years; *male*: 74.5 years; *female*: 80.2 years

Urban/Rural Distribution: 76% to 24%

Ethnic Distribution: White: 77.1%; black: 12.9%; Asian: 4.2%; Amerindian and Alaska native: 1.5%; native Hawaiian and other Pacific islander: 0.3%; other: 4% (2000). *Note*: A separate listing for Hispanic is not included because the U.S. Census Bureau considers Hispanic to mean a person of Latin American descent (especially of Cuban, Mexican, or Puerto Rican origin) living in the U.S. who may be of any race or ethnic group (white, black, Asian, etc.). In January 2003, the Census Bureau announced that the Hispanic population had jumped to roughly 37 million. For the first time, Hispanics nosed past blacks (with 36.2 million) as the largest minority group in the United States.

Religious Distribution: Protestant: 56%; Roman Catholic: 28%; Jewish: 2%; other: 4%; none: 10%

Birth Rate: 14.1 births per 1,000 population

Death Rate: 8.7 per 1,000 population

Infant Mortality Rate: 6.69 deaths per 1,000 live births

Net Migration Rate: 3.5 migrant(s) per 1,000 population

Total Fertility Rate: 6.8 children born per woman

Population Growth Rate: 2.07%

HIV/AIDS (1999 est.): *Adult prevalence*: 0.61%; *Persons living with HIV/AIDS*: 850,000; *Deaths*: 20,000. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 97%; education is free and compulsory from age 6 to 17

Per Capita Gross Domestic Product (*purchasing power parity*): $36,300; *Inflation*: 2.8%; *Unemployment*: 5%; *Living below the poverty line*: 12.7% (2001 est.)

B. A Brief Historical Perspective

Britain's American colonies broke with the mother country in 1776 and were recognized as the new nation of the United States of America following the Treaty of Paris in 1783. During the 19th and 20th centuries, 37 new states were added to the original 13 as the nation expanded across the North American continent and acquired a number of overseas possessions: Cuba, the Panama Canal Zone, the Philippines, and Hawaii and Alaska. The two most traumatic experiences in the nation's history were the Civil War (1861-1865) and the Great Depression of the 1930s. Buoyed by victories in World Wars I and II and the end of the Cold War in 1991, the U.S. remains the world's most powerful nation. The economy has been marked by steady growth, low unemployment and inflation, and rapid advances in technology.

C. Demographic Challenges and a Sketch of Diversity, Change, and Social Conflict

DAVID L. WEIS

Demographic Challenges

In one sense, great diversity is virtually guaranteed by the sheer size of the United States. The U.S.A. is a union of 50 participating states. It is one of the larger nations in the world, with the 48 contiguous states spanning more than 3,000 miles (4,800 km) across the North American continent, from its eastern shores on the Atlantic Ocean to its western shores on the Pacific Ocean, and more than 2,000 miles (3,200 km) from its northern border with Canada to its southern border with Mexico and the Gulf of Mexico. In addition, the state of Alaska, itself a large landmass covering thousands of square miles in the northwest corner of North America, and the state of Hawaii, a collection of islands in the mid-Pacific Ocean, are part of the union.

The United States has a population of more than 280 million racially and ethnically heterogeneous people (Wilkinson 1987; CIA 2002). A majority, about 190 million are white descendants of immigrants from the European continent, with sizable groups from Great Britain, Ireland, Italy, Germany, and Poland. The last decade of the 20th century marked a major shift in the ethnic balance of the U.S. Between 1990 and 2002, white Americans whose ancestors came from Europe dropped from 80.1% to 75.1%. African-Americans, most of whose ancestors were brought to North America as slaves before the 20th century, dropped from second to third place, from 12.1% to 12.3%. Hispanics moved from third place at 9.0% in 1990 to second place in 2002 at 12.5% (see Section 2B, Religious, Ethnic, and Gender Factors Affecting Sexuality, Racial, Ethnic, and Gender Perspectives, U.S. Latinos and Sexual Health in 2003). Their ancestors emigrated from such places as Mexico, Puerto Rico, Cuba, Haiti, and the Dominican Republic, as well as other Central and South American nations. Hispanics represent the fastest-growing minority group in the U.S. There are also more than two million Native Americans—Eskimos, Aleuts, and those mistakenly at one time called Indians—whose ancestors have occupied North America for thousands of years, and whose residence within the boundaries of what is now the U.S.A. predates all of the other groups mentioned.

Another group experiencing rapid growth in recent decades is Asian-Americans; there are now more than three million residents of Asian heritage. Substantial populations of Japanese and Chinese immigrants have been in the U.S.A. since the 19th century. More recently, there has been an increase from such nations as India, Vietnam, Korea, the Philippines, Cambodia, Indonesia, and Pakistan. Finally, there are smaller groups of immigrants from virtually every nation, with growing numbers of Muslims in recent decades. The size of the various nonwhite minority groups has

been increasing in the last 30 years, both in terms of real numbers and as a percentage of the total U.S. population (Wilkinson 1987; *World Almanac 1993*).

It is fair to conclude that the U.S.A. is generally a nation of former immigrants. Moreover, one continuing feature of American history has been the successive immigration of different groups at different points in time (Wells 1985).

Approximately two thirds of the population lives within 100 miles (160 km) of one of the coastal shorelines. Most of the largest metropolitan areas lie within these coastal areas, and it is worth noting that most sexologists in the U.S.A. also reside in these same areas.

The United States is somewhat unique among the world's economies in that it is simultaneously one of the largest agricultural producers, as well as one of the largest industrialized nations, exporting manufactured goods and technology to the rest of the world. Historically, the northeast and upper midwest have been the principal industrial centers, and the southeast and the central Great Plains have been the agricultural centers.

One of the economically richest nations in the world, America, nevertheless, has an estimated 500,000 to 600,000 individuals and 125,000 to 150,000 families homeless on any night. Overall, 15% of Americans—30% of the poor—are without health insurance. Infant-mortality rates and life-expectancy rates vary widely, depending on socioeconomic status and residence in urban, suburban, or rural settings. Fifty-two million American married couples are paralleled by 2.8 million unmarried households and close to 8 million single-parent families.

In summarizing aspects of sexuality in America, it is helpful to keep in mind that the United States of the 21st century will look profoundly different from the nation described in this chapter. Four major trends for the future have been detailed in *Population Profile of the United States* (1995), published by the U.S. Census Bureau.

- The average life expectancy for an American in 1900 was 47 years. An American born in 1970 had a life expectancy of 70.8 years. This rose to 76 years in 1993 and is projected to reach 82.6 years by 2050.
- The median age of Americans is currently 34; early in the 21st century, it will be 39. There are currently 33 million Americans over 65; this number will more than double to 80 million in 2050.
- America's ethnic minorities will continue to grow far more quickly than the majority white population, because of immigration and higher birthrates. In 1994, for the first time, more Hispanics than whites were added to the population. If current trends hold, the percentage of white Americans will decline from 73.7% in 1995 to 52.5% in 2050.
- In 1994, 24% of all children under age 18 (18.6 million) lived with a single parent, double the percent in 1970. Of these single parents, 36% had never been married, up 50% from 1985. Meanwhile, the number of unmarried cohabiting couples increased 700% in the past decade.

There is also great diversity in religious affiliation in the United States (Marciano 1987; see Section 2A). To a considerable degree, the choice of religious denomination is directly related to the ethnic patterns previously described. The overwhelming majority of Americans represent the Judeo-Christian heritage, but that statement is potentially misleading. Within the Judeo-Christian heritage, there are substantial populations of Roman Catholics, mainstream Protestants (Lutheran, Methodist, Baptist, Episcopalian, and others), and a growing number of fundamentalist Christians. There is no great uniformity in religious practice or sexual mores shared by these various groups. In addition, there is a relatively small percentage of Americans who are Jewish and range from ultra-orthodox to conservative, reformed, and liberal. In recent decades, as immigration from Asia has increased, there has been a corresponding growth in the Muslim and Hindu faiths.

Several trends related to the practice of religion in the U.S.A. have become a source of recent social concern. These trends include: the declining attendance at the traditional Protestant and Catholic churches in what has been labeled the growing "secularization" of American culture; the "religious revivalism" reflected by the growth of fundamentalist churches; the growth of religious cults (e.g., Hare Krishna and the Unification Church); the growing power of the conservative Christian Coalition; and the emergence of the "Electronic Church" (religious broadcasting) (Marciano 1987). Throughout the history of this nation, diversity of religious beliefs and the separation of church and state have been central elements in conflicts over sexual morality.

The subcultures and peoples of the United States are as varied, diverse, and complex as any other large nation. The unique feature of sexuality in the United States is that we have far more information and data on American sexual attitudes, values, and behaviors than is available for any other country.

A Sketch of Recent Diversity, Change, and Social Conflict

A few examples will illustrate some of the issues that have been affected by this complex of influences.

[*Update 1998*: The dominant news story in the U.S. through much of 1998 concerned the alleged extramarital sexual practices of President Bill Clinton. Stories about Clinton's sexual experiences with a number of women routinely surfaced throughout his presidential term. Certainly, no American president has ever been subjected to as much speculation about extramarital sex while still in office. As early as his first presidential campaign in 1992, Gennifer Flowers alleged that she had had a long-term affair with Clinton while he had been governor of Arkansas. Clinton initially denied her specific allegations. He did admit in a televised interview that he had had extramarital experiences, claiming that he and his wife had resolved their marital problems. Later, after his election, he admitted to an affair with Flowers. In 1994, Paula Jones, a former Arkansas state employee, revealed at a press conference sponsored by a fundamentalist Christian group that she believed Clinton had sexually harassed her in 1991 while he was governor. Later that year, Jones filed a civil suit charging the President with sexual harassment. Jones claimed that Clinton invited her to his hotel room (using a state trooper as an intermediary), exposed himself, and asked her to perform fellatio (Isikoff & Thomas 1997; Taylor 1997). The U.S. Supreme Court ruled unanimously in 1997 that the suit could proceed while Clinton was still in office (Isikoff & Thomas 1997).

[Enter Kenneth Starr. Starr, a Republican judge, had been appointed as a special prosecutor early in the Clinton presidency to investigate possible improprieties in an Arkansas business deal involving the Clintons that had come to be known as the Whitewater investigation. By November 1996, having spent three years and roughly $30 million and failing to generate credible evidence of wrongdoing by the Clintons, Starr's investigators began questioning women who may have had sexual encounters with Clinton (Isikoff & Fineman 1997). With the Supreme Court ruling that the Jones lawsuit could proceed, Jones's lawyers also began a search for women who could testify that they had been approached by the President while working for him. Members of the Ameri-

can press followed leads along the same lines. By early 1997, these separate lines of inquiry led all three groups to Linda Tripp, Monica Lewinsky, and Kathleen Willey.

[Kathleen Willey, a former volunteer in the White House social office, was initially called to testify in the Jones case. She made charges that Clinton had kissed and fondled her in the White House Oval Office in 1993 when she met with him there seeking a full-time job. Upon leaving Clinton's office, Willey saw Linda Tripp in the hallway. According to Tripp's affidavit, Willey had left that meeting looking disheveled and told her that the President had made sexual overtures toward her. Clinton's attorney, Robert Bennett, called the charges a lie and attacked Tripp (Fineman & Breslau 1998; Isikoff & Thomas 1998). Tripp claimed that Willey had been pleased and "joyful" about the experience. Willey later claimed that she was distraught and upset by the incident. However, a friend of Willey's claimed that Willey had instructed her to lie about being distraught over the incident. According to the friend, Willey had not been upset (Isikoff 1997). The Willey allegations did not become public until a *60 Minutes* television interview in March 1998. Clinton denied the charges.

[In January 1998, President Clinton and Monica Lewinsky each signed affidavits in the Paula Jones case that they had never had sexual relations with each other. However, throughout 1997, Lewinsky had told a friend of hers on numerous occasions that she had been having an affair with the President. The friend was Linda Tripp. Believing that she would be called to testify about what Lewinsky had told her and fearing that she would be attacked by Clinton's defense team, Tripp began taping her phone calls with Lewinsky. A week after the Lewinsky affidavit denying any sexual involvement with Clinton, Tripp approached Kenneth Starr's investigators with her story. They proceeded to wire her for subsequent conversations with Monica Lewinsky. Roughly a week later, the story hit the headlines that Clinton may have had an affair with Lewinsky, that he may have perjured himself in the Jones case by denying it, that there was taped evidence of Lewinsky telling a friend about the affair, and that Clinton and his associates may have obstructed justice by urging Lewinsky to lie under oath (Fineman & Breslau 1998; Isikoff & Thomas 1998). There seemed to be little else in the news besides this ongoing saga.

[As we went to press, it was not yet clear how these allegations would turn out. On April 1, 1998, the suit by Paula Jones was thrown out of court. The federal judge in the case ruled that Clinton had not committed a crime of either sexual assault or sexual harassment, even if Jones's claims were factual. Two thirds of American adults had indicated months earlier that they did not believe the Jones incident constituted sexual harassment (Isikoff & Thomas 1997).

[In an ironic twist, President Clinton's approval ratings increased to their highest levels ever in the months after the Lewinsky story became national news. There was considerable speculation in the press about what this meant. It seemed clear that the majority of the American public did not want to see Clinton removed from office for the charges that had surfaced thus far. Many interpreted the polls as indicating that most Americans believed that a person's sex life—even the President's—is a private matter and should not be subjected to public investigation, unless it was specifically criminal itself. The message from the American public seemed to be, "Stay out of our bedrooms."

[Another ironic consequence of these collected stories was that, at least for the time being, discourse about sexuality had never been freer or more open. Americans in general and the American media routinely discussed the President's sex life, extramarital sex, oral sex, and the like. As a culture, we seemed to be talking about sex more than ever. (*End of update by D. L. Weis*)]

[*Update 2003*: As we went to press in 1998 with *Sexuality in America*, the single volume of the U.S. chapter taken from volume 3 of *The International Encyclopedia of Sexuality*, it was not yet clear how the allegations about President Clinton having sex with Monica Lewinski and other women would fall out. At first, Clinton denied those charges, waggling his finger at television cameras as he claimed that he had never had sex with "that woman." Of course, we know now that Clinton and Lewinsky did have oral sex together (apparently, she performed oral sex on him, but he did *not* return the favor). The U.S. House of Representatives voted—in an overwhelmingly partisan display—to impeach him, and the U.S. Senate ultimately voted *not* to convict Mr. Clinton. The entire episode left many Americans and people around the world wondering what this all meant. Our concern here is with what it tells us about American sexuality and our themes of change, conflict, and diversity.

[First, we should mention that at no point did a majority of American citizens favor ousting Mr. Clinton from office over this affair. Roughly two thirds of the American public continued to support his presidency. The Republican party pursued impeachment on the assumption that, when Americans finally learned what Mr. Clinton had done, they would want him removed from office. That never happened. Roughly one third did respond that way, but only one third. In fact, numerous polls indicated that a majority of Americans were more likely to condemn Congress for impeaching Clinton than to have believed that he should be removed from office (Schell 1999). Social disapproval was the punishment for those who were seen as trying to get Clinton. Popularity ratings for Congress, Linda Tripp, and Ken Starr sank below 10% (Leland 1998/1999). Most social observers believed that this represented a shift from what would have occurred in the past, say if the extramarital sexual adventures of Presidents Kennedy, Eisenhower, and Franklin Roosevelt had become widely known. It is not an exaggeration to suggest that this is what allowed him to finish his term in office.

[A second consequence of the Bill Clinton sex scandal would be that sexual discourse is now even more open in America. According to John Leland (1998/1999), this open discourse about sex, including the Clinton scandal, oral sex, Viagra, and so on, is the principal distinguishing characteristic of the present culture. To this, we can add that the episode has made social conservatives even more determined to reverse what they see as the moral decay of American society.

[Third, there is the issue of what we might call the Bill Clinton definition of sex, stemming from his frequently reshown claim that he had not had sex with Monica Lewinsky. There are now several studies of what Americans think "sex" is. Sanders and Reinisch (1999) asked 599 midwestern college students in 1991 if they believed that various acts constituted "having sex." Roughly 60% indicated that they believed engaging in oral sex did *not* constitute having sex. In addition, nearly 20% indicated that anal sex was also *not* having sex. By the way, the editor of the *Journal of the American Medical Association* was fired shortly after publishing this study (Cowley & Springen 1999). Hawkins and a research group (2002) completed a study of 311 7th- to 12th-grade students in rural Arkansas (Clinton's home state). The students were asked to indicate what the words "abstinent" and "sexual activity" mean. The responses demonstrate a general lack of consensus about what these terms mean. Many of these young people, but not all, believed sex is intercourse. Similarly, abstinence was widely seen as abstaining from intercourse. Remez (2000) reported that "many"

adolescents engage in oral sex without having intercourse and that "many" do *not* regard this as sexual activity. This view is also common in the Baptist (which Clinton is) tradition. One Baptist minister described the behavior as disgusting, but insisted that it did *not* constitute having sex (Woodward 1998). Thus, many Americans do, in fact, appear to share the view that oral sex is *not* having sex. Clearly, there is great opportunity for sex education in America—even today.

[Finally, we would like to note that the 2000 presidential election in the U.S.A. also demonstrates our general themes of change, conflict, and diversity. The polls from 1998 through 2000 strongly suggest that Mr. Clinton would have been re-elected if he could have run. True, those same polls indicate that one third of Americans would have bitterly opposed him. The actual election results, with Gore and Bush drawing almost exactly 50% of the vote, demonstrates that the cultural war between competing factions (which we discuss throughout this American chapter) is about as great as it has ever been. This has played out as a regular theme of the George W. Bush administration.

[There were, of course, other examples of change, conflict, and diversity besides the Clinton affair, which we mentioned in *Sexuality in America* in 1998 and our original chapter in 1997. (*End of update by D. L. Weis*)]

- In late 1993, *Private Parts* by radio disc-jockey Howard Stern (1993), the inventor of "Shock Rock" radio, was published. Stern's radio shows had had a large audience across the U.S.A. for more than a decade. He had been strongly condemned by some for the sexual explicitness of his shows and criticized by others for the sexist nature of those same shows. On several occasions, his shows had been investigated by the Federal Communications Commission (FCC). *Private Parts*, a lurid account of Stern's shows and his sexual fantasies, was roundly criticized. However, it also became the bestselling book in the U.S. in 1993 (Adler 1994). By 1998, Stern had a nationally syndicated television show in addition to his nationally syndicated radio show. *Private Parts* was released as a movie in 1997 to critical acclaim and huge audiences. A compact disc of the soundtrack to the movie was also a national hit in 1997.
- Dr. Joycelyn Elders was fired in late 1994 as the Surgeon General of the United States for saying that children perhaps should be taught in school about masturbation. Elders, who was called the "Condom Queen" by conservatives in the United States, had become what the press described as a "political liability" to President Bill Clinton for expressing her views on controversial social issues, such as abortion, condom education for youth, and drug legalization (Cohn 1994). However, her firing was a direct reaction to comments she made about including masturbation as a part of sex-education programs for children. Elders made her comments on December 1, 1994, in an address to a World AIDS Day conference in New York City. In response to a question from the audience about her views on masturbation, Elders said, "I think that is something that is a part of human sexuality, and it's a part of something that perhaps should be taught. But we've not even taught our children the very basics." She added, "I feel that we have tried ignorance for a very long time, and it's time we try education" (Hunt 1994). In announcing her dismissal, the Clinton administration pointedly indicated that the President disagreed with her views.
- By the middle of the 1990s, seven physicians and clinical staff members had been killed by anti-abortion activists. Over 80% of abortion providers in the U.S.A. have been picketed, and many have experienced other forms of harassment, including bomb and death threats, blockades, invasion of facilities, destruction of property, and assaults on patients and staff. The most recent tactic adopted by abortion opponents is to locate women who have had a bad experience with an abortion in order to persuade them to file a malpractice suit against the physician who performed the abortion.
- The term "sexual harassment" did not appear in American culture until around 1975. In the years since, there has been a tremendous growth in research on the problem and growing social conflict over its prevalence and definition. As late as 1991, when Anita Hill testified against Supreme Court nominee Clarence Thomas, only 29% of Americans believed her claims (Solomon & Miller 1994). Yet, the number of women filing claims doubled in the 1990s, and the U.S. Supreme Court ruled in 1993 that harassment could be determined if a worker demonstrated that the workplace environment was "hostile" or "abusive" to a "reasonable person" (Kaplan 1993). Workers would no longer have to demonstrate that severe psychological injury had occurred as a consequence. Similar controversies over definitions, prevalence, and credibility of claims have emerged with the issues of incest, child sexual abuse, and date or acquaintance rape.
- In June 1997, the Southern Baptist Convention, the nation's second-largest religious denomination, called for a boycott of Walt Disney Company stores and theme parks to protest its "anti-Christian and anti-family trend" in extending health benefits to the same-sex partners of employees. The Baptists declared that such policies constituted an overly permissive stance toward homosexuality (Morganthau 1997). Gay activists were outraged by the decision, regarding it as mean-spirited.
- In April 1997, Ellen DeGeneres, star of the sitcom, "Ellen," publicly announced that she was gay. On April 30 of the same year, her television character also came out of the closet, making Ellen the first leading lesbian in an American sitcom (Marin & Miller 1997). By early 1998, the ABC network canceled the show because of sagging ratings, a problem that had begun before the television "coming out."
- Some years ago, the Iowa state legislature passed a bill outlawing nude dancing in establishments that serve alcohol. The activity moved to "juice bars." In 1997, the legislature decided to make nude dancing illegal in any establishment holding a sales-tax permit, except businesses devoted primarily to the arts. As a result, the Southern Comfort Free Theater for the Performing Arts opened in Mount Joy, Iowa. Patrons are asked for "donations" and are described as "students." In a similar story in Orlando, Florida, a ban on nude dancing has been circumvented by the establishment of "gentlemen's clubs," where patrons pay membership dues (*Newsweek* 1997).
- After decades of explicitly banning homosexuals from the military, President Clinton proposed ending the ban shortly after he assumed office in 1992. The policy put into place, popularly known as "Don't ask, don't tell," was one in which the military agreed that they would stop asking recruits to report their sexual orientation. However, gays and lesbians can only serve in the armed forces if they keep their orientation private (*Newsweek* 1993, 6). By mid-1998, the Servicemembers Legal Defense Network reported that violations of the policy not to ask, pursue, or harass homosexuals had soared from 443 violations in 1996 to 563 violations in 1997. Reported cases of physical and verbal harassment of gay

servicemembers rose 38% from 1996 to 1997, while cases of illegal asking by military authorities increased by 39%. In 1996, an airman at Hickham Air Force Base had his life sentence for forcible sodomy reduced to 20 months in return for outing 17 other allegedly gay servicemen. All the accused airmen were discharged, while the rapist served less than a year.

- There is a growing wave of censorship being engineered by grassroots far-right organizations targeting, in particular, sexuality education textbooks and programs in local school districts throughout the country. Fear of personal attacks, disruption, controversy, and costly lawsuits have resulted in more teachers, administrators, and school boards yielding to the demands of vocal minority groups. In more than a third of documented incidents, challenged materials and programs were either removed, canceled, or replaced with abstinence-only material or curricula (Sedway 1992). In 1996, the U.S. Congress overwhelmingly passed the Communications Decency Act (CDA), a bill intended to regulate "indecent" and "patently offensive" speech on the Internet, which included information on abortion. In mid-1996, a three-judge federal panel in Philadelphia declared unconstitutional major parts of the new law. Even as the judges described attempts to regulate content on the Internet as a "profoundly repugnant" affront to the First Amendment's guarantee of free speech, the government planned an appeal to the U.S. Supreme Court. Both the Senate and House of Representatives had overwhelmingly passed the CDA, and the President signed into law the bill that included it (Levy 1997). The law was finally ruled unconstitutional by the Supreme Court on June 27, 1997, although various government efforts continue to try to circumvent the decision (Noonan 1998).
- In the mid-1990s, a broad-based evangelical-revivalist movement, modeled in part on the Million Man March, which brought hundreds of thousands of African-American men to Washington, packed athletic stadiums across the country with men confessing their failures as husbands and fathers, and promising with great emotion to fulfill their Christian duties as men, husbands, fathers, and the heads of their families. The Promise Keepers, like the Million Men Marches, were criticized and denounced by feminists and others for their alleged devotion to traditional patriarchal and sexist values.
- In mid-1995, Norma Leah McCorvey, the Jane Roe at the epicenter of the 1973 *Roe v. Wade* Supreme Court decision legalizing abortion, announced she had quit her work at a Dallas, Texas, abortion clinic, had been baptized in a swimming pool by a minister of Operation Rescue, a national anti-abortion group, and would be working at the Operation Rescue office next door to the abortion clinic. Although there is "immense symbolic importance" in McCorvey's announcement, it is odd that the born-again-Christian Operation Rescue group would embrace her so enthusiastically, given her declarations that she still believes "a woman has a right to have an abortion, a safe and legal abortion, in the first trimester" of pregnancy, and that she would continue living with her lesbian partner and working for lesbian rights (Verhovek 1995). In mid-1996, abortion again emerged as a major election issue when Robert Dole, the Republican Party candidate for president, called for a statement of tolerance in the Republican platform, a move vehemently opposed by conservative Republicans.
- In 1996, with the state of Hawaii on the verge of granting legal status to same-sex unions, several states moved quickly to enact laws banning the legal recognition of such unions, despite the Constitutional requirement that all states reciprocally recognize the legal acts of other states. In June 1996, a House Judiciary Committee passed a bill that would absolve individual states from recognizing same-sex marriages if legalized in another state. The bill would also bar Federal recognition of such marriages in procedures involving taxes, pensions, and other benefits. Despite emotional debate in Congress, the measure cleared both the U.S. House of Representatives and the Senate. Although the President signed the bill into law, this debate remained a lightning-rod issue (Schmitt 1996).

[*Update 2003*: A few fairly obvious events in the news since 1998 are worth mentioning here to bring our central theme of change, conflict, and diversity up to the present.

- [In early 1998, Pfizer Pharmaceutical began marketing a drug for erectile dysfunction. Viagra quickly became the fastest and largest-selling pharmaceutical in world history (Watson 1998). Sales were helped when Bob Dole, an unsuccessful Republican presidential candidate, appeared in television advertisements for Viagra with his appreciative wife, Elizabeth Dole. (See details on the use of Viagra by R. Hatfield in Section 11B, Sexual Dysfunctions, Counseling, and Therapies, Current Status.)
- [On October 6, 1998, Aaron McKinney and Russell Henderson, a pair of high school dropouts, met Matthew Shepard, a slightly built gay University of Wyoming college student, at a bar in Laramie. Posing as gay men cruising, they lured Shepard into their truck. They robbed and beat him, leaving him tied spread-eagled to a fence post. He was discovered 18 hours later, but died within days of complications from the experience, including six skull fractures. The two were charged with first-degree murder. Later, there was some conflict between civil-rights crusaders, who wanted to use the incident to pass hate-crime legislation and conservative Christian groups, who claimed the story demonstrated the growing homosexual immorality of American life (Miller 1998; Hammer 1999). I remember some demonstrating their hatred at the Shepard funeral. Twenty-one Americans were murdered in 1998 because they were gay or lesbian (Alter 1998). The Matt Shepard story was turned into a Home Box Office (HBO) documentary in 2003.
- [In recent years, the American Catholic Church has been rocked by a continuing scandal over priests sexually abusing children. Much of the controversy has centered on dioceses along the eastern seaboard, although it has involved parishes across the country. Boston serves as a good example. Cardinal Bernard Law became embroiled in controversy over the handling of sexual abuse cases against priests that extended back before he came to Boston in 1984. The Rev. John J. Geoghan, convicted of sexually molesting a boy, was moved from parish to parish by the Boston Archdiocese for 30 years, even though the Church knew about his "problem." Lawyers in the case estimate that there may, in fact, have been as many as 130 victims of this particular priest. The Cardinal apologized many times and paid out more than $10 million to victims, but he also provided little information about any of this to the public. The Church had reversed its policy of withholding information from legal authorities and turned over records concerning 70 priests from over the last 40 years. As of 2002, there were 86 separate civil suits against the Boston Archdiocese pending (Clemerson et al. 2002: Miller et al. 2002; Woodward 2002). The National Conference of Catholic Bishops estimates that the Church

has paid out more than $800 million to settle cases since the 1980s (Miller et al. 2002). Eventually, Cardinal Law did resign. The issue of exactly how the Church should respond to this crisis and how it ought to modify policy on these questions are still unresolved. Perhaps this is the greatest challenge ever facing the American Catholic Church. Its continuing vitality as a mainstream religion is at stake. (See details by W. Prendergast in Section 8A, Significant Unconventional Sexual Behaviors, Coercive Sex.)

- [One of the hottest trends in American television in the late 1990s and early 21st century has been the appearance of sexually pointed (though not explicit) programs, like "Sex in the City," "Oz," and "The Sopranos," on cable television. The open portrayal of sex and violence in these premium cable shows would never be permitted on network television, even today. HBO is the leader in this trend. They do not have enough subscribers nationwide to pull high ratings by themselves, but they are hurting the networks. Moreover, they are pushing the envelope. On the whole, these shows are smarter, edgier, franker, better written, and better acted than the typical network programming. They also march boldly into territory where the networks fear to go. These shows appeal to female viewers, who make up 40% of the audience (Hamilton & Brown 1999; Vineberg 2001).
- [In June 2003, the U.S. Supreme Court ruled that laws which specifically criminalize homosexual behavior are unconstitutional, opening the door to a range of legal possibilities I have never seen in my lifetime. Less than a week later, U.S. Senate Majority Leader, Bill Frisk (R-Tenn.) announced that he would support a proposed constitutional amendment that would ban all gay marriages (sponsored May 21 by Marilyn Musgrave (R-Colo.) among others) (Mann 2003), opening the door to visions of legal battles that will continue for decades. (*End of update by D. L. Weis*)]

Each of the above events in the late 1990s and early 21st century serves as an intriguing indicator of the state of sexuality in the United States, and each also reveals much about the interaction of politics and sexual issues as we approached the end of the 20th century. They demonstrate that, despite the immense social changes that have occurred during the 20th century, strong elements of religious fundamentalism and conservatism remain active within the culture. In fact, a full explanation of sexuality in the United States requires an understanding of the diverse sexual, social, and political ideologies characterizing the culture and the ongoing conflict between various groups over those ideologies.

In this respect, there is a rather schizophrenic character to sexuality in the United States. On the one hand, the U.S.A. is a country with a multibillion-dollar-a-year erotica/pornography business; a mass-media system where movies, television, books, magazines, and popular music are saturated with sexually titillating content alongside serious educational material; a high rate of premarital sex (nearly 90% by the 1990s); one of the most active and open gay-rights movements in the world; and a continuing public fascination with unusual sexual practices, extramarital sex, and gender-orientation issues, including, most recently, bisexuality.

On the other hand, federal, state, and local governments have invested heavily in recent years in prosecuting businesses for obscenity, allowed discriminatory practices based on sexual orientation, largely failed to implement comprehensive sexuality-education programs in the schools, and refused to support accessibility to contraceptives for adolescents. The consequences of these failures include one of the highest teenage-pregnancy and abortion rates in the world and increasing incidents of gay-bashing that reflect the prevalence of homonegative and homophobic attitudes in the U.S.A.

These examples illustrate one of the major themes in this chapter: the changing nature of sexuality in the U.S.A. throughout the 20th century. Although accounts of changing sexual norms and practices are frequently portrayed as occurring in a linear process, we would suggest that the more-typical pattern is one reflected by ongoing conflicts between competing groups over sexual ideology and practice. Each of the examples cited is an illustration of how those conflicts are currently manifested in the social and political arenas in the U.S.A.

A focus on the conflict between groups with contrasting ideologies and agendas over sexual issues will be a second theme of this chapter. This process of changing sexual attitudes, practices, and policies in an atmosphere that approaches "civil war" is a reflection of the tremendous diversity within American culture. In many respects, the widespread conflict over sexual issues is a direct outcome of the diversity of groups holding a vested interest in the outcomes of these conflicts, with some groups seeking to impose their beliefs on everyone.

The diversity of these groups will be the third major theme of the chapter. One example that will be apparent throughout this chapter is the question of gender. There is growing evidence that men and women in the U.S.A. tend to hold different sexual attitudes and ideologies, to exhibit different patterns of sexual behavior, and to pursue different sexual lifestyles—frequently at odds with each other (Oliver & Hyde 1993). In some ways, it may even be useful to view male and female perspectives as stemming from distinct gender cultures. In reviewing sexuality in the U.S.A., we will frequently attempt to assess how change occurs in a context of conflict between diverse social groups.

1. Basic Sexological Premises

DAVID L. WEIS

This overall theme of social change occurring in a process of conflict between diverse groups is woven throughout the history of the United States itself. There are at least two ways in which a study of history is important to an understanding of contemporary sexological premises and sexual patterns in the U.S.A. First, there is a specific history of sexual norms and customs changing over time. To the extent that sexual attitudes and practices are shared by the members of a social group or population in a particular time period, they can be viewed as social institutions. Unfortunately, it is exceedingly difficult to describe such sexual institutions in the U.S.A. prior to the 20th century, because there are few reliable empirical datasets available for that period. To a large extent, we have to rely on records of what people said about their own or others' sexual attitudes and practices, and such statements may be suspect. Still, it seems reasonable to suggest that current sexual norms and customs have been shaped, at least in part, by earlier patterns.

In addition, there is a second way in which the general social history of the U.S.A. is important to understanding changing sexual institutions. Sexuality, like other social institutions, does not operate in a vacuum. It is related to and influenced by other social institutions, such as the economy, government, marriage and the family, religion, and education, as well as social patterns such as age distributions and gender ratios. As we will discuss in Section 2, Religious, Ethnic, and Gender Factors Affecting Sexuality, a good deal of research evidence indicates that such social institu-

tions are often related to various sexual variables. Researchers have not consistently tested these associations, but the point is a crucial one theoretically for explaining the dynamics of sexual processes in a culture as large and diverse as the U.S.A.

A. From Colonial Times to the Industrial Revolution

In 1776, at the time of the War for American Independence, the U.S.A. became a nation of 13 states located along the shore of the Atlantic Ocean. Most of the inhabitants of the former British colonies were of English descent, and they tended to be Protestant. Although the first Africans had been brought to America as indentured servants as early as 1620, the practice of slavery quickly evolved. By the time of independence, an active slave trade involving hundreds of thousands of Africans and Caribbeans was well established. Of course, the Africans and Caribbeans brought their own customs with them, although they were frequently prevented from practicing them. West of the 13 original states, the remainder of the North American continent within the area now constituting the nation was inhabited by several million Native Americans representing hundreds of tribes, each with its own set of customs.

At its birth, the U.S.A. was essentially an agrarian society. More than 90% of the population were farmers. There were few cities with as many as 5,000 residents. Boston was the largest city with 16,000, and New York was the second largest with 13,000 (Reiss 1980). The Industrial Revolution had yet to begin. Few men, and virtually no women, were employed outside the family home. Although it has become common to think of the 20th-century pattern of role specialization, with the man serving as the family provider and the woman as the housekeeper and childcare provider, as the traditional American pattern, it did not characterize this early-American agrarian family. Family tasks tended to be performed out of necessity, with both men and women making direct and important contributions to the economic welfare of their families. Sexual norms and practices in early America arose in this social context.

The images of early-American sexuality in folklore are those of antihedonistic Puritanism and sexually repressed Victorianism. In popular culture, these terms have come to be associated with sexual prudishness. This view is oversimplistic and potentially misleading. Recent scholars (D'Emilio & Freedman 1988; Robinson 1976; Seidman 1991) tend to agree that sexuality was valued by the 18th-century Puritans and 19th-century Victorians within the context of marriage. To the Puritans, marriage was viewed as a spiritual union, and one that tended to emphasize the duties associated with commitment to that union. Marriage involved mutual affection and respect, and the couple was viewed as a primary social unit. Spouses were expected to fulfill reciprocal duties. One of these was sexual expression. No marriage was considered complete unless it was consummated sexually. The Puritans accepted erotic pleasure, as long as it promoted the mutual comfort and affection of the conjugal pair. The reciprocal duties of marital sexuality were justified, because they were seen as preventing individuals from becoming preoccupied with carnal desires and the temptation to practice improper sex outside of marriage (Seidman 1991). Of course, one of the principal functions of marital sex was reproduction. Pleasure alone did not justify sexual union. Instead, the regulation of sexual behavior reinforced the primacy of marital reproductive sex and the need for children (D'Emilio & Freedman 1988).

Within this context, it is certainly true that the early English settlers tried to regulate nonmarital forms of sexual expression. However, even this point can be exaggerated. Reiss (1980) has noted that Americans have always had a courtship system where individuals were free to select partners of their own choice. To some extent, this may have been because of necessities imposed by immigration to frontier territories, but it also was a consequence of the freedom settlers had from the institutions of social control found in Europe. Elsewhere, Reiss (1960, 1967) has maintained that such autonomy in courtship is associated with greater premarital sexual permissiveness.

In this regard, it is interesting to note that the settlers in New England developed the practice of bundling as a form of courtship. In colonial New England, settlers faced harsh winters. They commonly faced fuel shortages, and mechanized transportation forms had yet to be developed. Single men would travel miles to visit the home of an eligible female. Typically, they would spend the night before returning home the next day. Few New England homes of the period had multiple rooms for housing a guest, and few could heat the house for an entire 24-hour day. At night, the woman's family would bundle the man and the woman separately in blankets, and they would spend the night together talking to each other as they shared the same bed. It is worth noting that the practice of bundling was restricted to winters. Reiss (1980) has argued that the implicit understanding that the couple would avoid a sexual encounter was not always honored. In fact, a study of marriages in Groton, Massachusetts, from 1761 to 1775 found that one third of the women were pregnant at the time of their weddings (cited in Reiss 1980). This system was acceptable because betrothals were rarely broken at the time and because it served to produce the marital unions the Puritans valued so highly. Eventually, bundling was replaced by visits in the sitting parlors of 19th-century homes and by the practice of dating outside parental supervision in the 20th century (Reiss 1980).

Around 1800, the Industrial Revolution began changing this world, albeit gradually. In the two centuries since, virtually every aspect of American life has been transformed. The 19th century was marked by social turmoil, a frontier mentality open to radical change, and a resulting patchquilt of conflicting trends and values. Among the events that left their mark on American culture in the 19th century were the following:

- The century started with 16 states and ended with 45 states; the 1803 Louisiana Purchase doubled the country's size. Victory in the War of 1812 with England and a war with Mexico also added territory.
- A Victorian ethic dominated the country. Preachers and health advocates, like Sylvester Graham and John Kellogg, promoted a fear of sexual excesses, such as sex before age 30 or more than once in three years, and a paranoia about the dangers of masturbation.
- Despite a dominant conservative trend and three major economic depressions, small religious groups pioneered a variety of marital and communal lifestyles, and had an influence far beyond their tiny numbers. The Perfectionist Methodists of the Oneida Community (1831-1881) endorsed women's rights and group marriage; the Church of Latter-Day Saints (Mormons) practiced polygyny; Protestant Hutterites celebrated the communal life; and the Shakers and Harmony Community promoted a celibate lifestyle.
- In 1837, the first colleges for women opened.
- In 1848, the first women's rights convention was held in Seneca Falls, New York.
- A midcentury California gold rush and completion of the transcontinental railroad opened the west to an explosive

growth. San Francisco, for example, doubled its population from 400 to 810 between 1847 and 1857; four years later, its population was 25,000. A major shortage of women led to importing thousands of women from Mexico, Chile, China, and the Pacific islands, with widespread prostitution.

- In 1861-1865, a devastating Civil War led to the abolition of slavery, as well as to new opportunities for employment, such as secretaries using the new mass-produced typewriters, and nurses using the skills they developed when they took care of the wounded in the Civil War.
- In 1869, the Territory of Wyoming gave women the vote.
- In 1873, the Comstock Law prohibited mailing obscene literature, including information about marital sex and contraception; it was finally declared unconstitutional a century later.
- In the latter part of the 1800s, a few thousand Americans were part of an influential "free love" movement, which advocated sexual freedom for women, the separation of sex and reproduction, the intellectual equality of women and men, self-health and knowledge of one's own body and its functions, and women's right to the vote, to enjoy sex, and to obtain a divorce.

Pankhurst and Houseknecht (1983) have identified five major trends that they maintain began to change and shape the modern institutions of marriage and the family in the 19th century and continued to have an impact on American culture in the 20th century. The author of this section suggests that they have had a similar influence on sexual institutions. These trends are:

1. Industrialization, with its consequent process of urbanization and the eventual emergence of suburbs surrounding metropolitan areas;
2. A shift in the family from an economic-producing unit to that of a consumer;
3. The entry of men, and later of women, into the paid labor force;
4. The elongation and expansion of formal education, especially among women and minorities; and
5. Technological change.

We do not have the space to explore fully the impact of each of these trends. However, relevant effects would include increased lifespans, decreased maternal and infant mortality at childbirth, the development of effective contraceptives, the emergence of a consumer culture that allows families to purchase most of their goods and services, the creation of labor-saving household technologies, increased leisure time, the development of modern forms of transportation, especially automobiles and airplanes, an increasing divorce rate, the increasing entry of wives and mothers into the labor force, decreasing birthrates and family size, increasing rates of single-parent families and cohabitation, increasing percentages of adults living alone, and increasing proportions of married couples with no children currently living at home (Coontz 1992). Many of these changes have resulted in greater personal autonomy for individuals. As Reiss (1960, 1967) has argued, such autonomy may be a major factor underlying several changes in sexuality throughout American history.

It should be stressed that these changes have not necessarily been linear or consistent throughout the period of the Industrial Revolution. Many began to emerge in the 19th century but accelerated and became mainstream patterns only in the 20th century. For example, as late as 1900, a majority of Americans were still farmers. The 1920 census was the first to show a majority of the population living in towns and cities. By 1980, only 4% of Americans still lived on farms (Reiss 1980). Similarly, women began entering the labor force in the early 19th century. However, it was not until 1975 that one half of married women were employed. By 1990, 70% of married women between the ages of 25 and 44 were employed (Coontz 1992). Yet another example is provided by the divorce rate. It had been gradually increasing for decades. That rate doubled between 1965 and 1975, and for the first time, couples with children began divorcing in sizable numbers at that time (Coontz 1992; Reiss 1980; Seidman 1991).

Seidman (1991) has described the principal change in American sexuality during the 19th century as the "sexualization of love." It could also be described as a shift to companionate marriage. Marriage came to be defined less as an institutional arrangement of reciprocal duties, and more as a personal relationship between the spouses. The modern concept of love as a form of companionship, intimacy, and sharing came to be seen as the primary justification for marriage. As this process continued, the erotic longings between the partners, and the sexual pleasures shared by them, became inseparable from the qualities that defined love and marriage. By the early part of the 20th century, the desires and pleasures associated with sex came to be seen as a chief motivation and sustaining force in love and marriage (Seidman 1991). This view has come to be so dominant in the contemporary U.S.A. that few Americans today can envision any other basis for marriage.

D'Emilio and Freedman (1988) have argued that what they call the liberal sexual ethic described in the previous paragraph has been the attempt to promote this view of the erotic as the peak experience of marriage while limiting its expression elsewhere. However, as this view became the dominant American sexual ideology of the 20th century, it also served to legitimate the erotic aspects of sexuality itself (Seidman 1991). Eventually, groups emerged which have sought to value sex for its inherent pleasure and expressive qualities, as well as for its value as a form of self-expression. In effect, as the view that sexual gratification was a critical part of happiness for married persons became the dominant sexual ideology of 20th-century America, then it was only a matter of time until some groups began to question how it could be restricted only to married persons (D'Emilio & Freedman 1988).

B. The 20th Century

The social turmoil and the pace of social change that marked the 19th century accelerated exponentially in the 20th century. American culture in the 20th century became increasingly complicated and changed by often-unanticipated developments in technology, communications, and medicine. Among the events that have been identified as significant in 20th-century United States are the following:

- In the early 1900s, Sigmund Freud and Havelock Ellis helped trigger the emergence of a more-positive approach to sexuality, especially in recognizing the normal sexuality of women and children, and the need for sex education.
- In 1916, spurred by Havelock Ellis, Margaret Sanger, a New York nurse, launched a crusade to educate poor and immigrant women about contraception, and established the first Planned Parenthood clinics.
- World War I brought women out of their Victorian homes into the war effort and work in the factories; shorter skirts and hairstyles were viewed as patriotic fashion and gave women more freedom. American soldiers encountered the more-relaxed sexual mores of France and Europe.

- The "Roarin' Twenties" were marked by the invention of cellulose sanitary napkins, the mobility of Henry Ford's affordable automobiles, new leisure and affluence, the advent of movies with female vamp stars and irresistible sex idols, and the appearance of the "Charleston," the "flapper," and cheek-to-cheek, body-clutching dancing.
- From 1929 to 1941, the Great Depression brought a return to sexual conservatism.
- World War II opened new opportunities for women, both at home and in the military support. Interracial marriages set the stage for revoking miscegenation laws later in 1967.
- In the 1940s, the advent of antibiotics brought cures for some sexually transmitted diseases.
- In 1948 and 1953, Alfred Kinsey and colleagues published *Sexual Behavior in the Human Male* and *Sexual Behavior in the Human Female*. They brought sexual topics into widespread public discussion.
- In the 1950s, Elvis Presley became the first major rock 'n' roll star; television became a major influence on young Americans. Senator Joseph McCarthy portrayed sex education as part of a Communist plot to take over the U.S. Coed dormitories appeared on college campuses and bikini swimsuits swept the nation. Motels became popular, providing comfort for vacationing Americans, as well as for Americans seeking privacy for sexual relations.
- In 1953, the first issue of *Playboy* magazine was published.
- In 1957, the Supreme Court decision in *Roth v. U.S.* set new criteria for obscenity that opened the door to the works of D. H. Lawrence and Henry Miller, and other classic erotic works.
- In the 1950s and 1960s, the beatniks, hippies, flower children, and drug culture emerged.
- In the early 1960s, the hormonal contraceptive pill became available.
- In 1961, Illinois adopted the first "consenting adult" law decriminalizing sexual behavior between consenting adults.
- In 1963, Betty Friedan's *Feminine Mystique* was published, giving voice to the modern feminist movement.
- In 1968, William Masters and Virginia Johnson published *Human Sexual Response*.
- Following the 1969 Stonewall Inn Riot in Greenwich Village, New York City, homosexuals rebelled against police harassment, and launched the gay-rights and gay-pride movement.
- In the 1970s, television talk shows popularized discussions of alternative lifestyles, triggered by the publication of Nena and George O'Neill's *Open Marriage* in 1972.
- In 1970, the White House Commission on Pornography and Obscenity found no real harm in sexually explicit material. President Richard Nixon refused to issue the report.
- In 1972, the first openly gay male was ordained to the ministry of a major Christian church.
- In 1973, the U.S. Supreme Court legalized abortion.
- In the 1980s, openly gay legislators appeared in federal and state governments, and in professional sports.
- In 1983, AIDS was recognized, leading to a new advocacy for sex education in the schools and general public.
- In the late 1980s, conservative Christian activists, including the Moral Majority, the Christian Coalition, Focus on the Family, and similar organizations, emerged as politically and socially powerful groups.

These and other events too numerous to list, let alone analyze here, both contributed to and reflect the tension between the two ideologies mentioned above—one viewing sex as legitimate only in marriage, but as a necessary component of marital happiness, and the other viewing sex as a valid and important experience in its own right. The attempt to reconcile them can be seen as an underlying dynamic for many sexual practices and changes in the 20th century. These broad-based trends include:

1. The emergence in the 1920s of dating and in the 1940s of "going steady" as courtship forms (Reiss 1980);
2. The rising percentage of young people having premarital sexual experiences (D'Emilio & Freedman 1988; Kinsey et al. 1948, 1953; Reiss 1980; Seidman 1991);
3. The greater equality between the genders (D'Emilio & Freedman 1988; Reiss 1980; Seidman 1991);
4. The eroticization of the female, including a decline in the double standard and an increased focus on female sexual satisfaction (D'Emilio & Freedman 1988; Seidman 1991);
5. The emergence of professions devoted to sexuality—research, education, and therapy;
6. The expansion of marital sexuality, including increases in frequency, satisfaction, and variation in behavior (Hunt 1974);
7. The emergence of a homosexual identity and subculture, including a gay-rights movement (D'Emilio & Freedman 1988; Seidman 1991);
8. The passage of consenting-adult laws;
9. The commercialization of sex, by which we mean the appearance of an "industry" providing sexual goods and services (D'Emilio & Freedman 1988; Seidman 1991).

Reactions to these trends, and the continuing tension between the two major ideologies we have outlined above, lie at the very heart of the ongoing conflicts over sexual issues today. Robinson (1976) has characterized this conflict as a battle between 19th-century romanticism and what he calls sexual modernism. Romanticism affirmed the essential worth of the erotic, but only within the context of an intense interpersonal relationship transformed by a spiritual and physical union. Modernism reaffirms this romantic ideal, but also transforms it by acknowledging the value of "an innocent physical need" (p. 194). Although the modernist is glad to be rid of Victorian repression and anticipates the promise of a greater sexual freedom, there is a concomitant fear of a future of emotional emptiness.

Reiss (1981) has characterized this as a conflict between what he calls the traditional-romantic and modern-naturalistic ideologies. He maintains that this distinction can be used to explain current conflicts over such issues as abortion, gender roles and differences, pornography, definitions of sexual exploitation, concepts of sexual normality, and even accounts of sexual history itself. This perspective is useful in interpreting mass-media claims about sexuality in the U.S.A. Thus, Lyons (1983), reporting for *The New York Times*, proclaimed that the "sexual revolution" was over by the 1980s and that America was experiencing a return to traditional values and lifestyles. To support his argument, he claimed that there was a recent decrease in the number of sex partners and a shift away from indiscriminate, casual sexual behavior (Lyons 1983). In contrast, Walsh (1993), writing for *Utne Reader*, proclaimed that the 1990s have been characterized by a renewed sexual revolution (second-wavers), with pioneering new philosophies and techniques employing technology (latex, computer imaging, computer networks, virtual-reality sex, phone sex, cathode rays, and group safe sex) to achieve sensual pleasure in a safe way.

From 1970 to 1990, as these social processes continued, Americans witnessed: 1. a decrease in the marriage rate;

2. an increase in the divorce rate; 3. an increase in the birthrate for unmarried mothers (although the overall adolescent birthrate decreased); 4. an increase in single-parent families; and 5. an increase in married couples without children at home (Ahlburg & DeVita 1992).

[C. The 21st Century

[*Sexuality and Terrorism in the United States*

RAYMOND J. NOONAN

[*Update 2003*: On September 11, 2001, terrorists, in a spectacular, well-planned, and coordinated attack, struck the United States by flying hijacked jumbo jets into the Twin Towers of the World Trade Center in New York City and the Pentagon in Washington, D.C., with another jet apparently bound for another Washington landmark being brought down in a field in western Pennsylvania. Although it has been minimally highlighted, sexuality factors may well have been among the root causes of the attack, and, it would appear, other terrorist activities worldwide. In addition, little has been written about the impact that these attacks, as well as the subsequent "war on terrorism" or the military actions in Afghanistan and Iraq, may have had on the sexuality of Americans in the aftermath. Indeed, using the *human sexuality complex* (Noonan 1998b) as a theoretical framework, i.e., looking at our sexuality as a complex ecological system in a holistic environment, one would surmise that these events, like other outside factors, such as economic, political, and other social factors, of necessity, have had—and would have to have—an impact. Certainly, they have triggered responses that will be felt in the sexual sphere, as well as other aspects of American life, as we advance through the 21st century.

[Terrorism is a relatively simple set of destructive behaviors with a complex set of motivations. The possibility that terrorism might be ultimately rooted in sexual motivations often receives a look of incredulous bemusement. Yet, it should be apparent that sexuality factors, including profoundly different views of the roles and essence of men and women and their relative power in personal relationships and society, the value of premarital virginity and its relationship to marriage as an economic institution benefiting the extended family versus marriage and relationships as expressions of love and personal autonomy, and the conflict in demarcating masculinity and femininity arising from same-sex relationships and the globalization of American popular culture, have the capacity to provide the fuel for the intensity of the clash between civilizations that has come to define international terrorism.

[These are especially salient when religion, with its precepts and notions of purity and impurity so deeply linked to sex and the dualistic split between the body and mind/spirit, is considered. It is easier to understand territorial, political, and economic motivations—or even ancient interethnic rivalries—whereas the religious motivations, such as the Islamic fundamentalism ascribed to the 9/11 terrorists, seem incongruous with the way most Americans view religion and the efforts needed to impose it and its sexual and gender ethic on everyone. The sole exception in the United States seems to be the Christian-fundamentalist anti-abortion terrorists who attack abortion clinics and sometimes kill clinic workers, albeit on a much smaller scale than the worldwide attacks of the Islamic extremists. Still, abortion terrorists have helped to restrict access to legal abortions in hospitals, as well as to providers in many U.S. states (Baird-Windle & Bader 2001). The difference between the two groups may signify a difference between the worldviews of the monolithic entity known as Western Civilization and some of the other non-Western cultures, which will be discussed later.

[Norman Doidge (2001), a research psychiatrist and psychoanalyst who teaches at Columbia University and the University of Toronto, summarized the various news reports that several of the September 11 terrorists had visited prostitutes and lap dancers in the days prior to the attacks and noted suggestions that various commentators have made about their possible motivation for frequently behaving in ways contrary to their expressed piousness: For example, they may have been using sex as an anxiety reliever prior to their suicide missions or as a confirmation of their belief that they were protecting Islam from the sexual licentiousness that they ascribed to Western cultures, in particular to that of the United States, which would then "justify" the murders in their own minds. In contrast, Doidge suggested that their behavior "reveals the ambivalent sexual undercurrent that is part of Islamic extremism with its view of woman as sin-evoking temptress, best appreciated either totally veiled, or totally unveiled." In summarizing other terrorists with similar contradictions, he wrote further:

> But fanatics throughout history have had a markedly hypocritical attitude toward sex. Most fanatical sects have an obsession with sexual purity, alongside extraordinary lapses of restraint. Most divide the world into the pure and the impure, the sacred and the profane, clean and unclean, pure ascetic man and female temptress. . . . Fanatical leaders frequently demand their members subordinate all desires to the cause. . . .
>
> Islamic extremism doesn't master sexuality—it exploits it by linking it to politics. In order to train Islamic suicide bombers, teenage boys are isolated from television and any outside influence when they are at the height of their sexual drive, playing on the Koranic promise to "martyrs" that, within moments of their death, they will be greeted by the 72 houris of heaven—virgins with whom they will have sex for eternity. Sex in this earthly world is devalued, but the promise of sex in the world to come is used to heat up the imaginations of these isolated, inexperienced loners. . . .
>
> Such cults frustrate everyday erotic longing for other people, so that the devotees will turn that longing toward the cult leader and the cause. Becoming overheated "lovers of the cause," they, like lovers everywhere, become willing to sacrifice for their beloved. At the same time, their leaders manipulate the guilt followers feel about sexual desire, saying, "If you still have sexual feelings, you obviously are not devoted enough, and must sacrifice more."
>
> People who deny themselves erotic outlets soon see any normal expression of eros as the devil incarnate. . . .

[It is known that sexual activity can have an ameliorative effect on suicidal ideation and depression, preventing many suicides (Planned Parenthood Federation of America 2003). It may also have the same effect on some forms of violence. Individuals who have a positive attitude toward sex, *per se*, tend not to be terrorists. However, in wars of liberation, it is known that when they are successful, there often follows a period of unrestrained sexual activities, although it may not last if the leadership turns out to be generally repressive of sexuality, as occurred in Russia following the October 1917 Revolution, as noted in the chapter on Ukraine in this volume. This sexual freedom can be attributed to the fact that sexuality often symbolizes personal liberation for many people, particularly if they have lived under sexually repressive social systems.

[Suppression of the sexual impulse allows the power of sex to be subverted for destructive political ends, as in the case of current Muslim and Christian extremists, although it

can be used for "positive" purposes, as the channeling of religious fervor for some clerics (cf. George Orwell's *1984*). Thus, combined with other factors, such as the fact that it has been almost a century since Muslim colonial aspirations, which peaked with the Ottoman Empire, were dismantled at the end of World War I, ending centuries of dominance and Arab Islamic control over vast areas of Europe, Africa, and Asia. Yet, little if anything is said about the fact that, like the European Christian colonialists of the past, the Arab Muslim colonialists of the past conquered many more lands, imposing Islam on the inhabitants. (This silence may be attributable to the anti-Western sentiments that are currently fashionable in some American circles, as well as often well-meaning efforts to promote multiculturalism and diversity.) Indeed, as noted by Wolfgang Giegerich (a Jungian psychologist, in Fraim 2002), Islam was once the leading intellectual force in the world, although it has had little to offer the world for centuries. This has resulted in a sense of inferiority and shame that few Westerners can feel, which may account for the level of desperation seen in the terrorist attacks here and abroad.

[In his essay, "Islamic Terrorism," Giegerich (in Fraim 2002) has noted that, of the world's great religions, Islam is the only one that does not have a significant tradition of self-reflection—one in which basic premises and human-behavioral imperatives are evaluated in light of social and other advances in civilization. In fact, Giegerich advances the theory that it is a temporal clash and not a clash of civilizations that exists, one in which Islamic thought is stuck in the Middle Ages. Thus, he believes the West must look to its own past to understand their anger in order to find solutions. Thus, one can readily imagine how sexuality factors, as very powerful modern images projected through American popular culture, are fueling the terrorists' aggression (see the section on Sexuality and American Popular Culture at the end of this chapter).

[It is clear that one major factor in the sexual revolution in the West that has been increasingly adopted by younger people all over the world as they are exposed to Western ideals is the central importance of love and intimacy as a foundation for marriage and other sexual relationships. This is in sharp contrast to the centrality of marriage as an economic community and family institution, for example, in Islam today and most other religious traditions in both the East and West in the past if not still today. Thus, unsanctioned sexual relations threaten the power politics of traditional patriarchal societies, as younger people assume this aspect of control over their own lives.

[Another probable overlooked sex-related factor in terrorism is the Malthusian principle of population growth and its effects on the ecological psychosocial environment (Malthus 1798). Historically, programs aimed at increasing population growth have been promoted to fill the ranks of warriors, taxpayers, menial laborers, and religious adherents, to which, today, has been added consumer markets. This is in addition to the intrapsychological pressures some people feel to prove their masculinity or femininity to themselves and others by having babies.

[One of the most important sequelae of the terrorist attacks in the U.S. has been the reassertion both of male heroism and its closely allied cousin, the conservative political agenda. Much of this resurgence has as much to do with the traditional male role as protector—reinvigorated as a result of the attacks—as it probably has to do with the reaction to both the misandrist and heterophobic undercurrents that can be found in contemporary American culture, which are fueled largely by those who wish to exploit them for their own personal and political agendas on both the left and the right. Thus, we can probably expect to see a gender shift toward the expression of more-traditional masculine posturing, which has been clearly evident in the post-9/11 world in the United States. Indeed, much was made of the exaggerated images of President George W. Bush's genital region (reminiscent of the codpieces used to enhance the "manhood" of the aristocracy in the 15th and 16th centuries), when he descended from the cockpit of a fighter jet and crossed the deck of an aircraft carrier after the war in Iraq (Goldstein 2003). Research is needed to ascertain the impact that these new gender realities will have on American sexuality.

[*Effects of Terrorism and War on the Sexuality of Americans*. It is well known that war can have a significant impact on birthrates in the immediate areas of armed conflict (declining during a war and increasing immediately following it), as noted by the authors on the chapters on Croatia and Israel in this volume, although research on the concomitant effects on sexual behavior, *per se*, are rare, if nonexistent. Certainly, the post-World War II baby boom has been partially attributed to the impact of men returning from military service. The impact of terrorist bombings, being that they are typically more sporadic and uncertain and are directed against civilian populations, is also likely to have had an effect where they have occurred as they have had in Israel. Similar effects of the tensions of the Cold War appear not to have had an effect, although it has been conjectured that the potential nuclear threat may have encouraged early sexual experimentation in the sexual revolution of the 1960s and 1970s, combined with the introduction of the oral contraceptive pill, following the stifling 1950s. Still, even unarmed conflict can have an impact on sexuality, as noted in the chapter on Russia in this volume, where, following the collapse of Communism and the ensuing severe economic crisis, the birth and marriage rates fell sharply, as well as life expectancies, and divorce rates increased. Even population migration caused by wars can result in cross-cultural conflicts in the new lands, often surrounding sexual issues, as noted in the chapter on Sweden in this volume. In addition, the incidence of sexually transmitted diseases can increase, as noted in the chapter on Ukraine. Indeed, even wide-area events like the historic blackout of August 2003 affecting New York and several other northeastern states and parts of Canada, suggesting vulnerabilities to less-violent forms of terrorism, brought reminiscences of increased birthrates following past regional blackouts.

[The heightened levels of security also can have an effect. There is a fine line between reasonable security procedures and the enhanced anxiety generated by exaggerated security measures. In addition to keeping vigilant about one's surroundings, such measures keep gloom-and-doom scenarios fresh in people's minds, with the enhanced anxiety that can have an impact on intimate relationships. To be sure, terrorist attacks remain a dangerous reality and probable source of anxiety in the U.S. and worldwide. Post-traumatic stress disorder has been documented in New York City, where it was the most prevalent following the terrorist attacks, as well as in the rest of the U.S. It is likely to continue for some time, given that political and business leaders appear committed to not rebuilding the Twin Towers (Noonan 2002). Certainly, the terrorists were more aware of the symbolic value of the Towers than our leaders are. Surely, also, the Malthusian effects noted above are part of the overemphasis being placed on 9/11 memorials at the World Trade Center site, which is also working against the restoration efforts, which could accelerate the healing process. Stress is well known to disrupt sexual functioning as well as creates other strains on intimate relationships.

[Comments about the new awareness of the importance of family and personal relationships, in contrast to work and other concerns, were made in the immediate aftermath of the attacks on the United States. However, this was largely anecdotal, and may have amounted to a blip in actual practice that is beginning to shift again. Further research is needed to clarify these changes, although whether sufficient previous data are available for comparison is uncertain.

[Americans appear to be deeply ambivalent about the leadership role in world affairs it has had roughly since World War II. The September 11 attacks may, thus, signify a turning point in American world (and domestic) consciousness, with a retreat from leadership roles in any domain (clearly evident in the failure to recognize the symbolic importance of rebuilding the Twin Towers), with the possible exception of computer technology. And this failure to lead is reflected in some areas of the sexual arena as well, as can be seen throughout this chapter. The much-touted "American Century" of the 1900s (mostly the second half), may have been our historical apogee, with the ebb and flow of dominant nations and empires about to shift. The United States has certainly lost its illusion of moral authority in the eyes of much of the world (if not in the eyes of its own people), as fundamental corruptions in the legal, political, and economic systems become more apparent—this despite the fact that much of how these American systems operate more closely approach the ideals that free peoples value than those of many other countries. Sexuality factors—including ostensibly "liberal" attitudes and behaviors, are not the predominant reason for this decline in American moral authority, although it is cited as such by some critics, both inside and outside our country—further justifying oppressive political and sexual agendas that have yet to be seen.

[Terrorism and AIDS notwithstanding, we in the West, and Americans in particular, continue to live in a significantly less-risky era than our ancestors. As a result, women as well as men have enjoyed this relatively risk-free environment for decades, perhaps contributing to the increased devaluation of men because their traditional role as protector has been diminished. Yet, it appears that fanatical Islamic fundamentalists are intent on world domination, in a way similar to that for which fundamentalist Christians also strive. The early Arab Muslims seemed to be the Eastern equivalents of the Western colonialists of Europe. The contrast in methods of achieving it appears to be the difference between a series of conquests up to the Ottoman Empire, which fell after World War I, on the one hand, and the evangelical missionaries that have continued to thrive in many areas throughout the world. It remains to be seen to what extent the extensive out-migration of Islam to the West is, in effect, a silent evangelical push to reestablish the dominance of Islam, following the generally bloodless approach of the Christians, or is simply a search for religious freedom and the promise of a better life that is still America. In the meantime, *Cherchez le sexe* to determine the level of intensity with which terrorists will act to impose their visions on others. (*End of update by R. J. Noonan*)]

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

Social scientists have demonstrated an association between human behavior and such social factors as religion, race, gender, social class, and education. This is as true of sexuality as of other forms of behavior. Although sexuality researchers have not always incorporated a recognition of this principle in their designs and analyses, there is still abundant evidence that sexual practices in the U.S.A. are strongly related to social factors. In this section, we examine several examples. First, we review the general influence of the Judeo-Christian heritage in the U.S.A. and describe the sexual culture of a particular religious group within this tradition, the Church of Jesus Christ of Latter-Day Saints (Mormons). Next, we see a brief discussion of reemerging spirituality-sexuality movements. Then we review the sexual customs of two of the largest minority groups in the U.S.A., African-Americans and Hispanic-Americans, followed by a look at Native American sexuality. Finally, we review the emergence of feminist ideology in the U.S.A., a view constructed around the concept of gender, which is contrasted with a look at emerging men's perspectives on sex and gender and a review of the concept of heterophobia in American life. These reviews are by no means exhaustive or complete, but should serve to illustrate both the diversity of social groups within the U.S.A. and the influence that membership in such groups exerts on sexual customs and practices.

A. Sources and Character of Religious Values

General Character and Ramifications of American Religious Perspectives on Sexuality

ROBERT T. FRANCOEUR and TIMOTHY PERPER

Sexual science in America is a mid- to late-20th-century discipline. By contrast, Western religious thought about love, sexuality, marriage, the social and familial roles of men and women, and the emotions and behavioral patterns associated with courtship, pair bonding, conception, and birth have textual bases in the Jewish *Pentatuch* and other biblical writings. In pre-Christian Hellenic thought, the first great document of sexology is Plato's *Symposium* (ca. 400 B.C.E.). Because Judaic and Hellenic thought have strongly influenced the sexual views of Christianity and all of Western culture, one must acknowledge that the theological, religious, and secular writings that permeate American conceptions of sexuality are embedded in this 3,500-year-old matrix that gives sexuality its place in life (and unique meanings). This section will explore the sources and character of religious values in the U.S.A. and their impact on sexual attitudes, behaviors, and policies.

Religious Groups in the U.S.A. Statistically, Americans are 61% Protestant—21% Baptist, 12% Methodist, 8% Lutheran, 4% Presbyterian, 3% Episcopalian, and 13% other Protestant groups, including the Church of Latter-Day Saints (see the second major subsection below for a more in-depth discussion of the sexual doctrines and practices of this religious group), Seventh-Day Adventists, Jehovah's Witnesses, Christian Scientists, and others. Roman and Eastern-rite Catholics account for 25% of Americans, Jews 2%, 5% other religious groups, and 7% are not affiliated with any church. Therefore, the two largest denominations in the U.S.A. are the Roman Catholic Church with a membership of over 50 million and Southern Baptist Conventions with between 10 and 15 million members (Greeley 1992). There are also 2.5 million Muslims in the U.S.A.

Because Americans tend to cluster geographically according to both their religious and ethnic heritages, local communities can be much more strongly affected by a small but highly concentrated religious or ethnic tradition than the above percentages might suggest at first sight. With recent public debate focusing on sexual morality (e.g., contraception, abortion, and homosexuality), a paradoxical realignment has occurred, with liberal Roman Catholics, mainstream Protestant churches, and liberal and reformed Jews lining up on one side of these issues, and conservative (Vatican) Roman Catholics, fundamentalist Protestants, in-

cluding the televangelists and Southern Baptists, Orthodox Jews, and fundamentalist Muslims on the other side.

A Basic Conflict Between Two Worldviews. American religious institutions on the national level, their local religious communities, and individual members are caught in a pervasive tension between the security of traditional unchanging values and the imperative need to adapt perennial religious and moral values to a radically new and rapidly changing environment. This tension permeates every religious group in the United States today, threatening schism and religious "civil war" (Francoeur 1994).

At one end of the spectrum are fundamentalist, evangelical, charismatic factions that accept as word-for-word truth the writings of the Bible as the word of God, and advocate the establishment of the United States as a Christian nation. For them, living under God's rule would be evidenced by the man firmly established as the head of each family in the U.S.A. and the woman in her God-given role as submissive wife and bearer of children for the Kingdom of Heaven. Similar fundamentalist strains in the United States are apparent among ultra-orthodox Jews and radical Muslims (LeHaye & LeHaye 1976; Marty & Appleby 1992, 1993, 1994; Penner & Penner 1981; Wheat & Wheat 1981). These embody an absolutist/natural law/fixed worldview.

On the conservative side, books about sexuality written by married couples dominate the market and sell millions of copies without ever being noticed by the mainstream publishing industry. *Intended for Pleasure* (Wheat & Wheat 1981) and *The Gift of Sex* (Penner & Penner 1981)—the latter couple having been trained by Masters and Johnson—provide detailed information on birth control and express deep appreciation of sex as a gift to be enjoyed in marriage. Tim and Beverly LeHaye's *The Act of Marriage* celebrates marital sexual pleasure, but disapproves of homosexuality and some sexual fantasy. All books in this category stress mutual pleasuring and the importance of female enjoyment of marital sex.

At the other end of the spectrum are various mainstream Protestants, Catholics, Jews, and Muslims who accept a processual/evolutionary worldview (Fox 1983, 1988; Curran & McCormick 1993; Heyward 1989; Kosnick et al. 1977; Nelson 1978, 1983, 1992; Nelson & Longfellow 1994; Ranke-Heinemann 1990; Spong 1988; Thayer 1987; Timmerman 1986) rather than the fixed fundamentalist worldview. In this processual worldview, the sacred divinely revealed texts are respected as

> the record of the response to the word of God addressed to the Church throughout centuries of changing social, historical, and cultural traditions. The Faithful responded with the realities of their particular situation, guided by the direction of previous revelation, but not captive to it. (Thayer et al. 1987)

The most creative and substantive analysis of the evolution and variations in biblical sexual ethics over time is William Countryman's *Dirt, Greed, and Sex: Sexual Ethics in the New Testament and Their Implications for Today*. (For a full annotated list of sexuality texts, see Cornog & Perper 1995.)

The tension between the values and morals derived from fixed worldviews and those derived from processual worldviews is evident in official church debates about sexual morality and is also experienced by church members as they struggle to find their way through the confusion resulting from these two views. But it also affects the lives of secular Americans with no connection with a church, mosque, or synagogue, because the religious debate over sexual values permeates all levels of American society, and no one can escape the impact of this debate and conflict on politics, legislation, and social policies. Table 1 is an attempt to describe in a nondefinitive way the two divergent sets of values derived from the processual and fixed worldviews. Table 2 lists some religious traditions in both the fixed and processual worldviews in the major religions around the world.

Modern America is a ferment of discourse and debate concerning relationships between sexuality and religion. This occurs on the local and personal level among church members, as well as on the administrative level among the church leadership. The vast majority of local church debates are not reported in the popular press. These debates center on the interpretations of revelation, religious truths, and the nature and place of sexuality within a particular absolutist/natural law/fixed worldview or processual/evolutionary worldview. From time to time, denominational leaders and assemblies issue authoritative statements in denominational position or workstudy papers. These formal statements are designed to answer questions of sexual morality and set church policy. However, contradictory majority and minority positions rooted in the opposing fixed and processual worldviews accomplish little beyond stirring heated debate and deferring the problem to further committee study (Francoeur 1987, 1994).

However, there is often a great difference between official church doctrine and its worldview and the views and practices of its members. For example, the most erotophilic religion in America may be grassroots Roman Catholicism as expressed and lived by the laity. Many rank-and-file American Catholics express great and amused doubt and scorn for the sexual pronouncements of the Vatican (Greeley 1995). Peter Gardella (1985) has made a strong case for the thesis that Christianity has, in fact, given America an ethic of sexual pleasure.

The Conservative Christian Coalition. Among the major forces in the American religious scene that affect public sexual mores is the conservative Christian Coalition. Among the fundamentalist Christians, one finds an extraordinary heterogeneity. There exists a large and virtually unstudied mixture of Pentecostal, fundamentalist, and evangelical/charismatic churches whose preachers expound on sexuality, marriage, family, and morality. Their opinions are diverse, and poorly known or understood by those outside their domain, especially sexologists. Two examples illustrate this: A religious pamphlet published by the Rose of Sharon Press in Tennessee, the buckle of the so-called Bible Belt in the U.S.A., extols the clitoris as the "cradle of love," and the Reverend Timothy LeHaye reminds his followers that God indeed created the delights of oral sex for married couples (only) to enjoy. No statistical data exist concerning these groups, and we know nothing about sexual behavior among individuals within these churches.

The current strength of the power of the American religious right is evident in the wide-reaching branches of Pat Robertson's political machine, the Christian Coalition, and the "electronic churches," including Robertson's cable television Christian Broadcasting Network (CBN), with annual revenues of $140 million (Roberts & Cohen 1995). A parallel conservative culture is James Dobson's multimedia empire, Focus on the Family, which includes ten radio shows, 11 magazines (including speciality publications for doctors, teachers, and single parents), bestselling books, filmstrips, and videos of all kinds, curriculum guides, church-bulletin fillers, and sermon outlines faxed to thousands of pastors every week. The popularity of Dobson's first book, *Dare to Discipline*—with more than 2 million copies sold in 1977—inspired his formation of Focus on the Family,

Table 1

A Cognitive and Normative Continuum of Sexual Values Derived from Two Distinct Worldviews, Fixed and Process, Within the Christian Tradition

	Christian Religions Type A	Christian Religions Type B
Basic vision	*Cosmos*—a finished universe	*Cosmogenesis*—an evolving universe
Typology	The universe, humankind is created perfect and complete in the beginning.	The universe, humankind is incomplete and not yet fully formed.
	Theological understanding of humans emphasizes Adam.	Theological emphasis has shifted to Christ (The Adam) at the end of time.
Origin of evil	Evil results from primeval 'fall' of a perfect couple who introduce moral and physical evil into a paradisical world.	Evil is a natural part of a finite creation, growth, and the birth pains involved in our groping as imperfect humans struggling for the fullness of creation.
Solution to the problem of evil	Redemption by identification with the crucified Savior. Asceticism, mortification.	Identification with the Adam, the resurrected but still fully human transfigured Christ. Re-creation, growth.
Authority system	Patriarchal and sexist. Male-dominated and ruled. Autocratic hierarchy controls power and all decisions; clergy vs. laity.	Egalitarian—'In his kingdom there is neither male nor female, freeman or slave, Jew or Roman.'
Concept of truth	Emphasis on one true Church as sole possessor of all truth.	Recognition that other churches and religions possess different perspectives of truth, with some elements of revelation clearer in them than in the "one true Church."
Biblical orientation	Fundamentalist, evangelical, word-for-word, black-and-white clarity. Revelation has ended.	Emphasizes continuing revelation and reincarnation of perennial truths and values as humans participate in the creation process.
Liturgical focus	Redemption and Good Friday, Purgatory, Supernatural.	Easter and the creation challenge of incarnation. Epiphany of numinous cosmos.
Social structure	Gender roles clearly assigned with high definition of proper roles for men and women.	There being neither male nor female in Christ, gender roles are flexible, including women priests and ministers.
Goal	Supernatural transcendence of nature.	Unveiling, Revelation of divine in all.
Ecological morality	Humans are stewards of the earth, given dominion by God over all creation.	Emphasis on personal responsibility in a continuing creation/incarnation.
Self-image	Carefully limited; isolationist, exclusive, Isaias's 'remnant.' Sects.	Inclusive, ecumenical, catalytic leader among equals.
Human morality	Emphasis on laws and conformity of actions to these laws.	Emphasis on persons and their interrelationships. We create the human of the future and the future of humanity.
Sexual morality	The 'monster in the groins' that must be restrained.	A positive, natural, creative energy in our being as sexual (embodied) persons "Knowing" (*yadah*), Communion.
	Justified in marriage for procreation.	An essential element in our personality in all relationships.
	Genital reductionism.	Diffused, degenitalized sensual embodiment.
	Heterosexual/monogamous.	"Polymorphic perversity," "paneroticism."
	Noncoital sex is unnatural, disordered.	Noncoital sex can express the incarnation of Christian love.
	Contraceptive love is unnatural and disordered.	Contraception can be just as creative and life-serving as reproductive love.
	Monolithic—celibate or reproductive marital sexuality.	Pluralistic—sexual persons must learn to incarnate *chesed*/*agape* with *eros* in all their relationships, primary and secondary, genital and nongenital, intimate, and passionate.
Energy conception	Competitive.	Synergistic.
	Consumerist.	Conservationist.
	Technology-driven and obsessed.	Concerned with appropriate technologies.

Table 2

A Spectrum of Ethical Systems with Typical Adherents in Different Religious Traditions

This table is an attempt to visualize the range of sexual moralities in different religious traditions and relate them in terms of their basic worldviews. There is often more agreement between different Jews, Protestants, and Catholics at one or the other end of the spectrum, than there is between Protestants, or Catholics, or Jews who disagree in their worldviews. Protestants in the covenant tradition, for instance, have more in common with liberal Catholics who disagree with the Vatican's opposition to such practices as contraception, masturbation, premarital sex, abortion, divorce, and homosexuality, than they do with their fellow Protestants who are members of the fundamentalist Christian Coalition, Eagle Forum, or Focus on the Family.

	A Spectrum or Continuum	
Tradition Source	**Fixed Philosophy of Nature**	**Process Philosophy of Nature**
Roman Catholic tradition	Act-oriented natural law/divine law order ethics expressed in formal Vatican pronouncements	A person-oriented, evolving ethics expressed by many contemporary theologians and the 1977 Catholic Theological Society of America study of human sexuality.
Protestant nominalism	Fundamentalism based on a literal interpretation of the Bible, as endorsed by the Moral Majority and the religious New Right: Seventh-Day Adventists, Jehovah's Witnesses, and Church of Latter-Day Saints	An ethic based on the covenant announced between Jesus and humans—examples in the 1970 United Presbyterian workstudy document on Sexuality and the Human Community, Unitarian/Universalists, and the Society of Friends (Quakers)
Humanism	Stoicism and epicurean asceticism	Situation ethics, e.g., the 1976 American Humanist Association's "A New Bill of Sexual Rights and Responsibilities"
Judaism	Orthodox and Hasidic concern for strict observation of the Torah and Talmudic prescriptions	Liberal and reformed application of moral principles to today's situations
Islam	Orthodox; observance of female seclusion (*purdah*) and wearing of the veil (*chador*); ritual purifications associated with sexual activities	Secular; more or less adoption of Western gender equality; flexible/lax observance of sex-associated purification rituals

While Eastern religions may, in some cases, fit in with this dualism of worldviews, the ascetic traditions of the East are positive traditions and lack the negativism towards sexuality that permeates the history of Christian asceticism and celibacy. Eastern asceticism is seen as a positive balance to the Eastern's embrace of sexuality as both a natural pleasure to be greatly enjoyed and a path to the divine union. Also, the relationship with the dichotomous *weltanschauungs* evident in Western traditions needs to be explored and explicated.

Hinduism	Ascetic tradition of monks with world-denying sexual abstinence; yoga; ritual taboos and purification rites associated with sexual activities	Sacramental view of sex with worship of male *lingam* and female *yoni*; the *Kama Sutra*
Buddhism	Ascetic tradition of monks with sexual abstinence	Tantric traditions in which sexual relations are a path to divine union

which now has an annual budget of $100 million and a staff of 1,300 workers who answer more than 250,000 telephone calls and letters a month (Roberts & Cohen 1995).

In the late 1980s, Protestant fundamentalist televangelists from the South were reaching millions of listeners. Their influence was weakened by several major sex scandals, but they continue to play a major role in the anti-abortion movement and are part of the Christian Coalition. In the same era, the National Conference of Catholic Bishops tried to establish a cable television network to bring the Catholic faith to the masses. Where they failed, a determined Catholic fundamentalist-charismatic, Mother Angelica, from Mobile, Alabama, succeeded with the Eternal Word Network, which brings ultraconservative interpretations of Catholic sexual and social morality to devoted listeners 24 hours a day.

In the southern states, on the east and west coasts, and in the populous midwest states are several hundred "mega-churches," which draw upwards of 5,000 to 20,000 faithful every week to each church. Congregations seated in upholstered theater seats are inspired by the style of a professional theater with a large choir, orchestra, large screens displaying hymn verses for congregational singing, interpretive dance, Bible lessons with soft-rock concerts, and morality plays that rival anything on music television (MTV). These mega-churches are usually huge glass and steel shopping-mall-like complexes with large theater-stage sanctuaries, scores of meeting and classrooms for a variety of activities, including aerobics, multimedia Bible classes, counseling centers, and even bowling alleys, accompanied by acres of parking space. Sermons delivered by skilled "teaching pastors" include such topics as: how to find joy in a violent world, create a "happy day" each week, find rhythm between work and rest, handle teenage children, and discipline one's mind to a biblical perspective. Youth, in particular, are attracted to the instant intimacy of this large-group, Disney-World environment. Weekly contributions from 15,000 members at one mega-church averaged $228,000, giving the church an

annual budget of almost $12 million (Roberts & Cohen 1995). With the mainstream small local churches suffering a steady decline in attendance and contributions, many of the more-traditional pastors are turning to the mega-churches for pastoral retraining. Thus, the mega-churches are establishing smaller, local congregations. It appears that the way these churches deal with sexual issues may have a major impact on American sexuality because of the large memberships they are attracting.

Emergence of a Sex-Positive Individual-Based Value System. Diotima of Mantinea, Socrates' instructress in the art of love in the *Symposium*, explained that the god Eros provides an avenue or way by which human beings reach upward to the Divine—a view modern classical scholars chauvinistically attribute to Socrates and call the "Erotic Ascent." Historically, Diotima's argument became the basis of the later Christian idea that God is Love. In Eurocentric Christianity, the first great flowering of Eros came between 1050 C.E. and 1200 C.E., when Ovid's *The Art of Love* reached Europe from Arab-Spanish sources. The synthesis of sexuality and spirituality quickly assumed major status as a popular doctrine expressed in the music of the troubadours of "courtly love."

Its most ardent opponents were the faculty of the medieval universities led by Thomas Aquinas, who developed a full and coherent alternative to the theology of the Platonic Erotic Ascent in the 13th century. The Thomistic synthesis, with its denunciation of the Erotic Ascent and analysis of the essence and goals of human sexuality in terms of a "natural law," became the official Catholic view. This synthesis is the basis on which the modern magisterium and hierarchy of the Roman Catholic Church grounds its absolute condemnation of contraception, abortion, and the practice of homosexuality. By contrast, Protestantism has been much more accepting of sexuality and sexual pleasure, and more flexible with and accommodating to such issues as divorce, contraception, abortion, masturbation, premarital sex, and even homosexuality.

However, it was not the theory of Thomistic Aristotelianism that ultimately superseded late-medieval and Renaissance beliefs in Eros. These dwindled as Europe staggered under waves of the Black Death, which ultimately killed one quarter of Europe's population; the Crusades, during which 22,000 people were killed in the Provençal city of Bezier alone; endless local wars among nobles, kings, and petty brigands where the peasants were invariably victimized; Turkish invasions; the epidemic of syphilis in 1493; peasant uprisings in Germany and England in the 1300s and 1400s; and the Inquisition, that specifically targeted women as its victims.

Protestant reformers, from Luther through Calvin, Knox, and Zwingli, not only rejected the "natural law" approach to sexual morality, but extended, strengthened, and normalized the nuclear family and the blessing of marital sex. This type of marriage was a valuable social institution for assuring the distribution of new wealth from father to son. For example, in northern European merchant families, it replaced the older, southern European models of inheritance by name, and social status by membership in a "house" (e.g., the "house of the Medici"), with this type of lineage system.

An important characteristic of the Renaissance was appreciation and acceptance of individual control of one's own life. Thus, the late 1500s and early 1600s saw a new struggle of the young to wrest control over their love affairs and marriages from their parents and families. Shakespeare's *Romeo and Juliet* epitomizes what was to become the central issue of the modern-American religious debate about sexuality and spirituality. Who is to control the sexuality of the young? Older and more powerful individuals, who have vested interests in the outcome of youthful sexuality; celibate church leaders still convinced of the unchangeable patriarchal sexual values expressed in the Genesis story of creation; or young people, who claim for themselves the right to find the right mates and express their erotic passion in a way that, for them, brings sexuality and transcendence together?

Of growing significance in the 1990s in the U.S.A. is the question of the sacred nature of Eros. Among the liberal religious bestsellers pioneering a new synthesis of sexuality and spirituality are: *Human Sexuality: New Directions in American Catholic Thought* (Kosnick et al. 1977), which was sponsored by the Catholic Theological Society of America, but was condemned by the Vatican; *Original Blessing* (1983) and *The Coming of the Cosmic Christ* (1988) by the Dominican, Matthew Fox (censured and expelled from his community by the Vatican); sociologist and erotic-novel author, Father Andrew Greeley's *Sex: The Catholic Experience* (1995); lesbian theologian, Carter Heyward's 1989 *Touching Our Strength: The Erotic as Power and the Love of God*; Presbyterian seminary professor, James Nelson's books *Embodiment* (1978), *Between Two Gardens: Reflections on Sexuality and Religious Experience* (1983), and *Body Theology* (1992); James Nelson and Sandra Longfellow's anthology on *Sexuality and the Sacred* (1994); William Phipps' *Recovering Biblical Sensuousness* (1975); Catholic-feminist theologian, Joan Timmerman's *The Mardi Gras Syndrome: Rethinking Christian Sexuality* (1986); and Episcopalian Bishop John Shelly Spong's 1988 *Living in Sin? A Bishop Rethinks Human Sexuality*. In addition, some Christians have turned to Eastern religions, particularly in the Tantric and Taoist traditions, to seek the nexus between sexuality and spirituality (Francoeur 1992).

Current and Future Religious Debate. During the 1980s, the most virulently debated issue was abortion. In 1994, between U.S. Supreme Court decisions and violence and murder by extreme anti-abortionists, support for anti-abortion stands stalled. For the majority of Americans, abortion appeared to fade as the central moral dilemma and joined the list of unresolved moral issues that includes war, drugs, crime, capital punishment, discrimination, and related social ills. Certain far-right religious leaders, who still have a devoted and vocal following and claim to speak for Christ, even conceded reluctantly that they could not win their war against abortion, and seemed to refocus their crusade on homosexuality and "the danger of homosexual rights" as their mobilizing issue.

However, with the mid-1995 success of the Republicans' conservative hundred-day Contract with America, the Christian Coalition announced its own Contract with the American Family. Two-dozen legislative proposals were introduced into Congress, including an unprecedented attempt to ban and criminalize some now-legal abortions. A bill to reinstate a ban on abortions at American military hospitals overseas was passed. Other proposed bills would ban family planning programs from including abortion counseling for low-income women and adolescents; refuse funding to institutions that favor requiring obstetric/gynecology programs to provide training in abortion procedures; overturn an executive order lifting a ban against using foreign-aid money for abortion counseling or referrals; end or restrict support for agencies, including the United Nations, that offer family planning programs with abortions funded by private money; limit federal Medicaid money for abortions to situations where the woman's life is threatened and

ban it in cases of incest or rape; ban fetal-tissue research; ban clinical testing of RU-486; restore a ban on counseling women about abortion at clinics that receive any federal money; and prohibit the federal employee's health benefit plan from covering abortion. The ultimate goal is to make all abortions under all circumstances a crime.

The list of controversial sexual issues that are religiously debated with little hope of being resolved in the near future includes:

1. Individual sexual choice: Who should be in control of one's sexuality? Should it be church leaders or people themselves, who claim the right to express their sexuality with those of their own choosing in ways that would bring them mutual pleasure, eroticism, and spirituality?
2. Contraception: Should minors have access to contraception? Should condoms be distributed in the schools? Does education about contraception and sexual behaviors outside of marriage promote "promiscuity"? Should people be free to choose the best method of contraception for themselves without religious restriction?
3. Abortion: Should women have control of their own reproductive faculty? Is the embryo/fetus a person with inalienable rights at the moment of conception or does fetal personhood develop over the nine months of gestation? When do fetal rights transcend those of pregnant women, if at all?
4. Nonmarital sexuality: Can sex outside marriage be morally acceptable? If so, under what circumstances? How can it be reconciled with traditional Judeo-Christian morality that limits sexual expression to the marital union?
5. Sexual orientation: Are homosexuality and bisexuality natural and normal states of being? Should sexually active gays, lesbians, and bisexuals be welcomed into church membership? Should they be ordained into the ministry? Should variation in orientation be presented in sex-education curricula as normal, moral, and socially acceptable?
6. Masturbation: Is self-loving and autoeroticism a natural, normal, and morally acceptable expression of human sexuality? (See the first item in Section B of American Demographics at the beginning of this chapter for an illustration of the impact this issue has had on American politics.)

The American religious, and consequent social and political debates over each of these issues are not likely to be resolved in the near future. The dichotomy of the two worldviews is too deeply embedded in the American culture to allow for a quick resolution. The more likely prognosis is for continued, tension-filled confrontations within the churches, denominations, and political/legislative arenas throughout the United States.

The Religious Right's social and political agenda deeply divides American society. Although 40% of Americans express concern about the Democrats' ties to radical liberal groups, 39% are worried by Republican ties to conservative special-interest groups like the Religious Right, the Family Research Council, Focus on the Family, Eagle Forum, and the Christian Coalition (Roberts & Cohen 1995). These results reflect the continuing diversity of worldviews within the Judeo-Christian tradition. They also indicate that these religious differences not only result in contrasting sexual ideologies, but also have an important impact on political processes in the U.S.A. more broadly. As such, religion continues to be a major American social influence.

Church of Jesus Christ of Latter-Day Saints

JEANNIE FORREST

Mormon Origins and Polygyny. One example of a particular religious group within the general Judeo-Christian heritage is provided by the Church of Jesus Christ of Latter-Day Saints (LDS), which is the fastest-growing religion in the world today. The over seven million members are known colloquially as the Mormons. They base their belief system on the Bible and additional scriptures, most significantly the *Book of Mormon*, which is understood to be a record of God's dealings with an ancient population of the American continent. The Mormons believe this book came from gold plates revealed to the church founder, Joseph Smith, in Ontario County, New York, in 1823. The church was officially organized in 1829.

The early Mormons were persecuted because their founder claimed the Bible had not been translated properly, that all other religions were false, that religious leaders did not have God's authority—the priesthood—to act in God's name, and finally that the practice of polygyny was a part of the divine plan. There was also the political reality that the tightknit Mormon communities exercised considerable local power. Interestingly, the term "polygamy" as used in LDS church history and old doctrine means the "condition or practice of having more than one spouse." A more-accurate definition of the Mormon practice of that century lies in the word "polygyny," meaning having more than one wife at one time. The role of polygyny in the church is a source of some embarrassment to mainstream modern-day Mormons, who may discuss the practice somewhat wryly as a revelation designed to build the church population at a time when they literally had to forge new communities under hardship. After several attempts to settle in an area and build a sectarian community, the Mormon pioneers ultimately settled in the Salt Lake City area of Utah, where the church is now headquartered.

Modern Mormon doctrine does not include the practice of polygyny. Church prophet and leader, Wilfred Woodruff, officially eliminated polygyny from doctrine in the *Manifesto of 1890* (Ludlow 1992). This proclamation against plural marriage ended a decade of hardship and persecution against the church members, particularly by the Republican Party that had as part of its platform elimination of the "immoral practice of multiple wives." While mainstream Mormons are not held accountable for not practicing plural marriage, they still must "suffer the curse of monogamy." Today, small fundamentalist splinter groups still practice polygyny, despite state laws against it and lack of official church acknowledgment. Even before the church abandoned its practice of plural marriage, only a small fraction of Mormon men, between 3 and 15%, had more than one wife (Murstein 1974, 350-364).

Perhaps the persecution faced by the early members of the LDS regarding their marital patterns has contributed to a unique and paradoxical tension around sexuality. On one hand, there is nothing more sacred than sex within the bounds of church-sanctioned marriage. On the other hand, rarely is there found a modern-American subculture more prohibitive and repressive about sexuality.

Salvation and Sex. To further understand this tension, one needs a basic understanding of the Mormon Plan of Salvation. Before birth, the Mormons believe, the soul is alive as an intelligence in a spirit world. During this preexistence, a variety of situations are possible, including acts of valor that would allow the soul to be born into a family of Mormons where opportunities for service abound. At birth, the soul passes through a veil of forgetfulness where all mem-

ory of the preexistence is lost (Church of Jesus Christ of Latter-Day Saints 1989; Moses 3:5, 7; Abraham 3:21-23, 35, 38; Talmage 1977).

During life on this earth, individuals face choices throughout the course of their lives that determine in which of three kingdoms they will spend eternity. The highest kingdom, the Celestial Kingdom, is reserved for those Latter-Day Saints who meet all the requirements of doctrine, one of the most important of which is marriage to another Saint in special temple rites. The exaltation and eternal life in the highest degree of the Celestial Kingdom are achieved only by faithful Mormons through the achievement and building of an eternal marriage, discussed later. (Other good people can only hope to reach the Terrestrial Kingdom, a kind of heaven on earth, while unrepented adulterers, practicing homosexuals, murderers, and other sinners are limited to the Telestial Kingdom, which some describe as a Mormon version of the Christian hell.)

[*Comment 1997*: According to Mormon tradition, "hell" is not a place, but rather a state of mind. Those who do not achieve the highest degree of glory (the Celestial Kingdom) will recognize the reward they might have had and live out their eternities with the knowledge of this lost potential. However, the Telestial Kingdom, though typically described in less-than-positive terms, is not generally thought of as the fire and brimstone of the traditional Christian hell. In fact, one prominent Mormon Church leader described the Telestial Kingdom as follows: ". . . all who receive any one of these orders of glory are at last saved, and upon them Satan will finally have no claim. Even the telestial glory 'surpasses all understanding; And no man knows it except him to whom God has revealed it'" (Talmage 1977, 92-93). (*End of comment by M. O. Bigler*)]

In Mormon belief, one's marital status is decisive for the life hereafter. Without marriage, one can only become a servant angel ministering to those who are far more worthy of glory, the truly married. But most of those who have married on earth are married for *time only* (until death), and not truly married unless they have their marriage sealed in the temple. In heaven, those who are married only for this life will be single, no better than bachelors and spinsters. (In the Mormon view of heaven, one can enjoy all the pleasures of sex, food, and other sensual delights.) Those who are married by a prophet in the temple are sealed to each other and married *for time and eternity*. Couples in a sealed marriage will remain married for eternity, and enjoy reigning in separate kingdoms. It is also possible to marry for eternity and not for time. Thus a kindly man may marry a spinster for eternity but not for time, leaving her to her celibate lifestyle here, but destined for all the delights of the Celestial Kingdom as his mate in eternity (Murstein 1974, 350-362).

Gender Roles. As with all societies, gender roles among Mormons are scripted very early in life. The LDS church plays a distinct role in gender definition and scripting. Church activities segregate children at around the age of 12: boys are guided into vigorous endeavors, such as scouting and outdoor gamesmanship, whereas girls learn household activities and crafts.

[*Comment 1997*: To clarify Forrest's comment above, it is important to note that Mormon adolescents frequently participate in mixed-gender activities. Although young men and young women generally meet separately as a part of the official church youth program (known variously as Mutual Improvement Association (M.I.A.), Mutual, and Young Men's/Young Women's Program), males and females come together for Sunday School and the Mormon worship service known as Sacrament Meeting. In addition, LDS seminaries—religious study programs for high-school-age teens (grades 9 through 12) that operate in virtually every location around the world where congregations of Mormons are found—are always conducted with male and female students meeting together. Furthermore, Mormon youth regularly attend church-sponsored dances and participate together in community activities, including school proms, holiday celebrations, and cultural events. Young Mormon women and men are encouraged to interact, though care is usually taken to provide chaperons or to direct young people into activities where the possibility of sexual contact is limited (e.g., Mormon youths are strongly encouraged by their church leaders and parents to date in groups and to establish curfews that will not keep them out past midnight). (*End of comment by M. O. Bigler*)]

It is not unusual for a preadolescent girl to have an LDS-designed poster on her bedroom wall urging her to remain "temple worthy," or reminding her of gospel precepts that will keep her safe from worldly situations. For example, one poster is of a young girl looking into a mirror in whose reflection is a vision of herself as a young woman in a bridal scene with a handsome man. The caption says, "looking forward to a temple marriage." Young men are also urged to bridle their carnal urges. Masturbation is expressly forbidden, and moral cleanliness, a requirement for any temple ceremony, essentially equates to abstaining from sexual activity before marriage.

[*Comment 1997*: In Mormon practice, "moral cleanliness" at its most basic level is understood as abstaining from sexual activity before marriage and remaining faithful to one's spouse. It is not at all equated with celibacy, as the author has implied. A pamphlet for youth, recently published by the church, makes this position clear: "Our Heavenly Father has counseled that sexual intimacy should be reserved for his children within the bonds of marriage. . . . Because sexual intimacy is so sacred, the Lord requires self-control and purity before marriage as well as full fidelity after marriage" (Church of Jesus Christ of Latter-Day Saints 1990, 14-15). (*End of comment by M. O. Bigler*)]

Gender roles become even more firmly established during transitions into adulthood. Church officials clearly define the position, duties, and destiny of women in the divine plan. Women are to be "copartners with God in bringing his spirit children into the world" (Tanner 1973); this is generally understood metaphorically without any sexual connotation. Rather than focus on the erotic element of this distinction (having babies does require first having sexual intercourse), the LDS leaders instead urge women to stay home in order to love and care for children to ensure a generation of Mormons who learn about their "duty as citizens and what they must do to return to their Heavenly Father." Women are regarded as sacred vessels, with important roles not only in childbearing, but also as positive influences on men's lives. A "general authority" in the church, Hugh B. Brown, suggests that "women are more willing to make sacrifices than are men, more patient in suffering, and more earnest in prayer" (Relief Society 1965). Women in the Mormon community are indeed known for their good works. The Relief Society is the oldest women's group in the United States and is remarkably active with community support of all kinds.

[*Comment 1997*: Most Mormons, female and male alike, continue to hold traditional views concerning gender and gender roles. In general, Mormon women today still view motherhood and caregiving as fundamental traits of a "righteous" woman. However, it is also fair to say that the beliefs of church officials and the broader membership regarding gender roles have liberalized somewhat since President Hugh B. Brown's statement in 1965. For example, in a recent

general conference of the church, Chieko N. Okazaki, First Counselor in the Relief Society General Presidency, urged LDS women to obtain an education and career training:

> Each year it becomes increasingly important for women to improve their abilities to take care of themselves and their children economically, if circumstances should require. . . . If anything, [the counsel of Elder Howard W. Hunter] has become even more relevant in the almost twenty years that have passed as the national economy has made it increasingly difficult for one wage to support a family, as more mothers are left alone to raise their children, and as more women spend lengthy portions of their lives single. He is telling all of us to use the oar of study to prepare ourselves professionally for worthy and rewarding activities, including paid employment. (Okazaki 1994) (*End of comment by M. O. Bigler*)]

LDS men have a clearly defined role as well. Men bear the responsibility and the privilege of the Priesthood, which is a spiritual calling and connection to God specifically not given to women. An exception to this is found in LDS mission work, where young women on evangelical missions for the church have a type of "priesthood calling" on a temporary basis, lasting only for the duration of the mission.

[*Comment 1997*: Throughout the church's history, Mormon women have served missions for the church. Today, young women (typically in their early 20s) are embarking on proselytizing and church service missions in ever-increasing numbers. Although Mormon men are encouraged much more strongly than are women to go on missions, teaching and preaching are not restricted to priesthood holders (males) in the church today. In fact, the priesthood is not a prerequisite for participation in most church positions, all of which are filled by lay members. Nevertheless, church leadership at its highest levels, both locally and generally, remains a function of the priesthood (male members). (*End of comment by M. O. Bigler*)]

Through the priesthood, God governs all things. Priesthood power is considered a vital source of eternal strength and energy, a responsibility delegated to men for the well-being of mankind. Holding the priesthood means having authority to act as God's authorized agent, which includes some church organizational duties. The right of worthy priesthood holders is to preside over their descendants through all ages, achieving its highest function in the family. As the presiding priesthood holder in the home, decisions relating to discipline often fall to the man, and the role of providing for the household is ultimately his, in spite of the presence of more employed Mormon women. Giving righteous advice, loving family members, and the laying-on-of-hands for healing purposes are all rights of the man of the house.

[*Comment 1997*: In the ideal Mormon household, discipline, family decisions, and the day-to-day management of the home are seen as a shared responsibility between a unified husband and wife. Although Mormon fathers have been designated the presiding authority in the family (once again a function of the priesthood), it is the mother who is typically responsible for managing the home and children. However, male church members are counseled against the misuse of their designation as leader in the home, and men have been encouraged by the prophet and president of the church himself to share in parenting and home management:

> A man who holds the priesthood accepts his wife as a partner in the leadership of the home and family with full knowledge of and full participation in all decisions relating thereto. . . . You share, as a loving partner, the care of the children. Help her to manage and keep up your home. Help teach, train, and discipline your children. (Hunter 1994, 5-7) (*End of comment by M. O. Bigler*)]

Body Theology. The Mormon doctrine about the body is worth noting since it creates another element of sexual tension. In many Christian religions, the body is considered simply a vessel housing the spirit/soul for the duration of life. For the Mormons, the body itself is highly revered and serves an eternal function. At the point of resurrection, the body of an individual is returned to "perfection," ridding it of all the faults and defects of this life. A Mormon friend of mine often queries, "Just whose version of perfection will I get in Eternity? I have a list of modifications right here."

One indication of the importance of the body is manifested by the wearing of "garments." During the Temple marriage, a couple is given special "garments" to wear. This special underwear (manufactured by the Mormon church) is designed to serve as a reminder of the sanctity of the covenants made in the temple and to protect the body from harm. A quiet Mormon joke about the garments refers to them as "Mormon contraceptives," since they must be worn next to the skin at all times and are notoriously unsexy in appearance. Women wear their foundation garments, such as brassieres and slips, over the Mormon garments. Because of the design of the garments, only modest clothing can be worn. However, the modern garments are much more relaxed and functional than traditional ones. The old versions are still available, with the tops extending just below the elbows and the bottoms below the knee, but most younger Mormon women opt for the cap sleeve and midthigh cotton versions for comfort and more choice in clothing.

[*Comment 1997*: Mormon garments (which are worn by both women and men) serve as a constant reminder of sacred covenants made in temple ceremonies. Mormons also believe that these undergarments help protect the wearer against physical and spiritual harm. In addition, the design of the underclothing encourages the wearing of modest clothing. Although temple garments are to be worn day and night under normal circumstances, church members are not required by either doctrine or dictum to keep their underclothing on during activities such as bathing or while participating in sporting events. Nor are faithful Mormons required to wear their garments during sexual activity. (*End of comment by M. O. Bigler*)]

Adolescent Dating. Adolescent dating rituals are very similar to those of other conservative American cultural groups. As LDS children grow older, the church plays more of a role in their lives, interweaving doctrinal and social activities. The transitions through church steps for adolescents are made in tandem with all their church peers. For instance, at 8 years old, children reach the "age of understanding" and are baptized into the church. Many of their peers are also taking this step, which takes on social significance in the form of family gatherings and informal parties. Later, dating is encouraged in group settings around church activities, since this context is most likely to encourage an interfaith marriage. Teens are often told, "if you don't date outside, you won't fall in love outside, and you won't marry outside the faith."

[*Comment 1997*: Dating among Mormon teens is not restricted solely to church activities, although local congregations do often sponsor teen-oriented events, such as dances, firesides (discussions of religious topics especially relevant to teens), and cultural activities (plays, concerts, art exhibits, etc.). While dating outside of the church is not strictly forbidden, it is, as the author states, discouraged by church leaders and parents in an effort to reduce the chances that a member will marry outside of the church. Families of particularly staunch members are likely to view the marriage of a

child to someone from outside of the church as a lamentable and perhaps even shameful event. Although Mormons who are married to nonmembers are not excluded from church activity or normal religious practice, one's relationship to the church is undoubtedly affected by the "part-member" status of the family. (*End of comment by M. O. Bigler*)]

At Brigham Young University, a Mormon-owned and operated institution in Provo, Utah, approximately 45 miles (72 km) south of Salt Lake City, a subculture of dating reigns. Known to be an ideal place for Mormon youth to find a same-faith marriage partner, it is also a hotbed of sexual exploration. Mormon coeds fine-tune their "NCMOS," (pronounced "nick-moes"), which is an acronym for "noncommittal make-out sessions." These sexual forays include "everything but intercourse": extensive kissing, petting, and "dry humping" (rubbing bodies) is common, but touching of the genitals is typically off-bounds, as is penetration of any kind.

[*Comment 1997*: Brigham Young University, the oldest private university west of the Mississippi River, boasts a student body of more than 30,000, comprised almost entirely of young Mormons who come from every state in the country and many nations outside of the United States. The amount and types of sexual activities that the author reports occur among BYU students are not all that atypical of young college students in general. However, given the strict code of sexual conduct that Mormons have for themselves, even nongenital sex play and sexual activity short of intercourse give BYU the appearance of a "hotbed of sexual exploration." At the same time, such activity also suggests that young Mormons have healthy sexual appetites, and perhaps are not as peculiar as it may first appear when compared to their peers on other American campuses. (*End of comment by M. O. Bigler*)]

Marriage, Sex, and the Celestial Kingdom. In order to access the Celestial Kingdom, a couple must marry in the temple. These temple rites seal the two partners together not just for life, but for all eternity. When a couple is in the Celestial Kingdom together, they can enjoy the full experience of their resurrected and eternally perfect bodies. The purpose of the sealed marriage is primarily to ensure the eternal connection between partners, allowing them to procreate and populate their own worlds (eternal procreation). An essential precept, "As man is, so God once was; as God is, so man can become," guides heterosexual couples through life with the promise that they, as the God they worship has done, will become creators of their own world (Murstein 1974).

Although not formally prohibited, birth control is regarded with clear reservation by church members, since large families are viewed favorably. Women who leave the Mormon church often refer, "with tongue in cheek," to their loss of opportunity to bear children during the afterlife. One woman commented, "At least I know I won't be barefoot and pregnant through time and eternity."

[*Comment 1997*: While birth control is regarded with reservation by many church members and authorities, various forms of contraception are commonly practiced, even by active, faithful members. Today, the decision to use birth control is left to the discretion of the couple. (*End of comment by M. O. Bigler*)]

The gender roles established early in the life of the couple are metaphorically established again during the marriage ceremony. The order of the Plan of Salvation is clearly outlined during the ceremony, as is the order of the household that symbolically supports the Divine Order when it is in accord with the Plan of Salvation. An interesting element of the temple marriage is the giving of a name to the bride, known only to her husband. This name is for the use of the husband in calling his wife to him in the afterlife. She does not have access to his secret name—the calling of partners in eternity is purely a masculine prerogative. The giving of the name to the bride is kept secret from outsiders, as is much of the rest of the ceremony, which is closed to all those without special church endowments. Mormon church weddings are different from typical American weddings in that only worthy LDS family members and friends are allowed into the temple to observe the ceremony itself. If a family member is an inactive church member or a nonmember, they will be excluded from the wedding ceremony, joining the party outside the temple or at the reception.

In the face of the lack of sexuality education, the first act of sexual intercourse for a good Mormon is likely to be ill-informed. One contemporary of mine recalls her first sexual experience, which took place after an LDS temple marriage: "We were both virgins, and it literally took us several weeks to consummate the marriage by having intercourse. We had been raised to believe sex was a sacred thing, so we just sat in bed, prayerfully, kissing gently and waiting for something to happen. Obviously, something finally did, but I was dreadfully disappointed. It not only didn't feel sacred, it didn't even feel good." This particular couple did not seek therapy for support or education, relying instead on the Holy Spirit, a decision common among LDS couples.

Because the church operates with a lay ministry, the local bishop has an enormous influence on how issues of sexuality are handled. In most instances in which married couples face difficulty with sexual relations or general marital dissatisfaction, the bishop is the first and most likely source of comfort and counsel. Often the bishop is just a kindly intentioned neighbor with limited or no training. Many times, his response is based on his own experience, attitudes, aversions, and parental training. Some extremely compassionate bishops give forgiving responses to an individual who has erred sexually. Some bishops advise specifically against such behaviors as oral or anal sex. Others, repulsed by the vulgarity of even discussing the topic of sexuality, take refuge in esoteric spiritual or academic language or avoid the topic altogether. Still others may be open-minded and suggest that either the lay ministry has an extremely limited role in the bedroom of other folks or advise liberal measures, such as doing whatever works best for the couple involved. If marriage counseling is clearly needed, a referral may be made by the bishop to the LDS Social Services or to an LDS therapist, who can give professional advice with an empathy for the doctrinal requirements. In sharp contrast, other bishops respond with an injunction to leave the fellowship if someone has premarital intercourse, commits adultery, or engages in homosexual relations, all of which are forbidden by church doctrine.

[*Comment 1997*: Problems that result from limited sexuality education coupled with well intentioned but poorly trained lay clergy are compounded for Mormons by a dearth of LDS therapists and other mental-health professionals who have specific training and experience in the area of sexuality. (*End of comment by M. O. Bigler*)]

Divorce is discouraged, but not uncommon. The divorce rate in the state of Utah, in spite of a predominantly LDS population, matches those of many states. Even marriages sealed in the temple are now relatively easy to unseal. Remarriage from a doctrinal standpoint is difficult to comprehend in light of the eternal marriage concept, but temple divorces will officially separate the couple for the purposes of the Celestial Kingdom.

[*Comment 1997*: If a temple divorce has been granted, a second marriage can be sealed in a Mormon temple. Marriages that take place outside of the temple are officially

recognized by the church as legal and valid, with the understanding that these unions will not carry on into the eternities. (*End of comment by M. O. Bigler*)]

The Mormon Family. An ideal Mormon family works together, putting the sense of "family" first, honoring the doctrine that families will endure throughout eternity. It is a rare LDS home that lacks some visible reminder of this doctrine in an embroidered or otherwise handcrafted item proclaiming, "Families are Forever." The cultural value placed on family as a priority distinctly impacts those who choose not to have children, making those couples at least the object of social curiosity, if not censure.

Utah, the Mormon Mecca, is culturally oriented toward family because of the LDS church influence. Exemplifying this is Enid Waldholtz, the Republican congresswoman elected to office in 1994 from Utah, who is only the second member of Congress to bear a child while in office. This choice on the part of LDS Congresswoman Waldholtz clearly cemented her popularity among her Mormon constituents. She made a clear statement about her support for family life by meeting one of the most basic expectations of a Mormon couple with this childbirth.

Sex Education. Children are taught about sexuality more by implicit measures than direct and overt messages. Sexual exploration at a very early age is treated with quiet but firm repression. Mormon adults often describe their sense of guilt at their developing sexuality, often beginning at a very early age. These ideas are often disseminated by parents during "morality lessons," which might include the suggestion of singing hymns if "impure thoughts" enter one's mind, or using affirmative reminders that one's primary objective is to reach the Celestial Kingdom, which demands the purity of the body temple. "Impure thoughts" are usually not specifically defined, but are so pervasively assumed to be sexually related that many Mormon adults still claim to equate words such as "purity" and "morality" with specific sexual connotations.

In spite of the importance placed on having babies in a married state, very little formal education is done regarding sexuality and pregnancy. Countless times after I have made a simple junior- or high-school presentation on HIV prevention, students have lined up to ask me other "related" questions, often regarding basic body functioning, for example, "I haven't started my period. . . . How do I know if I'm pregnant? . . . Can I get pregnant from kissing?"

[*Comment 1997*: Mormon families are counseled by their leaders to hold a weekly Family Home Evening each Monday night. This is a specially designated time during the week for the family to join together to study religious topics, enjoy activities outside of the home, or address important family issues. Family Home Evening, as it has been outlined, provides LDS families with a perfect opportunity to provide sexuality education in the home within the framework of the family's own value system. After observing this practice among Mormon families, Dr. Ruth Westheimer and her colleague Louis Lieberman noted:

> In particular, we have been impressed by the manner in which the Church of Jesus Christ of Latter-day Saints (the Mormons) has approached the difficult task of teaching moral and ethical precepts in the area of sexuality. If Jews, Italians, Chinese, and Japanese, among other groups, may be said to be child-centered societies, the Mormons must be said to be family-centered, par excellence. There appears to be a structured, systematic, integrated and total approach to morality through the family. Thus, sexual morality is taught as part of a system and way of life that focuses on the goal of eternal or celestial marriage. The church reaches out to the family through many media: songs, family meetings, family resource books, television, videos, etc., to provide the Mormon perspective on all aspects of sexuality for all family members. (Westheimer & Lieberman 1988, 109)

[Unfortunately, all too often, Mormon families fail to take advantage of this valuable resource, and miss an obvious opportunity to educate their children about matters related to human sexuality. (*End of comment by M. O. Bigler*)]

Many couples marry with limited information even about the act of intercourse. If they have been properly parented in the faith, they will have been protected from exposure to sexual or "perverted" images. A Mormon church leader, Dallin Oakes, in a speech at Brigham Young University, said "We are surrounded by the promotional literature of illicit sexual relations on the printed page and on the screen. For your own good, avoid it." He added, "Pornographic or erotic stories and pictures are worse than filthy or polluted food. The body has defenses to rid itself of unwholesome food, but the brain won't vomit back filth."

Biological information about menstruation is disseminated clinically. Some women recall this clinical information as imbued with a sense of shame, in which menstruation is described as a sickness or something one does not discuss in polite company. For example, I dated a Mormon man who was so unfamiliar with menstrual issues and women's bodies—in spite of having several sisters—that he did not know what the purpose of a tampon was or how it functioned.

Abortion. Abortion is considered a most venal sin. Since Mormon doctrine regards the bearing of children as an opportunity to bring "spirit" children into an earthly form, abortion is not only considered murder, but in addition, a denial of a body for a predestined soul.

Gay Culture. Both the San Francisco and New York gay cultures take special note of the Brigham Young University gay underground, famous for its size and covert scope. Many of the returning missionaries come back to BYU to find a mate and resolve the same-sex desires often stirred on the two-year LDS mission strongly encouraged by the Church with strictly enforced male-only companionship.* Sometimes that resolution does not come easily. Support groups for Mormon homosexuals in the Provo and Salt Lake area around BYU give voice to the pain of these men. Lesbians face the same dilemma, since they are surrounded by the cultural pressure to marry and have families.

The divine mandate of heterosexual marriage regards homosexuality as a repudiation of the gift and giver of life. Thus, homosexuality is regarded as a direct violation of God's plan, which is that men should cleave to women. Sexual relations between any nonmarried persons is considered sinful and homosexuality falls into this category. According

---

[*A note on LDS missionary services: Mormon men are strongly encouraged (*not* required) to serve a two-year mission at the age of 19. Formal sanctions are not imposed on those males who choose not to go on a mission. However, in a strong Mormon family or LDS community, social sanctions can be quite severe. The status of "Returned Missionary" is a valuable asset to a young man's marriage potential. In contrast, the decision not to serve a mission—or worse yet, leaving on a mission and returning home early—often brings shame to both the young man and his family. Mormon women, on the other hand, can choose to go on an 18-month mission at the age of 21. However, the expectation of service is not nearly as great for females as it is for males, and the decision not to go, particularly if a young woman opts to get married instead, results in few, if any, negative repercussions. (*End of comment by M. O. Bigler*)]

to Dallin Oaks, one of the church apostles, "Eternal laws that pertain to chastity before marriage and personal purity within marriage apply to all sexual behavior. However, marriage is not doctrinal therapy for homosexual relationships" (Ludlow 1992). Since so much of the restored gospel hinges upon the legally and temple-wedded heterosexual couple, practicing homosexuals are excommunicated.

Often the feelings of a gay person meet responses of incredulity on the part of parents and church leaders. One parent counseled his son not to act on his "supposed" same-gender feelings, "to date young women seriously, to wait and see" (Schow et al. 1991). Because homosexual couples cannot reproduce, this parent urged his son to "choose otherwise." The church offers "counseling to those who are troubled by homosexual thoughts and actions" in order that they might become acceptable to God. Repentance is offered in these circumstances. "Homosexuality and like practices are deep sins; they can be cured; they can be forgiven" (*Church News* 1978). In order to remain a Mormon in good standing, homosexuals must remain celibate and refrain from all same-gender eroticism. Acceptance is not advocated at any level.

[*Comment 1997*: The current Mormon position on homosexuality can be described as one of limited tolerance. Because sexual activity is reserved for marriage, and same-sex relationships are not recognized by most legal bodies or by the church, homosexual activity is therefore forbidden. As the author correctly notes, to continue to be a Mormon in good standing, homosexual men and women must remain celibate and refrain from all same-sex sexual activity. The church's position officially allows for individuals who are sexually attracted to members of the same gender to remain fully involved in church activities, so long as there is no sexual activity. This stance, though still extremely restrictive, is quite a departure from past policy and practice when virtually any indication of same-sex attraction could be used as grounds for excommunication. However, despite the apparent shift in thinking toward greater acceptance, it remains difficult, if not impossible, for members who feel a same-sex attraction to continue to actively practice Mormonism. Unfortunately, homophobia is often a more-powerful emotion for many church members than the New Testament challenge to "Love thy neighbor as thyself." Frequently, this homophobia is internalized and, despite Ludlow's declaration that "marriage is not doctrinal therapy for homosexual relationships," many gay, lesbian, and bisexual Mormons follow the traditional course that has been set for them by getting married and starting a family. Some carry on with a heterosexual life and take the secret of homosexuality to the grave. Others find their true sexual feelings too powerful to deny and may have clandestine same-sex relationships or seek out friendly advice, often from a bishop or other church authority. For those who acknowledge same-sex attraction, reparative or reorientation therapy is a common recommendation. These programs have demonstrated little lasting success in changing sexual orientation. Participation in reparative or reorientation therapy is often experienced as the ultimate failure, since the promise of change is directly linked to the sincerity and worthiness of one's efforts.

[Change-orientated therapy, therefore, is commonly the final step for many gay, lesbian, and bisexual Mormons before leaving the church or being asked to leave. In the end, homosexual Mormons are often left with a choice between their church and their sexuality. Because the two are diametrically opposed, there is little room for compromise. (*End of comment by M. O. Bigler*)]

Summary. The Mormon culture is distinct in many ways. Known for hard work, loyal families, and abstinence from alcohol and tobacco, the Mormons are steadfast in their maintenance of traditional family values. Sexually conservative and repressive, Mormon doctrines may be the ideal for people disillusioned with or anxious about the liberalization of sexual attitudes and practices occurring in the United States in recent decades. According to the 1995 United States census, Utah—with a 70% Mormon population—ranks first in fertility and last in teen pregnancy. The Mormons, long considered remarkable for their nearly anachronistic traditional values, may actually be on the cutting edge of the Christian Right's abstinence- and morality-based vision of American family life.

[*Spirituality-Sexuality Movements*

LORAINE HUTCHINS

[*Editors' Note*: The basic sexological premises that underlie American sexual attitudes, values, and behavior are derived from the 2,000-year-old Greco-Roman philosophies of the Stoics, Zoroastrians, Platonic and Neoplatonic dualists, and many popular Gnostics. If anything can be said about these philosophies, which the early Christians adopted, it is that they were and are clearly anti-pleasure, anti-sex and anti-woman. This is radically true of all Euro-American cultures, but especially true of American culture, because of the sex-negative values the poorer immigrants and Puritans brought with them to the colonies. With its ongoing incarnational mission, Christianity should have, but did not develop a sex-positive integration of sex and spirit. One consequence of the resulting pervasive religious repression of sex that emerged early in the sexual revolution of the 1960s was the development of grassroots, at times spontaneous-combustion efforts to rejoin and integrate sexuality and spirituality. Factors in this phenomenon include the flowering of women's liberation, the advent of the "pill," the breakdown of religious and social condemnations of premarital sex, gay/lesbian/bi/trans liberation, and a growing interest in the more sex-and-pleasure-positive philosophies of Taoism and Tantra (Francoeur 1992).]

[*Update 2003*: We could say the impulse to integrate sexuality and spirituality is at the erotic core of creation. The need to reintegrate them began when the customs of people who revered the Earth were smashed apart by dominators.

[Seeds to the emerging spirituality-sexuality movement are found in the ancient Eastern ways of Taoism and Tantra and the sexual liberation movements of the 1960s and 1970s. By the 1980s, the teachings of Baghwan Shree Rajneesh (Osho) (1977) and his many students, such as Margo Anand (1991), gave new life to practices that would heal the split between sexuality and spirituality. It is no coincidence that this erotic-spiritual awakening bloomed in the face of AIDS. The increasing visibility and leadership of women and sexual minorities also profoundly changed the face of this movement to reintegrate sex and spirit. Among the more visible are sexologists Annie Sprinkle and Joseph Kramer, who teach sacred erotic massage and sacred intimacy mentoring in ways that bridge the gaps between women and men, gays and straights. In 1997, Deborah Taj Anapol convened a national Celebration of Eros, a Conference on Sacred Sexuality, bringing together for the first time, teachers from Tantric, Taoist, Sufi, Buddhist, Jewish, Pagan, Wiccan, Occult, Native American, and Afro-Caribbean traditions. The blossoming of groups and training programs continues to grow every year.

[The U.S. spirituality-sexuality movement sparks most intensely in retreat centers and gathering places, such as Shalom Mountain (Livingston Manor, NY), Omega Institute (Rhinebeck, NY), Harbin Hot Springs (Middletown, CA), Wildwood (Guerneville, CA), Kirkridge (Bangor, PA),

Burning Man (Black Rock City, NV), the Body Sacred (Livingston Manor, NY), Esalen (Big Sur, CA), Dawn Manor (Livingston Manor), Short Mountain (Radical Faery Center, Liberty, TN), Ramblewood (Darlington, MD), Sacred Connections (various locations in CA), and American Ridge (a campsite outside Seattle, WA). Integration of different views and approaches occurs in state parks at summer festivals, in the special temple rooms of sex-workers redefining their own erotic ministries, in covens meeting down side roads, in church halls, on shores, and in meadows.

[Among the more influential resources are the following—listed alphabetically: Margo Anand's *The Art of Sexual Ecstasy: The Path of Sacred Sexuality for Western Lovers*; Bodhi Avinasha and Sunyata Sarasswati's *The Jewel and the Lotus: The Tantric Path to Higher Consciousness*; Georg Fuerstein's *Enlightened Sexuality: Essays on Body-Positive Spirituality*; Donald Kraig's *Sex Magick: Sacred Erotic Spirituality*; Miranda Shaw's *Passionate Enlightenment: Women in Tantric Buddhism*; and Kenneth Ray Stubbs' *Women of the Light: The New Sacred Prostitute*. Jenny Wade's *Transcendent Sex* presents ordinary women's and men's accounts of transcendent sex experiences (without drugs and Tantra) connecting heart, genitals, soul, and spirit. Each of these practitioners/teachers represents a different aspect of the emerging "sacred sexualities" movement in the U.S. The Quodoshka website, http://www.spiritualsexuality.com, is maintained by teachers trained by Harley Swift Deer and presents a very influential strain not represented in the books listed here.

[The network of modern spirituality-sexuality integration is being created at all these places, through the stories participants tell, the practices taught privately, on websites, and in chat groups. Knowledge of this reintegration lives in the doing and in being. Every time we use our spines as breath-flutes, all our organs are instruments of praise. We are just beginning to create communities that reclaim and celebrate these ancient ways of healing the broken vessel of our world, of teaching each other how to reweave the roots and impulses that make us whole. (*End of update by L. Hutchins*)]

B. Racial, Ethnic, and Gender Perspectives

In addition to the religious factor, two other social factors continue to exert considerable influence on American sexual ideologies and practices, race/ethnicity and gender. In this section, we examine the sexual customs of two of the largest racial and ethnic minority groups in the U.S.A., African-Americans and Latino-Americans, followed by a look at Native Americans. Next, we examine the effects of feminism and feminist perspectives on sexuality in America and sexological research, and the emerging perspectives of men on these issues. Finally, we look at the concept of heterophobia.

African-American Sexuality HERBERT SAMUELS

The term African-American is widely and often carelessly used to suggest or imply that the more than 30 million African-Americans constitute some kind of homogeneous community or culture. This is both contrary to reality and dangerous, as the term properly includes a rich diversity of very different, and often distinct subcultures, each with its own set of sexual values, attitudes, and behavioral patterns. Included under the rainbow umbrella of African-Americans are urban African-Americans in the northeast, ranging from Boston south to Washington, D.C., African-Americans in Los Angeles on the West Coast, and African-Americans in urban centers in the southern states. Rural African-Americans are often quite different from urban African-Americans, even in nearby metropolitan centers. Socioeconomic and educational differences add to the diversity of African-American subcultures. This perspective is essential to avoid overgeneralizations about the observations provided here.

Historical Perspective. A review of the past record reveals that many white Americans have regarded the majority of African-Americans as representing the sexual instinct in its raw state. This belief that African-American sexual behavior is somehow more sordid and crude than the sexual behavior of white Americans is by no means a new concept. Reports dating from the mid-16th century depict the sexual behavior of Africans as bestial. The same descriptions were later applied to the Africans brought to the New World by the slave trade.

Moreover, the folk view of the sexuality of blacks is often hard to distinguish from what appears in the scientific literature. In the guise of science, some investigators have presented such conclusions as: 1. African-American men and women are guided by "bestial instinct" (DeRachewiltz 1964; Jacobus 1937; Purchas 1905); 2. the black man is more animalistic in bed (DeRachewiltz 1964; Jacobus 1937; Purchas 1905); 3. the black man's penis is larger than the penis of the white man (DeRachewiltz 1964; Edwardes & Masters 1963; Jacobus 1937); 4. the black man is a sexual superman whose potency and virility is greater than the white man's (DeRachewiltz 1964; Jacobus 1937; Jefferson 1954); 5. the black man's reproductive capacity is colossal (Jacobus 1937); 6. black men are obsessed with the idea of having sex with white women (Edwardes & Masters 1963; Fanon 1967); 7. all black women want to sleep with anyone who comes along (DeRachewiltz 1964; Jacobus 1937; Rogers 1967); and 8. black women respond instantly and enthusiastically to all sexual advances (DeRachewiltz 1964; Jacobus 1937). Blacks have also been characterized as holding more-permissive attitudes regarding extramarital affairs (Bell 1968; Christensen & Johnson 1978; Houston 1981; Reiss 1964, 1967; Roebuck & McGee 1977; Staples 1978). This simplistic notion may well misrepresent the complexity of African-American sexual values. According to Robert Staples (1986, 258),

> Blacks have traditionally had a more naturalistic attitude toward human sexuality, seeing it as the normal expression of sexual attraction between men and women. Even in African societies, sexual conduct was not the result of some divine guidance by God or other deities. It was secularly regulated and encompassed the tolerance of a wide range of sexual attitudes and behaviors. Sexual deviance, where so defined, was not an act against God's will but a violation of community standards.

Gender, Gender Role, Sex, Love, and Marriage. Gender and gender roles are culturally defined constructs that determine the boundaries of acceptable and unacceptable behavior for men and women. These notions are often based on stereotypes—a fixed, oversimplified, and extremely distorted idea about a group of people. In the general American culture, the traditional stereotyped female is gentle, kind, dependent, passive, and submissive. The traditional stereotyped male is tough, brutal, independent, aggressive, and intractable. Any deviation from one's expected gender role may be met with skepticism about one's psychological health. For example, the traditional view of the black male—as it relates to gender-role identification—is that he has been emasculated by the experience of slavery and is suffering from gender-identity problems because of absent or inadequate male role models. Moreover, because of these two problems, he has a more-feminine gender identity than white males (Grier & Cobbs 1968; Glazer & Moynihan 1964; Pettigrew 1964;

Wilkinson & Taylor 1977). Grier and Cobbs (1968, 59) suggest that:

> For the black man in this country, it is not so much a matter of acquiring manhood as it is a struggle to feel it is his own. Whereas the white man regards his manhood as an ordained right, the black man is engaged in a never ending battle for its possession. For the black man, attaining any portion of manhood is an active process. He must penetrate barriers and overcome opposition in order to assume a masculine posture. For the innermost psychological obstacles to manhood are never so formidable as the impediments woven into American society.

Pettigrew (1964) supported the notion that black males are more feminine than white males because of certain responses to items in the masculinity-femininity scale on the *Minnesota Multiphasic Personality Inventory* (*MMPI*). Two items that Pettigrew noted were the statements, "I would like to be a singer" and "I think I feel more intensely than most people do." Black males responded more positively to these statements than did white males. This pattern was interpreted to mean that black males are more feminine than white males. Pettigrew based his conclusion regarding the black male's gender identity on two studies. One study included a sample of Alabama convicts; the other was a group of veterans with tuberculosis! As Pleck (1981) notes, these are hardly representative samples.

In contrast to the emasculated, feminine, black male hypothesis, Hershey (1978) argues that black males have a stronger masculine identity than white males. In her study of sex-role identities and sex-role stereotyping, the black men's mean masculinity score was significantly higher than the mean masculinity score of the white men in her sample.

To the extent that African-American males have been emasculated by gender-role stereotyping, African-American females have been defeminized by gender-role stereotyping. The so-called black matriarchy has been historically blamed for the deterioration of the black family, because black women have greater participation in family decision making in a society where male control is the "normal rule." Because white stereotyped norms are violated, African-American women are seen as being domineering. By virtue of the historical legacy of slavery and discrimination against African-American men, African-American women were in the labor market, received education, and supported their families.

According to Staples,

> Sex relations have a different nature and meaning to black people. Their sexual expression derives from the emphasis in the black culture on feeling, of releasing the natural functions of the body without artificiality or mechanical movements. In some circles this is called "soul" and may be found among peoples of African descent throughout the world. (Cited by Francoeur 1991, 90-92)

In a practical sense, this means that black men do not moderate their enthusiasm for sex relations as white men do. They do not have a history of suppressing the sexual expression of the majority of their women while singling out a segment of the female population for premarital and extramarital adventures (Staples 1977, 141-42).

The major problem with such studies is that few have questioned the stereotyped assumptions regarding gender-role socialization upon which their conclusions are based.

Views and Practices of Sex Education. Black males and females are socialized very early into heterosexual relations by their culture and extended-family system. The less-stringent age and gender-role orientations that are evident in the black community exposes children at an early age to a more permissive sexual ethos. Many African-Americans perceive sex as a natural function; thus, children are not hidden from discussions of a sexual nature.

Academically, many sexuality or family life education programs employ the Health Belief Model, not only as a way to predict sexual behavior, but to facilitate behavior change. This model has certain assumptions that are based on Euro-American social norms. These norms may not be consistent with the beliefs and values of many African-Americans. Mays and Cochran (1990) correctly maintain that such attitude-behavior models

> assume that people are motivated to pursue rational courses of action. They further assume that people have the resources necessary to proceed directly with these rational decisions. . . . Black Americans confront an environment in which much of their surrounding milieu is beyond their personal control. Models of human behavior that emphasize individualistic, direct, and rational behavioral decisions overlook the fact that many blacks do not have personal control over traditional categories of resources—for example, money, education, and mobility.

For many African-Americans, educational models that place emphasis on social norms and the extent of commitment to social responsibilities, rather than those that value individualistic rational reasoning, may be better predictors of future behavior.

Masturbation. Most studies indicate that African-American men and women masturbate less than do white men and women. In a recent national study, *The Social Organization of Sexuality* (Laumann et al. 1994), one third of white men and 56% of white women reported that they had not masturbated at all in the past year. However, black men were almost twice as likely to report that they had not masturbated at all during the past year, and about 68% of black women reported that they did not masturbate in the past year. However, those African-Americans who do masturbate demonstrate the same childhood, adolescent, and adult patterns as their white counterparts. Blacks may not acknowledge that they masturbate as readily as whites, because of the belief that admitting that one masturbates means one is unable to find a sex partner.

Children and Sex. African-American children, according to Staples (1972), are socialized very early into heterosexual relations by their culture and extended-family system. This socialization pattern exposes them at an early age to a more permissive sexual ethos. Thus, African-American children may have a knowledge of sexual intercourse, masturbation, condom usage, and other sexual practices at a younger age.

Adolescents and Sex. Compared to white teenagers, African-American teenagers begin coitus about two years earlier, on the average, and are more likely to progress directly from light petting to sexual intercourse (Brooks-Gunn & Furstenburg 1989). Consequently, African-American females may be at greater risk of pregnancy.

Black men start dating earlier, are more likely to have a romantic involvement in high school, have the most liberal sexual attitudes, and are most inclined to have nonmarital sex without commitment (Broderick 1965; Larson et al. 1976; Johnson & Johnson 1978). (See Section 5B for additional data comparing black and white adolescent sexual patterns.)

Adults. In the aftermath of the Civil War, blacks married in record numbers because, under the inhumane institution of slavery, legal marriage had been denied to them. Three out of four black adults were living in intact nuclear families by

the early part of the 20th century, and the overwhelming majority of black children were born to parents who were legally married. Today, an African-American child has but a one-in-five chance of being raised by two parents (Chideya et al. 1993). Out-of-wedlock births have risen since the 1960s, particularly among African-Americans. Two out of three first births to African-American women under the age of 35 are now out of wedlock.

Traditionally, women in American society have tended to marry men in their own social class or to "marry up" to a higher socioeconomic group. This pattern has been substantially disrupted among African-Americans, largely because of a distorted gender ratio among blacks. This imbalance in the proportion of males and females of marriageable age has been present for several decades, but has become exacerbated in recent years. By the 1990s, there were roughly 50 adult African-American women for every 42 African-American men, largely because of abnormally high rates of black-male mortality and incarceration (Staples & Johnson 1993). Because the proportion of African-American women who attend college and earn degrees is much higher than the rate for men, this problem is even more severe for higher-status women. As a result, increasing numbers of black women are remaining single or marrying partners from lower-status groups (i.e., less education and/or income). There is no evidence that large groups of black women are choosing to marry outside their race (Staples & Johnson 1993).

Joseph Scott (1976) has argued that these social conditions are largely responsible for the emergence of a pattern he calls "mansharing." Mansharing is a lifestyle where a number of African-American women, each of whom typically maintains her own separate residence, "share" a man for intimate relationships. Typically, he splits time living with each of the women. Scott (1976) argued that mansharing represented the appearance of a new, polygamous family form in the African-American community. However, we want to stress that this does not mean that black women like or prefer this lifestyle. Cazenave (1979) has noted that lifestyles can sometimes be imposed by external social constraints. There is some evidence (Allen & Agbasegbe 1980) that most black women do not approve of mansharing as a lifestyle, but feel they have reduced options in an environment with few eligible male partners. Scott concluded that:

> Until there is some way to correct the sex ratio imbalance and until blacks control the economic and welfare institutions in such a way to stop the breaking up of black monogamous relationships we cannot be too harsh on black men and women who find some satisfactory adjustments in sharing themselves and their economic resources in a new, at least for this society, family form which meets their most basic needs. (Scott 1976, 80)

Homosexuality and Bisexuality. Attitudes within the African-American community reflect those in the majority culture. According to Staples (1981), homosexuality may be tolerated in the black community but will not be approved openly. Bell and Weinberg (1978), in their study of homosexuality, found that black male homosexuals tended to be younger than their white counterparts, had less education, and were employed at a lower occupational level. Moreover, black male gays more often expressed the belief that their homosexuality and homosexual contacts had helped more than hurt their careers.

Compared to black gay males, black lesbians had fewer transient sexual partners. Most reported that the majority of their sexual encounters were with women for whom they cared emotionally.

Coercive Sex and Pornography. The incidence of rape among African-Americans has been subject to some controversy. According to the Department of Health and Human Services, 683,000 adult women were raped in 1990. By contrast, the National Victim Center estimated that there were 130,236 rapes in 1990 and 207,610 in 1991. Although earlier reports indicated that African-American women were more likely to be sexually assaulted than white women, newer studies do not find any statistically significant difference between African-American and white samples. The historical notion that most rapists are black men is totally without merit; indeed, most rapists and their victims are members of the same race or ethnic group.

There is an important difference between the attitudes of those whites who support the antipornography movement in the United States and the lack of interest this issue stirs among African-Americans. For African-Americans, as Robert Staples (1986, 258) argues, issues of poverty, education, job opportunities, and teenage pregnancy are far more pressing concerns than the crusade against pornography.

> Rather than seeing the depiction of heterosexual intercourse or nudity as an inherent debasement of women as a fringe group as [white religious conservatives and] feminists claim, the black community would see women as having equal rights to the enjoyment of sexual stimuli. It is nothing more than a continuation of the white male's traditional double standard and paternalism to regard erotica as existing only for male pleasure and women only as sexual objects. Since that double standard has never attracted many American blacks, the claim that women are exploited by exhibiting their nude bodies or engaging in heterosexual intercourse lacks credibility. After all, it was the white missionaries who forced African women to regard their quasi-nude bodies as sinful and placed them in clothes. This probably accounts for the rather conspicuous absence of black women in the feminist fight against porn.

Contraception and Abortion. Since the early 1970s, many in the African-American community have viewed contraceptive use as a form of genocide advocated by whites. Thus, control over reproduction has had political and social implications.

The majority of women having abortions are white. Although 12% of the population is of African-American ancestry, black women constitute approximately 31% of the women who seek abortions. There is a history of forced sterilization against African-Americans, which many perceive as a form of genocide similar to contraception.

STDs and HIV/AIDS. In 1932, the United States Public Health Service recruited 600 African-American men from Tuskegee, Alabama, to participate in an experiment involving untreated syphilis. The aim of this study was to determine if there were any racial differences in the development of syphilis. The Tuskegee participants were never informed that they had syphilis. This wanton disregard for human life allowed the disease to spread to the sexual partners of these men, as well as their offspring. This experiment continued until 1972! The repercussions from the "Tuskegee Experiment" still resonate strongly through African-American communities, and have a negative impact on HIV/AIDS prevention programs.

HIV was the eighth-leading cause of death for all Americans in 1990, but it was the sixth-leading cause of death for African-Americans. It is the leading cause of death for African-American men between the ages of 35 and 44, and the second-leading cause of death for black men and women between 25 and 35. Again this raises the specter of genocide

among many members of the African-American community, in that many believe that the virus was man-made!

[*Update 2003*: The HIV/AIDS epidemic continues to be a major health crisis facing the African-American community. Although African-Americans make up only about 12% of the U.S. population, they accounted for half of the new HIV infections reported in the United States in 2001. And many new infections occur among young African-Americans. According to the CDC:

- African-American men accounted for 43% of new HIV cases reported among men in 2001.
- 32% of African-American men who have sex with men were found to be infected with HIV in a recent multi-city study of men ages 23 to 29 years, compared to 14% of Latinos and 7% of whites in the study.
- While information on recent HIV infection is limited, data reported to CDC through 2001 suggest that the leading cause of HIV infection among African-American men is sexual contact with other men, followed by injection drug use and heterosexual contact.
- African-American women accounted for nearly 64% of HIV-1 cases reported among women in 2001.
- The rate of HIV infection among African-American women, ages 20 to 44, in 25 states with HIV reporting before 1994, was 80.1 per 100,000 population from 1994 to 1998—four times higher than the rates among Latinas of the same age, and more than 16 times higher than the rates among white women.
- The latest data available on recent HIV infection suggest that the leading cause of HIV infection among African-American women is heterosexual contact, followed by injection drug use.

[(CDC 2001; Lee & Fleming 2001; Valleroy 1998, 2000). (See discussion of "Brothers on the Down Low" in Section 6B, Homoerotic, Homosexual, and Bisexual Behaviors, Adults, Health Issues). (*End of update by H. Samuels*)]

Sexual Dysfunction. The stereotyped notions about the sexual experiences of African-Americans not only influence the attitudes that whites may have about African-Americans, but also affect the way in which African-Americans perceive themselves. For example, the willingness of an African-American male who is experiencing difficulty in maintaining an erection or ejaculatory control to seek help may be dependent on how closely he identifies with the myth of the "super potent" black man. Any man may feel embarrassment about a sexual problem, but for the African-American male, the embarrassment that he may feel is compounded by the images of the myth.

For clinicians, an awareness of this historical legacy is essential to the treatment process. A key component in the treatment of many sexual problems is the use of self-pleasuring exercises. These exercises are an effective method for a person to learn more about his or her own sex responses. Many African-Americans have negative feelings about masturbation that may infringe on the treatment process. First, changing these negative feelings may take more time than is typical for other clients. Second, African-Americans who do masturbate may be more reluctant to discuss this issue because, for many, admitting that they masturbate indicates that they cannot find a sexual partner.

[*The Interaction of Gender and Race*

PATRICIA BARTHALOW KOCH

[*Update 1998*: *Sexuality and African-American Women*. Gender and race have traditionally been defined and operationalized as fixed biological categories into which people could neatly be sorted. However, many scholars now consider gender and race as social constructions, based on social and political influences, rather than on biological characteristics (Irvine 1995; Simon 1996). Additionally, many research studies have confounded socioeconomic status with race. Shortcomings often encountered in sexuality research include the lack of historical context, cultural insensitivity, and generalizations or assumptions about gender (Burgess 1994). Various aspects of African-American women's sexuality are quintessential examples of the salience and interaction of gender and race upon sexuality in the United States. African-American women's sexual attitudes, values, behaviors, and relationships have been shaped by their gender and racial heritage, including the historical experience of slavery and continued marginalization in American society (Staples & Johnson 1993).

[To the extent that African-American males have been "emasculated" by gender-role stereotyping, as described by Samuels above, African-American females have often been "defeminized" by this same process. By virtue of the historical legacy of slavery and continuing discrimination against African-American men in the labor force and other aspects of "mainstream" American society, e.g., housing and education, African-American women have always needed to be in the labor force to support their families (Anderson 1996). This economic necessity has contributed to the myth of the "black matriarchy," which has then been blamed for the deterioration of the black family. African-American women have been described as domineering authoritarians who drive away their husbands and destroy their sons' ability to perform effectively as productive adults. These "castrating matriarchs" and "lazy black men" have been chided as the "cause" of poverty among African-American families, avoiding any search for causes in a political and economic system that provided African-Americans with few opportunities to successfully support intact families (Anderson 1996; Staples & Johnson 1993).

[In essence, there tends to be more-egalitarian gender roles and fluidity among African-Americans than among Anglo-Americans (Broman 1991; Farley & Allen 1987). White stereotypic norms seem to be violated when black women have greater participation in family decision-making than has been present within a dominant Anglo society where male control is more the "rule." Therefore, according to Burgess (1994), African-American women are seen as domineering. African-American women have most often been portrayed in some combination of four primary images: 1. as highly maternal, family-oriented, and self-sacrificing "Mammies" or "Aunt Jemimas"; 2. as threatening and argumentative "Sapphires"; 3. as seductive, sexually irresponsible, promiscuous "Jezebels"; and 4. as ignorant, lazy, greedy, breeding "Welfare Mothers" (Collins 1990; Weitz 1993; West 1995).

[In reality, African-American women must play dual roles. They are pressured to be more androgynous or masculine in order to make it in the work world, since they are often more successful at gaining employment than are African-American men. Yet, they also often try to maintain traditional female gender roles, especially that of mothering, to sustain relationships within their domestic networks (Binion 1990). As a hedge against failure, poor black men may limit their affective and economic commitments to family, approaching marriage and fatherhood ambivalently (Anderson 1996). Black women often want to be supportive of their men, yet sometimes find the men's behavior to be distancing, oppressive, or abusive (Lorde 1984). Lorde has noted that female-headed households in the black community do not always occur by default. She and others contend that black

women are less likely to accept oppressive conditions in their marriages than white women, and, therefore, are much more likely to leave abusive unions with males. African-American women often develop matrifocal kin networks in which female family members, e.g., grandmothers and aunts, share the family and childcare responsibilities. Compared to their Anglo-American counterparts, African-American women are less likely to marry, more likely to be divorced or separated, and less likely to remarry (Anderson 1990).

[Regarding specific sexual behaviors, black men and women appear to engage in cunnilingus and fellatio less often than their white peers (Belcastro 1985; Hunt 1974; Laumann et al. 1994). A lack of foreplay is a grievance often expressed by married black women (Staples 1981), although black women report a higher frequency of intercourse per week than white women (Fisher 1980). Concerning such differences, Staples (1972, 9) suggests that:

> Unlike many white women who see sexual relations as primarily an activity designed to give men pleasure, black women expect their sexual partners to try and sexually satisfy them, and criticize him if he doesn't. Sex is not necessarily something that is done to them. . . . Also in contrast to many white women, the black woman tends to be open within the peer group about her sexual experiences. . . . [This] allows black women to develop standards of sexual conduct to which males must address themselves.

[Rape and sexual assault have a unique history for African-American women because of the sexual exploitation of slaves for over 250 years before the American Civil War (Getman 1984). Throughout America's history, sexual assault on African-American women has been perceived and treated with less concern than for Anglo-American women (Wyatt 1992). For example, by 1660 in the American South, there were laws supporting sex between black women and white men in order to insure that interracial children would be slaves owned by the white slave masters. However, sex between a black man and white woman was severely punished with the alleged black "assailant" being castrated or sentenced to death, usually by lynching. Yet, there were no penalties for the rape of black women by white men. The stereotype that black women are "oversexed" by nature and, thus, cannot be rape victims, still exists in America today (Getman 1984). When both a rape victim and defendant are black, there is less likelihood of conviction compared to both victim and defendant being white (LaFree, Ruskin, & Visher 1985). Because of this and discriminatory police practices toward other crimes in the black community, black victims may feel less support and are, therefore, less likely to report being raped (Wyatt, Newcomb, & Notgrass 1990). Hooks (1990) has emphasized that sexism and racism are "interlocking systems of domination that maintain each other." (*End of update by P. B. Koch*)]

U.S. Latinos and Sexual Health

MIGUEL A. PÉREZ and HELDA L. PINZÓN-PÉREZ
[*Rewritten and updated in September 2002 by M. A. Pérez and H. L. Pinzón-Pérez*]

[*Demographics*. Latinos* in the United States are a heterogeneous group comprised of Mexicans, Puerto Ricans, Cubans, Central Americans, and South Americans. Like most other ethnic/racial groups residing in the United States, Latinos exist in a distinct social environment, have developed a unique culture, and are often disfranchised from mainstream society. The heterogeneity of the Latino population residing in the U.S. can be observed in each group's unique culture, beliefs, language, socioeconomic background, family name, racial ascription, and culinary preferences (Castex 1994; Neale 1989; Williams 1989). Further evidence of the heterogeneity can be found in the 2000 U.S. Census, which found that 9 out of 10 Latinos reported racial/ethnic classifications other than Hispanic on the census forms. Two characteristics have been found to unify Latinos in the U.S.: having ancestors in a Latin American country, excluding Brazil, and having one or more family members who speak or were fluent in the Spanish language.

[Latinos are one of, if not the fastest-growing population groups in the U.S. According to census data, in the last decade, the U.S. Latino population growth has been twice that of the general population (U.S. Census Bureau [USCB] 2000). As Table 3 shows, over 12% of the U.S. population is classified as being of Hispanic or Latino descent; this figure is expected to increase to 21% by the year 2050. Although Latinos can be found in almost every state, two states, Texas and California, account for over 50% of all Hispanics in the United States (USCB 2002).

[Several factors have been identified as contributors to this high population growth, among them, high fertility rates, high levels of immigration to the United States, and the relatively young population (Brindis 1992, USCB 2002). Among Latinos, persons of Mexican origin form the largest population group, accounting for approximately 59% of the Latino population in the U.S.; Puerto Ricans place at a distant second, with approximately 10% of the population. The last decade has seen a marked increased in populations from Central and South America, which now account for approximately 3.5% of the total U.S. Latino population (USBC 2002).

[Overall, U.S. Latinos are a relatively young population, with a median age of 25.9 years compared to 35.3 years for non-Latinos. While 26% of non-Latinos are below the age of 18, 35% of Hispanics are found in that age group (USBC 2002). Among U.S. ethnic groups, only Native Americans have a younger population. Table 4 shows the mean age for each of the Latino groups in the U.S. (USCB 2002).

Table 3

U.S. Population Distribution 1990-2000

	1990	2002
Whites	80.3%	75.1%
African-Americans	12.1	12.3
Hispanics/Latinos	9.0	12.5
Asian/Pacific Islander	2.9	3.7
Native Americans	1.1	1.1
Others	3.9	5.5

Source: U.S. Census Bureau 2002

Table 4

Mean Ages for Latino Groups in the U.S.

Latino Group	Mean Age
Mexicans	24.2
Puerto Ricans	27.3
Central Americans	29.2
South Americans	33.1
Cubans	40.7

Source: U.S. Census Bureau 2002

*The terms "Latino"" and "Hispanic" are used interchangeably in this section to describe a heterogeneous group of people representing a kaleidoscope of experiences, educational attainment, acculturation levels, and citizenship status. The term "Latina" pertains specifically to Hispanic women.

[While the following material describes relevant sexological concepts among Latinos in the U.S., it cannot report all sexual-related knowledge and practices among this rapidly increasing heterogeneous population group. The following paragraphs, however, will highlight relevant sexological issues and hopefully dispel some of the stereotypes related to Latino sexuality. Comparisons presented here represent general data for Latinos; thus, the reader needs to keep in mind that there are differences among first-generation and other-generation Latinos, by age group, by economic level, and by acculturation level. The truth is that the variety of sexual practices and patterns among Latinos in the United States, and for that matter in Latin America, are only surpassed by the limits of human imagination.

[*Family Issues*. The majority of Latinos in the U.S. do not define their *familia* (family) in terms of the traditional nuclear-family concept accepted by mainstream America. It is, therefore, not uncommon for Latinos to reside in multigenerational households with members of their extended family (Alberda & Tilly 1992; Garcia 1993). This arrangement permits the division of labor, sharing of economic and domestic responsibilities, and most importantly, allows extended family members to participate in the rearing of children (Kutsche 1983; Leaper-Campbell 1996). The strong identification with the extended family explains the *apegamiento* (unity) traditionally ascribed to Latinos, highlights an individual's willingness to place the *familia*'s need before his or her own, and elucidates the role grandparents, as well as uncles and aunts, play in shaping Latinos' earlier views on sexuality (Brindis 1997).

[The Latino culture has been erroneously depicted as being patriarchal in nature. This impression, carefully maintained through the male's role as the family's representative before society, hides the decision-making role Latinas have in the family unit. In fact, Latinas are the base of the family structure, are the primary caregivers in the home, and have important nonpublic and nonverbal authority within the family (de la Vega 1990). In short, Latinas maintain the equilibrium and smoothness of family relationships. Similarly, realities associated with immigration have increased the number of Latina heads of household who support and maintain their families, in many cases without the direct intervention of any males.

[On the other hand, Latinas in their caregiving role, traditionally tend to pay more attention to the family's needs than their own. This expectation is most often noted in young women taking care of older relatives, while their male counterparts seek to forge their own future, albeit not too far from the family unit. Furthermore, traditional Latino families may also discourage young Latinas to pursue higher education and, instead, may seek to prepare them for marriage.

[Along with family orientation, Latinos often show the closely related concept of *simpatía*. The latter refers to Latinos' willingness to go along with items that may not be understood or that they may disagree with. Szapocznik (1995) has suggested that familism and *simpatía* may now be liabilities for Latinos in the United States, particularly for gay men who attempt to conceal their true HIV-status from their families and friends.

[Several authors (de la Vega 1990; Lifshitz 1990; Fennelly 1988) have emphasized the importance of recognizing the differences in family and cultural expectations regarding sexual behavior for females and males in the Latino culture. The acknowledgment of these differences assists in the understanding of the complexity of sexuality-related issues within this population group. This is particularly true as we view Latinos in the U.S. through the prism of acculturation.

[*Sexological Concepts: Acculturation and Sexual Practices*. Among Latinos, sexual matters are considered to be private affairs not to be discussed in public. Therefore, it is not surprising that some Latinos have little understanding of their bodies, the sexual response cycle, and may still view sexuality exclusively within the context of procreation.

[Sexuality is an important life element among Latinos and is as complex as the heterogeneity of the population group. Latino sexuality is not limited or circumscribed to coital activity, but it is rather expressed through a variety of life attitudes which reinforce male and female sexual identities and roles. Sexual tones are evident in music, art, and dress codes, which emphasize the role of sexuality while avoiding offending community etiquette and expectations. *Coquetería* (to be discussed later) and *modestia* are opposing forces that characterize a woman's ability to openly pursue her sexuality while maintaining clearly delineated boundaries. In the United States, sexual patterns are not only affected by culture, but also by the individual's degree of acculturation and assimilation (Spector 1991).

[Acculturation and education also play a pivotal role in the acceptance of new expressions of sexuality. In a 1990 study, Marín, Marín, and Juárez found that Latinas with higher levels of acculturation reported more multiple sexual partners than those with lower acculturation levels. The same study found that less-acculturated males were more likely to carry condoms and report fewer sexual partners. A follow-up study found that less-acculturated Latinas were less likely to carry condoms and experienced higher levels of sexual discomfort (Marín, Gomez, & Hearst 1993). More-acculturated and educated Latinas are also more likely to adopt a leading role during heterosexual activities. Acculturation notwithstanding, sexuality continues to be a taboo topic for many Latinos, particularly for older, Spanish-speaking Latinos.

[Until the advent of the AIDS epidemic, few researchers had systematically documented sexual practices and knowledge among Latinos. Inappropriate application of methodological tools, language difficulties, and cultural insensitivity have all been identified as barriers to data collection among U.S. Latinos (Ford & Norris 1991). The lack of data about Latinos has been further exacerbated by the lack of identification of Latinos as a specific population group, particularly in large federally funded studies.

[*Sexual Stereotypes*. It is perhaps significant that general knowledge of Latino sexuality is denoted more by stereotypes than factual information. De la Vega (1990) concluded that numerous myths and stereotypes are found among Latinos, as within any group of individuals. It is important that these subtle cultural forms of differentiation not be missed by North American service providers, as they may be the nuances that allow for the development of educational strategies that will effectively reach the Latino population.

[Perhaps the most widely accepted stereotype for Latino males is that of the proverbially promiscuous "Don Juan." This eternally charming individual is known for his ability to sexually conquer and satisfy a large number of females. "Don Juan" characterizes the expectation that Latino men acquire sexual knowledge as a result of their early onset of sexual activity (Blasini-Caceres & Cook 1997).

[A second stereotype deals with the submissive, passive, and docile feminine nature of Latinas in sexuality matters. Traditional cultural expectations dictate that a woman refrain from sexual activity until marriage, thereby, limiting

her ability to acquire knowledge. The submissive nature of Latinas is highly contrasted with the expectation that they be erotic, creative, and pleasing in sexuality-related matters. This dichotomy is evident in the seemingly contradicting popular advice provided to young Latinas by elder relatives that they need to be a "*señora en la casa, una dama en la mesa, y una puta en la cama*" (a lady in the house and a whore in bed).

[A third stereotype among Latino males is that they are always ready and willing to engage in sexual activity. This stereotype may lead to the conclusion that, on the whole, Latino males are more likely to force their sexual needs on unwilling partners. This stereotype does not seem to be supported in the professional literature. Finally, anecdotal and empirical evidence seem to suggest differing expectations based on acculturation levels. In fact, more-conservative norms may be found among more-educated Latinos.

[*Gender and Gender Roles*. Worth and Rodriguez (1987) reported that despite the fact some Latinos in the United States have nontraditional lifestyles, they continue to adhere to traditional gender roles. Fennelly (1992) reported on cultural double standards and suggested that, whereas males are encouraged to develop strong self-reliant identities and explore their sexuality, females are taught the value of *etiqueta*, or proper and expected forms of feminine sexual behavior. These, sometimes-conflicting cultural norms contribute to what has been called the "cult of virginity" (Garcia 1980).

[This "cult of virginity" has its roots in the Catholic Church's teachings and is seen as a sign of purity for women. The basic premise of virginity until marriage has been found to decrease a number of sexual health problems, such as unplanned pregnancies, and to decrease the number of STDs. The primary problem with this concept, at least as practiced among Latinos, is that it is not applied equally to both genders. The literature suggests that these double standards result in either females postponing sexual activities, underreporting of sexual contacts (Taggart 1992), and in some cases, denial of other sexual behaviors, such as anal sex, which are engaged in to preserve the "cult of virginity" basic premises. This, however, does not prevent sexual innuendo from taking place.

[*Coquetería* is a term used to describe a group of female behaviors aimed at reinforcing sexual attraction. Some of these behaviors include the use of sexually appealing clothing, the adoption of manners that stimulate sexual attraction, and the use of verbiage that indicate sexual interest. Latinas are not the only ones to discreetly express their sexual or personal interests. *Piropos* are statements generally expressed by men that include a sexual connotation within the context of respect and value for females. Cultural sexual standards are also denoted in language which arbitrarily classifies females as either suitable for marriage, *novias*, or those who can be pursued for sexual conquests, *amantes* (Alexander 1992; Carballo-Diéguez 1989). This dichotomy of sexual and gender roles may explain the reason sexual discussions seldom take place among spouses, since *esposas* (wives) are expected to possess little knowledge about their own sexuality, and even less about their spouse's. It has been suggested that, in some cases, the only Latinas totally in charge of their own sexuality are commercial sex workers, as they can be less constricted to express and fully explore their sexuality.

[De la Vega (1990) suggested that sexual double standards are based on the erroneous belief that males are less able than females to control themselves sexually. It is believed that women exercise greater control over their sexual impulses, while males appear to be guided by their instincts. In this context, male infidelity is more easily tolerated than female infidelity. Research indicates that Latinos who have poor sexual communication skills engage in extramarital affairs more often than those who have fewer difficulties communicating with their sexual partners. A 1994 study found that infidelity rates were higher among those who attended church infrequently than regular church attenders (Choi, Catalnia, & Docini 1994).

[Machismo *and* Marianismo. *Machismo* has been described as a strong force in most Latino communities, which encourages males to be sexually dominant and the primary providers for their families; it stresses male physical aggression, high risk-taking, breaking rules, and casual, uninvolved sexual relations (de la Vega 1990). In contrast, *Marianismo* refers to Latino cultural expectations that include the spiritual and moral superiority of women, and encourage Latinas to be virginal, seductive, privately wise, publicly humble, fragile, and yet, provide the glue that holds the family together. It has been argued that while these standards lead to womanizing, they also foster the tenet among males that they are responsible for their family's welfare. Low education and acculturation have been found to correlate with stronger *machismo* views among Latinos in the U.S.

[*Sexual Education*. The AIDS epidemic has spearheaded an emphasis on the need to investigate sexuality education and communication patterns among Latinos in the United States. Family bonds, moral values, *machismo*, *Marianismo*, *etiqueta*, as well as profound religious beliefs, combine to prevent U.S. Latinos from openly discussing sexuality with family members. In some cases, just saying sexual words in front of family members may be difficult for some Latinos (Medina 1987). The secrecy surrounding sexuality prevents Latinos from receiving adequate, if any, information about sexuality, contraceptives, and HIV/AIDS and other STDs (Amaro 1991; Carrier & Bolton 1991; Mays & Cochran 1988). In 1992, only 67% of Latinos said they had communicated with their children about AIDS, as compared to 77% of European-Americans and 74% of African-Americans (Schoenborn, Marsh, & Hardy 1994).

[In traditional Latino families, sexuality education may come from extended family members rather than nuclear-family members. Aunts, uncles, and grandparents may assume the role of sexuality educators for younger generations. For instance, Marín, Marín, and Juárez (1990) reported that Latinos were more willing than non-Hispanics to discuss certain sexual topics (i.e., drug use and sex) with an older family member.

[In a study of first-generation immigrant adolescents employed in agriculture, Pérez and Pinzón (1997) found that Latino parents failed to adequately educate their children about sexuality-related matters. However, not all Latino parents hesitate to address sexuality-related issues with their offspring. Some researchers have found that 57 % of Latino parents do communicate with their children about sexuality. In those cases, home-based sexuality education is the primary responsibility of the mother (Biddlecom & Hardy 1991; Dawson & Hardy 1989).

[Latino heterogeneity is further supported by Durant (1990) who reported that Mexican-American females where less likely than non-Latinas to have communicated with their parents about contraception, sex, and pregnancy. Dawson (1990) found that Mexican-Americans were less likely to broach these topics with their children (50%) than were Puerto Ricans (74%) and other Latinos (64%). In those instances where parents educate their children about sexuality, the responsibility most often lies with the mother. Romo, Lefkowitz, and Sigman (2002) found that maternal mes-

sages, self-disclosure, and a nonjudgmental attitude played a key role in interactive conversations with their adolescents

[The data suggest that some Latino parents rely on the schools and, in some cases, mass media to educate their children about sexuality-related issues. In a 1994 study, Schoenborn, Marsh, and Hardy found that 46% of Latinos had received AIDS information through radio public service announcements (PSAs), compared to 36% of European-Americans and 44% of African-Americans.

[An additional 14% of Latinos said they had received information through store displays or brochures, compared to 7% of European-Americans and 12% of African-Americans. Marín, Marín, and Juárez (1990) concluded that this lack of sexual education may contribute to higher rates of childbearing among Latinos. This is among the greatest paradoxes encountered among Latinos, since research suggests that home-based sexuality education plays a key role in decreasing pregnancy rates among Latino adolescents (Brindis 1997) and increasing condom use (Moran & Corley 1991).

[*Contraception*. Throughout Latin America, the number of children in a household assists in establishing a male's role in the community. A large number of children, especially among low-income populations, are sometimes necessary for economic survival; the more hands available for work, the greater the family's income. It is, therefore, not surprising that contraceptive methods are skeptically viewed by some Latinos.

[Religion, condom use during first sexual experience (Marín, Marín, & Juárez 1990), sexual orientation (Rotheram-Borus et al. 1994), education, and income (Fennelly 1992) have been identified as being involved with attitudes and likelihood of using contraceptives among Latinos in the U.S. In a survey of urban adolescents, Sonestein, Pleck, and Ku (1989) found that Latino males have more-negative attitudes towards condom use than their non-Hispanic counterparts. In a study of 131 bisexual youths in New York City, Rotheram-Borus and colleagues (1994) found that males were more likely to use condoms with a male than with a female sexual partner.

[Contraceptive use is further compounded by the fact that contraception among Latinos is primarily the responsibility of the woman, who may not have the ability to promote safer-sex practices, including the use of barrier methods, with their sexual partners (Mikawa 1992; Norris & Ford 1992; Marín, Marín, & Juárez 1990). Latino women were less likely to use condoms if their sexual partners opposed condom use than were Latinas whose partners did not oppose them or voiced no opinion. Males' unwillingness to utilize condoms may place their partners at risk for unwanted pregnancies and sexually transmitted diseases. Other studies have found that Latino males are less likely to use condoms with their spouses, or other primary partners, than with other sexual partners (Pérez & Fennelly 1996; Sandoval et al. 1995). Jemmott, Jemmott, and Villarruel (2002) found that Latino college students were more likely to use condoms if they perceived partner and/or peer approval and perceived themselves capable of using the condoms. Similarly, condom use among Latinas has been related to their partners' willingness to use condoms and women's fears about their partners having multiple sexual partners (Flaskerud, Uman, Lara, Romero, & Taka 1996).

[The couple's acculturation and assimilation level, their adherence to Catholic Church doctrine, and their desire for large or small families also play a key role in their decision to use contraceptives (Marín, Marín, & Juárez 1990). The data indicate that more and more Latino men tend to share the decision on whether or not to use contraceptives with their sexual partners.

[*Adolescents and Sexuality.* Latino youths in the United States balance conflicting messages from two cultures regarding their sexuality (Brindis 1992). While the dominant culture appears to promote high levels of nonmarital sexual activities, Latino youths, particularly females, must also deal with the more conservative Latino cultural norms towards sexuality and the "cult of virginity."

[Studies investigating sexual behaviors among Latino adolescents have yielded mixed results. Brindis (1992) found that coital activity rates for Latino youth fall somewhere between that of African-Americans and European-Americans. In contrast to self-reports of lower sexual-activity levels among Latino youth, a national survey found no differences among the proportion of Latino and non-Latino Anglo-American young men who engaged in sexual activities before age 13 (4% and 3%, respectively) (Sonestein, Pleck, & Ku 1991). Similarly, Forrest and Sing (1990) found that among never-married females 15 to 19, 49% of Latinas reported being sexually active compared to 52% of European-Americans and 61% of African-Americans. Differences, however, have been found based on attitudes towards premarital sex (Ginson & Kempf 1990; Padilla & Baird 1991). The data suggest that among adolescents, Latino males tend to engage in sexual intercourse at an earlier age than do females (13 and 15 years of age, respectively). In cross-cultural comparisons, Latino adolescents have been found to have higher sexual risk-taking behaviors (i.e., unprotected sex) than their non-Latino counterparts (Brindis, Wolfe, McCater, Ball, et al. 1995). Brindis (1997) concluded that "acculturation is a key variable influencing adolescent attitudes, behavior, and knowledge about reproduction and contraception" (p. 8).

[Some very conservative families see teenage pregnancy, and in some cases, pregnancy before marriage, as a "failure." These views are expressed in the often-used phrase *fracazó la muchacha*. It is important to clarify that this "failure" does not represent a rejection of the newborn, but rather the woman's limitation to pursue educational goals, employment opportunities, and her possibilities for marriage. National data show that in the 1990s, the birthrate among Latina females age 15 to 19 has decreased by 12% compared to 19% for non-Hispanic whites (Moore et al. 2001).

[One of the pivotal stages in a Latino woman's life is the *quinceañera* celebration—an event that is analogous to the traditional "sweet sixteen" observed in North America. The *quinceañera* party marks a woman's transition to adulthood, including accessibility for marriage and childbearing. During this joyous time, the female is formally introduced to society and is recognized as having achieved full womanhood.

[Educational level and formal instruction play a role in parental willingness to discuss and educate their adolescent offspring about sexuality. Those with more education have been found to be more willing to educate their children about sexuality-related issues.

[*Adults and Sexuality.* There is a dearth of data related to the frequency and sexual preferences, masturbatory frequency and techniques, use of pornography, and sexual dysfunctions among Latinos in the United States. Latino males are more likely than non-Hispanic whites and African-Americans to indicate a greater level of physical satisfaction with their partner during the last 12 months in primary relationships (51%, 47%, and 43%, respectively). Conversely, Latinas are less likely (39%) than non-Hispanic whites

(40%) and African-Americans (44%) to report the same level of satisfaction with their sexual partners (Laumann et al. 1994). Not surprisingly, 96% of Latino men reported always or usually having an orgasm with their partners during the year preceding the *National Health and Social Life Survey* (*NHSLS*), compared to 68% of Latinas.

[Sexual discussions among Latino men tend to occur within same-gender groups while they are under the influence of alcohol, with sex-industry workers, and in the context of jokes (Carrier & Magaña 1991; de la Vega 1990; Hu & Keller 1989). In a national survey of sexual behaviors, Billy, Tanfer, Grady, and Klepinger (1992) found that Latino men reported a median of 6.1 sexual partners over a lifetime as compared to 8.0 for African-Americans and 6.4 for non-Latino white males. The same study found that Latinos were more likely than non-Latinos to report four or more sexual partners in the last 18 months. In a survey of over 1,500 Latinos, Marín, Gomez, and Hearst (1993) found that 60% of single Latino males reported multiple sexual partners in the previous 12 months.

[Although dialogs about sexual issues are often avoided, Latinos have other more socially acceptable forms to express their sensuality and sexual desire. Some of these mediums include music, dance, art, and poetry. Research indicates that Latino males learn about their sexuality through practical experience rather than through sexual education. Anecdotes suggest that it is not uncommon for young Latinos to lose their virginity through an experience with a sex-industry worker, usually encouraged by older relatives, in what could be termed a "sexual rite of passage."

[Data from the *NHSLS* show that Latino males are more likely to engage in masturbation at least once a week than females (24.4% and 4.7%, respectively). The disparity in rates may indicate that Latinas are less likely to acknowledge engaging in this non-acceptable social behavior as perceived by the traditional Latino culture.

[Data from the *NHSLS* show that Latinos, including women, are less likely than non-Hispanic whites, and more likely than African-Americans to report engaging in fellatio and cunnilingus. Latino males are more likely than females to report that they have performed oral sex (70.7% and 59.7%, respectively). Similarly, Latino males are also more likely than Latinas to report receiving oral sex (72.3% and 63.7%, respectively). Table 5 shows common sexual dysfunction problems by ethnic group in the United States.

[*Pregnancy*. Researchers have identified acculturation level, parental communication, low education, language, and country of origin as a determinant for pregnancy among Latino women (Durant 1990). Given the cultural significance of motherhood, it is not surprising that in the United States, Latinas experience more per-capita births than their non-Latina counterparts. In 1990, the average number of children per Latino family was 3.76 compared to 3.43 for African-Americans and 3.11 for European-Americans (USDC 1991). Data from the 2000 census show that Latinas had an average of 2.5 births compared to 1.8 for non-Hispanic whites and Asian Pacific Islander women (USBC 2001). Brindis (1997) has suggested that the higher number of children among Latinas may be a residual effect of an intrinsic belief that developed among immigrants based on economic needs and high mortality rates in their countries of origin.

[Garcia (1980) suggested that motherhood serves to secure an identity for the Latino woman. In a 1991 survey, Segura found that the meaning of motherhood among Latinas differed, depending on their country of birth. In his study, Segura surveyed Mexican-born women and American-born Chicanas; the findings indicate that while Mexican-born women viewed motherhood as all-encompassing, Chicanas gave greater meaning to childrearing. Among Latinas, Puerto Rican females have the highest rate of pregnancies. Among Mexican women, those born in Mexico experience more pregnancies than those born in the U.S. (Aneshensel, Becerra, Fiedler, & Schuler 1990). Darabi and Ortiz (1987) concluded that "one plausible explanation of these findings could be that Mexican-origin women marry at very early ages" (p. 27). Further differences were reported by Fennelly (1992), who found birthrates among Latino adolescent females ranging from a high of 21% among Mexican-Americans to a low of 6% among Cuban mothers. Fennelly-Darabi and Ortiz (1987) reported that Latino women were more likely than non-Latino women to have a second birth shortly after the first, and were less likely to have positive attitudes towards abortions.

[Despite higher birthrates than other ethnic groups, lower socioeconomic backgrounds, and fewer prenatal visits to physicians, Latinas as a group have fewer low-birthweight babies. This finding has confused experts who would expect the opposite to be true based on socioeconomic factors. Several explanations have been offered, such as better nutrition in the form of complete proteins, less use of alcohol and other psychoactive drugs during pregnancy, and increased family support during the months preceding childbirth. Other researchers have attempted to link higher birthweights with religiosity and spirituality of Latinas in the United States (Magaña & Clark 1995).

[Latinas in the U.S. have also been found to have among the lowest abortion rates. In a study by Kaplan, Stewart, and Crane (2001), only 7.5% of the Latinas aged 14 to 24 had ever had an induced abortion.

[*Marriage*. Marriage is highly valued among Latino groups; however, in some cases, no difference is made between legal unions and long-term cohabitation. Fennelly-Darabi, Kandiah, and Ortiz (1989) reported that it is not possible to determine the number of couples in informal unions. In a later study, Landale and Fennelly (1992) reported that while the number of nonmarital unions has decreased on the island of Puerto Rico, they have greatly increased among Puerto Ricans living on the U.S. mainland.

Table 5

Sexual Dysfunctions by Ethnicity

	Whites		African-Americans		Latinos		Asians	
	Males	Females	Males	Females	Males	Females	Males	Females
Lack interest in sex	14	29	19	44	13	30	24	42
Unable to achieve orgasm	7	24	9	32	9	22	19	34
Sex not pleasurable	7	21	16	32	8	20	9	23
Erection problems	10	N/A	13	N/A	5	N/A	12	N/A
Lubrication problems	N/A	22	N/A	15	N/A	12	N/A	17

Source: Laumann, Paik, and Rosen 1999

[According to the Census Bureau, in 1990 in the U.S., Latino marriage rates (62.3%) were almost the same as non-Latino whites (64%) and were higher than that of African-Americans (46.3%). By 1999, Census data showed a 68% marriage rate among Latinos, compared to 82% for non-Hispanic whites (USCB 1999).

[On the other hand, data of the National Council of la Raza indicate that "The number of Hispanic single parents has increased at a faster rate than Black or White female-headed families" (1993, 12). According to Brison and Casper (1998), 42% of Latino children are born to a single parent, compared to 58% of African-American children and 25% of non-Hispanic white children. Data from the 1999 *Current Population Survey* showed that Latino families were more likely than non-Latino whites to be headed by a female head of household without a spouse. Puerto Ricans were found in that study to be more likely to have a female head of household (see Table 6). According to the U.S. Census Bureau, in 1991, 60% of Latino families with a female head of household with children under 18 lived under the poverty line (USBC 1993).

[Fennelly, Kandiah, and Ortiz (1989, 96) argued that "A woman's marital status at the time she bears a child is important because of the implications for her later fertility, and for her own and her children's economic and social status." The social and legal implications of out-of-wedlock births have then been used to explain the reasons why there are more premarital pregnancies than premarital births in the Latino culture. It has been a time-honored tradition among some Latinos to marry while the woman is pregnant, in order to provide a stable and legal union for the newborn.

[*Rape*. According to the U.S. Department of Justice, Bureau of Justice Statistics (2002), 750,000 Hispanic persons age 12 or older were victims of rape, sexual assault, aggravated assault, and simple assault during 2001. That figure represents an increase from 2000, when about 690,470 Hispanics were victims of rapes, sexual assaults, robberies, and aggravated and simple assaults. While federal statistics show low levels of sexual assault among Latinas, some researchers (Sorenson & Siegel 1992) have speculated that these low incidence rates are primarily because of underreporting by Latinas.

[Research findings seem to suggest that acculturation and gender, not culture, are key determinants of attitudes towards forcible sexual activities. In a study of attitudes towards date rape among college students, Fischer (1987) found that Latino students held more-traditional gender roles and had a more-positive attitude towards forcible intercourse under certain circumstances. These included spending a lot of money on the woman, the length of time they had dated, the female "leading" the man on, and the female's previous sexual history. Acculturation and gender were also found to play a role in the views of college students towards forcible sexual encounters. According to Fischer (1987), "Bicultural and bilingual Hispanic women are less rejecting of forcible rape than assimilated Hispanic and majority women are, while Hispanic males, regardless of degree of acculturation, are less rejecting of forcible date rape than are majority males" (p. 99).

[Lefley and colleagues (1993) reported that Latinos not only had different definitions of sexual coercion, but also were more likely to blame the victim than were their Anglo-American counterparts. A review of the literature did not support the notion of espousal rape. Males under the influence of alcohol may force their spouses to engage in sexual activities. Forcible sexual intercourse may not be perceived as a violation of a female's body if it happens within the context of marriage. As a result, espousal-rape reports among Latinos in the U.S. are more likely to occur among the acculturated, assimilated second generation, and those with higher educational levels.

[*Same-Gender Sexual Activities*. In a study of African-American, Latino, Asian/Eurasian, and Caucasian gay adolescent males, Newman and Muzzonigro (1993) found that traditional families were less accepting of homosexuality than low-traditional families. Bonilla and Porter (1990) found that Latinos did not differ significantly from their African-American and white counterparts on attitudes toward homosexuality; however, they were less tolerant in their perceptions of civil liberties. This lack of acceptance may force males to hide their sexual orientation or to pursue heterosexual lifestyles (i.e., marriage) while secretly engaging in same-gender sexual activities.

[Family acceptance is only part of the equation explaining Latino views toward same-gender sexual activities. Same-gender sex has different meanings and connotations for Latinos than for the non-Latino population in the United States. As a general rule, same-gender relationships are heavily stigmatized among Latinos, even among highly acculturated groups (Fischer 1987). Homosexuality is not a topic easily discussed among males (Pérez & Fennelly 1996).

[Magaña and Carrier (1991) suggested that it is not totally uncommon for Latino males to turn to "effeminate" males to satisfy their sexual needs under certain conditions. They identified lack of a female sexual partner and/or lack the economic resources to visit a sex worker as an acceptable reason for male-male sexual activities. Same-gender sexual behaviors are also more likely to appear while under the influence of alcohol. Same-gender sexual activity perceptions are also affected by Latino cultural norms. Latinos do not necessarily classify the penile inserter during male-male anal sex as homosexual (Amaro 1991; Carrier 1976). As a result, Latino males engaging in same-gender sexual activities may not perceive themselves, or be perceived as, "homosexual" or "bisexual," as long as they play the appropriate dominant sexual role—a role which tends to mirror that of the male in a heterosexual couple (CDC 1993). Carrier (1976) reported that unlike their American "gay" counterparts, Mexican males engaging in same-gender sex prefer anal intercourse over fellatio or other forms of sexual gratification. Also, in contrast to their Anglo-American counterparts, Latino males are more likely to assume only the passive or receptive role during same-gender encounters. Ross, Paulsen, and Stalstrom (1988) concluded that it is not the sexual act itself, but rather the cross-gender behavior which gets labeled and heavily stigmatized among Latinos.

[The lack of identification with the homosexual community may explain the inability of Latino men who engage in sex with other men to identify or respond to educational programs targeting homosexuals. But, most importantly, it

Table 6

Family Households by Hispanic Origin

	Married Couple	Male Householder —no spouse present	Female Householder —no spouse present
Mexican	70%	9%	21%
Puerto Rican	57	6	37
Cuban	79	4	17
Central & South American	67	10	24

Source: USCB 1999

emphasizes the need for researchers to concentrate more on behaviors than labels when studying sexual interactions (Alcalay et al. 1990; Carrier & Magaña 1991). The labeling-versus-behavior distinction is important in light of the fact that 45% of AIDS cases among Latinos are the result of same-gender sex, and that an additional 7% of AIDS cases are related to same-gender sex with intravenous drug users (CDC 1994). (For additional discussion of HIV/AIDS and Latinos, see section 10B, Sexually Transmitted Diseases and HIV/AIDS, below.)

[Acculturation plays a major role in Latino participation in same-gender sexual activity. According to Greene (1994), same-gender male sexual activity may be prompted by the "Cult of Virginity," since a Latino male may not be able to find a female sexual partner.

[In the Latino culture, female-female sexual activity is even more stigmatized than male-to-male sexual activity. This rejection can be explained by what Trujillo (1991) labeled a threat to the traditional male dominance. The lack of acceptance may also be explained by the fact that female-to-female sexual contact dispels the myth of Latinas being submissive and not well versed in sexuality-related matters.

[*Bisexuality.* De la Vega (1990) discussed three bisexual patterns among Latino men in the United States. The first type he labeled the closeted, self-identified, homosexual Latino. He described this type as a male with homosexual tendencies, but who lives a heterosexual lifestyle. The second type discussed by de la Vega, is the closeted, latent-homosexual Latino; this type is characterized by a male who describes himself as a heterosexual, but who engages in same-gender sex while under the influence of mind-altering substances, primarily alcohol. Finally, de la Vega described the "super-macho" heterosexual Latino. This man allows himself to have sexual contacts with other males, since he considers them to be "pseudo-females." This last type of male will not admit, even to himself, that he may express homosexual tendencies.

[*Summary.* Latinos in the United States represent a wide range of educational attainment, socioeconomic levels, and skin color. Sexual practices and knowledge among this population have been found to be heavily influenced by strict cultural norms largely shaped by the Catholic Church. However, the data suggest that Latino sexual norms and behaviors are as varied as the heterogeneous groups they represent. Further research is needed to properly investigate sexual attitudes and behaviors among the individual groups. (*End of update by M. A. Pérez and H. L. Pinzón-Pérez*]

[*American Indian (Native American) Sexuality*

WALTER L. WILLIAMS

[*Update 2003*: While the aboriginal cultures of North America were extremely diverse, many Native American religions place a high value on the freedom of each person to follow the dictates of his or her own individual spirit guardian. This focus on individual freedom is exemplified by their accepting attitude toward people's sexual drives. They value sex as a gift from the spirit world, to be freely enjoyed from youth to old age. With this positive view of sex, erotic behaviors are not viewed as "sinful," but rather as expressions of each individual's spirit. With the exception of rape, which is condemned as a violation of a nonconsenting person's right to their own sexual inclinations, sex is seen as something to be celebrated rather than denied.

[With this view, among traditionalist Native Americans, sexual exploration is seen as normal for people from early childhood, and traditionalist adults are more likely to view children's erotic expression with amusement rather than alarm. Children are given great freedom, and their wishes are respected by adults. If a child freely agrees to engage in sex play with another child or with an adult, there is no concept that they are "below the age of consent."

[When a child reaches puberty, a ceremony is common to mark the transition from childhood to adulthood. After puberty, a person is considered an adult and can marry and have children if they choose. While personal attractions and intimate relations are common between spouses, the most important role of marriage in Native American traditional cultures is as an economic arrangement.

[Marriage provides the complementary contributions of both husbands and wives. In aboriginal times, the role of the husband was twofold: He was expected to bring in meat through hunting and also to serve as a warrior to protect the community from outside attack. The wife, likewise, had two major roles: to bring in plant foods (either by gathering wild plants or cultivating domestic plants in farming communities), and to produce children. In hunting-gathering bands and tribes, producing children was an integral part of economic survival. As the parents became elders, they depended upon children to take care of them in their old age. Females' unique ability to give birth and to nurse the young with their breast milk was valued equally to men's warrior roles.

[In fact, the danger of a woman dying during childbirth was as great as the danger faced by warriors at war. Women were honored for subjecting themselves to the danger of childbirth, just as men were honored for subjecting themselves to the danger of warfare. Both warriors and mothers were given social status, as they sacrificed themselves for the good of the band or the tribe. A woman's status was based upon her position as a mother rather than her position as a wife. In matrilineal tribes, even unmarried women who became mothers had high status, and she could live with her female and male relatives in a woman-centered kinship system.

[Marriage, however, was institutionalized primarily for the economic contributions that these close intimate bonds produced. People survived not as husband-wife pairs, but as members of a larger extended-family kinship grouping. Bringing an unrelated person into the household as a new spouse added another person to the economic unit of the extended family. The new spouse's family was considered as in-laws, who might become an additional resource during times of scarcity. Thus, the function of a large extended kinship system was to provide a wide network of persons to whom one could turn during times of need.

[Husbands and wives had sexual intercourse to produce children, but sex was not considered to be limited to its reproductive role. While Christian ideologues have asserted that "the only purpose of sex is reproduction," Native American views do not limit sex to this function. Sex is most importantly seen as a reflection of two people's close intimate bonding and love for each other.

[Another purpose of sex is to cement close intimate relationships between friends. Friendship is considered to be extremely important in Native communities, much more so than in Western culture. Friendships exist between husbands and wives, of course, but close intimate bonds between same-sex friends are also equally valued. Since close relationships between two male "blood brothers" or two close female friends are encouraged by society, these friendships might provide the cover for a sexual relationship. Sex might or might not be involved, but sexual involvement is a reflection of the friendship. Ironically, because friends can freely show emotion to each other, there is little social recognition of private sexual behavior between friends. Their sexual activities are considered to be a private matter between friends.

[The dual system of marriage (promoting close relationships between different genders) and friendship (promoting close same-gender relationships) functioned in aboriginal times to keep band and tribal societies unified. Because sex was an integral part of human relationships, it was viewed positively as an important social force that tied individuals together in wide webs of interpersonal relations. For aboriginal Native American cultures, then, the role of sex in promoting close interpersonal ties was just as important as its reproductive function.

[Among Indian people, homosexual relationships have often existed within the context of close friendships, both between two men and between two women. But in indigenous times, marriage was another matter. Marriage was an economic union of a masculine hunter and a feminine plant provider. This division of labor by gender was not absolute, since food preparation, domestic work, childcare duties, and craftwork varied by culture and even by individual preference. Such activities were often shared by both spouses. Nevertheless, a major purpose of marriage was to provide both meat and plant foods for the survival of the extended family and the rearing of the next generation.

[With marriage partners complementing each other's economic roles, it is not surprising that marriage between two masculine men, or two feminine women, was traditionally frowned upon. A marriage between two hunters or two plant providers would not make sense in terms of economic survival. People needed both meat and plants to survive. Nevertheless, rather than prohibit same-sex marriages altogether, many indigenous Native American cultures recognized homosexual marriages when one partner took on an alternative gender role. Thus, an androgynous or feminine male was expected to marry a masculine man, while a masculine female most likely took a woman as a wife. It was expected that a feminine male would prefer to do women's work, while a masculine female was often noted as a hunter.

[With this cross-labor expectation for transgendered individuals, the mixed-gender nature of marriage could be preserved, while still allowing those persons with same-sex inclinations to fulfill their erotic desires.

[In many aboriginal tribes, the feminine male or masculine female had a special honored role. Because they were seen as uniting the spirit of a man and the spirit of a woman, some indigenous languages referred to these transgendered persons as "two-spirit people." Early French explorers called them "berdache," adapting a Persian word *bardaj*, meaning a close intimate friend of the same sex with whom one had a homosexual relationship. These androgynous roles were seen by native societies as being different and distinct from the regular roles of men and women. Some anthropologists suggest that this pattern is "gender-mixing," while others call it a transgender or alternative gender role. The important point is that Native values allowed for more than two gender options.

[In the concepts of spirituality in many Native shamanistic religions, the person who was different from the average person was thought to have been created that way by the spirits. Two-spirit persons were respected because their "spirit" (i.e., what Westerners refer to as a person's basic character) was more important than their biological sex in determining their social identity. In fact, two-spirit persons were considered to be "exceptional" rather than "abnormal."

[Early European explorers often reported their amazement that many North American Indian tribes respected two-spirit persons as spiritually gifted. Since women had high status in most aboriginal cultures, and the spirit of women was as highly regarded as the spirit of men, a person who combined the spirits of both was seen as having an extraordinary spirituality. Such sacred people were often honored with special ceremonial roles in religious ceremonies, and they were often known as healers and shamans. They had the advantage of seeing things from both the masculine and the feminine perspectives, and so were respected as seers and prophets. Two-spirit people were known as creative persons who worked hard to help their extended family and their community. They often served as healers, artists, performers, and teachers of the young.

[Having such high social and religious status, the sexual behaviors of two-spirit people were also considered sacred. They usually engaged in sex with a person of the same sex, but this was not seen as a homosexual relationship. Instead, it was conceived as a "heterogender" relationship. The distinct gender role of the two-spirit person, reflecting their transgendered spirit, was more important than the physical sex of their body. Thus, the masculine husband of a male two-spirit, or the feminine wife of a female two-spirit, were not considered homosexual. Because the spouse conformed to the standard gender role for their sex, they were considered as a man or a woman, nothing more and nothing less. The fact that their spouse was of the same biological sex was not the defining factor. Therefore, indigenous Native American cultures did not define people by dividing them into two sexual orientations, "heterosexual" or "homosexual." People were defined primarily by their gender role, as reflected in their labor preferences, dress, and personality.

[The fluidity of gender roles and the ease of ending a marriage meant that a person could be married to a two-spirit person of the same sex, but could later marry heterosexually with no change in identity or social status. Or, in the case of Plains tribes where plural wives were common, a masculine man might have a male two-spirit wife in addition to his female wives.

[Native Americans were not the only world cultures to give high veneration to the sacredness of transgendered persons and same-sex marriages. Similar traditions of alternative gender roles that were associated with same-sex erotic behaviors were known in ancient cultures of Asia, Oceania, Africa, and the Middle East. Especially, similar religious traditions exist among the native peoples of Siberia. Since the ancestors of Native Americans migrated from Siberia over 20,000 years ago, this evidence suggests that two-spirit traditions are quite ancient.

[Just as in the case with Native Americans, the expansionist imperialism of homophobic European cultures after 1492 marked the beginning of a new era of attack on transgenderism and same-sex love. The early Spanish conquistadors and Catholic priests killed and tortured two-spirit persons, whom they labeled "sodomites." By the early 20th century, both United States government officials and Christian missionaries were forcing two-spirit people to change their dress and behavior to conform to standard gender roles, and refused to recognize their same-sex marriages.

[Even heterosexual marriages changed drastically among Native Americans under United States domination. The Christian conception of marriage involving only one man and one woman forced men who had plural wives to choose one woman and abandon all of their other wives. Large extended families were largely broken up in favor of nuclear marriage. Marriages that were once easily ended by either spouse were forced to continue, unless the husband and wife went through an expensive and emotionally draining legal divorce process. As a result, many unhappy spouses continued to stay married. Without the protection of her other adult relatives living in the same household, which in matrilineal societies had served to protect women from an angry husband's wrath, domestic violence in-

creased dramatically among 20th-century Indians. Plagued by poverty, alcoholism, and powerlessness, some Native men took out their frustrations on their wives and children. Because of the pervasive influence of missionaries on Indian reservations, many Indians converted to Christianity and absorbed repressive Western attitudes toward sex.

[Despite this deterioration in family relations and traditional sexual freedom, the most astounding fact of life for contemporary American Indians is the revival of traditional Native American religions and values. With this revitalization in recent decades, a new respect for two-spirit people—and a new determination to continue Native attitudes toward sex—has reasserted itself. Native American sexuality has not succumbed to the Western onslaught, but instead has started influencing mainstream American attitudes toward a more accepting and celebratory approach to sex. As among the aboriginal Americans, modern Americans of the 21st century are beginning to see sex as a gift from the spirit world, to be appreciated and enjoyed widely. (*End of update by W. L. Williams*)]

Feminism and Sexuality in the United States

PATRICIA BARTHALOW KOCH

A Brief History of the Feminist Movements. Earlier in this section, we discussed groups that illustrate ways in which religion and race or ethnicity operate as social factors defining subcultures within the U.S.A. and influence sexuality. Gender can be regarded in a similar manner. Here, we now consider feminist perspectives as reflections of a distinct social group or subculture.

Feminism is defined and implemented in various ways by different people. In its broadest interpretation, feminism represents advocacy for women's interests; in a stricter definition, it is the "theory of the political, social, and economic equality of the sexes" (LeGates 1995, 494). Although the terms "feminism" and "feminist" are only about a hundred years old, advocates for women's interests have been active for centuries throughout the world. As Robin Morgan (1984, 5) wrote in *Sisterhood Is Global*, "An indigenous feminism has been present in every culture in the world and in every period of history since the suppression of women began." Throughout history, women have protested, individually and collectively, against a range of injustices—often as part of other social movements in which gender equality was not the focus of the activity and women were not organized to take action on behalf of their gender.

However, stress on the ideologies of liberty, equality, and emancipation of men in the 18th-century political revolutions in Britain, France, and the United States laid the groundwork for these ideologies to be championed in women's lives also. In addition, the Industrial Revolution of the 19th century provided educational and economic opportunities supportive of a feminist movement in many societies.

Actual women's movements, or organized and sustained activities for gender equality supported by a relatively large number of people over a period of years, have occurred since the mid-1800s in many countries throughout the world. The United States, as well as most European societies, experienced extensive women's movements in the closing decades of the 19th century, with another wave of feminism occurring in the 1960s.

The beginning of an organized women's movement in the United States has been traced to the Seneca Falls Convention of 1848 where a Declaration of Principles called for gender equality (Chefetz & Dworkin 1986). Issues addressed included women's legal rights to property, children, and to their own earnings; equal educational and employment opportunities; the changing of negative feminine stereotypes; and increased opportunities for women to improve their physical fitness and health. These early feminists also addressed more-explicit sexual issues, including the abolition of the sexual double standard of expecting men to be "promiscuous" and women to be "pure"; equality between sexual partners; and the right of married women to refuse sexual activity with their husbands. Yet, although feminist ideology was well developed during these pre-Civil War years, the progressive feminist leaders had few followers. "In the 19th and early 20th centuries the United States was not ready for a mass movement which questioned the entire gender role and sex stratification systems" (Chefetz & Dworkin 1986, 112).

Only when the issues were narrowed to focus upon women's right to vote did the movement gain mass following. By 1917, about two million women were members of the National American Woman Suffrage Association, and millions more were supporters of the women's suffrage campaign (Kraditor 1965). The reasons for supporting a woman's right to vote, however, were varied. For some, it was an issue of basic human rights and gender equality. Many others, who believed in gender-role differentiation, supported suffrage on the basis that women would bring higher moral standards into governmental decisions. This more-conservative perspective dominated the movement. After achieving the right to vote in 1920 with the passage of the 19th Amendment to the U.S. Constitution, this first wave of feminism dissipated.

A second wave of feminism developed within the United States, as well as worldwide, in the 1960s. At this time, many women were finding that, while their participation in educational institutions and the labor force was increasing, their political, legal, economic, and social status was not improving. This American feminist movement came on the heels of the black civil rights movement, which had already focused attention on the immorality of discrimination and legitimized mass protest and activism as methods for achieving equality (Freeman 1995). The contemporary women's movement was organized around many interrelated issues, including: legal equality; control over one's own body, including abortion rights; elimination of discrimination based on gender, race, ethnicity, and sexual orientation; securing more political power; and the ending of institutional and social roadblocks to professional and personal achievement. By the mid-1970s, this issue became a mass movement, with over half of American women supporting many of its principles and demands (Chefetz & Dworkin 1986).

The second women's movement had two origins, from two different strata of society, with different styles, values, and forms of organization (Freeman 1995). Although the members of both branches were predominantly white, middle-class, and college-educated, there was a generation gap between them. The younger branch was comprised of a vast array of local, decentralized, grassroots groups that concentrated on a small number or only one issue, rather than the entire movement. Members tended to adjure hierarchical structure and the traditional political system. Some of the activities in which they engaged included: running consciousness-raising groups; providing educational conferences and literature; establishing woman-supporting services (bookstores, health clinics, rape crisis centers, and battered-women shelters); and organizing public-awareness campaigns and marches. This branch was responsible for infusing the movement with new issues, strategies, and techniques for social change. Many of its projects became institutionalized within

American society (e.g., rape crisis centers) through government funding and entrepreneurship.

These feminists also took their particular perspectives into other arenas, including the pro-choice, environmental, and antinuclear movements. They also had an impact on academia, establishing women's centers and women's studies departments, programs, and courses on campuses throughout the country. By the early 1980s, there were over 300 women's studies programs and 30,000 courses in colleges and universities, and a national professional association, the National Women's Studies Association (Boxer 1982). Many periodicals devoted exclusively to scholarship on women or gender were begun; Searing (1987) listed 94 such journals.

The second branch of the women's movement was the older, more-traditional division that formed top-down national organizations with officers and boards of directors, and often paid staffs and memberships. Most of these organizations sought support through contributions, foundations, or government contracts to conduct research and services. Some of these feminist organizations included: the Women's Legal Defense Fund, the Center for Women's Policy Studies, the Feminist Majority Foundation, and the National Coalition Against Domestic Violence, with other previously established groups taking on a more-feminist agenda, such as the National Federation of Business and Professional Women and the American Association of University Women.

The National Organization for Women (NOW), an action organization devoted to women's rights, was the primary feminist group to develop a mass membership. NOW focused its attention at the national level to become politically powerful. One of its major campaigns was the passage of an Equal Rights Amendment (ERA) to the U.S. Constitution guaranteeing legal equality for women. The ERA was endorsed by the U.S. Congress and sent to the states for ratification in 1972. In 1978, over 100,000 people marched in Washington D.C. in support of the Equal Rights Amendment. But the ERA and feminism were to meet with strong opposition from well-organized conservative and right-wing political and religious groups that depicted feminist goals as "an attack on the family and the American way of life" (Freeman 1995, 525). Stop-ERA campaigns were adeptly organized by these politically savvy groups and, by 1982, the ERA had failed to pass within the allotted timeframe by seven votes in three states.

Yet, it cannot be said that the feminist movement failed. Many states passed equal rights amendments of their own, and many discriminatory federal, state, and local laws were changed with the Supreme Court unanimously ruling in favor of interpreting constitutional law to provide equal opportunity for women. In addition, a powerful women's health movement had been spawned, and efforts for reproductive freedom, including abortion rights, would be continued to combat anti-abortion groups throughout the 1980s and 1990s. As Freeman (1995, 528) concluded: "The real revolution of the contemporary women's movement is that the vast majority of the [United States] public no longer questions the right of any woman, married or unmarried, with or without children to work for wages to achieve her fullest potential."

Although feminists agree there are still many strides to be made in achieving the goals of legal, economic, political, and social equality for women in the United States, they are often divided over philosophy, goals, and strategies for achieving equality in these areas. Feminism is not a monolithic ideology. There is "not a single interpretation on what feminism means but a variety of feminisms representing diverse ideas and perspectives radiating out from a core set of assumptions regarding the elimination of women's secondary status in society" (Pollis 1988, 86-87).

Feminism and Sexuality. Sexuality has always been a critical issue to feminists, because they see the norms regarding "proper" and "normal" sexual behavior as functioning to socialize and suppress women's expression and behavior in an effort to control female fertility as socioeconomic and political assets (Tiefer 1995). "The personal is political," the feminist rallying cry, applies particularly to sexuality, which is often the most personal, hidden, suppressed, and guilt-ridden aspect of women's lives. MacKinnon (1982, 515) captures this essence well in the analogy that: "Sexuality is to feminism what work is to Marxism: that which is most one's own, yet most taken away."

Although women are now being seen as sexual beings in their own right, not simply as reproducers or sexual property, Tiefer (1995, 115) describes how women's sexual equality is still constrained by many factors, including:

> Persistent socioeconomic inequality that makes women dependent on men and therefore sexually subordinate; unequal laws such as those regarding age of sexual consent and rights in same-sex relationships; lack of secure reproductive rights; poor self-image or a narrow window of confidence because of ideals of female attractiveness; ignorance of woman-centered erotic techniques, social norms about partner choice; and traumatic scars from sexual abuse.

In general, feminists believe that both women's and men's sexuality is socially constructed and must be examined within its social context (McCormick 1994). Gender-role socialization is viewed as a very powerful process creating unequal power relationships and stereotypic expectations for appropriate sexual feelings and behaviors of women and men. Male gender-role socialization based on male political, social, and economic dominance is likely to result in male sexual control, aggression, and difficulties with intimacy. On the other hand, female gender-role socialization based on political, social, and economic oppression of women is likely to result in disinterest and dissatisfaction with sex, as well as passivity and victimization. Feminists question the assumption of a binary gender system and challenge traditional concepts of masculinity and femininity (Irvine 1990). They politicize sexuality by examining the impact that power inequalities between men and women have on sexual expression.

Although most feminists may agree upon the relevance of socialization and context in the creation of male and female sexuality, they may vehemently disagree about the nature of sexual oppression and the strategies for its elimination (McCormick 1994). This has resulted in the emergence of two major feminist camps: radical feminists and liberal feminists.

As described by McCormick (1994, 211), radical feminists have polarized male and female sexuality—often demonizing men and idealizing women in this process. They view women as victims who must be protected. They use evidence showing girls and women as the predominant victims and boys and men as the perpetrators of rape, sexual harassment, prostitution, domestic violence, and childhood sexual abuse to support their views.

Radical feminists are vehemently opposed to pornography, "likening erotic images and literature to an instruction manual by which men are taught how to bind, batter, torture, and humiliate women" (McCormick 1994, 211). They have spearheaded many efforts to censor pornographic/erotic materials, often joining with right-wing organizations in these efforts. Another goal of radical feminists is the

elimination of prostitution, which they view as trafficking in women's bodies. They believe that all women in the sex trades are being victimized.

Because of these beliefs, radical feminists are criticized as treating women as children who are incapable of giving true consent to their choice of sexual activities. In response, these feminists argue that it is our sociopolitical system that treats women as second class and has robbed them of the equality needed for consensual sexual expression. Until this system is changed, true consent from women is not possible. In fact, orthodox radical feminists do not recognize the possibility of consensual heterosexuality, finding little difference between conventional heterosexual intercourse and rape, viewing both acts as representing male supremacy (McCormick 1994, 211). Radical feminists are accused of advocating "politically correct sex" by idealizing monogamous, egalitarian, lesbian sex and celibacy, and rejecting any other forms of consensual relationships or activity.

On the other hand, liberal feminists defend women's rights to sexual pleasure and autonomy. They believe that, if women are viewed only as victims, they are stripped of their adult autonomy and their potential to secure joyous and empowering sexual pleasure and relationships on their own behalf (McCormick 1994, 211). These feminists do not view all erotic material as harmful and believe in women's right to create their own erotic material. They differentiate between the depictions of forced sex in pornography and actual violence against women. Although not always pleased with all types of pornographic material, they believe in the right of free speech and choice, and acknowledge that censorship efforts could never eliminate all pornographic material anyway. In addition, who is to decide what is pornographic and what is erotic? Regarding prostitution, they view sex work as a legitimate occupational choice for some, and acknowledge the tremendous range of experience with sex work primarily based on social class.

Liberal feminism dominated the first phase of the women's movement of the 1960s. The emphasis was on women's empowerment to achieve professional and personal, including sexual, potentials. The expansion of sexual possibilities was explored, with pleasure being emphasized. The strategies of consciousness-raising, education, and female-centered care were used to help eliminate sexual shame and passivity, with women being encouraged to discover and develop new sexual realities for themselves (Tiefer 1995, 115). However, beginning in the 1970s, the pendulum began to swing away from an emphasis on the power of self-definition towards the agendas of the radical feminists who emphasized issues of sexual violence against women, including rape, incest, battery, and harassment. Thus, during this current feminist movement, much more time and emphasis has been devoted to women's sexual victimization, danger, and repression than to women's sexual equality, pleasure, and relationship enhancement.

Today, many in the general public, professionals, and even sexologists fail to distinguish between differences within feminism. They are most aware of and react primarily to the radical-feminist ideologies and strategies. Thus, feminism has become stereotyped by the extreme positions of the radicals and seems to have lost much of its overt mass support, with many trying to distance themselves from these extreme positions. For example, it is not unusual to hear someone today say, "I believe in women's rights but I'm not a feminist."

Feminist Critiques of and Contributions to Sexology. Feminist sexology is the scholarly study of sexuality that is of, by, and for women's interests. Employing diverse epistemologies, methods, and sources of data, feminist scholars examine women's sexual experiences and the cultural frame that constructs sexuality. They challenge the assumptions that sexuality is an eternal essence, arguing "that a kiss is not a kiss and a sigh is not a sigh and a heterosexual is not a heterosexual and an orgasm is not an orgasm in any transhistorical, transcultural way" (Tiefer 1995, 597). These theories and approaches have resulted in an enormous body of work during the last two decades reexamining theories, methods, and paradigms of gender and sexuality, and contributing to social change (Vance & Pollis 1990).

During this time, feminists and others have challenged the preeminence and validity of traditional science, particularly as it has been applied to human beings and their behaviors. They have argued that traditional science, rather than being objective and value-free, takes place in a particular cultural context (one that is often sexist and heterosexist), which thus becomes incorporated into research, education, or therapy (McCormick 1994). For example, research on unintended and adolescent pregnancy is focused almost exclusively on females, reflecting a double standard requiring women to be the sexual gatekeepers while relieving men of such responsibilities.

Another example comes from therapy. Numerous studies have determined that relationship factors, including intimacy, nongenital stimulation, affection, and communication, are better predictors of women's sexual satisfaction than frequency of intercourse or orgasm. Nevertheless, the dominant therapeutic paradigm, as enforced by the *Diagnostic and Statistical Manual of Mental Disorders*, uses physiologically based genital performance during heterosexual intercourse as the standard for determining women's sexual dysfunctions (Tiefer 1995).

Feminist scholarship uses the following principles in overcoming the deficits in understanding of women's experiences, gender and gender asymmetry, and sexuality:

1. Acknowledgment of the pervasive influence of gender in all aspects of social life, including the practice of science;
2. A multifaceted challenge to the normative canons of science, especially the tenet of objectivity, which splits subject from object, and theory from practice;
3. Advocacy of consciousness raising as a research strategy that elevates and legitimates experience as a valid way of knowing, essential to uncovering meaning structures and diversity among individuals;
4. Conceptualization of gender as a social category, constructed and maintained through the gender-attribution process, and as a social structure;
5. Emphasis on the heterogeneity of experience and the central importance of language, community, culture, and historical context in constituting the individual; and
6. Commitment to engage in research that is based on women's experience and is likely to empower them to eliminate sexism and contribute to societal change (Pollis 1986, 88).

Sexology has been criticized for being reticent to integrate feminist perspectives and scholarship into its establishment for fear of being perceived as unscientific and radical (Irvine 1990). However, in recent years, feminist perspectives have become more visible in the scholarly journals, conferences, and among the membership and leadership of professional sexological organizations. Future goals for feminist sexologists include more attention to understanding the intersections of race, class, and culture within gender, and making the results of their work more usable.

[*The Emergence of Men's Perspectives on Sexuality*

WARREN FARRELL

[*Update 2003*: In the 1950s, both sexes were defined by roles. In the early 2000s, men are still defined largely by roles; women define themselves. (The following discussion is based on the author's *The Myth of Male Power*, Farrell 1993/2001). As the women's movement has helped women develop options and no men's movement of any consequence has done the same for men, we have entered the Era of the Multi-Option Woman and the No-Option Man. Thus, in the U.S., our daughters now have the option to join the armed services, but our sons have no option but to register for the draft.

[The Era of the Multi-Option Woman and the No-Option Man extends itself to the sexual arena (see also: Bly 1990; Cassell 1993; Farrell 1999; Goldberg 1977; Gurian 1977; Halpern 1994; Jeffers 1989; Kipnis 1991; La Framboise 1996; Lyndon 1992; Lynch 1999; Philpot 1997; Simon 1995):

- Young women now have the *option* of asking a man out on a date; young men have the *expectation*.
- Young women now have the *option* of taking sexual initiatives (e.g., being the first to kiss); young men have the *expectation*.
- On a date, young women now have the *option* to pay; young men have the *expectation*.
- Parents are more likely to let their children watch a man using a gun to kill than to watch a man using his penis to have sex (see also Fekete 1994). In essence, we say sex is dirty, then we tell our sons it is their responsibility to initiate the dirt. We expect the boy to do this before he understands either sex or girls. This leaves most boys feeling morally inferior to most girls—having to compensate for their inequality by buying drinks, dinners, and diamonds.
- Girls and boys today often hang out in groups before they date. The politics of turning a group friendship into a one-on-one sexual encounter can be even more daunting than asking out a girl one barely knows. Why? It hurts more to be rejected by someone we know in front of a group than by someone we do not know.
- We have developed a birth control pill for women, but no pill for men. For more than a decade, the ability to do this technologically has been within five to seven years of achievement, but the politics have prevented it (see Farrell 2001 for sections on reproduction and abortion; see also Money 1988/1990).
- If a man and woman have sex, the woman can abort or sue for support; he has no rights to learn about the abortion and no right to avoid paying child support.
- If the result of sex is a child raised by a mother and father, she is 135 times more likely to have left the workplace to raise the child than is he, and therefore, should there be a divorce, she is able to claim that the child should be raised primarily by her to create stability. Under these circumstances, should the father wish 50% involvement after divorce, he can expect to pay more than $100,000 to fight for it—and still be unlikely to get it.
- If men were to articulate their potential rights in the areas of sex, reproduction, and parenting, they might be called Men's ABC Rights:
  - Men's A right relates to Abortion—to an equal say in whether a fetus he would be responsible to support if it became a child, should in fact become a child; or conversely, an opportunity to legally agree to support the child emotionally and financially completely by himself in exchange for the woman not aborting the child.
  - Men's B right relates to Birth Control—the right to a male birth control pill being made a national priority so men can both relieve women of the primary responsibility for contraception, and have equal rights to the convenience of a pill.
  - Men's C right relates to Caring—men's equal right to stay at home and care for the child during marriage, and to care for it equally should there be a divorce.
- When women marry someone they meet in the workplace, it is usually a man above them at work who took the initiative—also the most frequent form of sexual harassment. When it works, it is called courtship. When it does not work, it is called harassment (see also Symons 1981). If the courtship continues, it is called a marriage, with the woman's picture in the paper; if it breaks up, it is called a lawsuit, with the man's picture in the paper. Many men, then, walk a fine line between being a candidate for husband and a candidate for harasser.
- In the workplace, if a woman caresses a man on the rear, he is likely to say, "thank you"; if a man caresses a woman on her rear, she is likely to say "sue you." Women's preference is the law; a man who exercises his preference is an outlaw.
- Several top universities, such as Berkeley, Harvard, and Swarthmore, already allow a woman who is drunk to claim the next morning that she was raped, even if she said "yes" the evening before! Many men feel a top university that does not ask women to take responsibility for the choice of getting drunk neglects to prepare women for the responsibility of leadership in business or politics. They feel it would be like a law that excused drunken driving with the rationalization that if a person had too much to drink, they are not responsible (see also Roiphe 1993).

[Many men feel the feminist movement has persuaded the public that men had the power, and that men used women to serve men's sexual needs at the expense of women's. The average heterosexual male, though, desires sex a lot more than he has it. It is in his interest to have women be more sexual, not less; to wear fewer clothes, not have faces covered by veils; to have sex without children, not have children and be deprived of sex. From his perspective, women are to sex what the OPEC nations are to oil: the more they keep it in short supply, the more power they have.

[A more accurate view than the feminist perspective of the gender politics of sex, according to many of these men—in organizations such as the National Coalition of Free Men—is best discussed in books like *The Myth of Male Power. The Myth of Male Power* explains how sexual harassment and date rape legislation both hold only the man responsible for the traditional male role of taking the direct sexual initiatives; neither holds the woman responsible for the traditional female role of taking indirect sexual initiatives. The following serve as some examples (see also Gelles & Straus 1988).

[*Sex in the Workplace*. For example, *Cosmopolitan*, which has been the bestselling magazine to single women during the entire women's movement—and still is—features articles instructing women how to take indirect sexual initiatives. Thus, a real article titled, "How to Catch a Man at Work," tells her (and I'm quoting *Cosmo* here), "As you pass his desk, drop a pile of papers or a purse, then stoop down to gather them up. He'll help. Lean close to him, put your hand on his shoulder to steady your balance. . . ." Or, "Immediately after you meet him, touch him in some way, even if it's to pick imaginary lint off his jacket." Or, "Brush up against him in the elevator." Or "If you have good legs, wear a very tight, short skirt and high heels. Bend over with your back to a man (to pick up something or look in a file

drawer)." Of course, it's hard for a man to say, "Your honor, I initiated because she picked imaginary lint off my jacket."

[The problem with indirect initiatives is when the wrong man approaches the woman who has leaned over the file drawer in her tight, short skirt; suddenly, an environment she's helped to create feels hostile. But only he becomes vulnerable to a lawsuit.

[Is it possible there is something deeper—maybe unconscious—going on here? First, sexual harassment lawsuits can sometimes be the latest way of making men have to overcome barriers to be sexual with women in an era when the birth control pill had reduced those barriers (see also Symons 1981). Second, prior to divorces becoming popular, women had their source of income guaranteed for a lifetime. Once divorces became acceptable, though, feminists began to demand that the government become a substitute husband (Gilder 1987)—thus, the EEOC's decision number 84-1 allows complaining to a girlfriend at work to be "sufficient to support a finding of harassment" (Pollak 1991). That used to be called gossip. Now it's called evidence.

[In one decade, then, women had gotten more protection against offensive jokes in the workplace than men had gotten in centuries against being killed in the workplace. For example, one construction worker dies every workday hour—yet in the U.S., we have six fish-and-game inspectors for each workplace inspector (see also Kimbrell 1995). The plea for female protection is ironic, since feminists were the first group to decry how protective legislation discriminated against women by not allowing women to be hired in certain positions. The protection desired is from men's methods of sexualizing the work environment, not women's. For example:

[*Miniskirts-Without-Repercussions*. The miniskirt, long nails, nail polish, and indirect initiatives were historically designed to catch a man, lead to marriage, and therefore, in the past, to the end of a woman's involvement in the workplace. These indirect initiatives, therefore, unconsciously signal to a man that this woman wants an end to her involvement in the workplace (see also Cassell 1993). Feminists, though, have not asked the government to make laws against this form of sexualizing the workplace.

[*"Dirty" Jokes*: Feminists often claim that dirty jokes are the male method of intimidating women. In fact, men tell dirty jokes to peers in order to bond, not intimidate. When a male boss tells a dirty joke, it's often his unconscious way of getting his staff to not take him so seriously and, therefore, not be intimidated (see also Fekete 1994; Roiphe 1993).

[*Hazing Versus Harassment*. Historically, men knew that if a man was preoccupied with his vulnerability, he couldn't protect. So a short guy will be hazed with jokes like, "Which is higher, your IQ or your size?" All novices were hazed before they could be accepted as part of the team. Men test men before men trust men. From a man's unconscious perspective, *if a woman isn't being hazed, she's not being tested and therefore, she's not being trusted*.

[*Better Solutions Than Current Workplace Sex Regulations*. How would many men want to deal with sexual contact in the workplace?

[Step one: Resocializing women to share responsibility for taking sexual initiatives, rather than just blaming men when they do it wrong. Men will be our sexual harassers as long as men are our initiators.

[Step two: Changing "sexual harassment" seminars to "sexual contact in the workplace" seminars in which men can also discuss the effect of the *Cosmo*-type indirect initiatives.

[Step three: If a woman feels sexually harassed, encourage her to tell the man directly. Most men want to please women, not anger women.

[*The Politics of Date Rape*. A date obviously does not imply permission to be sexual, which, therefore, allows the possibility of date rape. From both sexes' perspective, date rape is not only a legitimate issue, but a serious one, because when a woman is raped by a man she is dating, her ability to trust is raped even more than when she's raped by a stranger (whom she had no expectation of trusting). Every time a woman experiences a date rape, every man is also hurt—because every man in that woman's life will be less trusted and have more to prove than he otherwise would (see also Roiphe 1993).

[The problem is the politics of date rape. The word "rape" has become to sexual politics since the 1980s what the word "communism" became to American politics in the 1940s and 1950s: When the mere accusation can result in the assumption of guilt, it is a setup for false accusations to be levied at any enemy. When this exists in an atmosphere in which famous people like Marilyn French (author of *The Women's Room*) can say, "All men are rapists and that's all they are" (Jennes 1983), without protest, and a Vassar College Assistant Dean of Students can be quoted in *Time* magazine saying, "Men who are unjustly accused of rape can sometimes gain from the experience" (attributed to Vassar College Assistant Dean of Student Life, Catherine Comins, in Gibbs 1991),[1] without protest, then men have become the new communists.

[The flaw is that none of this holds women responsible for their part in the male-female dance. Yet, 25 million women in the U.S. read an average of 20 romance novels per month, often featuring the formula of a working woman who is approached by a successful man, the woman resisting, the man overcoming her resistance, and the woman getting "swept away" (see also Cassell 1993). The book titles that sell best to women are titles like Danielle Steele's *Sweet Savage Love*, in which the heroine marries her rapist and rejects the man who saves her; they do not include titles like *He Stopped When I Said No*.

[Twenty-five million women is five times the number of readers of *Playboy* and *Penthouse* combined. The solution to the politics of date rape must include recognizing that his overcoming her resistance may be her fantasy at least as much as his. It also includes thinking of men not as the political enemy, but as our sons. For example, imagine your son dating a woman from Vassar who feels that a man could gain from being falsely accused of rape. When your son comes home for the holidays and tells you he might be spending next semester in prison—where he will be considered "fresh meat" by the prisoners—do you tell him, "Don't worry, boys who are unjustly accused of rape can sometimes gain from the experience"? Do you feel good about paying taxpayer dollars to support colleges that subject your son to random acts of imprisonment because he wasn't born as your daughter? Now suppose your son entered the armed services rather than college, how would you feel about the U.S. Air Force study that was kept quiet because it discovered that 60% of the rape accusations turned out to be false—not unfounded, but false?[2] (see also Lynch 1997).

[1]I called Catherine Comins and then faxed a letter to her at Vassar to be certain she was not misquoted. She did not respond.

[2]Written correspondence to me from Charles P. McDowell, Ph.D., M.P.A., M.L.S., Supervisory Special Agent of the U.S. Air Force Office of Special Investigations, March 20, 1992. This is based on an Air Force study of 556 rape allegations.

[So the big question is: How do we make dating the most positive experience possible for both our daughters and our sons? Do we do that by criminalization, or by resocialization? Thus far, we've focused on criminalization—and the criminalization has been focused on criminalizing only the male role.

[One reason we have focused on criminalization is our acceptance of the belief that rape is a manifestation of male political and economic power. In fact, any given black man is three times as likely as a white man to be reported as a rapist. Do blacks suddenly have more political and economic power? Maybe rape does not derive from power, but rather from powerlessness.

[To check this out, we must challenge the current belief that rape has nothing to do with sexual attraction—it is just an act of violence, and that this is "proven" by the fact that women of every age are raped. In fact, being at the age of greatest sexual attraction makes the chances of being raped at least 8,400% greater than being raped at an age over 50 years old. That is, when a woman is between ages 16 and 19, her chances of being raped are 84 in 20,000; when she is between 50 and 64, her chances are less than one in 20,000 (USBJS 1987). Sexual attraction, then, does have something to do with who is raped.

[If rape were just an act of violence, then it should not be distinguished from any other violent crime. Other violent crimes are not distinguished by the body parts involved. If they were, "assault to the head" is a crime deserving greater punishment than rape, unless feminists are saying that a woman's vagina is more important than a woman's head.

[We hear that date rape is always a crime, never a misunderstanding. Yet, anyone who works with both sexes knows it is possible for a woman to go back to a man's room, tell him she doesn't want to have intercourse, mean it, start kissing, willingly have intercourse, and then wish she had not in the morning. How? Kissing is like eating potato chips. Before we know it, we've gone farther than we said we would, and in the morning we regret it. But that doesn't mean Lay's raped us. Date rape can be a crime, a misunderstanding, or buyer's remorse (see also Farrell 1986).

[*Solutions to Date Rape and Stranger Rape*. Since men rape, is it not really the man's role that needs changing?

[The problem is both sexes' roles: It is both sexes' roles together which create the following four factors that make rape a predictable possible outgrowth of male-female relationships in most cultures (see also Kammer 1994; Levin 1988).

1. Boys' "addiction" to sex with girls being reinforced, even as girls' sexual caution is reinforced (through pregnancy, herpes, and AIDS, for example). The consequence? An increase in the gap between male demand and female supply.
2. Saying "sex is dirty" and "boys, initiate the dirt." The consequence? Boys being the mistrusted sex.
3. Because boys are mistrusted more, they're rejected more; and because they want more sex than the girls do, they're rejected still more. The consequence? Rather than take rejections personally, a boy learns to turn a woman into a sex object—it hurts him less to be rejected by an object.
4. Being objectified makes her feel alienated and being rejected makes him feel hurt, angry, and powerless. When rejection and sexual identity go hand in hand, we sow the seeds of violence—especially among boys who have no source of power. His violence and objectifying reinforce the starting assumptions: Sex is dirty and dangerous, and men can't be trusted. This powerlessness is reinforced by "The Male Date Rape Catch-22:" society telling men to be the salespersons of sex, then putting only men in jail if they sell well.

[Some feminists are now expanding the definitions of rape to "unwanted sexual activity." Yet, the *Journal of Sex Research* reported the findings that 63% of the men and 46% of the women said they had experienced unwanted intercourse (Muehlenhard & Cook 1988). (For example, a man sometimes fears intercourse when he feels a woman will read into it more of a commitment than he wants.) By feminist definitions of rape as unwanted sex or unwanted intercourse, most men have been raped—and that's how rape begins to look like an epidemic. It is also how rape gets trivialized.

[*In Conclusion*. To go from the old "male pursue/female resist" to the feminist "male pursue/female sue" is not progress, but just the latest method of getting men to jump through brand-new hoops for the same old sex.

[Men will be our rapists as long as men are our initiators. Men will rape as long as the four factors leading to rape are part of our two-sex socialization. The solution lies in updating the dance—in women and men sharing responsibilities for the direct initiative-taking and paying for dates—in communication, not litigation or criminalization.

[Sexual harassment and date rape are perfect metaphors for some of the most important challenges of the 21st century: the challenge to the stereotype of "innocent woman/guilty man"; the challenge to keep male-female sexual contact flexible and fluid rather than petrified and paralyzed; the challenge to respond to sexual nuance more with communication and less with legislation—understanding that communication at least responds to nuance with nuance, while legislation responds to nuance with rigidity; and the challenge to our genetic heritage of protecting women—and therefore infantilizing women.

[If we really want to protect people from being hurt, we would have to make laws against love, and against marriage, automobiles, and gossip. The only way we can prevent people from being hurt is to prevent them from living. If we desire to protect men from hurt, we would have to outlaw women's sexual rejection of men.

[The answers we develop cannot emerge from feminism-in-isolation, but from both sexes helping each other reweave the tapestry that has been passed from one generation to the next over the centuries for purposes that were functional then, but dysfunctional now (see also Sommers 1994; Steele 1990). Only then will we make a transition from a woman's movement *versus* a men's movement to a gender transition movement—from gender war to gender love.

[Additional resources on the Web are available at: American Coalition for Fathers and Children: www.acfc.org; Children's Rights Council: www.vix.com.crc; Everyman: www.everyman.org; Independent Women's Forum: www.iwf.org; National Coalition of Free Men: www.ncfm.org; National Congress for Fathers & Children: www.ncfc.org; and Dr. Warren Farrell: www.warrenfarrell.com. (*End of update by W. Farrell*)]

[*Heterophobia: The Evolution of an Idea*

RAYMOND J. NOONAN

[*Update 2003*: The term *heterophobia* is, perhaps, only about two decades old—a much shorter period than its more familiar sibling, *homophobia*, which *Webster's Ninth New Collegiate Dictionary* dates to 1958. Still, the value of heterophobia as a concept appears to be largely unrecognized among many, if not most, American sexologists today

as sexual science and philosophy advances into the new millennium. Is heterophobia just another example of the me-too victimology that continues to grow and flourish in contemporary America? Or is there more to it from which students of sexology and the general public can learn?

[*Webster's* defines *homophobia* simply as the "irrational fear of homosexuality or homosexuals" (p. 578); the term *heterophobia*, however, does not appear at all. It does appear in Francoeur, Perper, & Cornog's 1995 *Complete Dictionary of Sexology*, where they define it similarly as a fear of heterosexuals, although they do not use the "irrational" component. *Heterophobia* also appears among the myriad other terms for various phobias in some of the comprehensive lists of phobias published on the World Wide Web. In a non-sex-related context, it has also been defined as a fear of things different (such as other cultures).

[*Heterophobia* appeared for the first time in the 1982 book, *The Anatomy of Freedom*, by the well-known feminist, Robin Morgan. In the sexological literature, *heterophobia* first seems to have appeared in print in a 1990 chapter by Edward W. Eichel in the controversial book *Kinsey, Sex and Fraud*, in which he devoted the chapter to the "new" concept of "heterophobia," although I recall having heard and thought about it in the early 1980s. Eichel defined it similarly to Francoeur et al.'s definition in their *Dictionary*. In 1996, Raymond J. Noonan, this author, discussed the term in one of his chapters in the book, *Does Anyone Still Remember When Sex Was Fun?* in which he equated it more with the general antisexualism of American culture. He broadened the definition and used it more as a synonym for this generalized sex-negativity that has crystallized around heterosexual behavior—particularly against heterosexual males—and especially against heterosexual intercourse (see Noonan, 1996b, 1997, 1998a). In that book, he also introduced the concept of "internalized heterophobia." Later, he suggested that homophobia was, in fact, partially enabled and empowered by heterophobia, as the significant impetus for the hostility is probably more often from the "sexual" root of *homosexual* than on the "homo" prefix, which incites only slightly more, overall. Still, some of the fuel for heterophobia may also be rooted in the current misandrist sentiments that have become more prevalent in some quarters of American society in recent years. Misandry, of course, may or may not be in reaction to misogyny, which appears to have become somewhat less prevalent.

[In late 1998, however, *heterophobia* appeared for the first time in the title of a book—the first comprehensive treatment of the subject by anyone inside or outside of sexology. In *Heterophobia: Sexual Harassment and the Future of Feminism*, Daphne Patai tied the concept to what she called the Sexual Harassment Industry (SHI), which was being used, she argued, to separate men and women for often personal or political gain or self-interest. She defined *heterophobia* as the "fear of, and antagonism toward, the Other—in the present context men in general—and toward heterosexuality in particular" (p. 5). She went on to document how this hostility, which "is not limited to the lunatic feminist fringe where it originated in the late 1960s" (p. 14), was being implemented by the expansion of sexual harassment indoctrination sessions and laws.

[More recently, it is interesting to note that Meignant, et al., the authors of the entry on France in this volume of the *Continuum Complete International Encyclopedia of Sexuality*, have selected *heterophobia* as the term to describe their conception of a heterosexuality-heterophobia scale, positing that it is heterophobia that is the opposite of heterosexuality and not homosexuality at the other end of Kinsey's continuum. Their model includes a separate homosexuality-homophobia scale conceived as opposites as well. I would be more inclined to consider as more accurate a heterophobia-heterophilia scale, as well as a homophobia-homophilia scale, based solely on the traditional contrast inherent in the meanings of the Greek roots. Also, most sexologists consider Kinsey's scale to be a continuum, and not a description of opposites. In addition, as heterosexuality, bisexuality, and homosexuality have begun to be seen as multidimensional, Kinsey's scale has been increasingly applied to each dimension, resulting in a non-integer composite score, not necessarily congruent across all dimensions.

[Thus, the term is confusing for many people for several reasons. On the one hand, some look at it as just another of the many me-too social constructions that have arisen in the pseudoscience of victimology in recent decades. (Many of us recall John Money's 1995 criticism of the ascendancy of victimology and its negative impact on sexual science, which is recommended reading for insights into the history of the problem.) Others look at the parallelism between heterophobia and homophobia, and suggest that the former trivializes the latter. Yet, heterophobia may be one of the root contributors in the etiology of homophobia, as noted earlier. For others, it is merely a curiosity or parallel-construction word game. But for others still, it is part of both the recognition and politicization of heterosexuals' cultural interests in contrast to those of gays—particularly where those interests are perceived to clash.

[Indeed, the last sense parallels the use of *homophobia* as a political epithet to stigmatize those who are opposed to gay lifestyles regardless of their reasons—suggesting that religious or moral opposition, for example, is based on mental illness. Increasingly, some writers have argued for a more-descriptive term, such as *homonegativity*, that does not rely on quasi-scientific ambiguity based on an etymological relationship with the psychological concept of phobia. Its heterosexual counterpart would then be *heteronegativity*. Both may be conceptualized as *internalized* as well.

[As such, recognition of the impact of heterophobia on sexual health, research, and education in American culture is on the cutting edge of contemporary sexology. In effect, heterophobia has become an unacknowledged—and often unmentionable—force that influences public policy, as well as sexual science, and, in silent alliance with conservative religious and other social forces, determines how sexual issues as a whole are studied or not studied—as well as how sexual lives are lived by women and men and their relationships together—in contemporary American society. (*End of update by R. J. Noonan*)]

General Summary of Social Factors

PATRICIA BARTHALOW KOCH

This discussion of social factors influencing sexuality in the U.S.A. has selectively focused on religion, race/ethnicity, and gender. Essentially, we have taken the view that such social variables exert influence largely through membership in corresponding social groups. Our review examined the general tradition of the Judeo-Christian heritage of the U.S.A., membership in the Mormon church and the re-emergence of "sacred sexuality," African-American, Latino, and Native American minority groups, identification with feminist and men's perspectives, and heterophobia as specific examples.

We recognize that this approach omits other important social factors, such as education, social class, and size of city of residence. Our purpose has not been to provide an exhaustive review of all pertinent social groups within the U.S.A. Rather, we wished to demonstrate the abundant evidence that a full understanding of sexuality in American culture

eventually will require a recognition of the diverse social groups that reside in this nation. As we proceed to examine what sexuality researchers have learned about specific forms of sexual attitudes and behavior, the authors will report, where possible, the results of research which documents an association between sexuality and social variables.

Unfortunately, a recognition of these associations has not always been incorporated into investigations of sexual practices. For example, much of the existing research has been conducted with predominantly white, middle-class, college-educated populations. Researchers have frequently failed to adequately describe the demographic characteristics of their samples, and they have often failed to test possible correlations with social variables. One consequence is that American sexual scientists have yet to develop a full understanding of the very diversity of social groups we have tried to describe. Closing such gaps in our knowledge remains one of the principle tasks of sexual science in the United States.

3. Knowledge and Education about Sexuality

PATRICIA BARTHALOW KOCH

According to the National Coalition to Support Sexuality Education,

> Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles [among other topics]. Sexuality education seeks to assist children [people] in understanding a positive view of sexuality, provide them with information and skills about taking care of their sexual health, and help them to acquire skills to make decisions now and in the future. (SIECUS 1992)

A. A Brief History of American Sexuality Education

Sexuality education in the United States has always been marked by tension between maintaining the status quo of the "acceptable" expression of individual sexuality, and change as precipitated by the economic, social, and political events of the time. The major loci for sexuality education have shifted from the family and the community (in earlier times being more influenced by religion, and in modern times, by consumerism and the media), to schools. Much of the education has been developed by and targeted towards middle-class whites. As will be described in more detail, the two major movements to formalize sexuality education in the United States were spearheaded for the advancement of either "social protection" or "social justice." Throughout history, the goals, content, and methodologies of sexuality education in these two movements have often been in opposition to one another.

According to D'Emilio and Freedman (1988), young people in colonial America learned about sexuality through two primary mechanisms. In these agrarian communities, observation of sexual activity among animals was common. Observation of sexual activity among adults was also common, since families lived in small, often-unpartitioned dwellings, where it was not unusual for adults and children to sleep together. Second, more formal moral instruction about the role of sexuality in people's lives came from parents and clergy, with lawmakers endorsing the religious doctrines. The major message was that sexual activity ought to be limited to marriage and aimed at procreation. However, within the marital relationship, both the man and woman were entitled to experience pleasure during the procreative act.

Ministers throughout the colonies invoked biblical injunctions against extramarital and nonprocreative sexual acts, while colonial statutes in both New England and the Chesapeake area outlawed fornication, rape, sodomy, adultery, and sometimes incest, prescribing corporal or capital punishment, fines, and in some cases, banishment for sexual transgressors. Together, these moral authorities attempted to socialize youth to channel sexual desires toward marriage (D'Emilio & Freedmen 1988, 18).

A small minority of colonists also were exposed to a limited number of gynecological and medical-advice texts from London. These underscored the primary goal of sexuality as reproduction, with pleasure only to be associated with this goal.

After the War for American Independence, small autonomous rural communities gave way to more-commercialized areas, and church and state regulation of morality began to decline. Individual responsibility and choice became more emphasized. Thus, instruction on sexuality changed from community (external) control to individual (internal) control. For example, between the 1830s and 1870s, information about contraceptive devices and abortion techniques circulated widely through printed matter (pamphlets, circulars, and books) and lectures. However, peer education was the primary source of sexuality education, with more-"educated" people, especially women, passing along their knowledge to friends and family members.

Increasing secularization and the rise of the medical profession spawned a health-reform movement in the 1830s that emphasized a quest for physical, as well as spiritual, perfection. With advances in publishing and literacy, a prolific sexual-advice literature, written by doctors and health reformers of both genders, emerged. The central message was that, for bodily well-being (as well as economic success), men and women had to control and channel their sexual desires toward procreative, marital relations. "Properly channeled, experts claimed, sexual relations promised to contribute to individual health, marital intimacy, and even spiritual joy" (D'Emilio & Freedman 1988, 72). The popularity of these materials demonstrated Americans' need for and interest in sexuality education. Much of the self-help and medical-advice literature directed at men emphasized the dangers of masturbation. Women were taught that they had less sexual passion than men, and their role was to help men to control their sexual drives. In other words, a standard of female "purity" was the major theme of the sexuality education of the time.

Two studies of women's sexuality conducted in the early 1900s provide insight into the sources of sexual information for women during the 19th century. Katharine B. Davis (1929) studied 1,000 women (three quarters born before 1890) and Dr. Clelia Mosher (1980) surveyed 45 women (four fifths born between 1850 and 1880). Over 40% of the women in Davis' study and half in Mosher's reported that they received less-than-adequate instruction about sex before marriage. Those who indicated that they had received some sexual information identified Alice Stockham's advice manual, *Tokology*, about pregnancy, childbirth, and childrearing as their chief source.

In the later 19th century, a combined health and social-reform movement developed that attempted to control the content of and access to sexuality education. Middle-class reformers organized voluntary associations, such as the Women's Christian Temperance Union (WCTU), to address issues, including prostitution and obscenity. The social-purity movement in the late 19th century added the demand for

female equality and a single sexual standard to the earlier moral-reform movements. The WCTU spearheaded a sex-education campaign through the White Cross to help men resist sexual temptation. Social-purity leaders authored marital advice books that recognized women's sexual desires and stressed that women could enjoy intercourse only if they really wanted it. Women's rights and social-purity advocates issued the first formal call for sex education in America. They argued that women should teach children about sex: "Show your sons and daughters the sanctities and the terrors of this awful power of sex, its capacities to bless or curse its owner" (D'Emilio & Freedman 1988, 155). They demanded a public discourse of sexuality that emphasized love and reproductive responsibility rather than lust.

An example of the restricted character of sexuality education at the time was the enactment of the 1873 "Comstock Law" for the "Suppression of Trade in, and Circulation of Obscene Literature and Articles of Immoral Use." This revision of the federal postal law forbade the mailing of information or advertisements about contraception and abortion, as well as any material about sexuality. The Comstock Law was in effect until being overturned by a federal appeals court in 1936 in a decision about contraception: *United States v. Dow Package*.

Yet, the turn of the 19th century ushered in a more "progressive" era fueled by industrial capitalism. Progressive reform provoked by the middle class called upon government and social institutions, including schools, to intervene in social and economic issues, such as sex education. One of the major movements for sex education was the social-hygiene movement spearheaded by Dr. Prince Morrow to prevent the spread of syphilis and gonorrhea. In 1905, he formed the Society of Sanitary and Moral Prophylaxis in New York City, later renamed the American Social Hygiene Association. This society was joined by the WCTU, YMCA, state boards of health, and the National Education Association in an "unrelenting campaign of education to wipe out the ignorance and the prejudices that allowed venereal diseases to infect the nation" (D'Emilio & Freedman 1988, 205). They held public meetings and conferences, published and distributed written materials, and endorsed sex education in the public schools. While insisting on frank and open discussions of sexual-health matters, they promulgated the traditional emphasis of sexuality in marriage for reproductive purposes and the avoidance of erotic temptation (like masturbation). More-conservative Americans considered such openness to be offensive. Former-President Howard Taft described sex education as "full of danger if carried on in general public schools" (D'Emilio & Freedman 1988, 207). Others considered this type of education to be too restrictive. For example, Maurice Bigelow, Professor of Biology at Columbia University Teachers' College, objected to the terms "sex" and "reproduction" being used synonymously. Not until after 1920 would these activists see any progress towards the goal of having some basic sex (reproductive) instruction integrated into any school curriculum.

The early 1900s found American minds being expanded by the writings of Sigmund Freud and Havelock Ellis, among others. These psychologists helped popularize the notion of sexuality as a marker of self-identity and a force permeating one's life, which, if repressed, risks negative consequences. In addition, socialist and feminist ideologies and the industrial economy created an environment fertile for the demand of birth-control information and services. These events spearheaded the second major movement for sexuality education, which was based on social-justice issues, particularly for women and the poor.

In 1912, Margaret Sanger began a series of articles on female sexuality for a New York newspaper, which was confiscated by postal officials for violating the Comstock antiobscenity law. Later, to challenge the constitutionality of this law, she published her own magazine, *The Woman Rebel*, filled with information about birth control. She was charged with nine counts of violating the law, with a penalty of 45 years in prison, after writing and distributing a pamphlet, *Family Limitation*. To avoid prosecution, she fled to Europe; but in her absence, efforts mounted to distribute birth-control information. By early 1915, activists had distributed over 100,000 copies of *Family Limitation*, and a movement for community sexuality education was solidified. Public sentiment in favor of the right to such information was so strong that charges were dropped against Sanger when she returned to America. Community education about and access to birth control, particularly for middle-class women, began to become accepted, if not expected, as a matter of public health, as well as an issue of female equality (social justice).

Premarital experience became a more-common form of sexuality education among the white middle-class, beginning in the 1920s and accelerating as youth became more autonomous from their families (through automobiles, attendance at college, participation in more leisure activities like movies, and war experiences). Dating, necking, and petting among young peers became a norm. "Where adults might see flagrantly loose behavior, young people themselves had constructed a set of norms that regulated their activity while allowing the accumulation of experience and sexual learning" (D'Emilio & Freedman 1988, 261).

Courses on marriage and the family and (sexual) hygiene were being introduced into the college curriculum. Marriage manuals began to emphasize sexual expression and pleasure, rather than sexual control and reproduction, with more-explicit instructions as to how to achieve satisfying sexual relationships (such as "foreplay" and "simultaneous orgasm"). By the end of the 1930s, many marriage manuals were focusing on sexual "techniques." In addition, scientific reports, such as *Sexual Behavior in the Human Male* by Alfred Kinsey and his associates (1948) and the corresponding *Sexual Behavior in the Human Female* (1953), were major popular works primarily read by the middle class. These books provided sexuality education about the types and frequencies of various sexual expressions among white Americans to more than a quarter of a million people. They also are considered landmarks in sexuality education:

> What they [Americans] have learned and will learn may have a tremendous effect on the future social history of mankind. For they [Kinsey and colleagues] are presenting facts. They are revealing not what should be, but what is. For the first time, data on human sex behavior is entirely separated from questions of philosophy, moral values, and social customs. (D'Emilio & Freedman 1988, 286)

As scientific information on sexuality became readily available to the American public, more-explicit presentation of sexual material in printed and audiovisual media became possible through the courts' decisions narrowing the definition of obscenity. The proliferation of such sexually explicit materials was encouraged by the expansion of the consumer-oriented economy. For example, advertising was developing into a major industry beginning in the 1920s. Sex was used to sell everything from cars to toothpaste. Gender-role education, in particular, was an indirect outcome of the advertising media. A "paperback revolution" began in 1939, placing affordable materials, such as "romance novels," in drugstores and newsstands all over the country.

In December 1953, Hugh Hefner published the first issue of *Playboy*, whose trademark was a female "Playmate of the Month" displayed in a glossy nude centerfold. The early *Playboy* philosophy suggested males should "enjoy the pleasures the female has to offer without becoming emotionally involved" (D'Emilio & Freedman 1988, 302). By the end of the 1950s, *Playboy* had a circulation of one million, with the readership peaking at six million by the early 1970s. Many a man identified *Playboy* as his first, and perhaps most influential, source of sex education.

By the 1970s, sex manuals had taken the place of marital advice manuals. Popular books, like the 1972 *Joy of Sex* by Dr. Alex Comfort, encouraged sexual experimentation by illustrating sexual techniques. Sexual references became even more prolific in the mainstream media. For example, the ratio of sexual references per page tripled between 1950 and 1980 in magazines, including *Reader's Digest*, *Time*, and *Newsweek*. In addition, Masters and Johnson's groundbreaking book, *Human Sexual Response*, emphasizing that women's sexual desires and responses were equal to those of men, was published in 1966. The media were influencing Americans—female and male, married and single—to consider sexual pleasure as a legitimate, necessary component of their lives.

Yet, even with the explicit and abundant presentation of sexuality in the popular media, parents were still not likely to provide sexuality education to their children, nor were the schools.

In 1964, a lawyer, a sociologist, a clergyman, a family life educator, a public health educator, and a physician came together to form the Sexuality Information and Education Council of the United States (SIECUS). SIECUS is a nonprofit voluntary health organization with the aim to help people understand, appreciate, and use their sexuality in a responsible and informed manner. Dr. Mary Calderone was a co-founder and the first executive director. SIECUS soon became known all over the country as a source of information on human sexuality and sex education.

This private initiative for sexuality education was followed by a governmental one in 1966 when the Office of Education of the federal Department of Health, Education, and Welfare announced its newly developed policy supporting

> family life and sex education as an integral part of the curriculum from preschool to college and adult levels; it will support training for teachers . . . it will aid programs designed to help parents . . . it will support research and development in all aspects of family life and sex education. (Haffner 1989, 1)

In 1967, a membership organization, first called the American Association of Sex Educators and Counselors, was formed to bring together professionals from all disciplines who were teaching and counseling about human sexuality. The organization later expanded to include therapists, and is known today as the American Association of Sex Educators, Counselors, and Therapists (AASECT). Opposition to sexuality education from conservative political and religious groups grew quickly. In 1968, the Christian Crusade published, "Is the Schoolhouse the Proper Place to Teach Raw Sex?" and the John Birch Society was calling sex education a "Communist plot." In response, over 150 public leaders joined the National Committee for Responsible Family Life and Sex Education.

In 1970, Maryland became the first state to mandate family-life and human-development education at all levels in their public schools. However, the new "purity" movement by conservatives was under way, coordinating over 300 organizations throughout the country to oppose sex education in the public schools. Several states passed antisexuality-education mandates, with Louisiana barring sex education altogether in 1968. By the late 1970s, only half-a-dozen states had mandated sex education into their schools, and implementation in the local classrooms was limited.

In 1972, AASECT began developing training standards and competency criteria for certification of sexuality educators, counselors, and therapists. A list of the professionals who have become certified in these three areas is provided in a published register so that other professionals and consumers can locate people who are trained. (Currently, this list identifies over 1,000 certified professionals.) AASECT also has developed a code of ethics for professionals working in these fields.

In 1979, the federal government through the Department of Health, Education, and Welfare conducted a national analysis of sex-education programs in the United States. The researchers calculated that less than 10% of all students were receiving instruction about sexuality in their high schools. The report's overall conclusion stated:

> Comprehensive programs must include far more than discussions of reproduction. They should cover other topics such as contraception, numerous sexual activities, the emotional and social aspects of sexual activity, values clarification, and decision-making and communication skills. In addition to being concerned with the imparting of knowledge, they should also focus on the clarifying of values, the raising of self-esteem, and the developing of personal and social skills. These tasks clearly require that sex education topics be covered in many courses in many grades. (Kirby, Atter, & Scales 1979, 1)

When AIDS burst upon the scene in the 1980s, education with the goal of "social protection" from this deadly disease was targeted for inclusion in public-school curricula. In a relatively short time, most states came to require, or at least recommend, that AIDS education be included in school curricula. The number of states mandating or recommending AIDS education surpassed those mandating or recommending sexuality education. Money and other resources were being infused into AIDS-education initiatives. For example, in 1987-88, 80% of the $6.3 million spent nationwide on sexuality education went specifically to AIDS-education efforts. Today, policies and curricula addressing AIDS tend to be much more specific and detailed than those dealing with other aspects of sexuality education, including pregnancy prevention. This may lead to students receiving a narrow and negative view of human sexuality (e.g., "sex kills!").

Throughout this time, SIECUS remained committed to comprehensive sexuality education, as emphasized in its mission statement: "SIECUS affirms that sexuality is a natural and healthy part of living and advocates the right of individuals to make responsible sexual choices. SIECUS develops, collects, and disseminates information and promotes comprehensive education about sexuality" (Haffner 1989, 4). In 1989, SIECUS convened a national colloquium on the future of sexuality education, "Sex Education 2000," to which 65 national organizations sent representatives. The mission was to assure that all children and youth receive comprehensive sexuality education by the year 2000. Thirteen specific goals for the year 2000 were set forth as follows:

1. Sexuality education will be viewed as a community-wide responsibility.
2. All parents will receive assistance in providing sexuality education for their child(ren).

3. All schools will provide sexuality education for children and youth.
4. All religious institutions serving youth will provide sexuality education.
5. All national youth-serving agencies will implement sexuality education programs and policies.
6. The media will assume a more proactive role in sexuality education.
7. Federal policies and programs will support sexuality education.
8. Each state will have policies for school-based sexuality education and assure that mandates are implemented on a local level.
9. Guidelines, materials, strategies, and support for sexuality education will be available at the community level.
10. All teachers and group leaders providing sexuality education to youth will receive appropriate training.
11. Methodologies will be developed to evaluate sexuality education programs.
12. Broad support for sexuality education will be activated.
13. In order to realize the overall goal of comprehensive sexuality education for all children and youth, SIECUS calls upon national organizations to join together as a national coalition to support sexuality education (SIECUS 1990).

To aid in the attainment of the third goal of providing comprehensive sexuality education in the schools, a national Task Force with SIECUS's leadership published *Guidelines for Comprehensive Sexuality Education, Kindergarten Through 12th Grade* in 1991. These guidelines, based on six key concepts, provide a framework to create new sexuality-education programs or improve existing ones. The guidelines are based on values related to human sexuality that reflect the beliefs of most communities in a pluralistic society. They represent a starting point for curriculum development at the local level. Currently, another Task Force is working on ways to help providers of preschool education incorporate the beginnings of comprehensive sexuality education into their programs. In 1994, SIECUS also launched an international initiative in order to disseminate information on comprehensive sexuality education to the international community and to aid in the development of specific international efforts in this area.

Yet, in light of progress that has been made, challenges to sexuality programs from conservative organizations have become more frequent, more organized, and more successful than ever before (Sedway 1992). These nationally organized groups, including Eagle Forum, Focus on the Family, American Family Association, and Citizens for Excellence in Education, target local school programs that do not conform to their specific ideology. They attempt to control what others can read or learn, not just in sexuality education (which now is the major target), but in all areas of public education, including science (with the teaching of creationism), history, and literature (with censorship of many classics in children's literature). Although these groups represent a minority of parents in a school district, through well-organized national support, they often effectively use a variety of intimidating tactics to prevent the establishment of sexuality-education programs altogether or establish abstinence-only ones. Their tactics include personal attacks on persons supporting comprehensive sexuality education, threatening and sometimes pursuing costly litigation against school districts, and flooding school boards with misinformation, among other strategies. The greater impact of this anti-sexuality-education campaign on education, in general, and American society, overall, has been poignantly described:

> In another sense, the continuing series of attacks aimed at public education must be viewed in the context of the larger battle—what has come to be known as a "Cultural Civil War"—over free expression. Motion pictures, television programs, fine art, music lyrics, and even political speech have all come under assault in recent years from many of the same religious right leaders behind attacks on school programs. In the vast majority of cases, in the schools and out, challengers generally seek the same remedy, i.e., to restrict what others can see, hear, or read. At stake in attacks on schoolbooks and programs is students' exposure to a broad spectrum of ideas in the classroom—in essence, their freedom to learn. And when the freedom to learn is threatened in sexuality education, students are denied information that can save their lives. (Sedway 1992, 13-14)

B. Current Status of Sexuality Education

Youth-Serving Agencies

National youth-serving agencies (YSAs) in the United States provide sexuality education to over two million youths each year. Over the past two decades, YSAs began developing such programs, primarily in response to the problems of adolescent pregnancy and HIV/AIDS.

> Second only to schools in the number of youth they serve, youth-serving agencies are excellent providers of sexuality education programs, both because they work with large numbers of youth, including many underserved youth, and because they provide an environment that is informal and conducive to creative and experiential learning. Some YSAs reach youth who have dropped out of school. Others reach youth who have not received sexuality education programs in their schools. The people who work at YSAs often build close relationships with the youth in their programs which allows for better communication and more effective educational efforts. (Dietz 1989/1990, 16)

For example, the American Red Cross reaches over one million youth each year in the U.S. with their "AIDS Prevention Program," "Black Youth Project," and "AIDS Prevention Program for Hispanic Youth and Families." The Boys Clubs of America has developed a substance abuse/pregnancy prevention program, called "Smart Moves." The Girls Clubs of America has a primary commitment to providing health promotion, sexuality education, and pregnancy-prevention services to its members and reaches over 200,000 youth each year. The Girl Scouts of the U.S.A. developed a curriculum, "Decision for Your Life: Preventing Teenage Pregnancy," that focuses on the consequences of teen parenthood and the development of communication, decision-making, assertiveness, and values-clarification skills. The March of Dimes Birth Defects Foundation developed the "Project Alpha" sexuality-education program that explores teenage pregnancy from the male perspective and helps young men learn how to take more responsibility. The National Network of Runaway and Youth Services has developed an HIV/AIDS education program for high-risk youth, called "Safe Choices." The program provides training for staff at runaway shelters, residential treatment facilities, detention facilities, group homes, street outreach programs, hotlines, foster-family programs, and other agencies that serve high-risk youth.

In addition to the national efforts of YSAs, many local affiliates have designed their own programs to meet the needs of their local communities in culturally sensitive ways. For example, the National 4-H Council estimates that most state extension offices have developed their own programs to reduce teenage pregnancy in their areas.

Table 7

State Requirements for Sexuality, STD, and HIV/AIDS Education in Primary and Secondary Schools

Sexuality Education—Required from Kindergarten Through Senior High School
Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Illinois, Iowa, Kansas, Maryland, Minnesota, Nevada, New Jersey, New Mexico, North Carolina, Rhode Island, Tennessee, Vermont, Virginia, and West Virginia

Sexuality Education—Required for Grades 5 or 6 Through Senior High School
South Carolina, Texas, and Utah

Sexuality Education—Not Required
Alaska, Arizona, California, Colorado, Connecticut, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Washington, Wisconsin, and Wyoming

STD/HIV/AIDS Education—Required from Kindergarten Through Senior High School
Alabama, Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nevada, NewHampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island,[1] Tennessee,[2] Vermont, Virginia, Washington, and Wisconsin

STD/HIV/AIDS Education—Required Grades 5 or 6 Through Senior High School
California, Illinois, Maryland, Oklahoma, South Carolina, Texas, Utah,[3] and WestVirginia

STD/HIV/AIDS Education—Not Required
Alaska, Colorado, Hawaii, Kentucky, Louisiana,[4] Maine, Massachusetts, Mississippi, Montana, Nebraska, North Dakota, South Dakota, and Wyoming

[1]Instruction in sexuality and HIV/AIDS is required at least once a year in all grades.
[2]Instruction in sexuality and HIV/AIDS is required only in counties with more than 19.5 pregnancies per 1,000 females aged 15 to 17. Only one county did not meet this standard.
[3]HIV/AIDS education is required from 3rd to 12th grades.
[4]Louisiana law prohibits sex education before the 7th grade, and in New Orleans, before the 3rd grade.
Source: *Sexuality Education in America: A State-by-State Review* (NARAL/The NARAL Foundation 1995).

Schools

More than 85% of the American public approve of sexuality education being provided in the schools, compared with 76% in 1975 and 69% in 1965 (Kenney, Guardado, & Brown 1989). Today, roughly 60% of teenagers receive at least some sex education in their schools, although only a third receive a somewhat "comprehensive" program.

Each state can mandate or require that sexuality education and/or AIDS education be provided in the local school districts. Short of mandating such educational programs, states may simply recommend that the school districts within their boundaries offer education on sexuality, in general, and/or more-specific AIDS education. In 1992, 17 states had mandated sexuality education and 30 more recommended it; see Table 7 (Haffner 1992). In addition, 34 states had mandated AIDS education, while 14 more recommended it. Only four states (Massachusetts, Mississippi, South Dakota, and Wyoming) had no position on sexuality education within their schools, whereas Ohio, Wyoming, and Tennessee had no position on AIDS education. In 1995, NARAL and the NARAL Foundation (1995) issued a detailed state-by-state review of sexuality education in America with selected details of legislative action in 1994 and 1995.

Although the majority of states either mandate or recommend sexuality and AIDS education, this does not guarantee that local school districts are implementing the suggested curricula. Inconsistencies in and lack of implementation of these curricula result from: absence of provisions for mandate enforcement, lax regulations regarding compliance, diversity in program objectives, restrictions on course content, lack of provisions for teacher training, and insufficient evaluation.

In 1988, SIECUS conducted a project to examine and evaluate the recommended state sexuality and AIDS-education curricula (di Mauro 1989-90). Of the 23 state curricula that they evaluated for sexuality education, only 22% were deemed to be accurate. Although most curricula stated that human sexuality is natural and positive, there was a lack of any content in the curricula to support this concept. Most focused on the negative consequences of sexual interaction, and little attention was paid to the psychosocial dimensions of sexuality, such as gender identification and roles, sexual functioning and satisfaction, or values and ethics. Only one half of the curricula provided thorough information about birth control.

In an evaluation of the 34 state-recommended AIDS-education curricula, 32% were found to be accurate in basic concepts and presentation. The majority (85%) emphasized abstinence and "just say no" skills, whereas only 9% covered safer sex as a preventive practice. Thorough information about condoms was provided in less than 10% of the curricula. There was no mention of homosexuality in over one third of the curricula. In 38%, homosexuals were identified as the "cause of AIDS." The Utah curriculum was especially negative and restrictive:

> Utah's teachers are not free to discuss the "intricacies of intercourse, sexual stimulation, erotic behavior"; the acceptance of or advocacy of homosexuality as a desirable or acceptable sexual adjustment or lifestyle; the advocacy or encouragement of contraceptive methods or devices by unmarried minors; and the acceptance or advocacy of "free sex," promiscuity, or the so-called "new morality." This section of their curriculum is replete with warnings of legal violations for instructors crossing prohibition lines; their guidelines indicate that with parental consent it is possible to discuss condom use at any grade level, but without it, such discussions are Class B misdemeanors. (di Mauro 1989-90, 6; see also the discussion of Mormon sexuality in Section 2A.)

Currently, a broad focus on sexuality education is being supplanted by a narrow focus on AIDS education. Sexuality

and AIDS education are being treated independently with separate curricula and teacher training. The report concluded that: "What is needed [for each state] is a comprehensive sexuality education or family-life education curriculum with an extensive AIDS education component that contextualizes preventive information within a positive, life-affirming approach to human sexuality" (di Mauro 1989-90, 6).

Yet, recommended curriculum content cannot automatically be equated with what is actually being taught in the classroom. To determine what is being taught, a study of public school teachers in five specialty areas (health education, biology, home economics, physical education, and school nursing) in grades 7 through 12 was conducted (Forrest & Silverman 1989). It was estimated that, nationwide, 50,000 public school teachers were providing some type of sexuality education in grades 7 through 12 in 1987-88, representing 45% of the teachers employed in those areas. Roughly 38.7 hours of sex education were being offered in grades 7 through 12, with 5.0 hours devoted to birth control and 5.9 hours covering STDs.

The teachers cited the encouragement of abstinence as one of their primary goals. The messages that they most want to give included: responsibility regarding sexual relationships and parenthood, the importance of abstinence and ways of resisting pressures to become sexually active, and information on AIDS and other STDs. The teachers agreed that sexuality education belongs in the schools and that students should be taught to examine and develop their own values about sexual behaviors. They reported that there is often a gap between what should be taught, and when and what actually is allowed to be taught. The largest gap concerned sources of birth-control methods; 97% of the teachers believed they should be allowed to provide information to students about where they could access birth control, but this was allowed in less than half of their schools. In fact, one quarter of the teachers were permitted to discuss birth control with students only when they are asked a student-initiated question. In addition, over 90% of the teachers believed that their students should be taught about homosexuality and abortion, topics that are often restricted by school districts. In addition, the teachers believed that the wide range of sexuality topics should be addressed with students no later than 7th or 8th grade; however, this is not usually done until 10th through 12th grades, if at all.

The teachers described many barriers to implementing quality sexuality education in their classrooms. The major problem that they identified was opposition or lack of support from parents, the community, or school administrators. They also felt that they lacked appropriate materials because of the difficulties in getting current relevant materials approved for use. They also encountered student-related barriers, such as discomfort, lack of basic knowledge of anatomy and physiology, and misinformation, poor attitudes, and a lack of values and morals reflecting favorable attitudes toward teen pregnancy. Teachers also lacked enough time and training to teach the material effectively. Almost none of them were certified as sexuality or family-life educators by the American Association of Sex Educators, Counselors, and Therapists or the National Council on Family Relations. The level of the teachers' own knowledge on sexual topics was questionable, and some experienced personal conflicts in dealing with certain issues. The authors concluded that:

> Perhaps the most important step toward improved sex education would be increased, clear support of the teachers. One form this support should take is the development of curricula that provide teachers with constructive, planned ways to raise and deal with the topics on their students' minds, since the data indicate that students will often raise topics even if they are not in the curriculum. Greater support should also help increase the availability of high-quality instructional materials and on-going education and information for teachers. Adequate teaching materials and support for teaching in earlier grades the topics students want to know about might help solve the problem of student inattention and negative reactions, to say nothing of helping with the problems of teenage pregnancy and the spread of AIDS and other STDs. (Forrest & Silverman 1989, 72)

Yet, in recent years, well-organized conservative organizations throughout the United States have been promoting the adoption of their own abstinence-only curricula in the public schools. Since 1985, the Illinois Committee on the Status of Women has received $1.7 million in state and federal funds to promote such a curriculum, called *Sex Respect*. They have been successful in having *Sex Respect* adopted in over 1,600 school systems, even though this curriculum is designed to proselytize a particular conservative sexual-value system. The *Sex Respect* curriculum has been criticized because it:

> (1) substitutes biased opinion for fact; (2) conveys insufficient and inaccurate information; (3) relies on scare tactics; (4) ignores realities of life for many students; (5) reinforces gender stereotypes; (6) lacks respect for cultural and economic differences; (7) presents one side of controversial issues; (8) fails to meaningfully involve parents; [and] (9) is marketed using inadequate evaluations. (Trudell & Whatley 1991, 125)

Careful scientific evaluation of over 40 sexuality- and AIDS-education curricula commissioned separately by the Centers for Disease Control and the World Health Organization resulted in the following conclusions:

1. Comprehensive sexuality and HIV/AIDS-education programs do not hasten the onset of intercourse nor increase the number of partners or frequency of intercourse.
2. Skill-based programs can delay the onset of sexual intercourse and increase the use of contraception, condoms, and other safer-sex practices among sexually experienced youth.
3. Programs that promote both the postponement of sexual intercourse and safer-sex practices are more effective than abstinence-only programs, like *Sex Respect* (Haffner 1994).

[*Abstinence-Only Sexuality Education*

PATRICIA BARTHALOW KOCH

[*Update 1998*: Under the 1996 Welfare Reform Law, funds were made available to the states to establish programs that have as their "exclusive purpose" the "promotion of abstinence-only education." Funding of $50 million a year is guaranteed for these programs for the next five years. To qualify for a federal grant, a state abstinence-only program must teach:

1. The social, psychological, and health gains to be realized by abstaining from sexual activity;
2. Abstinence from sexual activity outside marriage as the expected standard for all school-age children;
3. Abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, STDs, and other associated health problems;
4. A mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexuality;

5. Sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
6. Bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
7. How to reject sexual advances, and how alcohol and drug use increase vulnerability to sexual advances; and
8. The importance of attaining self-sufficiency before engaging in sexual activity.

[All 50 states have submitted abstinence-only education proposals; many of them are school-based. Yet, national and worldwide research have found abstinence-only programs to be considerably less effective, if effective at all, when compared with comprehensive sexuality education programs, in preventing unintended pregnancy and STDs among youth (Brick & Roffman 1993; Nelson 1996). Yet, no federal funding is forthcoming to support comprehensive sexuality education.

[It is safe to predict that the trend of increasing sexual experience among adolescents will continue, and that young people will not respond favorably to these abstinence-only programs. Perhaps when the general public realizes the ineffectiveness of these programs, greater support for and expansion of more comprehensive sexuality education will result. (*End of update by P. B. Koch*)]

C. Informal Sources of Sexual Knowledge

Researchers over the past 50 years have consistently found that adolescents identify peers, particularly of their same gender, as their primary source of sexuality education, followed by various types of media, including print and visual media. Parents and schools are usually identified as significantly less-influential sources.

Peers as a Sexual Information Source

Males seem to be more dependent on peers for their sexuality education than are females. One problematic aspect of receiving sexuality education informally from peers is that the information they provide is often inaccurate. However, when peers are formally trained to provide sexuality education, such as on the high school or college level, they are very effective in providing information and encouraging the development of positive attitudes towards responsible and healthy sexual expression. Thus, the peer model is being used more widely in school and community sexuality-education programs.

The Media

The various media are pervasive and influential sources of sexuality education in American culture. Media have been identified by adolescents and college students as being more influential than their families in the development of their sexual attitudes and behaviors. As to television, the radio, and movies, adolescents spend more time being entertained by the media than any other activity, perhaps with the exception of sleeping (Haffner & Kelly 1987).

Television, in particular, has been identified as the most influential source of sexual messages in American society, even though sexual behavior is not explicitly depicted. Yet, in an analysis of the sexual content of prime-time television programming, about 20,000 scenes of suggested sexual intercourse and other behaviors, and sexual comments and innuendos were documented in one year (Haffner & Kelly 1987). These portrayals of sexual interaction are six times more likely to happen in an extramarital, rather than a marital, relationship. In soap operas, 94% of the sexual encounters happen between people who are not married to one another. Minority groups are extremely underrepresented on TV, with gay and lesbian characters nearly nonexistent.

In the United States, by the time a child graduates from high school, she or he will have spent more time watching TV than being in a formal classroom setting. There is conflicting evidence as to the impact media portrayals have on youth's developing sexuality (Haffner & Kelly 1987). Gender-role stereotyping is a pervasive aspect of television programming, with children who watch more TV demonstrating more stereotypic gender-role behaviors than those who watch less. Some studies have linked young people's television-viewing habits, including the watching of music videos, to the likelihood that they would engage in sexual intercourse, while others have not supported this relationship. Yet, there is no denying that TV serves as a sexuality educator. Adolescents report that TV is equally or more encouraging about engaging in sexual intercourse than are their friends, and those that have high TV-viewing habits are likely to be dissatisfied about remaining virgins. In addition, those who believe that TV accurately portrays sexual experiences are more likely to be dissatisfied with their own.

Soap operas are one of the most popular television genres. Depictions of sexual behaviors are common. Yet, television censors still establish rules, such as not showing unbuttoning clothes or the characters at the moment of "penetration." Unfortunately, very few references to or depictions of safer sex are part of television programs. As the National Academy of Sciences concluded, the media provide "young people with lots of clues about how to be sexy, but . . . little information about how to be sexually responsible" (Haffner & Kelly 1987, 9).

Sexuality has become a focal point of some newer types of television programming. Sexual topics, such as teenage pregnancy, incest, or AIDS, are often the subject matter of made-for-TV movies and "after-school specials." In addition, the "sexually unconventional," such as transvestites, sex addicts, or bigamists, are often the guests of television talk shows, such as Donahue, Oprah, and Geraldo. Some critics believe that this diversity has encouraged viewers to become more tolerant and open, whereas others believe it has done the opposite, reinforcing negative and hostile attitudes. Among adolescents and young adults, music videos have become one of the most popular forms of television entertainment. Yet, context studies of these music videos indicate that women tend to be treated as "sex objects." Madonna is one exception, depicting a powerful image of female sexuality.

The motto that "Sex Sells" has been generously applied to television advertising. Television uses sexual innuendos and images to sell almost every product from toothpaste to automobiles. The most sexually explicit commercials are generally those for jeans, beer, and perfumes. Paradoxically, commercials and public service announcements for birth control methods are banned from television. Those for "feminine hygiene" products and the prevention of sexually transmissible diseases, including AIDS, are quite restricted.

Subscriber cable television offers more sexually oriented programming, such as the *Playboy Channel*, than does network TV. However, the *Exxxtacy Channel* was forced out of business because of numerous government obscenity prosecutions. Virtual-reality technology is being developed to allow cable subscribers to use goggles, gloves, and body sensors to enjoy their own virtual sexual reality.

Filmmaking is a huge business and American films are marketed worldwide. Movies have been reported as one of the leading sources of sexual information for adolescent Anglo-American, Latino, and Native American males (Davis & Harris 1982). Films are given greater license to depict sexual behavior explicitly than on television; however, they are

still censored. In fact, films, such as *Basic Instinct*, have more explicit sex in their uncut versions that are marketed abroad than the "cut" versions that are marketed domestically. Female nudity has become acceptable, whereas male frontal nudity is still censored. Sexual behaviors other than heterosexual intercourse tend to be missing from most films.

Videocassettes and videocassette recorders (VCRs) have revolutionized the viewing habits of Americans. Two hundred million X-rated videocassettes were rented in the U.S. in 1989. One study of college students determined that males viewed about six hours and females two hours of sexually explicit material on their VCRs a month (Strong & DeVault 1994).

Another very popular form of media, directed at females, is the romance novel, comprising 40% of all paperback book sales in the U.S. Romance novels are believed to both reflect and create the sexual fantasies and desires of their female American audience. The basic formula of this form of media is: "Female meets devastating man, sparks fly, lovers meld, lovers are torn apart, get back together, resolve their problems, and commit themselves, usually, to marriage" (Strong & DeVault 1994, 22).

Sexual language is disguised by euphemisms. For example, the male penis is referred to as a "love muscle" and the female vagina as a "temple of love." Yet, romance novels are filled with sensuality, sexuality, and passion, with some people considering them softcore pornography.

Young males in the U.S. tend to learn about sexuality through more-explicit magazines, such as *Playboy* and *Penthouse*. *Playboy* is one of the most popular magazines worldwide, selling about 10 million issues monthly. Half of college men, but much fewer women, report that pornography has been a source of information for them regarding sexual behaviors (Duncan & Nicholson 1991).

Finally, with increased public access to computer technology, sexuality education is now being offered through the computer-based superhighway. This represents the "wave of the future" and is thoroughly discussed later in this chapter.

Parents as a Source of Sexual Information

It is widely believed that parents should be the primary sexuality educators of their children. They certainly provide a great deal of indirect sexuality education to their children through the ways that they display affection, react to nudity and bodies, and interact with people of different genders and orientations—as well as the attitudes they express (or the lack of expression) towards a myriad of sexual topics.

However, most parents in the United States provide little direct sexuality education to their children, even though the majority of children express the desire to be able to talk to their parents about sexuality. Studies of American adolescents consistently find that up to three quarters state that they have not discussed sexuality with their parents (Hass 1979; Sorenson 1973). Parents have expressed the following as barriers to discussing sexuality with their children: anxiety over giving misinformation or inappropriate information for the developmental level of their children; lack of skills in communicating about sexuality, since very few parents ever had role models on how to handle such discussions; and fear that discussing sexuality with their children will actually encourage them to become involved in sexual relationships.

When sexuality education occurs in the home, the mother is generally the parent who handles such discussions with both daughters and sons. Studies do indicate that, when parents talk to their children about sexuality, the children are more likely to wait to become involved in sexual behaviors until they are older, than those children who have not talked with their parents (Shah & Zelnick 1981). Further, when parent-educated teens do engage in sexual intercourse, they are more likely to use an effective means of birth control consistently and to have fewer sexual partners. In addition, high family sexual communication seems to be related to similarity in sexual attitudes between parents and their children.

Recognizing the importance of having parents involved in their children's sexuality education, efforts are being made to prepare parents to become better sexuality educators. Sexuality-education programs for parents are offered separate from, and in conjunction with, children's programs in some schools, and through some community and religious organizations. The goals of these programs include developing parents' communication skills so that they can become more "askable," increasing their knowledge about various aspects of sexuality, and exploring their attitudes and values surrounding these issues. For example, the National Congress of Parents and Teachers' Associations (PTA) has created programs and publications on aspects of sexuality and HIV/AIDS prevention for use by local affiliates.

It is clear that we must continue to strive to reach all Americans with positive and comprehensive sexuality education through all of our available informal and formal channels. It is also imperative that sound qualitative and quantitative research methodologies be used to ascertain the impact of differing sexuality education strategies and sources on the diverse groups of people—e.g., gender, age, orientation, race, and ethnicity—in the United States.

[D. Sexuality Education 2003 Update

WILLIAM TAVERNER

[*Update 2003*: In 1996, the United States Congress authorized, and President Bill Clinton approved, approximately $100 million in annual spending for "abstinence-until-marriage" education programs. These programs attempt to establish "sexual abstinence" as the social standard for American teens and, in fact, for any unmarried American. Programs in states that accept these federal funds are prohibited from teaching the effectiveness of other methods of contraception and prevention from sexually transmitted infections. To the contrary, such programs often overstate the failure of these effective methods since the programs are not required to be based upon medically accurate research.

[There is currently no evidence that "abstinence-only" education programs are effective in reducing teen sexual activity, sexually transmitted infections, pregnancy, or in yielding any measurable outcome in the health of teens. There is, however, ample research that illustrates the characteristics of sexuality education programs that are effective. According to *The National Campaign to Prevent Teen Pregnancy Report* (Kirby 2001), the most effective sex and HIV education programs share 10 common characteristics. These curricula and programs:

1. Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection.
2. Are based on theoretical approaches that have been demonstrated to influence other health-related behavior and identify specific important sexual antecedents to be targeted.
3. Deliver and consistently reinforce a clear message about abstaining from sexual activity and/or using condoms or other forms of contraception. This appears to be one of the most important characteristics that distinguish effective from ineffective programs.
4. Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse or use methods of protection against pregnancy and STDs.

Table 8

Principles for Sexuality Education

1. YOUNG PEOPLE NEED AND DESERVE RESPECT. This respect includes an appreciation for the difficulty and confusion of the teen years and a recognition of the constellation of factors that has contributed to the problems teens face. It means treating them as intelligent and capable of making changes in their lives.

2. TEENS NEED TO BE ACCEPTED WHERE THEY ARE. This means listening and hearing what young people have to say, though we as adults might disagree. In general, we are much better off helping teens explore the possible pitfalls of their attitudes rather than moralistically telling them what they ought to believe.

3. TEENS LEARN AS MUCH OR MORE FROM EACH OTHER AS FROM ADULTS. Often, if we let young people talk, allow them to respond to each other's questions and comments and ask for their advice, they feel empowered and take responsibility for their own learning. It is much more powerful for a peer to challenge another teen's attitude than for an adult to do so.

4. EXPLICIT INFORMATION AND COMMUNICATION ABOUT SEXUALITY IS ESSENTIAL. For most of their lives young people have gotten the message that sex is hidden, mysterious and something you should not talk about in a serious and honest way. Limiting what teens can talk about and using vague terminology perpetuates the "secrecy" of sex.

5. A POSITIVE APPROACH TO SEXUALITY EDUCATION IS THE BEST APPROACH. This means moving beyond talking about the dangers of sex and acknowledging in a balanced way the pleasures of sex. It means associating things open, playful, and humorous with sexuality rather than only things grave and serious. It means offering a model of what it is to be sexually healthy rather than focusing on what is sexually unhealthy.

6. YOUNG PEOPLE HAVE A FUNDAMENTAL RIGHT TO SEXUALITY EDUCATION. They have a right to know about their own bodies and how they function. They have a right to know about the sexual changes that are occurring now and that will continue throughout their lifetimes. They have the right to have their many questions answered. People who have explored their own values and attitudes and have accurate information are in the best position to make healthy decisions about their sexual lives.

7. GENDER EQUALITY AND GREATER FLEXIBILITY IN SEX-ROLE BEHAVIOR LET ALL YOUNG PEOPLE REACH THEIR FULL POTENTIAL. We strongly advocate the right of every young person, whether male or female, to achieve her/his full human potential. Strict adherence to traditional gender-role behavior limits people's choices and restricts their potential. Flexible gender-role behavior is fundamental to personal and sexual health in all its dimensions.

8. ALL SEXUAL ORIENTATIONS AND GENDER IDENTITIES MUST BE ACKNOWLEDGED. We must recognize the reality that some adolescents are, or think they may be lesbian, gay, bisexual, or transgender. It is important to create an environment that recognizes the needs of these often isolated and invisible youth. Teaching frankly about sexual orientation also benefits heterosexual youth because it allays fears about same-sex feelings that many of them experience.

9. SEX IS MORE THAN SEXUAL INTERCOURSE. This means teaching young people that there are many ways to be sexual with a partner besides intercourse and most of these behaviors are safer and healthier than intercourse. The word "sex" often has a vague meaning. When talking about intercourse, the word "intercourse" is used.

5. Include activities that address social pressures that influence sexual behavior.
6. Provide examples of and practice with communication, negotiation, and refusal skills.
7. Employ teaching methods designed to involve participants and have them personalize the information.
8. Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.
9. Last a sufficient length of time (i.e., more than a few hours).
10. Select teachers or peer leaders who believe in the program and then provide them with adequate training (Reprinted with permission; Kirby 2001).

[Later in 2001, the U.S. Surgeon General released a report detailing the necessity for a comprehensive approach to sexuality education. Citing the alarmingly high rates of sexually transmitted infections and unplanned pregnancies among Americans, Surgeon General David Satcher indicated that the United States needs to provide "evidence-based intervention models" for education, including accurate information about contraception and prevention of sexually transmitted infections (Satcher 2001).

[Americans overwhelmingly echoed their support for comprehensive sexuality education. Over 80% of Americans support education that teaches abstinence, pregnancy, and prevention from sexually transmitted infections (Dailard 2001). Polling by the Kaiser Family Foundation found even greater support among American parents. Ninety percent of parents want schools to teach their children about birth control (Kaiser 2000) and 85% want their children to learn about condoms (Kaiser 2000). Lost in the picture are teens who become sexually active, often without having the knowledge or skills to prevent pregnancy or infection. Sexual activity among young Americans often precedes sexuality education. Almost half of teen males, for example, report having had intercourse before learning how to say no to sex in schoo1 (Daillard 2001).

[Despite the lack of research for abstinence-only education, the calls for comprehensive sexuality education among parents and experts, and the reality of teen sexual activity, President George W. Bush's 2003 budget actually increased funding for abstinence-only education by $85 million (White House, February 2002).

[*Who Does the* Real *Sex Ed?*

[Table 8 lists the key philosophical principles for sexuality education developed by the Center for Family Life Education (CFLE), part of Planned Parenthood of Greater Northern New Jersey. CFLE publishes many of the education man-

uals used by sexuality educators inside and outside of the organization, and in many other parts of the world. The organization is an affiliate of the national Planned Parenthood. With a current staff of 820 sexuality educators and 700 volunteers working in 127 affiliates nationwide, Planned Parenthood has provided over 1.5 million sexuality education programs, making it the largest network of sexuality educators in the country. Planned Parenthood educators have an impact on Americans of all ages, and on a substantial range of topics, including abstinence, contraception, safer sex, sexual harassment, sexual orientation, and more.

[Other major organizations that support and advocate for comprehensive sexuality education include Advocates for Youth, the American Association of Sex Educators, Counselors, and Therapists, the National Campaign to Prevent Teen Pregnancy, the Network for Family Life Education, and the Sexuality Information and Education Council of the United States (SIECUS). The SIECUS website, http://www.siecus.org, has a list of the nearly 150 national service and professional organizations that are a part of the National Coalition to Support Sexuality Education).

[Inside the classroom, many "sexuality educators" have a limited amount of time to actually teach about sexuality; 71% of sexuality educators acknowledged that they spend less than a quarter of their time teaching sexuality education, and the majority identify "health" as their main subject area (Kaiser 2000). The time classroom educators do spend on sexuality tends to focus on abstinence, much more so than they did 20 years ago (Darroch 2000). Today, 33% of U.S. school districts have no specific policy on sexuality education, 57% promote abstinence as either the *only* option, or as the *preferred* option, leaving only 10% of school districts that teach abstinence as one option in a broader education program (Landry 1999). Classroom teachers may be feeling the impact of political restrictions on what they can and cannot say. More than 9 in 10 teachers believe students should be taught about contraception, but many feel restricted from doing so Darroch 2000). In other subjects, teachers report a considerable gap between what they *think* young people need to learn and what they actually teach. Almost 80% of school educators think that students should learn about sexual orientation, but just over half spend any time teaching about it. And, almost 90% think students should learn facts about abortion, but 30% fewer actually spend time teaching about this controversial subject.

[The picture becomes even more interesting when one asks young people what *they think* is being taught in the classroom. When teachers and students are asked about what subjects were or were not covered in sexuality education, they report very differently. For example, 95% of teachers report having taught their students "how to deal with the pressure to have sex," but only 79% percent of students report having learned this; 86% of teachers say they taught students how to get tested for HIV and other STDs, but only 69% of students say they were taught this. And, while 78% of teachers said they taught about what to do when "you or a friend has been sexually assaulted," only 59% of students say this information was given to them (Kaiser 2000). Clearly, there is a disconnect between what teachers say they are teaching and what students say they are learning.

[The gap widens when one examines what American parents want their children to learn, versus what their children report having actually learned in the classroom. Strikingly, 97% of parents want their children to learn "how to talk with their parents," but only 62% of students report having learned this; 76% of parents want their children to learn about sexual orientation, but only 41% of students say this is taught. (See Table 9 for an excerpted summary of the gap between parental expectations and the reality that their children report.)

[When students are asked what subjects they need *more* information about, over half say that they need to know what to do in the case of rape or sexual assault and more information about HIV and other STDs. Moreover, 40% say they need to learn skills for talking to a partner about birth control and STDs, and how to deal with the emotional consequences of being sexually active. Evidently, learning about abstinence is not enough. (*End of update by W. Taverner*)]

4. Autoerotic Behaviors and Patterns

ROBERT T. FRANCOEUR*

A. Research Weaknesses and Challenges

Five weaknesses or shortcomings and three challenges can be identified in the current research on autoerotic attitudes and behavior patterns in the U.S.A. The weaknesses are:

1. the virtual absence of recent data on noncollege men and women, especially married women and men;
2. the small sample sizes in available research;
3. a problem with the representativeness of the samples;
4. very limited or no data on African-Americans, Latinos, and other ethnic/racial groups; and
5. a limited use of theory as a driving force in the development of research questions.

The challenges include:

1. finding available research funds;
2. overcoming the negative views in academia toward sex research in general, and especially for research on masturbation; and
3. disseminating the findings to the "consumer" to relieve the guilt feelings that many persons experience as a result of their masturbation practices.

B. Children and Adolescents

In 1985, Mary Calderone, M.D., a pioneer of American sexology and cofounder of the Sexuality Information and Education Council of the United States, documented the presence of a functioning erectile reflex in a 17-week-old male fetus. Considering the homologies of the male and female genital systems, it is logical to assume that females also develop the capacity for cyclical vaginal lubrication while still in the womb. In a 1940 study of boys three to 20 weeks old, seven of nine infants had erections from five to 40 times a day. Seven-month-old girls have been observed experiencing what to all appearances can only be judged to

Table 9

The Gap Between What Parents Want and Schools Teach

Selected Topics	What parents want sex ed to teach	What students say is taught
What to do if raped	97%	59%
How to talk with parents	97	62
How to use and where to get birth control	84	59
Abortion	79	61
Sexual orientation/ homosexuality	76	41

Source: Kaiser Family Foundation 2000. *Sex Education in America: A View from Inside the Nation's Classrooms*.

*With input from J. Kenneth Davidson, Sr.

be a reflexive orgasm induced by rubbing or putting pressure on their genitals.

The natural reflexes that result in fetal and infant erections and vaginal lubrication are very much like the knee jerk and other reflexes, except that they are accompanied by smiles and cooing that clearly suggest the infant is enjoying something quite pleasurable (Martinson 1990, 1995). Sooner or later, most children learn the pleasures of stimulating their genitals. Once that connection is made, the threat of punishment and sin may not be enough to keep a child from masturbating. Generally, American adults are very uncomfortable with masturbation by infants and children. There are exceptions, of course, as for instance, the practice of indigenous Hawaiian adult caregivers masturbating or fellating infants to calm them at night.

Most children seem to forget their early masturbation experiences. Two thirds of the males in Kinsey's study reported hearing about masturbation from other boys in their prepubescent or early adolescent years before they tried it themselves. Fewer than one in three males reported they rediscovered masturbation entirely on their own. Two out of three females in Kinsey's sample learned about masturbation by accident, sometimes not until after they were married. Some women reported they had masturbated for some time before they realized what they were doing.

In the 1940s, Kinsey and his associates reported that close to 90% of males and about 50% of females masturbated by the midteens. Studies in the 1980s show an increase in these numbers, with a fair estimate that today nearly three quarters of girls masturbate by adolescence and another 10% or so wait until their 20s. About 80% of adolescent girls and 90% of adolescent boys masturbate with frequencies ranging from once a week to about daily (Hass & Hass 1993, 151, 285).

C. Adults

Race and ethnicity, religion, educational level, and sexual education appear to be important variables that affect the incidence of masturbation. African-Americans engage in masturbation less often than whites and are more negative about it. Very little is known about Latino masturbation attitudes and practices. We are not aware of any studies on masturbation among other major groups, such as Asians and Native Americans. Religion is a key variable, especially given the continuing condemnation of masturbation by the Roman Catholic Church. Granted many Catholics engage in masturbation, but on a continuum, they are more likely to experience guilt feelings than Protestants or Jews. Likewise, persons from fundamentalist-Protestant backgrounds are more likely to have negative attitudes toward masturbation than liberal Protestants. Kinsey and many subsequent researchers have found that, as education level increases, especially among women, the acceptance and approval of masturbation as a sexual outlet increases. Finally, experience with sex education is an important variable (Heiby & Becker 1980). Persons who have had sex education appear to hold more-tolerant attitudes.

Data indicate that about 72% of young husbands masturbate an average of about twice a month. About 68% of young wives do so, with an average frequency of slightly less than once a month (Hunt 1974, 86). According to data reported by Edward Brecher in *Love, Sex and Aging* (1984), women in their 50s, 60s, and 70s reported a consistent masturbation frequency of 0.6 to 0.7 times a week. In their 50s, men reported masturbating 1.2 times a week, with a decline to 0.8 times a week in their 60s, and 0.7 times a week over age 70.

The incidence of masturbation has continued to increase in recent years among both college and postcollege women. During the 1980s, between 46% and 69% of college women in several surveys reported masturbating. In the 1990s, other surveys have found 45% to 78%. Postcollege women also became more accepting of masturbation as they received psychological permission, instruction, and support in learning about their own bodies. In fact, in self-reports of masturbation, a majority of postcollege-age, college-educated women indicated this was a sexual outlet. In a large-scale sample of college-educated women, without regard to marital status, frequency of masturbation was 7.1 times per month. By contrast, high-school-educated, married women engaged in masturbation only 3.7 times per month (Davidson & Darling 1993).

Not all women feel comfortable with masturbation. Among college women, 30% reported "shame" as a major reason for not engaging in this outlet. Other research indicates that only about half of college women believe that masturbation is a "healthy practice." Even with the apparent increasing incidence of masturbation, considerable data exist that suggest negative feelings toward the practice still deter many college women from choosing this source of sexual fulfillment. And, of those who do engage in masturbation, they do so much less frequently than men, 3.3 times a month for college women compared with 4.8 times for college men (Davidson & Darling 1993).

In general, women are more likely than men to report guilt feelings about their masturbation. Further, substantial evidence suggests that such guilt feelings may interfere with the physiological and/or psychological sexual satisfaction derived from masturbation. In fact, the presence of masturbatory guilt has various implications for female sexuality. Such guilt feelings have been found to inhibit the use of the diaphragm, which necessitates touching the genitals for insertion (Byrne & Fisher 1983). Presumably, this would also affect use of other vaginally inserted contraceptives. Women with high levels of masturbatory guilt experience more emotional trauma after contracting an STD, and exhibit greater fear about telling their sex partner about being infected, than women with low masturbatory guilt. Masturbatory guilt may also inhibit women from experiencing high levels of arousal during foreplay as a prelude to having vaginal intercourse.

One indication of changing attitudes of women toward self-loving is the publication of *Sex for One: The Joy of Selfloving*, by Betty Dodson (1988), and her subsequent appearance on television talk shows. At the same time, the swift dismissal of the U.S. Surgeon General for daring to suggest that masturbation might be mentioned as part of safer-sex education for children indicates that a prevailing negative societal attitude toward masturbation continues.

[D. Research Update

WALTER BOCKTING

[*Update 2003*: New findings of studies on masturbation in the U.S. are consistent with recent European studies (Dekker & Schmidt 2002; Kontula & Haavio-Mannila 2002) in challenging the belief that masturbation is a substitute for sex with a partner. According to Kinsey's "hydraulic" theory of sexuality (Laumann et al. 1994, 133), each individual has a given sex drive that can be measured by his or her total sexual outlet; when sex with a partner is less frequent, masturbation becomes the alternative sexual outlet to reach orgasm. However, results from the U.S. *National Health and Social Life Survey* (Laumann et al. 1994) and two recent studies among U.S. college students (Pinkerton, Bogart, Cecil, & Abramson 2002; Zamboni & Crawford 2002) found no such relationship between partner sex and masturbation. Rather, findings indicated that people who have regular sex partners, live with their sex partners, or are married, are more likely to masturbate than people without sexual partners or who live alone (Michael, Gagnon, Laumann, & Kolata 1994).

[A number of demographic factors have been shown to influence the prevalence and frequency of masturbation. Men are more likely to masturbate than women (63% versus 37% reported masturbating in the last year) and to masturbate more frequently (Laumann et al. 1994; Pinkerton et al. 2002). In terms of age, younger (18-24) and older (50-59) men and women are less likely to masturbate. Rather than being a function of biological age in and of itself, this may be because of the prevailing social attitudes and norms during adolescence when masturbation habits are formed (Kontula & Haavio-Mannila 2002; Pinkerton et al. 2002). The more-conservative attitudes toward masturbation and sexuality in the United States might also explain why the increase in young women's masturbation found in Europe (Dekker & Schmidt 2002) has not yet been observed in America. In terms of education, the higher educated are more likely to masturbate and do so more frequently. Finally, black men and women are less likely to report masturbating than white men and women, however, those black women who did report masturbating were doing so more frequently than white women (Laumann et al. 1994).

[The most common reasons for masturbation reported by Americans are: 1. to relieve sexual tension (73% for men and 63% for women); 2. physical pleasure (40% for men and 42% for women); 3. partner unavailable (32% for both genders); 4. to relax (26% of men and 32% of women); 5. to go to sleep (16% for men and 12% for women); 6. partner doesn't want sex (16% for men and 6% for women); 7. boredom (11% of men and 5% of women); and 8. fear of AIDS/STD (7% for men and 5% for women). Fifty-four percent of men and 47% of women felt guilty after masturbation (Laumann et al. 1994).

[The taboo associated with masturbation (Bullough 2002) and the stigma associated with the study of masturbation (Coleman 2002) has left this safer-sex practice virtually unexplored in HIV-prevention research. To fill this gap, Robinson and colleagues (2002) examined the relationship between masturbation and HIV risk among low-income African-American women. The majority (62%) had experience with masturbation, over a third (36%) reported recent masturbation, and a few (13%) reported more than occasional feelings of guilt. Women who masturbated were more likely to report having multiple sexual partners, being in a nonmonogamous relationship, and engaging in high-risk sexual behavior. Thus, while masturbation is very safe sex, the women who reported masturbating were more (not less) likely to be at risk for HIV infection or transmission. Consistent with these findings, a study among U.S. college students found that women who masturbate more often had a greater number of lifetime sexual partners, and women who started masturbating at an earlier age were at higher risk for HIV (Pinkerton et al. 2002).

[Together, these findings indicate that masturbation is indeed not a substitute for those who are sexually deprived, but an activity that stimulates and is stimulated by other sexual behavior (Michael et al. 2002, 165). Sexual attitudes and social norms seem to influence the practice and experience of masturbation. Although many of the misconceptions about masturbation have faded because of an increased understanding of human sexuality (Bullough 2002), much about the role of masturbation in sexual development and sexual health remains to be discovered. (*End of update by W. Bockting*)]

[*Current Cultural Observations* MARTHA CORNOG

[*Comment 2003*: Cultural involvement with masturbation has expanded considerably in the United States over the last few decades. Use of sex toys and sex aids has become more common and a subject for research (Blank & Whidden 2000; Davis, Blank, Lin, & Bonillas 1996; Elliott & Brantley 1997, 28-29; Maines 1998). While public discourse has evoked many of the old taboos—we recall the chastisement of Paul "Pee-Wee Herman" Reubens, charged with masturbating in a dark theater, and Dr. Joycelyn Elders, dismissed as Surgeon General for suggesting schools mention masturbation as part of sex education—the topic has become a reliable vehicle for humor in film, television, and stand-up comedy (Cornog 2003, 285-291).

[Certainly, the market for sexually arousing materials ("pornography") has expanded in print, video, and now on the Net (Lane 2000). Since many people use these materials during masturbation, we know one thing, at least: There's a whole lot of masturbating going on. Elliott and Brantley (1997, 28) reported that 67% of the male college students in their sample used a "pornographic magazine" to masturbate, and 13% of female students did so.

[Group masturbation, which has probably flourished underground for centuries and is mentioned in connection with boys' "circle jerks" as early as the 1700s, has become somewhat accepted as an adult activity with the growth of semipublic "jacks" clubs in the U.S. and also internationally (Cornog 2002). On a lesser scale, far more people probably share masturbation with each other than ever before, especially through telephone sex and cybersex.

[A long-neglected area has been publishing. Only a dozen books about masturbation appeared in the U.S. from 1960 to 1990. But 18 have come out since 1990, five in the last three years. American culture seems to be evolving towards seeing masturbation as a fascinating subject, as real sex with its own unique pleasures, and as an activity to share with someone you love as well as enjoy alone. (*End of comment by M. Cornog*)]

5. Interpersonal Heterosexual Behaviors

A. Childhood Sexuality DAVID L. WEIS*

Within American culture, childhood sexuality remains an area that has been largely unexplored by researchers. Childhood is widely seen as a period of asexual innocence. Strong taboos continue concerning childhood eroticism, and childhood sexual expression and learning are still divisive social issues. This general ambience of anxiety associated with the sexuality of children is probably understandable, given the general history of sexuality in the U.S.A., with its focus on adult dyadic sex within committed intimate relationships and its opposition to other sexual expressions. This ambience remains, despite the fact that nearly a century has passed since Freud introduced his theory of psychosexual stages with an emphasis placed on the sexual character of childhood development. This reluctance to accept childhood sexuality is somewhat ironic, because Freudian theory, with its concepts of psychosexual stages (oral, anal, phallic, and latency), penis envy, the Oedipus/Electra complexes, repression, and the unconscious, has been immensely popular in the United States throughout much of the 20th century. Yet, the general American public has been able to ignore the prominence given to childhood sexual development by Freudian theorists and to maintain its central belief that childhood is and ought to be devoid of sexuality.

Perhaps no area reviewed in this section has been the subject of less scientific research than this topic of childhood sexuality. To some extent, the paucity of research has been because of general social concerns about the ethical implications of studying children or assumptions about the

*With input from Paul Okami.

possible harm to children that would result if they were to be included in sexuality research. Researchers have frequently had difficulty gaining the permission of legal guardians to ask children questions about their knowledge of sexuality. In this atmosphere, it would be exceedingly difficult to get permission to ask children about their sexual behavior. One consequence of this general social concern has been that most of the relevant research has been confined to asking adults or college students to report retrospectively about events that occurred in their childhood. There are rather clear and obvious limitations to this approach.

On the other hand, we should recognize that many American scientists themselves have been unwilling to study the sexuality of children. A recent review, *Sexuality Research in the United States: An Assessment of the Social and Behavioral Sciences* (di Mauro 1995), is notable for the fact that it never mentions childhood sexuality. It might be interesting to determine the extent to which American researchers accept the premise that scientific explorations of sexuality might be harmful to children. For example, the field of child development, a sizable branch of American psychology, has largely ignored the issue of sexuality in their work (Maccoby & Martin 1983; Mussen 1983). An examination of standard developmental texts or reviews of the child-development research literature is striking for its omission of sexuality. Significant bodies of child-development research in such important areas as language acquisition, cognition, communication, social behavior, parent-child interaction, attachment (Allgeier & Allgeier 1988), parenting styles, and child compliance have emerged with scant attention to the possible sexual elements of these areas, or to the ways in which these areas might be related to sexual development (Mussen 1983). As just one example, Piaget never investigated the issue of children's sexual cognition, and there has been little subsequent research exploring the application of his theoretical model to sexual development. Similarly, the emergence of family systems theory has also largely ignored the sexuality of children—except to explain the occurrence of incest.

At the same time, it is just as true that sexuality researchers have largely ignored the work of child developmentalists and other scientific disciplines in their own work. They have speculated about how theories of psychoanalysis, social learning, cognition, attribution, social exchange, and symbolic interactionism might be applied to the sexuality of children or to the process of sexual development, but they have rarely tested such assertions empirically (see Allgeier & Allgeier 1988 and Martinson 1976 for examples). Moreover, sex researchers have largely failed to examine how the various processes studied by developmentalists relate to sexuality.

A third domain of this fractured American approach to child development is the fairly recent emergence of professional fields devoted solely to the issue of child sexual abuse. We present a review of child sexual abuse itself later in this chapter (see second subsection in Section 8A, Significant Unconventional Sexual Behaviors, Coercive Sex). Here, we wish to make the point that professional groups—e.g., social workers and family therapists devoted to the treatment of victims of child sexual abuse—have emerged, largely since the 1970s, with a corresponding body of work devoted to that concern. After having been largely neglected for much of the 20th century, the treatment of child sexual abuse has become a sizable "industry" in recent years. Unfortunately, much of the work that has been done within this perspective has failed to consider existing data on normative childhood sexuality (Okami 1992, 1995). For example, it is frequently asserted that child sexual abuse has the negative consequence of "sexualizing" the child's world. We do not mean to claim that child sexual abuse is either harmless or nonexistent. However, the notion that a "sexualized" childhood is a tragic outcome of sexual abuse rests on the American premise that childhood should be devoid of sexuality. It assumes that childhood should not be sexual. From this perspective, the concept of child sexual abuse has been extended to include family nudity—a point certain to shock naturists in many countries around the world—parents bathing with their children, "excessive" displays of physical affection (such as kissing and hugging), and even children of the same age engaging in sex play (Okami 1992, 1995). Thus, we seem to have come full circle. Many professionals have come to accept the premise that childhood ought to be an innocent period, free of sexuality. The fact that this view ignores much of the existing data seems to have had little impact on either the American public or many professionals working with children.

Childhood Sexual Development and Expression

In reviewing the process of child sexual development and the phenomenon of child eroticism, it is crucial to consider the meanings that children attach to their experience. There is a tendency to interpret childhood experiences in terms of the meanings that adults have learned to attach to similar events. This ignores the reality that young children almost certainly do not assign the same meanings to "sexual" events as adults. They have yet to conceptualize a system of experiences, attitudes, and motives that adults label as "sexual" (Allgeier & Allgeier 1988; Gagnon & Simon 1973; Martinson 1976). A good example is provided by the case of childhood "masturbation." Young children often discover that "playing" with their genitals is a pleasurable experience. However, this may well not be the same as "masturbating." Masturbation, as adults understand that term, is a set of behaviors defined as "sexual" because they are recognized as producing "sexual arousal" and typically having orgasm or "sexual climax" as a goal. Young children have yet to construct this complex set of meanings. They know little more than that the experience is pleasurable; it feels good. In fact, it would be useful to see research that examines the process by which children eventually learn to label such self-pleasuring as a specifically sexual behavior called masturbation.

From this perspective, sexual development is, to a considerable extent, a process characterized by the gradual construction of a system of sexual meanings. Gagnon and Simon (1973) have provided a theoretical model of sexual scripting that examines how these meanings are assembled in a series of stages through social interaction with various socialization agents. In their discussion of the model, Gagnon and Simon stressed their intention that it would serve as an organizing framework for future research on the process of sexual development. Although we believe that the model does provide a potentially fruitful framework for thinking about the process of sexual development, and despite the fact that more than 20 years have passed since its original presentation, there is nearly as great a need for research of this type today as when they formulated the model.

One component of the model proposed by Gagnon and Simon (1973) was the concept of assemblies, by which they meant to convey their view that sexual development is actively constructed by humans rather than merely being an organic process. Among the major assemblies they identified were:

1. the emergence of a specific gender identity,
2. the learning of a sense of modesty,
3. the acquisition of a sexual vocabulary,
4. the internalization of mass-media messages about sexuality,
5. the learning of specific acts defined as sexual,

6. the learning of gender, family, and sexual roles,
7. the learning of the mechanisms and process of sexual arousal,
8. the development of sexual fantasies and imagery,
9. the development of a sexual value system,
10. the emergence of a sexual orientation, and
11. the adoption of an adult sexual lifestyle.

Gagnon and Simon maintained that these assemblies were constructed through interactions with a variety of socialization agents, such as parents and family members, same-sex peers, cross-sex peers, and the mass media. To this list, we would suggest adding the church, the school, the neighborhood/community, and boyfriends/girlfriends as potentially important socialization agents. For Gagnon and Simon, the task for researchers was to examine and identify the associations between the activities of various socialization agents and the corresponding construction of specific sexual assemblies. Although a fair amount of research has been conducted on such associations among adolescents (see the following section), sadly there remains relatively little research along these lines for younger children. As such, we will not present a detailed discussion of the activities of each socialization agent here.

Lacking space to review each of the assemblies, we have had to be selective and have chosen to focus on the more explicitly erotic dimensions. However, we do wish to note that each is ultimately important to a full understanding of sexual development, and it is likely that each of these assemblies is related to the others. Although we do not have space to review the research on the development of gender roles and gender identity, it appears that most American children have formed a stable gender identity by the age of 2 or 3 (Maccoby & Martin 1983; Money & Ehrhardt 1972). It also seems likely that, as children acquire sexual information and experience, they filter what they learn in terms of what is appropriate for males and females. Since norms for male and female behavior, both sexual and nonsexual, tend to differ, this filtering process seems likely to lead to differences in the content of and processes of male and female sexual development.

On the other hand, we would caution the reader to resist the temptation to conclude that gender differences in sexuality are invariably large, or that they apply to all dimensions of sexuality. Recent reviews of existing research indicate that many aspects of sexuality are not characterized by male-female differences and that many differences are small in magnitude (Oliver & Hyde 1993). Ultimately, the issue is a matter for empirical investigation. Unfortunately, there has been relatively little empirical research attempting to link gender-role development (of which there has been a great deal of research in the last 30 years) with the processes of more overtly sexual development.

Childhood Sexual Eroticism and Expression. Martinson (1976) has drawn a distinction between what he calls reflexive and eroticized sexual experiences. Reflexive experience is pleasurable and may be a result of learning contingencies, but eroticized experience is characterized by self-conscious awareness and labeling of behavior as sexual. As a general guideline, younger and less-experienced children would seem more likely to react to sexual stimuli in a reflexive manner; older and more-experienced children are more likely to have learned erotic meanings and to define similar behaviors as "sexual." However, there has been virtually no research detailing the process in which this transition occurs or identifying the factors associated with it.

Sexual Capacity and Autoerotic Play. It has been clear for several decades that infants are capable of reflexive sexual responses from birth. Male infants are capable of erections, and female infants are capable of vaginal lubrication (Allgeier & Allgeier 1988; Halverson 1940). Lewis (1965) observed pelvic thrusting movements in infants as early as 8 months of age. Generally, these events appear to be reactions to spontaneous stimuli, such as touching or brushing of the genitals. However, the Kinsey research group (1953) did report several cases of infants less than 1 year of age who had been observed purposely stimulating their own genitals. In their cross-cultural survey, Ford and Beach (1951) reported that, in cultures with a permissive norm, both boys and girls progress from absent-minded fingering of their genitals in the first year of life to systematic masturbation by the age of 6 to 8.

With few exceptions, most research on childhood sexual experiences has asked adolescents or adults to describe events in their past. Males participating in such studies commonly report memories of what they call "their first pleasurable erection" at such ages as 6 and 9 (Martinson 1976), although, as we have just seen, studies of infants themselves document the occurrence of erections from birth. Kinsey and his associates (1953) did report that almost all boys could have orgasms without ejaculation three to five years before puberty, and more than one half could reach orgasm by age 3 or 4. Comparable data for females have not been presented. In addition, both boys and girls between the ages of 6 and 10 have reported becoming sexually aroused by thinking about sexual events (Langfeldt 1979).

Much has been made in the U.S.A. of the fact that sexual arousal in boys is readily visible (erections). A number of authors have argued that this increases the probability that young boys will "discover" their penis and are, thus, more likely to stimulate their own genitals than are girls. This idea has become part of the folklore of American culture. We know of no evidence that substantiates this idea. In fact, Galenson and Roiphe (1980) report that there are no gender differences in autoerotic play during the first year of life.

American culture does not encourage such childhood sex play and actively seeks to restrict it. In a study in the 1950s, only 2% of mothers reported that they were "permissive" about their own children's sex play (Sears, Maccoby, & Levin 1957). It is also interesting to note that the researchers in this study did not provide a response category that allowed mothers to indicate they "supported" or "encouraged" sex play. Martinson (1973) found this pattern extended well into the 1970s. In a later investigation of parental views toward masturbation, Gagnon (1985) found that the majority (86%) of this sample believed that their preadolescent children had masturbated. However, only 60% of the parents thought that this was acceptable, and only one third wanted their children to have a positive attitude about masturbation.

Sex Play with Other Children. The capacity to interact with another person in an eroticized manner and to experience sexual feelings, either homosexual or heterosexual, is clearly present by the age of 5 to 6. Langfeldt (1979) did observe both mounting and presenting behaviors in boys and girls at 2 years of age. He also observed that prepubertal boys who engaged in sex play with other children typically displayed penile erections during sex play. Ford and Beach (1951) found that children in cultures, unlike the U.S.A., who are able to observe adult sexual relations will engage in copulatory behaviors as early as 6 or 7 years of age. Moreover, in some cultures, adults actively instruct children in the techniques or practice of sexual relations (Ford & Beach 1951; Reiss 1986). This cross-cultural evidence appears to have had little impact on the way in which most Americans, including many sexuality professionals, think about childhood sociosexual interactions.

Again, most of the research in the U.S.A. has been based on recall data from adolescents or adults. Our impressions of childhood sexual interactions are biased toward periods that such older respondents can remember. A number of studies have examined the frequency of childhood sexual behaviors (Broderick 1965, 1966; Broderick & Fowler 1961; Goldman & Goldman 1982; Kinsey et al. 1948, 1953; Martinson 1973, 1976; Ramsey 1943). Taken together, these studies demonstrate that many American children develop and maintain an erotic interest in the other or same sex, and begin experiencing a wide range of sexual behaviors as early as age 5 to 6. It is not uncommon for Americans to report that they remember "playing doctor" or similar games that provide opportunities for observing and touching the genitals of other children, undressing other children, or displaying their own genitals to others. Many American children also acquire experience with kissing and deep kissing (what Americans call French kissing). In fact, generations of American children have played institutionalized kissing games, such as "spin the bottle" and "post office." These studies also provide evidence that at least some American children experience sexual fondling, oral sex, anal sex, and intercourse prior to puberty. Many of these behaviors are experienced in either heterosexual or homosexual combinations or both.

We have purposely avoided reporting the specific frequencies of the childhood sociosexual experiences in these studies because each possesses severe limitations with respect to generalizability. Most have had small samples drawn from a narrow segment of the total population in a specific geographic region. As early as the 1960s, researchers found evidence of racial and community differences in the rate of such behaviors (Broderick 1965, 1966; Broderick & Fowler 1961). In addition, most have used volunteer samples with respondents who were trying to recall events that had occurred ten or more years earlier. Moreover, these studies were conducted over a period of five decades, during which there would seem to be great potential for changes. Comparisons among these studies are virtually impossible. As a result, we would have little confidence in the specific accuracy of frequency estimates.

A review of a few of these studies illustrates this point. Interviewing a group of boys in a midwestern city in the early 1940s, Ramsey (1943) found that 85% had masturbated prior to age 13, one third had engaged in homosexual play, two thirds had engaged in heterosexual play, and one third had attempted or completed intercourse. The Kinsey group (1948), using a broader sample of adults, reported that 45% had masturbated by age 13, 30% had engaged in homosexual play, 40% had engaged in heterosexual play, and 20% had attempted intercourse. For girls, the Kinsey group (1953) reported that roughly 20% had masturbated prior to age 13, roughly one third had engaged in both heterosexual and homosexual play, and 17% had attempted intercourse. They also reported an actual decline in sexual behaviors after age 10 (Kinsey et al. 1948). The large differences between the Ramsey and Kinsey findings could be because of sample size, differences in geographic region or size of the city, differences in the time period of data collection, or differences in the age range of the samples. Here, it is interesting to note that the Kinsey group (1948) also interviewed a small sample of boys. Roughly 70% reported some form of child sex play, a figure that is much closer to Ramsey's findings. In the larger Kinsey sample, only 57% of adult males and 48% of adult females reported memories of childhood sex play, usually between the ages of 8 to 13 (Kinsey et al. 1948, 1953). It would seem possible, then, that studies with adult samples recalling their childhood experiences might well yield lower estimates than studies of children themselves.

John Money (1976) and Money and Ehrhardt (1972) argue that childhood sex play with other children is a necessary and valuable form of rehearsal and preparation for later adult sexual behavior. He has also suggested that such sex play may occur as part of a developmental stage in childhood. Certainly, this phenomenon has been observed in other primate species, such as the chimpanzee (DeWaal 1982). However, Kilpatrick (1986, 1987) found no differences in various ages of adult sexual functioning between persons who had childhood sexual experiences with other children and those who did not. Given the complexity of the model of sexual assemblies we have presented here, it is not surprising that the effects are not that simple.

Sibling Incest. We discuss incest and child sexual abuse more fully in Section 8A, Significant Unconventional Sexual Behaviors, on coercive sex. Here, we merely wish to note that, in one of the few studies of sibling incest with a nonclinical sample, Finkelhor (1980) found that 15% of female and 10% of male college students reported having a sexual experience with a brother or sister. Approximately 40% of these students had been under the age of 8 at the time of the sexual activity, and roughly 50% had been between the ages of 8 and 12. Three quarters of the experiences had been heterosexual. Some type of force had been used in one quarter of the experiences. The most common sexual activities were touching and fondling of the genitals. Only 12% of the students had ever told anyone about these sexual activities with a brother or a sister. Interestingly, most of the students reported that they did not have either strong positive or negative feelings about these experiences. Positive reactions were reported by 30%, and another 30% reported negative reactions. Positive reactions were associated with consensual activities (no force had been used) and an age difference of four or fewer years. For males, there were no correlations between prior sibling experiences and current sexual activity. Among females, those who had had sibling sexual experiences were more likely to be currently sexually active. Those women who had positive sibling experiences after age 9 had significantly higher sexual self-esteem, whereas those who had sexual experiences before age 9 with a sibling more than four years older had lower self-esteem.

Sexual Contacts with Adults. A recent national survey (Laumann et al. 1994) found that 12% of men and 17% of women reported they had been sexually touched by an older person while they were children. The offender was typically not a stranger, but a family friend or a relative, a finding that is comparable to more-limited samples. We present a more complete review of sexual contacts with adults later in Section 8A, Significant Unconventional Sexual Behaviors, Coercive Sex, on child sexual abuse and incest. Relatively few studies of adult-child sexual contacts have been conducted with nonclinical samples. In general, they indicate that children experience a wide range of reactions, from highly negative or traumatic to highly positive, to such contacts in both the short term and long term (Kilpatrick 1986, 1987; Nelson 1986; Farrell 1990). Moreover, there do not appear to be any simple or direct correlations between such childhood experiences and later measures of adult sexual functioning. In her study of incest, Nelson (1986) found no correlation between affective outcomes and type of erotic activity, sexual orientation, or consanguinity. Kilpatrick (1986) did find that the use of force or abuse was significantly related to impaired adult sexual functioning in several areas.

Same-Sex Childhood Experiences. Our discussion to this point has not focused exclusively on heterosexual experience, but it is certainly fair to say that investigations of

heterosexual child sex play have dominated existing research. One study of 4- to 14-year-old children found that more than one half of boys and one third of girls reported at least one homosexual experience (Elias & Gebhard 1969). Masturbation, touching of the genitals, and exhibition were the most common activities, although there were also some reports of oral and anal contacts. The fact that children have had such a homosexual experience does not appear to be related to adult sexual orientation (Bell, Weinberg, & Hammersmith 1981; Van Wyk & Geist 1984).

Storms (1981) has hypothesized that such experiences may be related to adult sexual orientation as a function of sexual maturation. He suggests that persons who become sexually mature during the period of homosocial networks (discussed below) may be more likely to romanticize and eroticize these childhood homosexual experiences and, thus, develop a later preference for sexual partners of the same gender. In effect, when sexual maturation, goal-directed masturbation, homosexual explorations, and eroticized fantasies are paired before heterosexual socialization occurs (typically at about age 13), they are more likely to lead to a homosexual orientation later. As far as we know, Storms's ideas have never been directly tested through research.

Childhood Social Networks. During middle childhood (roughly ages 6 to 12), both boys and girls in the U.S.A. tend to form networks of same-sex friends. A pattern of gender segregation, where boys and girls have separate friends and play groups, is central to the daily life of middle childhood. This pattern of homosocial networks is readily observable at elementary schools across the U.S.A. Girls and boys tend to cluster at school into separated, same-sex groups. At lunchtime, they frequently sit at separate "girls' tables" and "boys' tables." On the playground, space and activities tend to be gendered. After school, children tend to associate and play in gender-segregated groupings. In fact, this pattern of gender separation may be more pronounced in middle childhood in the U.S.A. than the more-publicized racial segregation.

It should be acknowledged that these homosocial networks are not characterized by a total separation of the genders. There are some opportunities for heterosocial interactions and play, and children do vary with respect to the extent in which they associate with the other sex. As just one obvious example, some girls, who are known as "tomboys," spend considerable time associating with boys. Still, to a large extent, the worlds of boys and girls in middle childhood in the U.S.A. are separated.

Maltz and Borker (1983) have suggested that these homosocial networks can be viewed as distinct male and female cultures. As cultures, each has its own set of patterns, norms, and rules of discourse. Boys tend to play in groups that are arranged in a hierarchy. They stress a norm of achievement ("doing") and emphasize competitive, physical activities. Conflict is overt and is often resolved directly through physical fighting. Differentiation between boys is made directly in terms of power and status within the group. Since boys belong to more than one such group, and because group memberships do change over time, each boy has an opportunity to occupy a range of positions within these hierarchies. Boys' groups also tend to be inclusive. New members are easily accommodated, even if they must begin their membership in a lower-status position. Courage and testing limits are prime values of boys' groups, and breaking rules is a valued form of bonding. In examining how these patterns influence male communication, Maltz and Borker (1983) report that males are more likely to interrupt others, they are more likely to ignore the previous statement made by another speaker, they are more likely to resist an interruption, and they are more likely to directly challenge statements by others.

Girls tend to associate in smaller groups or friendship pairs. Girls, for example, tend to be highly invested in establishing and maintaining a "best friend" relationship. They stress a norm of cooperation ("sharing") and pursue activities that emphasize "working together" and "being nice." They frequently play games that involve "taking turns." Friendship is seen as requiring intimacy, equality, mutual commitment, and cooperation. However, girls' groups also tend to be exclusive. Membership is carefully reserved for those who have demonstrated they are good friends. Conflict tends to be covert, and it is highly disruptive, leading to a pattern of shifting alliances among associates. Differentiation between girls is not made in terms of power, but rather in relative closeness. Girls are more likely to affirm the value of rules, especially if they are seen as serving group cohesion or making things fair. Girls may break rules, but their gender group does not provide the intense encouragement and support for this behavior seen among boys. Maltz and Borker (1983) note that girls are more likely to ask questions to facilitate conversation, they are more likely to take turns talking, they are more likely to encourage others to speak, and they are more likely to feel quietly victimized when they have been interrupted.

These largely segregated gender networks in middle childhood serve as the contexts for learning about adolescent and adult sexual patterns, as well as for other areas of social life. There is, of course, a certain irony to the fact that homosocial networks serve as a principal learning context for heterosexuality in a culture with such strong taboos against homosexuality as the U.S.A. In fact, Martinson (1973) has argued that these gender networks and this period serve as the settings for a fair amount of homosexual exploration and activity. In one sense, it is almost certainly true that some homosexual activity results from these patterns of social organization. However, this assertion is largely undocumented, and we are not aware of any studies that compare the level of homosexual activity in cultures with homosocial networks with cultures having some other form of childhood networks.

Thorne and Luria (1986) have used this concept of gendered cultures to examine the process of sexual learning in middle childhood. They found that "talking dirty" is a common format for the rule-breaking that characterizes boys' groups. They noted that talking dirty serves to define boys as apart from adults, and that boys get visibly excited while engaging in such talk. Boys also often share pornography with each other and take great care to avoid detection and confiscation by adults. These processes provide knowledge about what is sexually arousing, and they also create a hidden, forbidden, and arousing world shared with other boys, apart from adults and girls. Miller and Simon (1981) have argued that the importance attached to rule violations creates a sense of excitement and fervor about sexual activity and accomplishment.

One other feature of boys' groups is that they serve as a setting for learning both homoeroticism and homophobia. Boys learn to engage in what Thorne and Luria call "fag talk." That is, they learn to insult other boys by calling them names, like "faggot" and "queer." Eventually, they learn that homosexuality is disapproved by the male peer group. Boys at age 5 to 6 can be observed touching each other frequently. By age 11 to 12, touching is less frequent and reduced to ritual gestures like poking each other. On the other hand, much of the time spent with other boys is spent talking about sex. This serves to maintain a high level of arousal within the group. Moreover, the sanctioning of rule-break-

ing leads to some homosexual experimentation that is kept hidden from the group. Homosexual experiences may become one more form of breaking the rules and one more feature of the secret, forbidden world of sexuality.

In contrast, girls are more likely to focus on their own and their friends' physical appearance. They monitor one another's emotions. They share secrets and become mutually vulnerable through self-disclosure. They have giggling sessions with their friends, with sex often being the source of amusement. Their talks with other girls tend to focus less on physical activities and more on relationships and romance. They also plot together how to get particular boys and girls together in a relationship.

These sexual patterns are largely consistent with the norms of the respective gender cultures. Males tend to focus on physical activities; females on cooperation and sharing. They are also quite consistent with patterns that will become firmly established in adolescent sociosexual patterns. Thus, male and female peer groups become the launching pads for heterosexual coupling as boys and girls begin to "go together." Finally, they serve to heighten the romantic/erotic component of interactions with the other gender.

[*Puberty and Menarche* ROBERT T. FRANCOEUR

[*Update 1998*: A puzzling phenomenon has been noted in new data regarding the onset of female puberty in the United States (see Table 10). According to a 1997 study of 17,000 girls ages 3 through 12 seen in 65 pediatric practices around the country, American girls are reaching puberty earlier than previously believed. Nearly half of African-American and 15% of white girls are beginning to develop sexually by age 8 (Herman-Giddens 1997). The average age of menstruation for white girls has been unchanged for 45 years. For black girls—about 9.6% of the 17,000 girls in the study—the average age of menarche is about four months younger than it was 30 years ago, when poor nutrition and poverty, which can delay puberty, afflicted more blacks.

[Preliminary comparisons of these data with puberty onset and menarche data from a variety of other countries indicate that the age of menarche is roughly similar around the world, while the onset of puberty is about two years earlier in the United States than it is in other countries.

[The study raises questions about whether environmental estrogens, chemicals that mimic the female hormone estrogen, are inducing earlier puberty among some girls. Environmental estrogens occur from the breakdown of chemicals in products ranging from pesticides to plastic wrap. Natural estrogen is used in some hair products, including pomades marketed to blacks. Research is needed to ascertain whether and to what extent natural and environmental estrogen may be affecting sexual development.

[As the study's lead author, Marcia Herman-Giddens of the University of North Carolina at Chapel Hill, noted, the new data also suggest that sex education should begin sooner than is current practice. "I don't think parents, teachers, or society in general have been really thinking of children that young having to deal with puberty." (*End of update by R. T. Francoeur*)]

Table 10

The Onset of Puberty in American Girls

	Breast and Pubic Hair Development			Average Age of Menarche
	By Age 8	By Age 7	By Age 3	
African-American girls	48.3%	27.2%	3%	12.16 years
White girls	14.7%	6.7%	1%	12.88 years

Professional and Social Issues of Childhood Sexuality

As we stated at the beginning of this section and as should be apparent from the review of sex education in the U.S.A., there are a number of issues concerning childhood sexuality that have been controversial for decades. Moreover, several new issues have become points of social conflict in recent years. We can only briefly mention four here.

The Oedipus and Electra Complexes. The Goldmans' (1982) multinational study of children and sexual learning, including a sizable American sample, raises questions about these complexes. Freud's thesis about castration anxiety and its resolution (typically by the age of 5) would presumably require some awareness of genital differences between males and females, unless one wishes to interpret Freud's terminology strictly as metaphorical. In the Goldman study, the majority of English-speaking children did not understand these differences until they were 7 to 9 years old. Interestingly, a majority of the Swedish children could accurately describe these differences by the age of 5.

Is There a Latency Period? The notion of a latency period, roughly from ages 6 to 11, has had great appeal in American culture. This may be because of the impression that the homosocial networks of middle childhood reflect a lack of sexual interest, and to the fact that many Americans prefer to believe that childhood is a period of sexual innocence. Freud (1938) originally proposed in 1905 that middle childhood is characterized by relative sexual disinterest and inactivity, something like a dormant period. Freud also maintained that latency was more pronounced among boys than girls. The review above should certainly dispel the notion that childhood, at any point, is essentially characterized by sexual disinterest.

In addition, Broderick (1965, 1966) not only provided evidence of active sex play during middle childhood, but also demonstrated that most children indicate they wish to marry as an adult, and that most of these children are actively involved in a process of increasing heterosocial interaction and love involvements during childhood. A majority said they had had a boyfriend or girlfriend and had been in love, and 32% had dated by age 13. If anything, we would expect that the age norms for many of these behaviors have actually decreased since that time. Interestingly, those children who indicated that they did not wish to marry eventually were substantially less likely to report any of these activities.

Parental Nudity. Experts have disagreed over the years as to the impact of parental nudity on children (Okami 1995). Some have argued that childhood exposure to parental/adult nudity is potentially traumatic—largely because of the large size of adult organs. Others have insisted that strong taboos on family nudity may lead to a view that the body is unacceptable or shameful. This group has argued that a relaxed attitude toward nudity can help children develop positive feelings about sexuality. Similar concerns have been expressed about the primal scene and sleeping in the parental bed. In a survey of 500 psychiatrists, 48% indicated that they believe that children who witness their parents engaging in intercourse do suffer psychological effects (Pankhurst 1979). American experts appear to overlook the fact that most families throughout the world sleep in one-room dwellings. In one study of these issues, Lewis and Janda (1988) asked 200 college students to report their

childhood experiences. Exposure to parental nudity for ages zero to 5 and 6 to 11 was generally unrelated to a series of measures of adult sexual adjustment. Sleeping in the parental bed yielded several small, but significant correlations. Persons who had slept in their parents' bed as children had higher self-esteem, greater comfort about sexuality, reduced sexual guilt and anxiety, greater frequency of sex, greater comfort with affection, and a higher acceptance of casual sex as college students.

Okami (1995) reviewed the literature in these same three areas. His review provides a thorough summary of clinical opinions in each area, as well as an assessment of the empirical evidence. Despite the growing number of clinical professionals who label such acts as sexual abuse, there is virtually no empirical evidence of harm. In fact, the only variable found to be associated with harm is cosleeping, which has been found to be associated with sleep disturbances. However, Okami notes that these sleep disturbances may well have preceded and precipitated the cosleeping, rather than vice versa.

Female Genital Cutting. In December 1996, the Centers for Disease Control and Prevention (CDC) estimated that more than 150,000 women and girls of African origin or ancestry in the United States were at risk in 1995 of being subjected to genital cutting or had already been cut. This estimate was based on 1990 Census Bureau data gathered before the recent increase in refugees and immigrants from the 28 countries that span Africa's midsection where female genital cutting varies widely in prevalence and severity (Dugger 1996ab). A second source cites a different estimate from the CDC using data on how much circumcision is practiced in immigrants' homelands and, making assumptions about sex and age, that about 270,00 African females in the United States were circumcised in their home country or are at risk here (Hamm 1996).

In 1996, Congress adopted a dual strategy to combat the practice here. In April 1996, Congress passed a bill requiring the Immigration and Naturalization Service to inform new arrivals of U.S. laws against genital cutting. It also mandated the Department of Health and Human Services to educate immigrants about the harm of genital cutting and to educate medical professionals about treating circumcised women. A law, which went into effect March 29, 1997, also criminalizes the practice, making it punishable by up to five years in prison and a fine of up to $250,000 for individuals and $500,000 for organizations such as hospitals. Enforcement of the law, however, is problematic for several reasons. First, no one is sure how the law will apply to those immigrants who take their daughters out of the country for the rite. Second, doctors who spot cases of genital mutilation are reluctant to report it for fear of breaking up tight-knit families. Also, when the wounds are healed, it is impossible to ascertain whether the rite was performed here or before arrival in the United States. Finally, there is the secretiveness surrounding this rite of passage, which many African cultures consider essential, and also the hidden nature of the wounds and scars. Sierra Leoneans, for instance, who consider genital cutting part of an elaborate, highly secret initiation rite, view questions about it as a profound invasion of their privacy (Dugger 1996ab).

A government prevention program focuses on educating both old and recent immigrants in how to survive and assimilate in American society while maintaining their own culture and religion. To this purpose, the U.S. Department of Health and Human Services has organized meetings with advocates for refugees and nonprofit groups that work closely with Africans to develop strategies for combating this practice. Muslim religious leaders, for instance, are invited to explain that the Koran does not require this practice. However, lack of a specific budget hampers this effort.

In one attempt to ameliorate this clash of cultural values, doctors at Harborview Medical Center in Seattle, Washington, persuaded Somali mothers to be satisfied with nicking the clitoral hood without removing any tissue. The ritual usually involves removing the clitoris and sewing the labia closed. The compromise was abandoned in December of 1996 when the hospital was inundated with hundreds of complaints, led by a group of feminists, protesting even this compromise, even though the nicking of the clitoral hood has no short- or long-term negative consequences. The massive objection to this compromise raises serious questions of ethnocentrism on the part of the Americans who protested it. It seems somewhat ironic that such complaints would be made in a culture where we routinely circumcise penises. Although some maintained that the compromise of nicking may violate the letter of the law, it remains to be seen what kind of solution will be achieved in this matter (Dugger 1996b).

Child Pornography. It is widely believed, and the Federal Bureau of Investigation (FBI) perpetuates the notion, that child pornography is pervasive and increasing. Several state and federal laws have been enacted in the last 20 years to combat this perceived social problem. The mere possession of a photograph of a naked child has been criminalized in some states. Yet, it is virtually impossible to find any commercial child pornography in the U.S.A. In fact, most of the materials seized by the FBI are private photographs of naked children—with no adults appearing in the photos and no sexual behaviors depicted (Klein 1994; Stanley 1989). Efforts to raid child-pornography businesses have routinely failed to seize any child pornography. FBI sting operations may well have arisen from the corresponding frustrations of government agencies to find any child pornography. One recent legend now circulating is the claim that the U.S. government is now the largest producer of child pornography in the world. This claim is unsubstantiated as far as we know, but, again, it reflects the anxiety of American culture over the sexuality of its children.

[*Childhood Sexuality, 1997 to 2003* DAVID L. WEIS

[*Update 2003*: Since the publication of the original edition of the *International Encyclopedia* in 1997 and the single volume, *Sexuality in America: Understanding Our Sexual Values and Behaviors*, in 1998, the focus of writings about childhood sexuality has continued to be placed on child sexual abuse (CSA). Much of this research still continues with the assumption that early sexual experience in childhood will almost certainly be harmful (Loeb et al. 2002). Yet, meta-analyses of child sexual abuse using college samples have shown only small effects, if any. Survivors of child sexual abuse have been found to have slightly lower scores on various measures of personality adjustment. However, these findings were not significant when family environment was also assessed. Finally, males have reported different kinds of child sexual abuse experiences than females (Leonard & Follette 2002; Loeb et al. 2002; Rind, Bauserman, & Tromovitch 1998).

[One of the few voices crying in the wind against the onslaught of abstinence-only education and the characterization of childhood sex as pathological or as high-risk behavior is Judith Levine (2002). She calls this the "politics of fear." Levine actually argues that children should be taught that most expressions of sexuality are normal and healthy. She cautions that the recent trend is potentially harmful and may lead to greater anxiety about sex and greater life-long

social problems. She maintains that we need to teach our children how to experience sexual pleasure in a safe way.

[At the same time, other researchers (Alexander 2003) are beginning to explore such areas as the possible link between sex differences in the brain and male-female toy preferences, gender recognition in infancy, and other behaviors. (*End of update by D. L. Weis*)]

B. Adolescent Sexuality DAVID L. WEIS

Courtship, Dating, and Premarital Sex

In stark contrast to the relative inattention given to childhood sexuality in the U.S.A., Americans have been fascinated by the sexual behavior of adolescents throughout the 20th century. One is tempted to describe the interest as an obsession. Perhaps no area of sexuality has received as much scrutiny, by both the general public and professionals, as the sexual practices of American teenagers. There have been literally hundreds of scientific studies attempting to determine the rate of adolescent premarital coitus, as well as other aspects of adolescent sexuality. The easy availability of populations to study is only one of the more-obvious reasons for this extensive research.

Since more than 90% of Americans ultimately do marry, investigations of adolescent sexual development and premarital sexual practices largely overlap. General trends have been well documented, compared to other areas of sexuality. Given the vast scope of this research, we can review only the highlights here. (For more extensive reviews of research on adolescent and premarital sexuality, see Cannon & Long 1971; Clayton & Bokemeier 1980; and Miller & Moore 1990.)

The issue of premarital sexuality and virginity has been a focus of considerable social conflict and concern throughout the 20th century, and remains so to this day. Beginning in the early years of that century, a large literature documents the continuing concern of American adults about the increasing number of teenagers who have experienced sexual intercourse prior to marriage. Interestingly, each successive birth cohort of American adults in that century has been concerned about the tendency of their offspring to exceed their own rate of premarital coitus.

Much of the professional literature has reflected these same concerns. Through much of the 20th century, the tone of most professional writings has been moralistic. Adults in the U.S.A., including most sexuality researchers, have tended to view adolescent premarital sexual intercourse, premarital sex, as a deviant behavior, as a violation of existing social norms, and as a growing social problem (Spanier 1975). Research has tended to parallel this perspective by emphasizing the costs or negative consequences of adolescent sexuality, such as sexually transmitted disease (venereal disease), "illegitimate" pregnancy, and loss of reputation (Reiss 1960). This tone may have shifted to a less-judgmental, more-analytic perspective in the 1960s and 1970s (Clayton & Bokemeier 1980). However, with the emergence of AIDS and the rise of out-of-wedlock pregnancies in the early 1980s, the general tone has reverted in recent years, with studies of "risk-taking" behavior, "at-risk" youth, and portrayals of adolescent sexuality as a form of delinquency (Miller & Moore 1990).

Trends in Adolescent Sexuality

Despite these adult concerns, it would be fair to suggest that premarital virginity has largely disappeared in the U.S.A., both as a reality and as a social ideal. As we enter the 21st century, the overwhelming majority of Americans now have sexual intercourse prior to marriage, and they begin at younger ages than in the past. "Love" has largely replaced marital status as the most valued criteria for evaluating sexual experience (Reiss 1960, 1967, 1980). Virtually all Americans believe that intimate relationships (like marriage) should be based on love, that love justifies sexual activity, and that sex with love is a more-fulfilling human experience. This view has not only been used to justify premarital sexual activity between loving partners, but has also become a criterion for evaluating marital sexuality itself and justifying a pattern of divorce and remarriage.

Premarital Sexual Behavior. These trends may not be quite as dramatic as most Americans imagine. A study of marriages in Groton, Massachusetts, from 1761 to 1775 found that one third of the women were pregnant at the time of their weddings (cited in Reiss 1980), demonstrating that premarital sex was already fairly common in the colonial period (see discussion of bundling in Section 1A, Basic Sexological Premises). Several early sexuality surveys also document that premarital sex occurred among some groups prior to the 20th century. Terman (1938) compared groups who were born in different cohorts around the beginning of the 20th century. Of those born before 1890, 50% of the men and only 13% of the women had premarital coitus. Two thirds of the men who had premarital sex did so with someone other than their future spouse, whereas two thirds of the women who had premarital sex did so only with their future spouse. For those born after 1900, two thirds of the men and nearly half of the women had premarital sex. The relative percentage having premarital sex with their fiancés also increased. Fully half of the men and 47% of the women had sexual relations with their fiancé(e)s prior to marriage.

The Kinsey team (1953) found that one quarter of the women born before 1900 reported they had premarital sex, whereas one half of those born after 1900 said they had premarital sex. Like the Terman study, the major change was an increase in the percentage of women born after 1900 who had premarital sex with their fiancés. The Kinsey study also indicated that the period of most-rapid change was from 1918 to 1930—the "Roaring Twenties." Burgess and Wallin (1953) reported similar findings for a birth cohort born between 1910 and 1919. These studies indicated that roughly two thirds of the men born after 1900 had premarital sex. The Kinsey studies also found that there had been comparable increases in female masturbation and petting behavior as well.

It is important to note that the growth of premarital sex in the first half of the 20th century occurred primarily within the context of ongoing, intimate relationships. It appears that the percentage of males and females having premarital sex remained fairly stable through the 1950s and early 1960s. In a study of college students during the 1950s, Ehrmann (1959) found rates similar to the Kinsey figures cited above. Ehrmann found that males tended to have greater sexual experience with females from a social class lower than their own, but they tended to marry women from their own social class. Males who were "going steady" were the least likely to be having intercourse. In contrast, females who were "going steady" were the most likely to be having intercourse. In a study comparing college students in Scandinavia, Indiana, and Utah (predominantly Mormon), Christensen (1962) and Christensen and Carpenter (1962) found that rates of premarital sex vary by the norms of the culture and that guilt is most likely to occur when premarital sex is discrepant with those norms.

A second wave of increases in premarital sex seems to have occurred in the period from 1965 to 1980. A number of studies of college students through this period indicated increasing percentages of males and females having premarital coitus (Bauman & Wilson 1974; Bell & Chaskes 1968;

Christensen & Gregg 1970; Robinson, King, & Balswick 1972; Simon, Berger, & Gagnon 1972; Vener & Stewart 1974). For example, Bauman and Wilson (1974) found that, for men, the rate having premarital sex increased from 56% in 1968 to 73% in 1972. For women, the increase was from 46% to 73%. There was no significant change in the number of sexual partners for either gender. Several of these studies indicate that the increases were still moderate by 1970 (Bell & Chaskes 1968; Simon et al. 1972). In an unusual study of male college students attending an eastern university in the 1940s, 1960s, and 1970s, Finger (1975) found that 45% had premarital sex in 1943-44, 62% in 1967-68, and 75% in 1969-73.

Subsequent studies have indicated that this pattern of increasing premarital sex characterized American youth in general. In a study of urban samples in the mid-1970s, Udry, Bauman, and Morris (1975) found that 45% of white teenage women had intercourse by age 20, and 80% of black women did. Roughly 10% of whites had premarital sex by age 15 and 20% of blacks did. Zelnik and Kantner found similar percentages in their studies in 1971 and 1976 (Udry, Bauman, & Morris 1975; Zelnik, Kantner, & Ford 1981).

Reports of increasing sexual activity among adolescents have not been limited to coitus. A number of researchers have reported similar increases in the rate of heavy petting (manual caressing of the genitals) through the late 1960s and 1970s (Clayton & Bokemeier 1980; Vener & Stewart 1974). There have also been reports of increasing levels of oral sex among adolescents (Haas 1979; Newcomer & Udry 1985). In some studies, teenage girls have been more likely to have participated in oral sex than intercourse, and between 16% to 25% of teens who have never had intercourse have had oral sex (Newcomer & Udry 1985). Weis (1983) has noted that this group may be involved in a transition from virginity to nonvirginity, at least among whites.

Perhaps the single best indicator of the trends occurring from 1965 to 1980 is the series of studies by Zelnik and Kantner in 1971, 1976, and 1979 (Zelnik et al. 1981). These studies, known as the *National Surveys of Young Women*, investigated the sexual histories of 15- to 19-year-old women. The 1971 and 1976 studies were full national probability studies while the 1979 study focused on women living in metropolitan areas. The Zelnik and Kantner research shows a dramatic rise in sexual activity for both black and white women from 1971 to 1976. The pattern of increases continued for white women through 1979, but premarital sex rates for black women remained stable from 1976 to 1979. Among metropolitan women, premarital sex rose from 30.4% in 1971 to 49.8% in 1979. For blacks, the rate moved from 53.7% in 1971 to 66.3% in 1976, and was 66.2% in 1979. The 1979 study also showed that 70% of males had premarital sexual intercourse; the figure for black men was 75% (Zelnik & Shah 1983; Zelnik et al. 1983).

In a review of these trends, Hofferth, Kahn, and Baldwin (1987) noted that females in the 1980s became sexually active at younger ages and that fewer teenagers married. As a result, the rate of premarital sex increased. The proportion of women at risk of premarital pregnancy increased dramatically from 1965 to the 1980s. The out-of-wedlock pregnancy rate among teenagers increased for both blacks and whites from 1971 to 1976. This trend continued for whites through 1982, but remained level for blacks after 1976. Finally, they noted that, for women born between 1938 and 1940, 33.3% had premarital sex by age 20. For women born between 1953 and 1955, the figure was 65.5%.

Despite recent claims in some quarters of a return to chastity and abstinence in the late 1980s and 1990s (McCleary 1992), there is no evidence of a decline in premarital sexual behavior. National data from 1988 indicate that one quarter of females have premarital sexual intercourse by age 15; 60% do so by age 19. About one third of United States males have premarital sexual intercourse by age 15, and 86% by age 19 (Miller & Moore 1990). In fact, a random telephone survey of 100 students attending a midwestern state university in 1994 found that 92% had had sexual intercourse; only 8% said they were still virgins. Nearly two thirds (63%) said that they had participated in what the survey described as a "one-night stand." With respect to their most recent sexual intercourse, 42% reported using something to "protect" themselves. Of these, 84% reported using condoms; 16% said they used the pill (Turco 1994). If anything, the trends that have been well established throughout the 20th century appear to be continuing. Given the continuation of patterns that have been frequently cited as leading to increasing rates of premarital sex, such as industrialization, rapid transportation, dating, and "going steady," we would not expect a reversal in what is now a century-long trend.

[*Premarital Sex Before Age 15*

ROBERT T. FRANCOEUR

[*Update 2003*: In the 1990s, about 20% of adolescents had had sexual intercourse before their 15th birthday—and one in seven of the sexually experienced 14-year-old girls had been pregnant, according to an analysis by the National Campaign to Prevent Teen Pregnancy (NCPTP). Based on seven studies conducted in the late 1990s—three federally financed surveys of young people by the *National Survey of Family Growth*, the *National Longitudinal Survey of Adolescent Health*, and the *National Longitudinal Survey of Youth*—and four smaller data sets, the NCPTP analysis provides a comprehensive look at the sexual activities of 12- to 14-year- olds, a group often overlooked in discussions of adolescent sexuality.

[A variety of more-recent surveys indicate that teens are increasingly delaying their sexual initiation. Recent federal data, for instance, indicate that the birthrate for girls 14 and younger declined 43% from 1991 to 2001, while the decline for older teenagers was 27%. And according to an Alan Guttmacher Institute report, the pregnancy rate for 12- to 14-year-olds dropped 40% from 1990 to 1999.

[On the danger side, only about a third of parents of sexually experienced 14-year-olds knew that their child was having sex. While most parents said they had spoken to their young adolescent children about sex, far fewer teenagers remembered having any such conversations with their parents.

[The analysis found that young teens had plenty of opportunity to engage in sex:

- About half of the 14-year-olds had attended a party with no adult supervision;
- about a quarter of the 12- to 14-years-olds had dated or had a romantic relationship with someone at least two years older—the greater the age difference, the more likely the relationship would include sexual intercourse;
- in one study, 4 in 10 of the sexually active young people had had sex in the 18 months preceding the survey; and
- half of the sexually active had engaged in intercourse more than twice in the last year.

[Adding to the risk of pregnancy and sexually transmitted diseases are other high-risk behaviors engaged in by young nonvirgins (see Table 11).

[The fact that half to three-quarters of the experienced 12- to 14-year-olds said they had used contraception the first time they had sex indicates their first intercourse was not unexpected (Lewin 2003) (*End of update by R. T. Francoeur*)]

Premarital Sexual Attitudes (Permissiveness). There has also been a substantial number of studies examining the attitudes of Americans toward premarital sex, although systematic research in this area began later than research on premarital sexual behavior. Reiss (1960) used the term "permissiveness" to describe the extent to which the attitudes of an individual or a social group approved premarital sex in various circumstances. In general, research has found that premarital sex attitudes have become progressively more permissive throughout the 20th century, roughly parallel to the increases in premarital sexual behavior (Bell & Chaskes 1970; Cannon & Long 1971; Christensen & Gregg 1970; Clayton & Bokemeier 1980; Glenn & Weaver 1979; Vener & Stewart 1974). Reiss (1967) developed what has come to be called Autonomy Theory to explain this process. According to Reiss, premarital sexual permissiveness will increase in cultures where the adolescent system of courtship becomes autonomous with respect to adult institutions of social control, such as the church, parents, and the school. This appears to have happened in the U.S.A. and most other industrialized nations in the 20th century.

By far, the biggest change has been the growth of a standard that Reiss (1960, 1967, 1980) called "permissiveness with affection," in which premarital sex is seen as acceptable for couples who have mutually affectionate relationships. This standard has grown in popularity in the U.S.A. as the double standard—the view that premarital sex is acceptable for males but not for females—has declined (Clayton & Bokemeier 1980; Reiss 1967, 1980). By 1980, a majority of adults as well as young people in the U.S.A. believed that premarital sex is appropriate for couples involved together in a serious relationship (Glenn & Weaver 1979). Moreover, although there has been a historical tendency for males to be more permissive about premarital sex than females, these gender differences have been diminishing in recent decades (Clayton & Bokemeier 1980).

Circumstances of Adolescent Sexual Experiences

Most research on adolescent sexuality has tended to focus on whether or not teenagers or college students have had premarital sexual intercourse. Although this allows us to provide reasonable estimates of the percentages of Americans who have had premarital sex in various time periods and to track trends in the rate of virginity and nonvirginity, this same focus has frequently led researchers to ignore the circumstances in which adolescent sexuality occurs (Miller & Moore 1990). As a consequence, we cannot be as confident about the trends in several related areas, and many questions about the specific nature of adolescent sexual experiences and relationships remain to be explored.

First Intercourse. A good example of this lack of perspective is provided by the evidence concerning age at first intercourse. The available research indicates that the average age of first intercourse has been declining since 1970. It seems likely that this trend extends back prior to 1970, but the paucity of relevant data from earlier time periods makes such a conclusion highly tentative. As late as that year, only about one quarter of the males and 7% of the females who attended college had intercourse prior to age 18 (Simon et al. 1972). In the Zelnik and Kantner studies, the average age for females dropped from 16.5 in 1971 to 16.2 in 1976 (Zelnik et al. 1981). By 1979, the average age of first intercourse for women was 16.2; for males, it was 15.7. Blacks of both genders tended to experience sexarche at slightly younger ages than whites. Females had first partners who were nearly three years older, whereas males had first partners who were about one year older than they (Zelnik & Shah 1983).

Table 11

Risky Behaviors Associated with Early Sexual Experience

Risk Behavior	Virgins	Nonvirgins
Drinking regularly	3%	18%
Smoking regularly	8	29
Have used marijuana	10	43

In a study of college females in the 1980s, Weis (1983) found the average age of sexarche to be 16.2. A later study of college students found that the average age was 16.5 (Sprecher, Barbee, & Schwartz 1995). It should be noted, however, that persons who attend college may well be more likely to postpone sexual activity. It is conceivable that a trend of declining age at first intercourse is still occurring among populations that do not attend college, and it is possible that teenagers in the 1990s (who have yet to reach the age of college) may also be having intercourse at younger ages.

Intercourse appears to be, at least among whites, the culmination of a sequence of increasing and expanding experiences with kissing, petting, and possibly oral sex (Spanier 1975; Weis 1983). There is some evidence that women who have rehearsed these noncoital activities extensively, and thus gradually learned the processes of sexual interaction, are more likely to report positive reactions to their first intercourse (Weis 1983). Weis (1983) found that there is great variation as to when people go through these stages and how quickly.

Most authors have stressed the negative aspects of first intercourse for females by citing the finding that females are significantly more likely to report negative affective reactions to their first intercourse than males (Koch 1988; Sprecher et al. 1995). However, the available data strongly suggest that the differences between males and females may not be large in magnitude. It is clear that females report a wide range of affect, from strongly positive to strongly negative (Koch 1988; Schwartz 1993; Weis 1983), but it is also clear that many males report experiencing negative reactions as well. In a study of college students, the males were more likely to report experiencing high levels of anxiety, the females were less likely to report experiencing high levels of subjective pleasure, while sizable numbers of both genders reported experiencing guilt (Sprecher et al. 1995). Positive reactions to first intercourse have been found to be related to prior experience with noncoital sexual activities, having an orgasm in that first intercourse encounter, descriptions of the partner as gentle and caring (for females), involvement with the first partner for more than one month prior to first intercourse, continued involvement with the partner following the first intercourse, and situational factors, such as the consumption of alcohol (Schwartz 1993; Sprecher et al. 1995; Weis 1983). Several researchers have reported that age is associated with affective reactions, but Weis (1983) found that age was not as strongly or directly related as the level of prior noncoital experience. Schwartz (1993) also reported that Scandinavian teenagers were more likely to report positive reactions than a group of American adolescents.

Over the past three decades, a convergence of male and female premarital sex behavior has been identified, with females reporting less emotional attachment to their first coital partners than in the past (Hopkins 1977; Kallen & Stephenson 1982; Koch 1988). Yet, there is still a significant difference between the genders, with males reporting

more casual relationships and females more intimate relationships with their first partners (Koch 1988).

In the only national study of first intercourse, Zelnik and Shah (1983) found that more than 60% of the females were "going with" or engaged to their first partner. Another third described their first partner as a friend. Roughly a third of the males described their first partner as a friend, and 40% were "going with" or engaged to their first partner. The males were twice as likely to have their first intercourse with someone they had just met, although few males or females did this (Zelnik & Shah 1983).

Relationship factors have been reported to be associated with affective reactions to the first intercourse. However, the precise nature of this association remains unclear. There is some evidence that involvement with a partner for longer than one month, and continuing involvement following the first intercourse, are associated with positive affective reactions (Sprecher et al. 1995). There is some evidence that females who are "going with" or engaged to their first partner are more likely to experience positive affect (Weis 1983). However, Weis (1983) also found that attributions that the first partner was caring, considerate, and gentle were more strongly related to affective reactions. Moreover, many women who were "going with" or engaged to their first partner, nonetheless, described their partners as uncaring and inconsiderate. It should be noted that each of these studies found so few participants who were married at the time of their first intercourse that no analyses could be done for that relationship category. For example, not one woman in the Weis (1983) study was married at the time of her first intercourse.

Adolescents appear to have many reasons for becoming involved in premarital sexual behavior. Motivations most frequently mentioned by a group of college women for becoming involved in their first intercourse experience included (rank-ordered by declining frequency): love-caring, partner pressure, curiosity, both wanted to, alcohol or other drugs, and sexual arousal (Koch 1988). The comparable rank-ordering of motivations by a group of college men included: both wanted to, curiosity, love-caring, sexual arousal, to "get laid," and alcohol/drug use. Women were four times more likely to report partner pressure than men, whereas men were seven times as likely to say they were looking to "get laid" and twice as likely to report sexual arousal as a motivation for sexarche (Koch 1988).

Most American teenagers describe their first intercourse as an "unplanned, spontaneous" event. Only 17% of the females and one quarter of the males in a national study said they had planned their first intercourse (Zelnik & Shah 1983). In the same study, less than one half of the males and females used a contraceptive. Those who had their first intercourse at age 18 or older were more likely to use a contraceptive. White women were more likely to have used some form of contraception, but black women were more likely to use a medically prescribed method. Women who described their first intercourse as planned were more likely to have used a contraceptive—fully three quarters of these women did. However, more than two thirds of these women relied on their partners to use a condom or withdrawal. Black women were more likely to use a contraceptive themselves, rather than rely on their partner.

Finally, various aspects of sexarche have been found to be significantly related to later sexual functioning among college students (Koch 1988). Women who had experienced first coitus at an earlier age had less difficulty reaching orgasm during later sexual interactions than did women who had sexarche at a later age. Men with earlier sexarche had less difficulty in keeping an erection during later sexual interactions than men who had been older at sexarche. Also, women who had reported negative reactions to their first intercourse were subsequently more likely than those who felt more positively to experience: lack of sexual interest, sexual repulsion, inability to reach orgasm, or genital discomfort, pain, or vaginal spasms. Men who reacted negatively to their first intercourse were more likely to ejaculate too quickly during later sexual experiences than men who had positive reactions. Both men and women were more likely to experience subsequent sexual functioning concerns when they were pressured by a close partner to engage in intercourse for the first time.

Number of Premarital Sexual Partners. It is difficult to provide good estimates on the number of premarital sex partners prior to 1950, simply because researchers failed to ask such a question. On the other hand, it does seem clear that the increase in the percentage of American women who reported they had ever had premarital sex after 1900 was primarily because of an increase in the percentage of women who reported they had premarital sex only with their fiancé (Kinsey et al. 1953; Terman 1938). In contrast, there is abundant evidence of a significant increase in the number of premarital sex coital partners for females from the late 1960s through the late 1980s (Cannon & Long 1971; Clayton & Bokemeier 1980; Miller & Moore 1990; Vener & Stewart 1974; Zelnik et al. 1983). This finding is, however, potentially misleading. A close inspection of the results of pertinent studies reveals that most of the increase is explained by a shift from zero to one partner and from one to two partners. There were no increases in the percentage with seven or more partners.

Among males, there is some evidence that adolescent boys of recent decades are less likely to use the services of a prostitute than in the past (Cannon & Long 1971). In a unique study of males attending the same eastern university from the 1940s through the 1970s, Finger (1975) actually reported a decline in the number of premarital sex partners with a corresponding increase in the frequency of sexual relations. This was primarily because of an increase in the percentage of men who had premarital sex only with their girlfriends. Finger also reported a decline in the percentage of males reporting they ever had a homosexual experience. However, among those who had a homosexual experience, the frequency of such encounters had increased.

Although there appears to be consistent evidence that there have been significant increases in the number of premarital sex partners throughout the 20th century, at least for females, it should be stressed that, as late as 1990, the majority of American teens had had zero or one premarital sex partner. Only 4% of white females, 6% of black females, 11% of white males, and 23% of black males reported six or more partners (Miller & Moore 1990). Thus, the widely held idea that large percentages of American adolescents are now "promiscuous" is greatly exaggerated.

Rates of Teen Pregnancy and Birth. In an examination of how the trends we have been reviewing are related to trends in adolescent pregnancy and birth, it is important to bear in mind that, as late as 1965, several states in the U.S.A. prohibited the sale of contraceptives to *married* couples. Such laws banning the sale of contraceptives to teenagers and/or single persons were common until 1977 (see Section 9A on contraception). Details on out-of-wedlock births, contraception, and abortion are presented later. Here, we want to note that the birthrate among unmarried women has been increasing since 1965, with a notable surge in the rate during the 1980s (Baldwin 1980; Forrest & Fordyce 1988; Miller & Moore 1990). Throughout this period, the percentage of unmarried, adolescent women exposed to the risk of pregnancy

has been increasing. One principal reason for this is, of course, the increasing percentage of unmarried persons having premarital sex in the U.S. (Forrest & Fordyce 1988). (See also Section 9B, Contraception, Abortion, and Population Planning, Childbirth and Single Women.)

However, there are several interesting twists among these trends, many of which do not fit with the conventional wisdom in the U.S.A. First, much of the increase since 1980 is attributable to women 20 years of age or older. In fact, the adolescent birthrate has actually been declining since the early 1970s (Baldwin 1980; Forrest & Fordyce 1988). Second, the overall birthrate for adolescent women increased through the late 1940s and 1950s, remained stable in the 1960s, increased in the early 1970s, and has been declining since (Baldwin 1980). The misperception, widespread through the U.S.A., that teen-pregnancy rates have been rising is largely because of two factors: 1. the increasing number of such pregnancies, but not the rate, when the children of the baby-boomer generation began having children, and 2. the fact that, as the average age at first marriage has been increasing, adolescent pregnancies are more likely to occur with unmarried women (Baldwin 1980; Miller & Moore 1990). Finally, the perception that adolescent pregnancy has become a recent social problem has emerged as the out-of-wedlock birthrate has increased more dramatically among white women in the last two decades (Baldwin 1980; Miller & Moore 1990).

Contraceptive Use. To most Americans, an increase in the rate of adolescent pregnancy (widely assumed, though not true) would seem to be an inevitable result of increases in premarital sexual activity. However, research in many European countries demonstrates that high rates of adolescent sexual activity can be associated with low rates of adolescent pregnancy, when contraceptives are used widely, consistently, and effectively (Jones et al. 1985). There seems little doubt that the U.S.A. has one of the highest adolescent-pregnancy rates among developed nations, largely because of inconsistent contraceptive use (Forrest & Fordyce 1988; Miller & Moore 1990).

It appears that roughly one half of adolescent women use no contraceptive during their first intercourse (Miller & Moore 1990), and most of the women reporting the use of some contraceptive during their first intercourse note that their partner used a condom (Weis 1983). Moreover, most adolescent girls who seek contraceptive services have been having sexual intercourse for some time, many for more than a year before they seek services (Miller & Moore 1990; Settlage, Baroff, & Cooper 1973). After this delay, it appears that roughly two thirds of American teenagers now use some form of contraceptive (Miller & Moore 1990).

Although these figures certainly indicate that large numbers of American youths continue to experience sexual intercourse with no contraceptive protection, they nonetheless represent an increase in contraceptive use over the last several decades. Research in the early 1970s indicated that two thirds to three quarters of American teens rarely or never used contraceptives (Sorensen 1973; Zelnik et al. 1981). Forrest and Fordyce (1988) report that overall use of medically sound contraceptives remained stable through the 1980s. Of those women age 20 or less who sought family-planning services in 1980, nearly three quarters used the pill. By 1990, this had dropped to 52%. In 1980, 14% had used no contraceptive at all (Eckard 1982).

By 1990, Peterson (1995) reported that 31.5% of 15- to 19-year-old women consistently used some form of contraceptive; 24.3% of 15- to 17-year-olds did so, as did 41.2% of 18- and 19-year-olds. This behavior appears to be unrelated to social class (Settlage et al. 1973). Among women of childbearing age (15 to 44), Peterson (1995) found that 52.2% of Hispanic, 60.5% of white non-Hispanic, and 58.7% of black non-Hispanic women reported using some form of contraceptive (see Table 17 in Section 9A under Current Contraceptive Behavior).

Despite the popularity of the idea that adolescent pregnancy is a result of poor sexual knowledge, knowledge of one's sexuality or birth control has not been shown to be a strong predictor of contraceptive behavior among teenagers (Byrne & Fisher 1983). No relationship was found between contraceptive use and early sex education by family, or a congruence between attitudes and behavior. Reiss, Banwart, and Foreman (1975), however, reported that contraceptive use among teenagers is correlated with endorsement of sexual choice (permissiveness), self-confidence about desirability, and involvement in an intimate relationship.

Explanations of Adolescent Sexuality

Of course, researchers are not content to provide descriptions of social trends. Instead, they seek to provide theoretically useful explanations of the factors underlying those trends. The essence of scientific analysis is the identification and testing of potential correlates of those trends. There have been thousands of studies of adolescent sexuality testing possible correlates. We cannot review them all here. We will, however, briefly identify several different approaches that have been used to explain the trends we have described above. We have tried to select perspectives that have enjoyed some popularity among sexuality professionals at some point. We have also tried to include explanatory models that represent the diversity of professional opinions about adolescent sexuality.

Changes in Social Institutions. By far, the most common approach to explaining the growing acceptance of premarital sex within American culture and the increasing tendency of adolescents to have premarital sex has been a sociological perspective that locates these trends as part of a series of social changes occurring in response to industrialization and urbanization. (Much of this explanation was presented in Section 1, Basic Sexological Premises, where we reviewed the sexual history of the U.S.A.) As patterns of residence and community relations changed in the late 19th and early 20th centuries, changes began to occur in most social institutions. These included changes in male-female roles, a lengthening of the period of formal education, and the emergence of new forms of heterosexual courtship (Ehrmann 1964; Reiss 1967, 1976). One example of the complex web of social changes that have occurred in the last century is the increasing average age of first marriage (Surra 1990). In one century, the average age at first marriage has shifted from the late teens to the mid-20s. Combined with the earlier age at which American adolescents reach puberty, this has led to a much longer period between physical maturation and marriage, thus, greatly expanding the probability that sexual activity will occur prior to marriage.

As social institutions changed in response to the growing industrial character of American society and the increasingly urban pattern of residence, new forms of adolescent courtship emerged. The custom of dating appeared in the 1920s following World War I, and the practice of "going steady" emerged in the 1940s following World War II (Reiss 1980). By the 1990s, the practice of "going together" has become so universally common that few American young people can conceive of other courtship forms. Dating provided a forum for adolescents to pursue male-female relationships independent of adult supervision and control. The appearance of modern transportation, such as the automobile, and the development of urban recreational busi-

nesses allowed adolescents to interact with each other away from home. Increasingly, decisions about appropriate sexual behavior were made by adolescents themselves. The practice of "going steady" placed adolescents into a relationship with many of the features of marriage. Steady relationships were defined as monogamous and exclusive with respect to sexuality and intimacy. As such, they carried high potential for intimacy, commitment, and feelings of love. Together, the increased independence and greater potential for intimacy led to increased rates of premarital sexual behavior (D'Emilio & Freedman 1988; Kinsey et al. 1948, 1953; Seidman 1991). There is evidence that this general pattern has occurred in other countries as a consequence of industrialization as well (Jones et al. 1985).

Reiss (1960, 1967) developed the Autonomy Theory of Premarital Permissiveness, mentioned earlier, to explain the association between social institutions and premarital sexual permissiveness. Essentially, Reiss maintained that, as adolescent courtship institutions (dating and going steady) become independent of adult institutions of social control (parental supervision, the schools, and the church), the level of premarital permissiveness in a culture increases. There has been considerable research testing the specific propositions of the theory since Reiss proposed it (Cannon & Long 1971; Clayton & Bokemeier 1980; Miller & Moore 1990). Generally, research from this perspective has tended to presume that premarital sex has become normative within American culture.

Sources of Sexual Information and Sexual Knowledge. Several other explanations of premarital sexual behavior have been more likely to view it as a social problem and more likely to focus on the individual character of premarital sex attitudes and behavior. One of the more popular and enduring ideas within American culture about adolescent sexual activity is the belief that sexual behavior and pregnancy risk are influenced by knowledge about sexuality and its consequences. In fact, advocates of sex education in the schools have argued for more than a century that American teens typically possess inadequate and inaccurate sexual knowledge. Some have maintained that sex education could solve such social problems as out-of-wedlock pregnancy and sexually transmitted disease by providing thorough and accurate information about sexuality. Embedded in these assertions is an underlying presumption that sexual decision-making and behavior are primarily cognitive processes. Operating from this perspective, there have been dozens of studies of the sources of sexual information for children and adolescents in the U.S.A. Generally, these studies have found that young people in the U.S.A. are more likely to receive sexual information from their peers or the mass media than from adult sources, such as parents or the school (Spanier 1975; Wilson 1994). These studies have been used to conclude that peers are a poor source of sexual information, and that such inaccurate information leads directly to unwanted pregnancies and disease. We should note here that few studies of sexual information have sought to demonstrate a correlation between source of information and sexual decisions or outcomes. That connection has typically been assumed. (See also Section 3, which deals with formal and informal sources of sexual knowledge and education.)

However, in a national probability study of American college students, Spanier (1975, 1978) found no differences in premarital sexual behavior between those students who had ever had a sex-education course and those who had not—regardless of who taught the course, when it was offered, or what material was included. Moreover, a number of studies have found a weak correlation between sexual knowledge and sexual behavior or contraceptive use (Byrne & Fisher 1983). More generally, researchers have consistently found a low correlation between knowledge level and a variety of health-related behaviors, such as smoking, drug use, and eating patterns (Kirby 1985).

Cognitive Development. A somewhat similar focus on cognitive processes has been the basis for an argument that adolescents typically lack a sufficient level of cognitive development required for effective sexual decisions. A number of authors have argued that adolescence is characterized by a cognitive level that is inconsistent with sound sexual decision-making and contraceptive use (Cobliner 1974; Cvetkovich, Grote, Bjorseth, & Sarkissian 1975). Within this perspective, it has become common to describe adolescents as having an unreal sense of infallibility that leads them to underestimate the actual risks of sexual experience (Miller & Moore 1990).

Although references to the works of Jean Piaget have been common in this realm, actual empirical tests of a correlation between Piaget's stages of cognitive development and sexual decisions remain to be conducted. Moreover, this explanation has failed to incorporate the cross-cultural evidence that adolescents in many other nations establish high rates of sexual frequency, maintain consistent contraceptive use, and experience low rates of adolescent pregnancy (Jones et al. 1985).

Interaction of Hormonal and Social Determinants. Udry (1990) has attempted to examine how pubertal development, hormones, and social processes may interact to affect the sexual behavior of adolescents. Hormonal studies seem to indicate that androgenic hormones at puberty directly contribute to explaining sexual motivation and noncoital sexual behaviors in Caucasian male and female adolescents (Udry & Billy 1987; Udry et al. 1985, 1986). Because of the differing social encouragement versus constraints for young white males and females, initiation of coitus seems to be strongly hormone dependent for males, whereas for females it seems to be strongly influenced by a wide variety of social sources with no identifiable hormone predictors. The interaction of hormonal and social determinants is unclear for African-American youth and does not fit the models for white youth that emphasize the importance of sociocultural context on sexual behavior.

Delinquency Models. Perhaps the zenith of models which regard adolescent sexuality as a social problem is the emergence of frameworks that explicitly define adolescent sexual behavior as a form of juvenile delinquency (Jessor & Jessor 1977; Miller & Moore 1990). Vener and Stewart (1974) reported that sexual behavior by 15- and 16-year-olds was correlated with the use of cigarettes, alcohol, and illicit drugs, and with less approval for traditional institutions like the police, the school, and religion.

In a subsequent study using this perspective, Jessor and Jessor (1977) conceptualized sexual behavior as a "problem behavior" if it occurred prior to age-appropriate norms. In other words, intercourse was characterized as deviant and delinquent if it occurred prior to the mean age (roughly 17 years of age at the time of the study). Jessor and Jessor found that such early sexual behavior was correlated with other "problem behaviors" such as alcohol use, illicit-drug consumption, and political protest. They concluded that these associations demonstrated that adolescents tend to exhibit multiple forms of delinquency.

By the 1990s, Miller and Moore (1990) reported that a number of studies have found that "early" sexual behavior is associated with a variety of "criminal" behaviors such as

those described above. Some authors have overlooked the fact that these studies have found this association with delinquent behaviors only for early sexual behavior and have tended to characterize all adolescent sexual behavior as delinquent. These studies do suggest the possibility that developmental issues may be relevant to these findings.

Sexual Affect. A different approach has been taken by a group of researchers interested in examining the role of affective reactions to sexual stimulation, both as a factor that may influence sexual decisions and behavior and as an outcome of sexual experience. Sorensen (1973) reported that 71% of teenagers agreed with the view that using the birth-control pill indicates that a girl is planning to have sex. This has been offered as evidence that adolescents are unwilling or unable to accept responsibility for contraceptive use, and thus lack cognitive development. However, affective theorists would argue that it is just as likely that sexual guilt, fear, or embarrassment prevent such a decision.

In the early 1960s, Christensen (1962) conceptualized sexual guilt as a variable response to sexual experience. He found that adolescents are more likely to report experiencing guilt in cultures with restrictive premarital sex norms. He called this a value-behavior discrepancy. Schwartz (1973) found that persons with high sex guilt retain less information in a birth-control lecture, especially when aroused by a sexually stimulating condition. In the Schwartz study, females retained more information than males across all conditions.

Donn Byrne and his associates have maintained that individuals can be placed on a continuum ranging from erotophilic, reacting to sexual stimuli with strongly positive emotions, to erotophobic, reacting to sexual stimuli with strongly negative emotions. Erotophobic persons have been shown to be less likely to seek contraceptive information, to have lower levels of contraceptive knowledge, and to be less likely to purchase contraceptives or use those contraceptive methods that require them to touch themselves (Byrne & Fisher 1983; Goldfarb, Gerrard, Gibbons, & Plante 1988). However, they are no less likely to retain information about contraceptives, even though they become more sexually aroused by a lecture (Goldfarb et al. 1988).

There is a need for much future research on the association between adolescent sexuality and affective variables. However, the studies just mentioned suggest that affective variables may prove to be a fruitful way of explaining adolescent sexual behavior and its consequences. This approach seems particularly suited to examining the variety of ways that adolescents behave and the diverse consequences of such behavior.

Reference Group. Yet another approach to explaining adolescent sexuality has been the attempt to identify persons or groups who have influenced teenagers. Perhaps the most developed theoretical perspective of this type is known as Reference Group Theory. There is some evidence that, as adolescents progress from age 12 to 16, they shift their primary reference-group identification from their parents to their peers. Peer orientation has been shown to be related to sexual intercourse. Moreover, association with peers who are seen as approving premarital sex is correlated with premarital sexual permissiveness and premarital sexual behavior (Cannon & Long 1971; Clayton & Bokemeier 1980; Floyd & South 1972; Reiss 1967; Teevan 1972). Similarly, Fisher (1986) found that the correlation between the attitudes of teenagers and their parents decreased as adolescence progressed. However, females who cited their mothers as their major source of sexual information were less likely to engage in intercourse and more likely to use contraceptives when they did.

These results should not be interpreted to mean that parents or families do not or cannot exert influence on the sexuality of adolescents. There have been relatively few scientific studies of the influence of differing parental styles and the premarital sexual behavior of children. One study (Miller, McCoy, Olson, & Wallace 1986) found that adolescents were least likely to have premarital sex or to approve of premarital sex when their parents were moderately strict. Teenagers who described their parents as very strict or not at all strict were more likely to have had premarital sex. This correlation also held when parents were asked to describe the rules they set for their children. There is some evidence that the age of a mother's first intercourse is related to the age of her daughter's first intercourse (Miller & Moore 1990). Miller and Moore (1990) also showed that girls from single-parent families tend to have sex at younger ages.

Thus, there appears to be two conflicting sets of empirical findings. One set of studies finds evidence that adolescent sexuality is most strongly related to peer influences, especially as age increases. Another set of studies provides evidence that families and parents can exert influence in various ways. Obviously, important questions remain to be resolved.

Rehearsal. A more direct perspective views adolescent sexuality as a developmental process, in which intercourse is seen as the culmination of a sequence of progressively sexual behaviors (Miller & Moore 1990; Simon et al. 1972; Weis 1983). Adolescents appear to move through a series of stages, from kissing to petting of the female's breasts to genital petting to intercourse. There is evidence that, among white adolescents, this pattern is strongly consistent. White adolescents appear to take an average of two years to move through this sequence (Miller & Moore 1990; Weis 1983). In contrast, blacks appear to move through the stages more quickly, and there is greater variability in the actual sequence of behaviors (Miller & Moore 1990). Within this perspective, each subsequent sexual behavior can be viewed as a rehearsal for the next behavior in the sequence.

Not only is there evidence that adolescent sexual experience is acquired in a process that produces an escalating and expanding repertoire of sexual behaviors, but dating and "going steady" appear to serve as the key social contexts in which this process occurs (Clayton & Bokemeier 1980; Reiss 1967; Spanier 1975). The age of onset of dating and the frequency of dating appear to be major factors in the emergence of sexual behavior (Spanier 1975). In fact, adolescent experiences with intimate relationships (dating and "going steady") and the sequencing of sexual behaviors have been shown to be more influential in predicting premarital sexual intercourse than general social background variables, parental conservatism or liberalism, or religiosity (Herold & Goodwin 1981; Spanier 1975).

As dating frequency and noncoital experiences increase, exposure to eroticism, sexual knowledge, and interest in sex are all likely to increase concomitantly. Male behavior appears to be more strongly related to the sequencing of behaviors. In contrast, female behavior seems to be more a result of involvement in affectionate relationships. Increased dating interaction and frequency increase sexual intimacy, since opportunities and desire increase. This process is likely to overshadow the influence of prior religious, parental, or peer influences. Thus, adolescent courtship provides the context for the general process of sexual interaction. As Reiss (1967, 1980) has noted, such adolescent courtship also serves as a rehearsal experience for adult patterns of intimate involvement. It is also possible that such adolescent rehearsal experiences are a more powerful and direct explanation of adolescent sexual behavior (Spanier 1975; Weis 1983).

Multivariate Causal Models. An important trend in American research on adolescent sexuality has been the growing recognition that several of the factors reviewed here will eventually need to be included in a sound theory of adolescent sexual development and expression. Reiss (1967) was one of the first to test competing hypotheses in an attempt to identify the strongest predictors of premarital sexual permissiveness. Since then, a number of researchers have used multivariate techniques to examine the relative strength of premarital sex correlates (Byrne & Fisher 1983; Christopher & Cate 1988; DeLamater & MacCorquodale 1979; Herold & Goodwin 1981; Reiss et al. 1975; Udry 1990; Udry, Tolbert, & Morris 1986; Weis 1983).

A few examples should illustrate the potential usefulness of this multivariate approach. Herold and Goodwin (1981) found that the best predictors of the transition from virginity to nonvirginity for females were perceived peer experience with premarital sex, involvement in a steady, "committed" relationship, and religiosity. In contrast, parental education, grade-point average, sex education, and dating frequency failed to enter the multivariate equation.

Udry and his associates (1990; Udry et al. 1986) have investigated the relative influence of hormonal and social variables in explaining adolescent sexual behavior. Several studies demonstrate that androgenic hormones present at puberty directly contribute to the sexual motivation and precoital sexual behavior of white males. For white males, the initiation of coitus seems to be strongly related to androgen levels. Female initiation of coitus seems, on the other hand, to be strongly related to a series of social variables, but not to any hormonal predictors. Udry has argued that these results reflect the differing social encouragement versus constraints placed on males and females respectively. Interestingly, the behavior of African-American youth does not appear to fit with these same explanations, so that the exact interaction between social factors and hormonal variables remains unclear.

Adolescent Sexual Relationships: The Neglected Research

Before moving to the issue of adult heterosexuality, we wish to make a few comments about the nature of intimacy in adolescent sexual relationships and the process of relationship formation. Most of the research on adolescent sexuality reviewed here has tended to focus on the specifically and explicitly sexual elements of such experiences and to ignore the broader relational aspects. In one sense, this is understandable, given the fact that Americans have generally viewed adolescent sexuality, especially its premarital forms, as a social problem. Consistent with this perspective, Americans have tended to deny the possibility that any genuine intimacy occurs in sexual experiences involving adolescents. This is unfortunate in at least two respects. First, it tends to ignore the fact that most adolescent sexual encounters in the U.S.A. occur within the context of what the participants define as a meaningful, intimate relationship. It also ignores the reality that sexual expression within loving, intimate relationships (rather than marital status) has become the dominant attitudinal standard for Americans of all ages. Second, the tendency to ignore the relational character of adolescent sexuality means that researchers have tended to overlook the reality that patterns of sexual and intimate interactions are largely learned within the context of adolescent experiences, and these are likely to be extended well into adulthood. Thus, the failure to investigate these larger relational questions probably impairs our ability to fully understand adult intimate relationships as well. This is not meant to denigrate other forms of sexual expression or to deny that other forms of expression do occur, both in adolescence and later. Rather, it is to suggest that one strong characteristic of American sexuality is the tendency to associate love and sexuality. Any attempt to understand or explain American sexual expression must acknowledge that it generally occurs within the context of ongoing, intimate relationships. This is as true for adolescents as for adults.

The separation of sexuality and relational concerns is well reflected by the emergence of two independent bodies of research within the American academy. On the one hand, there is a well-established field of research on the formation of adolescent intimate relationships, dating and courtship, and mate selection. This tradition extends back to the 1920s and has largely been explored by family sociologists. Social exchange theory has become the dominant perspective in this tradition in recent decades. Surra (1990) provides an excellent review of such research through the 1980s. However, this tradition has largely failed to consider sexuality as an issue in courtship and mate selection, although it ought to be apparent that sexual dynamics and processes are key components of adolescent attraction, dating, courtship, and mate selection. Sexuality carries the potential both for increasing intimacy between teenagers or young adults and for creating intense relationship conflict and, possibly, termination. Yet, Surra's (1990) review is notable precisely for the fact that there is not one single citation of a study including sexuality variables. This is not an indictment of Surra *per se*. Her goal was to review the field of mate selection as it stood at the beginning of the 1990s. Her assessment serves to document that researchers in this area continue to ignore the role of sexuality in adolescent relationship processes after seven decades of empirical research.

This tendency to ignore sexuality within the courtship process is unfortunate, because of the growing evidence that one of the major influences on premarital sexual behavior is the intimate relationship in which most adolescent sexual activity occurs. Being involved in a loving and caring relationship increases the probability of a decision to engage in intercourse (Christopher & Cate 1985) and contributes to sustained activity once it begins (DeLamater & MasCorquodale 1979; Peplau, Rubin, & Hill 1977). In fact, most adolescent sexual experiences in the U.S.A., especially for females, occur within the context of an ongoing intimate relationship. It does appear, however, that as the general rates of premarital sex have increased and as the average age of first intercourse have declined throughout the 20th century, intercourse has tended to occur at earlier stages in a relationship (Bell & Chaskes 1970; Christensen & Carpenter 1962; Christensen & Gregg 1970). With respect to attitudes, Americans are more likely to approve of premarital sex in the context of a relationship. This permissiveness-with-affection-and/or-commitment standard has increasingly become the norm for both adults and young people (Christensen & Carpenter 1962; Christensen & Gregg 1970; Reiss 1960, 1967).

A second body of research examining the formation of sexual relationships has begun to emerge in recent decades. Much of this work has been done by biologists or evolutionary social psychologists and extends a model of mammalian mating first presented by Beach (1976). We discuss it here because it also reflects the separation of the sexual and intimate domains of relationships, and because much of the pertinent human research has been done with samples of college students. Essentially, this body of work forms the foundation for what might be called female selection theory.

The traditional view had always been that males are the aggressors and initiators of sexual involvement. From this perspective, females were seen as sexual "gatekeepers."

Their role supposedly was to regulate male access by accepting or rejecting male advances (Perper 1985; Perper & Weis 1987). Beginning with Beach (1976), a growing number of researchers have provided evidence that this traditional view is highly flawed. Instead, females select desirable partners and initiate sexual interaction by proceptively signaling selected males (Fisher 1992; Givens 1978; Moore 1985; Moore & Butler 1989; Perper 1985; Perper & Weis 1987). Males, in turn, respond to these proceptive signals. Moore (1985; Moore & Butler 1989) has demonstrated that, not only do women use such signaling, but that men are more likely to "approach" women who do. Perper (1985; Perper & Weis 1987) has provided evidence that American women employ a variety of complex strategies to arouse male interest and response. Finally, Jesser (1978) has provided some evidence that males are just as likely to accept direct initiations from women as they are to respond to more-covert strategies, although females tend to believe that men are "turned off" by female sexual assertiveness.

This new line of research raises fundamental questions about the roles of males and females in the formation and maintenance of sexual relationships—for both adolescents and adults. It indicates a need for research that is focused on the dynamics within and the processes of sexual relationships themselves. As just one example, Christopher and Cate (1988) found that, early in a relationship, the level of conflict was positively related to a greater likelihood of intercourse. As the relationship progressed, love and relationship satisfaction eventually became significant predictors of sexual involvement. In the case of adolescence, we need to move beyond "social bookkeeping," counting the number of American teenagers who have premarital sex, to examine what actually happens in their relationships with each other.

[*Adolescent Sexuality; 1998 to 2003* DAVID L. WEIS

[One of the most popular and controversial areas of sex research in the U.S.A. continues to be adolescent sexual behavior. As a general guide, we can suggest there is growing recognition that social context, interpersonal relationships, and physical development all have an influence on whether sexual intercourse occurs, at what age, and with what outcomes or consequences. Susan Newcomer (2002) has provided a useful summary of recent research. She notes that 1. boys tend to begin having intercourse earlier than girls, 2. youth who reach puberty earlier tend to have intercourse earlier, 3. African-American youth tend to have intercourse earlier than either Hispanic or white youth, 4. youth from poor households tend to have intercourse earlier, 5. youth who have intercourse for the first time before the median age are less likely to use protection against disease or pregnancy, 6. girls tend to have male partners for intercourse who are slightly older than the girl (this is true of marriage, as well), and 7. condom use by adolescents has increased in the last decade. She also notes that, while it is popular to blame the media for the sexual adventuring of youth, there are no scientifically sound studies which demonstrate that consumption of sexually explicit media has any effect on sexual behavior. I would like to stress that Newcomer's comments apply only to sexual intercourse specifically.

[Much has been made, in some quarters, of a decline in the percentage of sexually active high school students in recent years (Centers for Disease Control 2002). By 2001, the percentage of high school students who have had sexual intercourse dropped by about 6% to slightly below 50%. The drop was more pronounced for black teens. Still, 55% of 11th graders in a recent study in Toledo, Ohio, reported having had intercourse. One third said they had intercourse with a friend. The rate would have been higher if questions about oral sex had been included (Stepp 2003). A recent poll by *The New York Times* found that 20% of American teens do have sexual intercourse by age 15. Most of these sexually active 12- to 14-year-olds were using contraceptives. About one third of their parents knew they were having intercourse. Data in the report came from the *National Survey of Family Growth*, the *National Longitudinal Survey of Adolescent Health*, and the *National Longitudinal Survey of Youth* (Lewin 2003). So, reports of a possible decrease should be interpreted with caution.

[In fact, this point needs to be considered in the light of two additional findings. One is the evidence that American teens may only be postponing the onset of intercourse (which has mistakenly come to be described as sexual debut), catching up to the levels of the late 1980s by age 21 (CDC 2002). Here, it is worth noting that there have been no published studies documenting any such decline among college students. The other is the fact that this constant focus on sexual intercourse as the only sexual behavior of interest actually serves to distort adolescent sexual development, a point I made two decades ago (Weis 1985). Teens engage in a wide variety of noncoital sexual behaviors before they have intercourse. Moreover, the constant focus on intercourse, to the exclusion of other sexual behaviors, may actually have hidden one of the major trends in adolescent sexuality of the last decade. This has been the tremendous growth of oral sex as a practice in its own right (Paul & Hayes 2002). Thus, the rate of American adolescents engaging in sexual behaviors leading to the orgasm of one or both partners has actually increased in the last 15 years. About one third of 15- to 17-year-olds and two thirds of the 18- to 24-year-olds in a recent Kaiser Foundation study reported they had oral sex (Hoff & Greene 2000). The reality is that there is a major development in adolescent sexual practices that does not involve intercourse.

[Finally, the focus on the percentage of teens having (or not having) intercourse has served to obscure two additional trends of the last decade. Contraceptive behavior increased and pregnancy rates decreased among high school students in the 1990s (Meschke, Bartholomae & Zentall 2000). The U.S.A. now has the lowest teenage pregnancy rate in more than a half century.

[To highlight the political nature of this area, we can point to a recent Heritage Foundation report in June 2003 using Add Health datasets (age 14 to 17), but not citing any prior refereed studies nor reporting any actual statistical analyses. They claimed that teenagers who have sexual intercourse are more likely to report suffering from depression and to attempt suicide than abstinent teens (Rector, Johnson, & Noyes 2003).

[There have been a few other recent indicators with relevance to adolescent sexuality. A 2000 report of a series of national surveys of teenagers, parents, teachers, and school principals by the Kaiser Family Foundation provides impressive evidence that strides have been made in providing American youth a comprehensive sex education in schools. In contrast to 50 years ago, virtually all American public schools now offer some form of sex education. By far, the most common approach is to provide a comprehensive perspective that includes information about contraceptives, sexually transmitted diseases, and basic anatomy and physiology, in addition to recommendations to remain abstinent. Less than one half of the programs provided any information about homosexuality or how to discuss sex with a partner. About one third of principals described their programs as abstinence-only (Hoff & Greene 2000). Even for advo-

cates of comprehensive sex education, I would maintain that this represents important gains since 1970 (when I entered the field). Kirby (2002) has also noted that involvement in education is associated with lower pregnancy rates and lower sexual risk-taking, that sex education programs are not associated with increases in sexual behavior, but are associated with increased contraceptive and condom use.

[One way of reading recent studies is that teens who believe sexual activity is appropriate and acceptable are, in fact, more likely to engage in sexual behavior, particularly if they have opportunities (Gillmore, Archibald, Morrison, Wilsdon, Wells, Hoppe, Naliom, & Murowchick 2002; Whitbeck, Yoder, Hoyt, & Conger 1999). It does appear that about 80% of American youth do now have sexual intercourse by age 19 (Singh & Darroch 1999).

[There have been some important recent developments in the field of sexuality research. We have begun to finally see an expansion of research on teenagers beyond the standard WASP populations (Moore & Chase-Lansdale 2001; O'Sullivan & Meyer-Bahlburg 2003; Raffaelli & Green 2003). There even has been some expansion of the creativity of hypotheses tested and explanations investigated (Levin, Xu, & Bartkowski 2002). Using *National Longitudinal Study of Adolescent Health* data, Levin and his associates found that there are two predictable peaks of coital debut during each year. One is a summer peak, not associated with involvement in a romantic relationship. The other is a holiday peak, occurring in December and associated with involvement in a romantic relationship, especially for girls.

[*The Context of Sexual Relationships and Courtship: Hanging Out, Hooking Up, and Buddy Sex*. In the original edition of the *Encyclopedia*, I asserted that researchers have largely ignored the relationship context surrounding adolescent sexuality and that most adolescent sexual experiences occurred within intimate relationships. At one time, there was a good understanding that adolescent males and females went through a fairly predictable sexual and courtship sequence. Bailey (1989) has summarized this well. Couples met, were attracted, began dating, went steady, and eventually became engaged and were married. At some time in this sequence, they became sexually involved as well. Through the course of the 20th century, the stage where sexual intercourse began started moving to earlier points in the sequence. As late as the 1960s, sexual experimentation tended to take place during the college years. This courtship system can be traced as far back as the 1920s and flourished through the 1950s and 1960s, extending into the 1980s (Bailey 1989). The pattern of going steady or going together (exclusive intimate relationships) seems to have remained popular well into the 1980s. However, questions can and should be raised about the extent to which this system even exists today.

[Nearly two decades ago, Carol Cassell (1984) used the term, "swept away," to describe what she maintained was a chief sexual fantasy (script) for women in America. She argued that young women were socialized to pair sexual excitement with passion, to wrap sexual desire in a cloak of romance. This is the stuff of song, movies, books, and magazines. It is the very core of the entire romance industry. According to Cassell, the swept away script allowed women to deny responsibility for their own sexual decisions and activity. The strategy allowed young women to gain sexual experience in a society that was still uncomfortable with female sexuality. However, it now seems appropriate to question whether the concept of being swept away is still relevant in 2003, and if so, for whom?

[In fact, there has been relatively little research on dating and courtship for decades. Several recent publications call our understanding of this 20th-century concept of courtship into question (Glenn & Marquardt 2001; Hall 2003; Harris 2003; Stepp 2003). Each of these authors indicates that young people today tend to "hang out" in small groups, because "there is nothing to do" (Hall 2003). Quite often, this happens in house parties accompanied by drinking where people "hook up" with whomever. Hooking up is intentionally vague and may be used to refer to kissing, petting, oral sex, or intercourse. One can never be certain about its precise meaning (Glenn & Marquardt 2001; Hall 2003). Few young people consider oral sex to be sex at all (the Bill Clinton standard), and intimate relationships are widely seen as a great responsibility. Apparently, hooking up is seen as easier (Hall 2003).

[Despite the prominence of this hanging out script, most college women today still appear to hold marriage as a major life goal. Women outnumber men on college campuses. In 1997, there were 79 male college students for every 100 female students. Male-female relationships are now either characterized by a high degree of commitment (exclusivity) or very little (nonexclusive friendship). Hooking up is widely seen as a "sex without commitment" interaction. College men rarely ask women for dates. Only about 50% of college women report they have been asked for as many as six dates during their four years of college. Coed dorms are the most common place to meet partners and to hang out. The culture of courtship has largely become the culture of hook ups (Glenn & Marquardt 2001).

[Within this culture, it appears that many young people today may make a distinction between casual sex and relationship sex, and may have both. Casual sex may occur with friends, or with friends from different groups of friends, what Stepp (2003) called "buddy sex." Young women, in particular, now appear to believe that they have every right to enjoy sex in whatever form they choose—à la *Ally McBeal* or *Sex in the City* (Glenn & Marquardt 2001; Stepp 2003; Webb 2002). As a result, much teen sex may no longer be connected to the courtship system, especially since dating implies exclusivity for most young people today. There no longer appears to be any concept of dating around. Dating implies serious involvement.

[In one of the few actual studies of these patterns, Glenn and Marquardt (2001) reported that college women whose parents were divorced were more willing and more likely to hook up, although they were also more eager to marry early. Given that the current generation of adolescents and young adults has grown up against the background of a high divorce rate, and given that the median age of first marriage is now in the late 20s, it makes sense that new forms of male-female relationships would be emerging. Glenn and Marquardt (2001) have raised questions about whether this pattern of hooking up with "buddy sex," a "sex friend," or a "friend with privilege" provides adequate preparation and training for marriage. One could just as easily ask if the traditional courtship script provides adequate training for the realities of contemporary intimate relationships.

[At the same time, I would like to suggest that these informal and unstructured forms of sexual interaction are not as new or unique as one might think. At least as far back as the 1960s, hippies (the Haight-Ashbury scene is just one example) began experimenting with new forms of male-female pair bonding. Libby (1977) described a script for "getting together" as a substitute for the practice of dating. "Getting together" was defined as an unstructured activity that allowed men and women to sexually interact without the formal protocols of dating or the expectations of exclusive

intimacy. Rather, sexual interaction might be seen as friendship or mutual pleasure. Thus, such scripts have existed within American culture for some time. In any event, there is great need for more research in this general area. Given the immense changes in sexual practices and intimate relationships among adults in the last century, it only makes sense that adolescent practices will also change. (*End of update by D. L. Weis*)]

C. Adult Heterosexuality

DAVID L. WEIS

The National Health and Social Life Survey

Strangely, there has been considerably more research on the sexual conduct of American adolescents than of adults, and much of the existing research on adults has tended to focus on sexual "problems" such as extramarital sex (ES) and sexual dysfunction (see Section 12 on sex dysfunctions and therapies). There has been little research on the patterns of sexual interactions within nonclinical marital relationships. This is striking, precisely because of the fact that marriage is the most widely accepted setting for sexual relations in the U.S.A. and because more than 90% of Americans do marry. Taken together, the preponderance of research on adolescent sexuality, extramarital sex, and dysfunction indicates the tendency of American sexuality professionals to focus on sexual behaviors that have been defined as social problems, rather than on "normal" sexuality.

In October 1994, a national survey of adult sexual practices was released with great media fanfare (Laumann, Gagnon, Michael, & Michaels 1994). The survey, titled the *National Health and Social Life Survey* (*NHSLS*), randomly sampled 3,432 persons, aged 18 to 50. It was touted as the most comprehensive American sex survey ever, and the first national study of adult sexuality. However, Reiss (1995) has noted that this claim is misleading, as there have been more than a dozen national surveys of a more-limited scope. Given our interest in reviewing the nature of American sexuality research, it is interesting to note that the survey was originally planned and approved as a government-sponsored project. Funding was denied for this project and a similar study of teens (the Udry study) when conservatives in the U.S. Congress objected to the studies. Conservatives argued that the government should not use taxpayer money to study private matters like oral sex—clearly rejecting the significance of the health concerns involved. The researchers found private funding instead. Also interesting is the fact that conservatives hailed the findings when the study was released (Peterson 1994).

There is little doubt that the *NHSLS* is the most comprehensive study of adult sexuality to date, with literally hundreds of variables assessed. Among the key findings are the following:

- Most Americans report that they are satisfied with their sex life—even those who rarely have sex. Among married persons, 87% reported they were satisfied with their sex life.
- For the entire sample, 30% of men and 26% of women have sex two or three times a week; 36% of men and 37% of women have sex a few times a month; and 27% of men and 30% of women have sex a few times a year. Married persons have sex more often than single people, and persons who are cohabiting have sex more often than marrieds.
- Approximately 80% of married women and 65% of married men have never had extramarital sex. The majority of those who are cohabiting also have never "cheated." The group most likely to have extradyadic sex is unmarried men, aged 42 to 51, who have lived with a woman for three years or less (32%).
- There has been a slight increase in the number of lifetime sexual partners, largely because people now have intercourse earlier, marry later, and are more likely to get divorced.
- Among marrieds, 94% had sex only with their spouse in the last year; 75% of cohabiting persons had sex only with their partner in the last year. About 80% of American adults have had either one or no sexual partners in the last year. Only 3% have had five or more partners in the last year. About 50% of men and 30% of women have had five or more partners since age 18.
- Most Americans have a fairly limited sexual "menu" of activities. Roughly 80% of both men and women reported that sexual intercourse is very appealing; only 50% of men and 33% of women find receiving oral sex appealing; 37% of men and 19% of women describe giving oral sex as appealing. About 25% of both men and women have tried anal sex at least once.
- People who already have an active sex life with a current sexual partner are more likely to masturbate. Among married people, 57% of husbands and 37% of wives have masturbated in the last year.
- About 2.8% of men and 1.4% of women identified themselves as homosexual or bisexual. Only 9% of men and 4% of women reported ever having a homosexual experience. These rates are considerably higher in the 12 largest U.S. cities.
- Most heterosexuals are not at risk of contracting AIDS, because they are not part of social networks with high risk.

The *NHSLS* has sparked considerable controversy among sexuality professionals. Questions have been raised, primarily about the legitimacy of the prevalence estimates for such behaviors as number of sexual partners, homosexual experience, and extramarital sex. In general, the *NHSLS* estimates tend to be lower than those found in most prior sex research—including prior national studies (Billy, Tanfer, Grady, & Klepinger 1993). It should be noted that the *NHSLS* estimates are remarkably similar to findings in a series of studies conducted by the National Opinion Research Center using similar national probability samples (Davis & Smith 1994; Greeley et al. 1990; Smith 1990, 1991). These national samples have been carefully constructed to be representative of gender, age, race, education, marital status, size of city of residence, and religion in the U.S.A. The *NHSLS* did obtain a 79% response rate, probably because participants were financially reimbursed. Few prior studies have had comparable response rates, and few have reimbursed participants. Questions about how this had an impact on the results are a legitimate matter for future research.

In a review of the *NHSLS*, Reiss (1995) credits the study for its comprehensiveness, the richness of the data generated, the theoretical nature of the investigation, and the high quality of the sampling techniques. However, he also raises several questions that may influence the validity of the findings. Here, we will focus on a few of the more serious. One concerns the fact that 21% of the respondents were interviewed with someone else present during the interview. As Reiss notes, a person with an intimate partner or a family member present may well have answered questions differently for obvious reasons. For example, only 5% of persons interviewed with another person present reported that they had two or more sexual partners in the last year. In contrast, 17% of those interviewed with no one else present reported two or more partners in the last year. This is a sizable difference, and it raises questions about the validity of responses to many questions in the survey. Similarly, the *NHSLS*

asked respondents to report the number of sexual partners they have had since age 18. Most previous studies asked respondents to report their lifetime number of sexual partners. Here, one half of the sample did have sexual relations prior to age 18. This reduced estimates for lifetime number of partners. The *NHSLS* reported a median number of six sexual partners for men and two for women. Reiss notes that these estimates are lower than comparable studies (Billy et al. 1993), and that this reported gender difference cannot possibly be true in the real world.

To this critique, we can add that it is possible that prevalence estimates have been inflated by the volunteer bias of most sex research. There are unexamined questions about the effects of volunteer bias and response rates. Paul Gebhard (1993), a member of the original Kinsey research team, has argued that estimates of lifetime prevalence rates for homosexual behavior have been remarkably similar when adjusted for sampling weaknesses. Gebhard also criticized the NORC and *NHSLS* studies for failing to use trained sex researchers to conduct their interviews, and for their own sampling flaws that overrepresented rural populations. In fairness, it is appropriate to note that several of the volunteer samples overrepresent urban populations, and there is evidence that urban-rural differences in sexual attitudes remain substantial (Weis & Jurich 1985). Finally, although there is a general consensus that persons who agree to participate in sex research are more permissive and more sexually experienced, two recent studies strongly suggest that persons who decline to answer particular items in a sex survey are attempting to hide behavior in which they have engaged (Wiederman 1993; Wiederman, Weis, & Allgeier 1994).

Although these questions will require considerable future research to resolve, it should be acknowledged that the *NHSLS* is a major contribution to the field of sex research in the U.S.A. It is a landmark study with important new information about the sexual practices of the vast and diverse American adult population, and it will set the parameters for questions yet to be explored. Finally, it provides important data on each of the topics we will explore further in this section.

Sexuality and Single Adults

Practically every American spends at least a portion of his or her adult life unmarried. At any one point in time, more than 20% of the U.S. population is single, and this percentage has been increasing for several decades (Francoeur 1991; Shostak 1987). The chief reasons for this are the greater tendency to postpone marriage (median age is now in the late 20s), the increasing divorce rate (5 per 1,000 by the 1980s and fairly stable thereafter), and the increasing rate of cohabitation (which tripled since 1960), both as an alternative to marriage and as a form of courtship prior to marriage (Glick 1984; Norton & Moorman 1987; Shostak 1987). Glick (1984) has speculated that the prolongation of formal education, the increasing acceptability of premarital sexuality, the growing independence of women, and the earlier mortality of males may also be factors promoting the growth of singlehood.

Actually, the single adult population contains three groups who may share little in common: Those who have never married, those who have divorced, and those who are widowed. Persons within each group may or may not have chosen to be single, and they may or may not intend to remain single. Also, persons in each group may be living alone, may be living with roommates who are not intimate or sexual partners, or may be cohabiting with an intimate partner. By 1980, it was estimated that close to 2% of the adult U.S. population was cohabiting (Glick & Norton 1977; Yllo 1978). Of course, some single persons are gay or lesbian, although they are not typically included in estimates of cohabitation, even when they live with their partners.

It should be stressed that the population of single adults is a fluid one. The U.S.A. has high rates of marriage, divorce, and remarriage (Glick 1984; Norton & Moorman 1987). Most of those who are classified as having never married at any one point will eventually marry. This is especially true for the growing group who have remained unmarried well past the age of 20. Approximately three quarters of women who get divorced, and more men, eventually remarry (Glick 1984; Norton & Moorman 1987). Thus, the composition of the single population is always shifting as some marry and others divorce or are widowed. We are not aware of any research examining the impact of this shifting character on the sexual lifestyles of single persons. Some singles become involved in intimate relationships that lead to cohabitation or marriage, although we know little about whether these processes are similar to adolescent courtship. For those singles who are not involved in an ongoing intimate relationship, it is possible that finding sexual partners can be problematic.

It is popularly believed that being single in adulthood has become more acceptable in the United States today. There is, however, some evidence that married couples continue to associate primarily with other couples. Certainly, it is more acceptable to be sexually active while single today. Singles have greater social and sexual freedom than ever before to pursue a variety of lifestyles. In fact, the labeling of a category of "single adults" may serve to obscure the fact that the range of sexual and intimate lifestyle options is just as wide as for married persons.

Despite the large number of single adults in the U.S., there has been virtually no research on the sexual practices or attitudes of these groups. The *NHSLS* (Laumann et al. 1994) did distinguish between "single" and cohabiting respondents, an important distinction. As we discussed earlier, the *NHSLS* did find that "single" persons had sex less frequently than married persons, and that cohabiting persons had sex more often than married persons.

[*Cohabitation* ROBERT T. FRANCOEUR

[*Update 2003*: America is still a society devoted to marriage, with 55.4 million married couples accounting for 52% of the households. But the 1990 and 2000 censuses show that the number of unmarried couples rose from 3.2 million in 1990 to 5.5 million in 2000, a very significant 72% increase. The change clearly indicates continuing changes in mores and more-fluid living arrangements. The change is also alarming to conservatives and President Bush, who want to amend the tax laws that penalize married couples, and also promote welfare rules they believe will encourage marriage and family unity.

[The census of 2000 was the first to ask questions about same-sex households, so the same-sex statistics are difficult to interpret. Gay activists claimed their numbers were "dramatically underestimates," but this could be because of differences in the 1990 and 2000 censuses, and the reluctance of gays to admit their household status on the first such census to ask about same-sex households. Same-sex couples tend to gravitate to the larger cities, especially if they live in the west or midwest.

- California is home to one in eight of the nation's unmarried partners. Alaska is second, with 12%, and Maine, Vermont, and Nevada third, with 11% (see Tables 12 and 13).
- California also has 16% of the nation's same-sex couples, 54% of which are male. Utah had the fewest same-sex couples, 4%, followed by Alabama at 5%.

- Opposite-sex unmarried couples are 12 years younger than their married counterparts, perhaps because Americans are marrying later in life.
- The average age of unmarried-partner households was 37 years for men and 35 for women. Husbands averaged 49 years and wives 47 years. Single-sex couples were mostly in their 40s (Marquis 2003). (*End of update by R. T. Francoeur*)]

The Never Married. We know of no research that has focused on the population of never-married adults who are not cohabiting. Of course, this group does include persons in their early 20s who have yet to marry. A portion of that group is included in many of the studies of premarital sexuality, although that group is not isolated for separate analysis. There is virtually no scientific information on how never-married persons find or meet sexual partners, establish sexual encounters, or maintain sexual relationships.

Table 12

Unmarried-Couple Households by State, as a Percentage of All Couple Households

Percent	States
9.1%	National Average
Over 11%	Alaska, Maine, New Hampshire, New Mexico, Nevada, Vermont, and Washington, DC
9.1% to 11.0%	Arizona, California, Colorado, Delaware, Hawaii, Louisiana, Maryland, New York, Oregon, Washington
8.0% to 5.2%	Georgia, Illinois, Iowa, Minnesota, Mississippi, Missouri, Montana, New Jersey, North Carolina, Pennsylvania, South Carolina, South Dakota, Virginia, West Virginia, Wyoming
5.2% to 8.0%	Alabama, Arkansas, Connecticut, Florida, Idaho, Indiana, Kansas, Kentucky, Massachusetts, Michigan, Nebraska, North Dakota, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Utah, Wisconsin

Source: U.S. Census Bureau

Table 13

Unmarried-Couple Households by Race and Ethnicity, as a Percentage of All Couple Households

	Same-Sex Partners	Opposite-Sex Partners	Total Unmarried Couples
Total	1.0%	8.1%	9.1%
Race			
White	0.9	7.3	8.2
Black or African-American	1.4	15.5	16.9
American Indian/Alaskan Native	1.3	16.0	17.4
Asian alone	0.7	4.0	4.7
Hawaiian/Other Pacific Islander	1.4	10.8	12.3
Some other race	1.2	12.4	13.6
Two or more races	1.6	12.1	13.7
Ethnicity			
Hispanic or Latino (of any race)	1.3	10.9	12.2
Non-Hispanic white	0.9	7.2	8.1

Source: U.S. Census Bureau. Percentages may not add up to 100% because of rounding.

[*Marriage and Child Support Efforts*. *Update 2003*: Early in 2003, as part of his "faith-based initiative," President Bush used an executive order to bypass a reluctant Congress and authorize $2.2 million in grants to 12 states and a variety of religious, nonprofit, and tribal organizations to advance the nation's child support enforcement system and promote marriage. Bush's assurance that no government money "will be used to directly support inherently religious activities" has not satisfied skeptics, who are concerned some of the grants may violate the constitutional separation of church and state.

[According to the commissioner of the Office of Child Support Enforcement, "These are grants to government and community organizations, including faith-based organizations, that want to try interesting new program approaches to improve the child support program and financial well being of children," Heller said. A spokesperson for one grant recipient described her group as "a nonprofit organization of inter-religious clergy, mental health professionals and individuals dedicated to reducing the divorce rate and birth to unmarried parents through education." The group, which advocates marriage, is not a religious organization, but it does train clergy and counselors to help engaged and wedded couples. "People go to churches. Seventy-five percent of people who get married get married at churches so that's where our customers are." Another grant to an agency in Alabama was aimed at strengthening marriage, by helping poor, ethnically diverse single parents learn marital skills, improve their employment prospects, and increase child support payments (McDonough 2003). (*End of update by R. T. Francoeur*)]

Divorced (Postmarital Sex). Divorce has increased in the U.S.A. dramatically throughout the 20th century (Berscheid 1983). The rate has leveled since 1980 (*Current Population Reports* 1985; Glick 1984; Norton & Moorman 1987; Shostak 1987). Of the roughly 40% of the American population that gets divorced, about 70% eventually remarry, often within a few years (Glick 1984; Norton & Moorman 1987).

Again, there has been little research on this group. It appears that about 80% of women, and nearly all men, remain sexually active following a divorce (Gebhard 1968; Hunt 1974). Most persons have sex with a new partner within the first year following a divorce (Hunt 1974). In the 1970s, Hunt (1974) reported that divorced women averaged four sexual partners a year, and had a higher frequency of orgasm in their postmarital sex than they had had in their marriage. Men averaged nearly eight partners a year.

Again, there has been little research on the process by which divorced persons form or maintain sexual relationships. However, it is fair to suggest that, as the title of an American novel and corresponding movie implies, most divorced persons find that they must "start over." After a period of marriage, they find themselves in the position of dating and courting again. Some have anecdotally reported that they find this anxiety-provoking, whereas others find it exhilarating.

Widowed. This process of "starting over" may be relevant to those persons who are widowed as well. Our review of the research literature identified only one study of the sexual practices of widowed persons. Nearly three decades ago, Gebhard (1968) reported that widowed persons were less likely to have sexual experiences than divorced persons. Francoeur (1991)

has suggested that this may be in part because of a sense of loyalty to the former spouse or to perceived and real pressure from kin members.

Marital Sex

By far, the most common adult sexual lifestyle in the U.S.A. is legal marriage, and marriage is the context for the overwhelming majority of sexual experiences in the country. In fact, marriage is the only context in which sexuality is universally approved. Despite this, researchers have investigated marital sexuality less than nonmarital forms of sexual expression. Greenblat (1983) has suggested that sex within marriage is more likely to be the object of jokes than of scientific investigation. Strong and DeVault (1994) report that only nine of 553 articles on sexuality that appeared in scholarly journals between 1987 and 1992 were devoted to marital sexuality.

This pattern of research is somewhat odd in light of the widespread belief that effective sexual functioning is indispensable to a good marriage (Frank & Anderson 1979). In this regard, it is striking that much of the research conducted on couples has utilized clients in sex therapy. Here we review works on nonclinical samples.

Sexual Frequency and Practices. Most of the research on sexual relations within marriage has assessed the frequency of sexual relations. Many of these studies have also examined how that frequency is related to marital satisfaction. Americans seem to be fascinated with comparing their own frequency to other couples. Until recently, this research was based on volunteer samples, which typically were also quite small.

Perhaps the first sex survey ever conducted in the U.S.A. was done by Clelia Duel Mosher (1980), who investigated the sexual practices and attitudes of 45 women between 1890 and 1920. Most of these women reported that they found sex to be pleasurable and believed that it was "necessary" for both men and women. The women who were interviewed before 1900 were less likely to describe sex as important or enjoyable, and they were less likely to associate sex with the expression of love. The Mosher survey documents the first signs of a shift to a post-Victorian culture.

In a study of more than a thousand men and women, Dickinson and Bean (1932) reported that sexual dissatisfaction was more important in explaining marital difficulties than disputes over work, money, and children. Davis (1929) drew similar conclusions in her study of 2,200 women. Sexual satisfaction within marriage had clearly become a norm in the U.S.A. by the early 20th century. Somewhat later, Hamilton (1948) interviewed 100 married men and women and concluded that an unsatisfactory sex life is the principal cause of marital dysfunction. Without addressing the validity of that particular claim, the Hamilton data do demonstrate that, in the small sample surveyed in the 1930s and 1940s, sex was considered to be an important part of a marriage.

The Kinsey group (1953) reported that married couples in the 1940s had sex an average of two times a week in the early years of marriage, declining to about once a week after ten years of marriage. By comparing those born before 1900 and those born after 1900, they found that the frequency of marital coitus had remained the same. However, virtually every other aspect of marital sex had changed. Couples born after 1900 engaged in more and longer foreplay, used more coital positions, were more likely to have oral sex, were more likely to use French (deep) kissing and manual caressing of genitals, and had sex more often naked.

More-recent studies have tended to fit two patterns. Small samples with volunteers have found a general average of three to four times a week in early marriage with a decline to twice a week in later years. However, studies with national samples have tended to get lower figures more like Kinsey's (Bell & Bell 1972; Blumstein & Schwartz 1983; Call, Sprecher, & Schwartz 1995; Hite 1976, 1983; Hunt 1974; Sarrel & Sarrel 1980; Tavris & Sadd 1974; Trussell & Westoff 1980; Udry 1980; Westoff 1974). Interestingly, married women tend to report lower frequencies than married men (Call et al. 1996).

A few researchers have asked respondents to report their ideal or preferred frequency. Hite (1976) found that one third of married women would like to have sex at least daily, another third wanted it two to five times a week, and a final third less often.

1. Changes Throughout Marriage. The evidence of a decrease over time or length of marriage is strong and consistent (Blumstein & Schwartz 1983; Edwards & Booth 1976; Greeley 1991; Hunt 1974; Kinsey et al. 1953; Michael et al. 1994; Trussell & Westoff 1980; Westoff 1980). Longitudinal studies of the same couples over time have also documented this pattern (James 1981; Udry 1980), as have retrospective studies of couples looking back over the course of their marriage (Greenblat 1983).

In a national study of the 1988 *National Survey of Families and Households* (Call et al. 1995), frequency decreases over the length of marriage were correlated with biological aging, diminished health, and habituation. In a multivariate analysis, age was most strongly related to frequency, followed by marital happiness, and factors that reduce the opportunity for sex (such as pregnancy and small children). Couples who had not cohabited prior to marriage and who were still in their first marriage had less-frequent sex than cohabiters, married persons who had cohabited prior to marriage, and those who were in their second or later marriage.

These findings are largely consistent with prior research. Decreasing frequency of marital sex has been found to relate to age-related reductions in the biological capacity for sex, including declines in male motivation and physical ability, declines in women's testosterone levels, and increases in illness (Greenblat 1983; Hengeveld 1991; James 1983; Udry, Deven, & Coleman 1982). Negative social attitudes about sex and the elderly may also lead some to believe that their interest and capacity should decline (Masters & Johnson 1970; Riportella-Muller 1989). However, these aging factors do not explain the decline in frequency that occurs within the first several years of marriage (Jasso 1985; Kahn & Udry 1986). James (1981) found that the coital rate dropped by one half during the first year of marriage. Some have suggested that there is a honeymoon effect early in the marriage. As the honeymoon period ends, habituation occurs and frequency declines (Blumstein & Schwartz 1983; Doddridge, Schumm, & Berger 1987). Habituation may be seen as a decreased interest in sex that occurs with the increased accessibility of a regular sexual partner and the routine predictability of behavior with that partner over time (Call et al. 1995).

Other reasons that have been cited as influencing a decrease in frequency include fatigue, work demands, childcare, and management of complex schedules (Michael et al. 1994).

2. Effects of Children. A few comments on the effects of children are worth special note. There is some evidence that sexual frequency declines by the third trimester of pregnancy—prior to the actual birth of a child (Kumar, Brant, & Robson 1981). The birth of a child introduces parental roles into the marital relationship. The child increases fatigue, reduces time alone together for the couple, and decreases time in situations that are conducive to sexual encounters (Blumstein & Schwartz 1983; Doddridge et al. 1987; Greenblat 1983).

3. Association with Sexual and Marital Satisfaction. A majority of Americans report that they are satisfied with their marital sex life (Hunt 1974; Lauman et al. 1994). In general, researchers have not found frequency to be related to sexual or marital satisfaction (Blumstein & Schwartz 1983; Frank, Anderson, & Rubinstein 1978). However, there is evidence that the congruence between ideal and actual frequency is related (Frank & Anderson 1979). There is some evidence that sexual problems are likely to occur fairly early in a marriage (Brayshaw 1962; Murphy et al. 1980).

Some studies have found social factors associated with relationship satisfaction. Rainwater (1964) found, in a study of couples in poverty in four different cultures, that lower-class couples were more likely to have highly gender-segregated role relationships (traditional gender roles); they were less likely to have close sexual relationships, and the wife was not likely to view sex with her husband as gratifying.

Several studies have found that sexual satisfaction is related to both sexual and nonsexual aspects of the marriage. The Kinsey group (1953) found that divorce was related to decreases in the wife's orgasm rate. Hunt (1974) reported a strong correlation between marital closeness and sexual satisfaction. He found that the most important predictor was the extent to which couples share similar sexual desire. Thornton (1977) found that couples who spend more time having sex than they do fighting tend to have happier marriages. Sarrel and Sarrel (1980) found that couples who talk with each other about sex often, who rate their communication about sex as good, where the wife likes oral sex, and where the man believes the women's movement has been good for women tend to have more satisfying sexual relationships.

Hite (1976) asked women to identify what aspect of their marital sex gave them the greatest satisfaction. Responses given by 20% or more included closeness, orgasm, coitus, and foreplay. In response to what they liked least, more than 10% said oral or anal sex, lack of orgasm, the "messiness" following sex, excessive or rough foreplay, and the routine nature of their activities.

In the *Redbook* magazine surveys (Tavris & Sadd 1975; Tavris 1978), marital satisfaction did not decline with length of marriage or age. The majority reported enjoying oral sex. Most respondents believed that good communication is an important ingredient of marital and sexual happiness. The most common complaint was that they had sex too infrequently. For women, religiosity was related to a happier sex life and marital satisfaction.

In an unusual study of 100 mostly white and well-educated couples who were happily married (selected because none had ever had extramarital sex or been in therapy), Frank and Anderson (1979) found that 85% described themselves as sexually satisfied. One half of the wives reported they had difficulty becoming aroused or reaching orgasm. Roughly 10% of the husbands reported they had experienced erectile difficulties. One third of the couples expressed complaints about such things as anxiety, too little foreplay, and low sexual desire. There was no correlation between sexual dysfunctions and marital satisfaction, but complaints by the wife were associated with reduced marital happiness.

4. Unexplored Issues. This review of research on marital sexuality serves to confirm the narrow range of the questions researchers have investigated. We know little about the dynamics of sexual relationships in marriage—about the ways couples interact sexually, about how they transact or negotiate sexual encounters, or about how they initiate and terminate encounters. Little is known about how sexuality in marriage is affected by power dynamics between the couple. There has been little study of sexual coercion in marriage. Perhaps it is time to end the focus on counting episodes and begin to examine what happens within marital sexual relationships.

Extramarital Sexual Relationships. Researchers have been studying extramarital sex for decades, although the range of the questions they have examined has been fairly narrow. (For more-thorough reviews of extramarital sex research and nonexclusive lifestyles, see Macklin 1980; Thompson 1983; Weis 1983.)

1. Extramarital Sex Attitudes. One focus of concern has been the degree of normative consensus reflected by extramarital sex attitudes. A series of national surveys indicate that extramarital sex has consistently been disapproved by 75% to 85% of the adult American population (Glenn & Weaver 1979; Greeley, Michael, & Smith 1990; Reiss, Anderson, & Sponaugle 1980; Weis & Jurich 1985). Weis and Jurich (1985) found that nearly one third of residents in the 12 largest cities found extramarital sex acceptable, the only locations in the U.S.A. where as many as 20% approved. In small towns and rural areas, fewer than 10% approved. The norm of sexual exclusivity within marriage is so widespread in American culture that few question it.

Approval of extramarital sex has been found to be related to 1. being male, 2. young age, 3. being nonwhite, 4. living in a large city, 5. high levels of education, 6. low religiosity, and 7. being unmarried (Glenn & Weaver 1979; Reiss et al. 1980; Weis & Jurich 1985; Weis & Slosnerick 1981). Although a number of researchers have reported that approval of extramarital sex is related to lower levels of marital happiness, Weis and Jurich (1985) found that marital happiness was less strongly related to extramarital sex attitudes than several of these other variables.

2. Extramarital Sex Incidence/Prevalence. A second major concern of researchers has been the attempt to establish estimates of the prevalence and/or incidence of extramarital sexual behavior. Generally, this has taken the form of asking respondents to indicate whether or not they have ever had extramarital sex. Authors have regularly claimed that roughly one half of married persons in the U.S.A. have had at least one extramarital sex experience, citing the Kinsey research (1948, 1953) as the basis for this claim. Although the point is often ignored, the Kinsey team actually found that 33% of husbands and 26% of wives reported having extramarital sex. Because of suspicions of underreporting, they raised the estimate for male—but not female—extramarital sex to 50%. Several researchers have reported that the figures for husbands have remained "fairly stable" since then, but that the rate for wives has increased to approximately that of husbands (Blumstein & Schwartz 1983; Hunt 1974; Levin 1975). Researchers have reported lifetime prevalence rates from as low as 20% (Johnson 1970) to nearly 75% (Hite 1981).

Several recent studies by the National Opinion Research Center (NORC) (Smith 1990, 1991; Greeley et al. 1990) have found that only 2% to 3% of American married men and women have extramarital sex each year. Further, they reported that 65% of wives and 30% of husbands have the same number of lifetime sexual partners as spouses. According to these researchers, the increases in premarital sex and cohabitation, the rising rate of divorce, and the later age at first marriage that have characterized the last 40 years have resulted in less sexual exclusivity among the unmarried, but no such trend has occurred among married persons in the U.S.A. The Greeley group concluded that Americans are overwhelmingly "monogamous" [sic] and that rates of

extramarital sex have been overestimated by previous researchers. *The National Health and Social Life Survey* (Laumann et al. 1994), also conducted by the NORC, found that only 35% of men and 20% of women reported ever having extramarital sex, and 94% had sex only with their spouse in the last year.

As we have already discussed, making comparisons between the results of the NORC national probability samples and previous studies is most difficult. Most previous studies have reported lifetime prevalence rates. The NORC studies have generally reported annual incidence rates. It seems likely that the conditions surrounding the collection of data and the greater representation of rural respondents in the NORC studies led to low estimates. On the other hand, the volunteer nature of most previous studies and their greater inclusion of urban respondents may well have led to high estimates. For the time being, we must conclude that questions about the incidence and prevalence of extramarital sex in the U.S.A. remain largely unanswered.

3. Marital Happiness. The third major focus of extramarital sex research has been the attempt to demonstrate an association between extramarital sexual behavior and marital happiness/satisfaction. By far, this has been the most frequently tested hypothesis. As a consequence, there has been little research exploring the circumstances or conditions surrounding extramarital sexual behavior itself or testing alternative hypotheses. A number of researchers have found that extramarital sexual behavior is significantly related to lower levels of marital happiness (Bell et al. 1975; Edwards & Booth 1976; Glass & Wright 1977, 1985; Prins, Buunk, & Van Yperen 1993; Saunders & Edwards 1984). Lower marital happiness has also been found to be related to extramarital sex attitudes (Reiss et al. 1980; Weis & Jurich 1985).

However, the association may not be as strong as these findings imply. The research by Glass and Wright (1977, 1985) suggests that the actual association between extramarital sex and marital happiness may be quite complex. In their earlier study, Glass and Wright (1977) found that husbands who had extramarital sex in the early years of marriage did have lower marital satisfaction. However, there were no differences in marital satisfaction between husbands who had never had extramarital sex and those who began extramarital sex later in their marriages. Interestingly, exactly the reverse was true for wives. There were no differences in marital satisfaction between wives who had never had extramarital sex and those who began it early in their marriages. Yet, wives who began their extramarital sex experiences later in marriage did have significantly lower marital satisfaction. In their later study, Glass and Wright (1985) found that extramarital sex was related to lower marital happiness only for wives. They concluded that male extramarital sex is likely to be more strongly associated with individual factors, rather than marital issues.

The Glass and Wright studies represent a level of complexity that has rarely been seen in extramarital sex research. Few studies have examined the possibility that marital happiness might relate to different types of extramarital sex experiences. As just one example, we can take the case of consensual extramarital sex. In one of the few comparisons of couples who had made an agreement to include extramarital sex in their marriage with couples who did not have this agreement and had a sexually exclusive relationship, there were no significant differences in marital stability, marital happiness, or level of jealousy (Rubin & Adams 1986). Similarly, Gilmartin (1978) found no differences in marital happiness between a group of couples who participated in swinging and a control group of nonswinging couples.

Moreover, Albert Ellis (1969) has made the obvious point, substantiated by all the studies cited here, that some people who have extramarital sex also report high marital satisfaction. In fact, although the two variables have been consistently found to be significantly related, the proportion of extramarital sex variance explained by marital quality variables has tended to be rather small. This may be in part because of the tendency to dichotomize extramarital sex into "ever versus never" categories, thus ignoring the diversity of extramarital sex types. This treatment of extramarital sex as a simplistic construct that uniformly reflects poor marital dynamics may reduce our ability to establish better explanations of extramarital sex. For example, Weis and Jurich (1985) did report that extramarital sex attitudes and marital happiness were significantly related in a series of national probability samples, but they also found that marital happiness was more weakly related to extramarital sex attitudes than several background variables.

4. Exploring the Diversity of Extramarital Sex Experience. This failure to recognize the diversity of extramarital sexual experience may be the single greatest obstacle to the development of sound research and theory. Extramarital sex experiences are, in fact, a class of relationship types, every bit as complex as other relationship forms. With few exceptions, American researchers have failed to recognize the historical and cross-cultural evidence that male and female extramarital sexual behavior is universal, despite the strong normative traditions and sanctions against it. They have also largely ignored the cross-cultural evidence that amply demonstrates a wide variety of extramarital sex patterns and normative responses to it (Buss 1994; Fisher 1992; Ford & Beach 1951; Frayser 1985; Murdock 1949).

5. Specific Aspects of Extramarital Sex. Ultimately, a full understanding of extramarital sex will require more-thorough investigation of the myriad ways in which extramarital sexual experiences vary. Several factors require additional research. These include:

- *Specific Sexual Behaviors Involved*. Extramarital sex can range from flirting, kissing, and petting to intercourse (Glass & Wright 1985; Hurlbert 1992; Kinsey et al. 1948, 1953).
- *Specific Relationship Behaviors Involved*. Extramarital sexual relationships vary from those in which sexual interaction is nearly the sum total of the relationship to those where sexuality is a minimal component (Hurlbert 1992; Richardson 1985; Thompson 1983, 1984).
- *Number of Extramarital Sex Partners*. In general, the scant evidence available suggests that most Americans have a small number of extramarital sex partners (Bell et al. 1975; Greeley et al. 1990; Kinsey et al. 1953; Pietropinto & Simenauer 1977).
- *Length of Extramarital Sex Relationship*. It appears that most, but certainly not all, extramarital sexual relationships are of relatively short duration and entail less than ten actual sexual encounters, with some evidence that females tend to be involved for longer periods (Bell et al. 1975; Gagnon 1977; Hall 1987; Hunt 1974; Hurlbert 1992; Kinsey et al. 1953; Pietropinto & Simenauer 1977).
- *Level of Involvement*. Extramarital sex ranges from single sexual encounters in which partners know little of each other to highly intimate affairs with characteristics that are quite similar to intimate marriages.
- *Consensual Versus Secretive*. Although most extramarital sex is secretive or clandestine (Gagnon 1977; Hunt 1974), it is important to recognize that some spouses do

know about their partner's extramarital sex activities and expressly agree to permit extramarital sex (see section below on alternatives to traditional marriage) (Blumstein & Schwartz 1983; Thompson 1983; Weis 1983).

- *Motives and Meanings*. There are dozens of motives for extramarital sex. Weis and Slosnerick (1981) demonstrated that a distinction between individual motives (such as adventure, variety, romance, or pleasure) and marital motives (such as revenge against a spouse, marital hostility, marital sex problems, or as an alternative marriage form) was useful in explaining differences in extramarital sex attitudes.
- *Bisexual/Homosexual*. Extramarital sex has usually been assumed to be heterosexual, but there is evidence that at least some extramarital sex is homosexual (D. Dixon 1985; J. K. Dixon 1984).

6. Gender Issues. Before discussing theoretical factors for extramarital sex, we want to note that the available evidence strongly suggests that researchers explore the possibility of separate predictive models for men and women. There is evidence that men are more likely to have extramarital sex than women and to have more numerous extramarital sexual encounters (Buss 1994; Glass & Wright 1985), more likely to report extramarital sexual relationships with limited involvement (Glass & Wright 1985; Spanier & Margolis 1983), and tend to have more partners (Buss 1994; Thompson 1983). Men and women may also experience different outcomes. There is some evidence that women are more likely to report experiencing guilt as a result of extramarital sex (Spanier & Margolis 1983). It is possible that women, as a group, are more likely to be motivated to engage in extramarital sexual activities by marital factors and may be more likely to seek intimacy as a primary goal in extramarital sex (Reibstein & Richards 1993). Several studies have found that marital variables are more strongly related to extramarital sex for women than for men (Glass & Wright 1985; Saunders & Edwards 1984). All of these findings indicate that the extramarital sex experiences of men and women may differ substantially.

7. Building Theoretical Models. Edwards and Booth (1976) have argued that the context of marital interaction is more important than background factors in explaining the process leading to extramarital sexual involvement. However, Weis and Slosnerick (1981) have maintained that individuals enter marriage with internalized scripts for sex, love, and marriage. Ultimately, the scripts of married persons stem from an interaction of marital dynamics and background factors. Each of these, in turn, is likely to be influenced by one's position within the social structure.

As just noted, there is evidence of a significant correlation between marital happiness and both dichotomous measures of extramarital sex experience and extramarital sex attitudes, although this association has not always been a strong or robust one. In a study of extramarital sex attitudes (approval), Weis and Slosnerick (1981) isolated two orthogonal factors of justifications for extramarital sex. One was a set of motivations for extramarital sex that mentioned aspects of the marital relationship. The other was a set of individual motives for extramarital sex. Both factors were significantly related to approval of extramarital sex, but the individual motivations were more strongly related than the marital motivations.

These findings suggest two possible paths for future research that seeks to elaborate the complex nature of the association between extramarital sex and marital satisfaction. One is to contrast the types of extramarital sexual experiences that persons with individual versus marital motivations tend to have and to explore how these relate to marital satisfaction and, perhaps, to outcomes of extramarital sexual relationships. The other is to separate happily and unhappily married persons and to investigate the types of extramarital sex experiences and outcomes for each group. It seems reasonable to expect that the two groups might well pursue different kinds of extramarital sexual experiences under different circumstances, with different outcomes.

A second theoretical factor may be background variables. A number of researchers have reported that premarital sexual attitudes and behavior are related to extramarital sexual attitudes and behavior, several arguing that it is the best predictor of extramarital sexual involvement (Bukstel et al. 1978; Christensen 1962, 1973; Glenn & Weaver 1979; Medora & Burton 1981; Reiss et al. 1980; Singh et al. 1976; Thompson 1983; Weis & Jurich 1985; Weis & Slosnerick 1981). Extramarital sex variables have been found to correlate with premarital sexual permissiveness, number of premarital sexual partners, and early premarital sexual experience (low age). Weis and Jurich (1985) found premarital sexual permissiveness was the strongest and most consistent predictor of extramarital sex attitudes in a series of regression analyses with national probability samples throughout the 1970s.

Several questions remain to be explored. Do these findings suggest that there is something particular about premarital sexual interactions with partners that is associated with extramarital sex, or are measures of premarital sex merely indicative of a broader interest in and history of sexual pleasure in various forms? Which of these will prove to be more useful in explaining various types of extramarital sex activities? For example, Joan Dixon (1984) found that female swingers tend to have early and continuing histories of heterosexual involvement, but that they also tend to have early and continuing histories of masturbation and high current sexual frequencies with partners. Gilmartin (1978) also found that swingers tend to have early heterosexual experiences and high sexual frequencies with their spouses. One might conceivably argue that such persons like sex, and extramarital sex is an extension of a broader orientation to pleasure.

A third factor has been suggested by Cazenave (1979), who has criticized work in the area of alternative lifestyles for its emphasis on ideological preference and its failure to explore how structural variables (such as age, gender, and race) may impose external constraints. In fact, there is evidence that extramarital sexual behavior and extramarital sexual permissiveness (attitudes) are related to 1. young age, 2. being nonwhite, 3. low education for behavior and high education for attitudes, 4. low religiosity, and 5. residence in a large city (Fisher 1992; Greeley et al. 1990; Smith 1990, 1991). Several of these associations may, in fact, be quite complex. For example, the Kinsey group (1948, 1953) found that blue-collar males tend to have extramarital sex in their 20s and their behavior diminishes by their 40s. White-collar males with college educations tended to have little extramarital sex in their 20s. This rate gradually increased to an average of once a week by age 50. In contrast, female extramarital sex peaked in the late 30s and early 40s. Finally, there is a need for research that explores the role of such American social trends as the increasing age at first marriage, the growing divorce rate, the unbalanced gender ratio, and greater mobility and travel in extramarital sexual behavior.

8. Unexplored Issues. There has been little research to this point on the process of extramarital sexual relationships. For example, there has been little investigation of how opportunities for extramarital sexual involvement occur in a culture with strong prohibitions against extramarital sex.

Cross-sex friendships and interactions have been frequently cited as creating the opportunity for extramarital sex (Johnson 1970; Saunders & Edwards 1984; Weis & Slosnerick 1981), although this has not been empirically tested. The matter is somewhat complicated by the evidence that friendships outside of marriage are associated with higher levels of marital satisfaction (Weis & Slosnerick 1981). Wellman (1985, 1992) has documented how the friendship networks of men have shifted from public spaces (bars, cafés, and clubs) to private homes. This has led to a narrowing of the concept of friendship to emotional support and companionship. Husbands' and wives' networks are now both based in private, domestic space, and many wives actively maintain their husbands' ties to friends and kin. Men get much of their emotional support from women, as well as men, and women get almost all of their support from women. Wellman argues that marriage may impose constraints on men's ability to spend time and be intimate with other men or women. Whether this is related to extramarital sex remains to be explored.

Similarly, little is known about the outcomes of extramarital sexual involvement. Generally, it is assumed that extramarital sexual relationships are short in duration, exploitive in character, and tragic in outcome. For example, it is generally assumed that extramarital sex and cross-sex friendships will be a source of jealousy in a marriage. Although there is a growing body of evidence about jealousy, little research has specifically investigated jealousy in the context of extramarital sex (Bringle 1991; Bringle & Boebinger 1990; Buunk 1981, 1982; Denfeld 1974; Jenks 1985).

Alternatives to Traditional Marriage. Although most extramarital sex is secretive, some couples do pursue lifestyles that permit extramarital sex (Blumstein & Schwartz 1983; Thompson 1983; Weis 1983). There is some evidence that consensual extramarital sex is unrelated to marital satisfaction (Gilmartin 1978; Ramey 1976; Rubin & Adams 1986; Wachowiak & Bragg 1980), suggesting there might be different outcomes for the consensual and nonconsensual forms of extramarital sex.

A number of models for consensual extramarital sex have been proposed, particularly during the 1970s. These include swinging (recreational and shared extramarital sex) (Bartell 1971; Gilmartin 1978; Jenks 1985), comarital sex (Smith & Smith 1974), open marriage (O'Neill & O'Neill 1972), intimate friendship networks (extramarital sex within a context of friendship) (Francoeur & Francoeur 1974; Ramey 1976), and group marriage (Constantine & Constantine 1973; Rimmer 1966). Certainly, there are differences among these various nonexclusive lifestyles. We do not have the space to review fully the distinctions among them here (see Libby & Whitehurst 1977; Weis 1983; see also next section on Polyamory and Alternative Non-Monogamy). What unites them for the discussion here is that they all represent a consensual agreement to allow multilateral sexual involvement. As such, extramarital sex is assigned a different set of meanings from betrayal.

Consensual agreements can vary in terms of the degree of sexual involvement desired, the degree of intimate involvement desired, the degree of openness with the spouse, and the amount of time spent with the extramarital sex partner (Sprenkle & Weis 1978). Buunk (1980) studied the strategies couples employ in establishing ground rules for sexually open marriages. The five most common were: 1. primary value placed on maintaining the marriage, 2. limiting the intensity of extramarital sexual involvements, 3. keeping the spouse fully informed of extramarital sexual relationships, 4. approving extramarital sex only if it involves mate exchange, and 5. tolerating extramarital sex if it is invisible to the spouse. It would be useful to see research on the association between the types of strategies employed and outcomes of extramarital sex.

Interestingly, husbands tend to initiate swinging (Bartell 1971; Weis 1983). There is some evidence that most couples swing for a few years, rather than pursuing it for a lifetime (Weis 1983). Dropouts from swinging report problems with jealousy, guilt, emotional attachment, and perceived threat to the marriage (Denfeld 1974). As far as we know, there have been no studies comparing dropouts and those who enjoy and continue swinging.

The Constantine study (1973) is virtually the only source of data on group marriage in contemporary America. They report that the typical relationship includes four adults. Most enter a group with their spouses, and if the group dissolves, most of the original pair bonds survive. In fact, the original pair bonds retain some primacy after the formation of the group, and this may be a factor working against the success of the group. Jealousy between male partners appears to be a common problem.

Studies of marital models that permit extramarital sex have tended to employ small, volunteer samples with no control or contrast groups for comparison. There is no basis for a firm estimate of the incidence or prevalence of such alternative lifestyles, although Blumstein and Schwartz (1983) suggested that as many as one of seven marriages in the U.S.A. may have some agreement allowing extramarital sex. Despite the vast attention given to these alternative lifestyles in the 1970s, and despite the more recent claims that Americans are "returning to traditional models of monogamous marriage," there is no scientific basis for concluding that these patterns increased in popularity earlier or that they have become less common in the 1980s and 1990s.

[*Polyamory and Alternative Non-Monogamy*

JAMES R. FLECKENSTEIN

[*Update 2003*: The term "polyamory" was coined in 1990 by neopagan leader Morning Glory Zell (1990) to describe a lifestyle that embraces multiple, simultaneous, openly conducted, romantic relationships which generally, but not always, expressly include a sexual component. The word is a combination of Latin and Greek roots for "many loves."

[Polyamory takes many forms, the most frequently encountered variants being:

- Open Relationships—A clearly defined group (generally two) of adults who expressly agree that their relationship will be *open*, (i.e., nonexclusive) in the romantic/emotional and, generally also, sexual dimensions. These agreements are seldom entirely open-ended. Much more often, these agreements incorporate a variety of boundaries and constraints, including restrictions concerning the primacy of the original relationship, gender of the other partner(s), degree of permissible emotional involvement, permissible sexual practices/activities, and so on (O'Neill & O'Neill 1972; Francoeur & Francoeur 1974).
- Group Marriage (*aka* triad, quad, etc.)—A clearly defined group of at least three adults who expressly agree to consider each member of the group to be "married" to every other member of the group. Such relationships may be open (i.e., members may have sexual and/or romantic/emotional relationships with others outside the group) or closed (also known as *polyfidelitous*) in which no such relationships are permitted outside the group (Constantine & Constantine 1973).

- Intimate Network—A clearly defined group of adults, partnered in various configurations or nominally single, whose members expressly agree to form a network, within which friendships may include a romantic/emotional and/or sexual component. These networks may also be open or closed (Ramey 1976).

[It should be noted that polyamory represents an *approach* to intimate relationships, rather than merely a particular practice. Therefore, it is possible for an unpartnered person, or a person presently celibate, nevertheless to accurately describe him- or herself as being polyamorous in philosophy and approach to relationships.

[Further, unlike its "sibling" swinging, polyamorous relating is expressly open to the full range of romantic/emotional connection, is not couple-centered, and philosophically at least, tends to de-emphasize the sexual dimension in favor of the emotional/romantic dimension. It also differs in that polyamory generally embraces the concept of an alternative family structure, seeking to replace the extended and expanded families of the past with a new form of "intentional family," whereas swinging centers exclusively on the sexual/friendship needs of adults.

[Though some authors (e.g., Walston 2001) trace the genesis of polyamory to the Free Love movements and communal living experiments of the 19th century, this treatment will concern itself only with its 20th-century emergence as a distinct relationship option.

[*1. Early Research—1960s and 1970s*. The relationship approach that would ultimately become identified as polyamory first emerged in the research literature as a subset of swinging or comarital sexuality, described by Symonds (1968) as "utopian swingers," as contrasted to "recreational swingers." The main observed difference was that utopian swingers embraced a sexually nonexclusive lifestyle as but one aspect of a larger unconventional and nonconformist worldview, whereas recreational swingers' only area of significant deviance was their nonexclusive sexuality. (See also Denfield & Gordon (1970), Bartell (1971), Gilmartin (1974, 1978), and Jenks (1985)). Varni (1971) characterized essentially this same subgroup of swingers as "communal" in his five-part segmentation, reflecting this group's ties to the various communal-living experiments of the 1960s, though his "interpersonal" swinger category also would describe the behavior of a significant portion of today's polyamorists.

[Smith and Smith (1973) drew the distinction between the "recreational" and "utopian" subcultures more clearly, based on the two groups' very different approaches to reconciling what they *prefer* versus what they will *accept*. Many contemporary polyamorists explicitly reject swinging, and the most oft-stated public reason remains that pinpointed by Smith and Smith for their "utopians" three decades ago—that they desire a total relationship, and find sexual nonexclusivity alone insufficient or unfulfilling.

[Seminal research on polyamory included studies of "group marriage" and "intimate networks." The preeminent researchers of group marriage were Larry and Joan Constantine (1971), whose 1973 book, *Group Marriage: A Study of Contemporary Multilateral Marriage*, represented the consummation of years of research. The Constantines created the term "multilateral marriage" to describe the object of their studies. They defined a multilateral marriage as "one in which three or more people each consider themselves to have a primary relationship with at least two other individuals in the group."

[The Constantines were virtually alone in examining the effects on children being raised by adults who practice nontraditional intimate relationships. Their 1976 work, *Treasures of the Island: Children in Alternative Families*, reviewed and summarized their own and others' research that demonstrated conclusively the falsity of the oft-repeated assertion that being raised in nontraditional families is invariably detrimental to children. (Decades of subsequent research on children raised in gay and lesbian households, who are subject to the same canard, have further refuted that notion. It nevertheless retains wide public acceptance.)

[The concept of intimate networks, a term first used by Farson et al. in 1969, was explored to the fullest by James W. Ramey in several papers (1972, 1975), and ultimately a book (1976). Ramey (1972) described relationship networks he called "intimate friendships," defined as "an otherwise traditional friendship in which sexual intimacy is considered appropriate behavior." Ramey placed intimate friendships at the approximate midpoint on a continuum of sexually nonexclusive relationship options, ranging from beginning swinging to group marriage.

[The term *SOM/R*, for *S*exually *O*pen *M*arriage or *S*exually *O*pen *R*elationship, was used by Knapp and Whitehurst in 1975, referring to their earlier independent studies of such relationships. Unlike many of their contemporaries, their research (Knapp 1974, 1975; Whitehurst 1974) focused on what today would be identified as polyamorous relationships, inasmuch as the subjects, though partnered, nevertheless engaged *individually* in independent relationships and sexuality, as contrasted to the couples *as couples* model that characterizes swinging.

[*2. Early Popular Influences*. The bestselling 1972 book, *Open Marriage*, by Nena and George O'Neill is widely credited with being a major turning point for widespread mainstream public interest in new forms of egalitarian, growth-focused marital relationships. Though the O'Neills touched on sexual nonexclusivity only as an adjunct to their main premises, the term "open marriage" has come to mean "*sexually* open marriage." The O'Neills were not opposed to sexual openness; rather, they took a neutral stance (O'Neill & O'Neill 1972, 254). Their model of nonpossessive, mutually supportive, self-actualizing relationships nevertheless became a key prototype for polyamory.

[Popular fiction also heavily influenced the development of polyamory in the United States. The fictional works of authors Robert Rimmer (*The Harrad Experiment* (1966), *Proposition 31* (1968)) and Robert Heinlein (*Stranger in a Strange Land* (1961), *The Moon Is a Harsh Mistress* (1966), *Time Enough for Love* (1973)) introduced a variety of models of sexually nonexclusive, egalitarian, love/affection-based relationships. As is so often the case with radical commentary on entrenched social institutions, these models were safely embedded in fictional milieus so as to diminish their perceived threat to prevailing cultural norms. Anapol (1997) credits *Stranger* and *Harrad* as being responsible for polyamory "taking shape as a mass movement."

[Other critical influences in the popular press were Roy and Roy's (1967) *Honest Sex*, Mazur's (1973) *The New Intimacy: Open Ended Marriage and Alternative Lifestyles*, Francoeur and Francoeur's (1974) *Hot and Cool Sex: Cultures in Conflict*, and Ellis' (1972) *The Civilized Couple's Guide to Extramarital Adventure: The Book to Read Before You Begin That Affair*, among others.

[*3. The Influence of 20th-Century Communal Experiments*. The 1960s and 1970s experiments with communal-living arrangements also contributed to the culture of polyamory. Though communes varied widely in the degree of sexual nonexclusivity that was openly practiced or tacitly allowed, for many, sexual openness proved a source of contention, and in some cases, was *the* factor leading to the dissolution of the commune. Nevertheless, the culture of gen-

eralized nonpossessiveness, extended intimacy, and rejection of social norms that existed in most communal-living experiments fostered an environment where the *ideal* of sexual nonexclusivity, if not the *practice*, took firm root.

[Several terms in wide use in the polyamory movement today originated in the Kerista commune in San Francisco, which lasted for approximately 20 years (1971-1991). The most frequently heard of these is the term *compersion*, which is defined as the opposite of jealousy, the pleasurable feeling one gets at seeing or contemplating a loved one enjoying love or having another pleasurable experience, including a sexual one. Kerista also claims credit for the term *polyfidelity* (Furchgot 1993), which describes their version of sexually open relationships in which each person in a group (called a Best Friend Identity Cluster) was expected to be relationally nonpreferential with respect to every other opposite-sex member of the group, including sexually. The term as commonly used today no longer connotes such a rigid nonpreferentiality, but rather a relationship structure in which the participants, whatever their number, agree to be sexually intimate only with other members of the group. It no longer assumes perfect symmetrical equality of these relationships, nor does it expressly embrace a purely heterosexual norm.

[*4. Retrenchment in the Era of AIDS*. In the 1980s, the advent of the AIDS crisis allowed all nonexclusive sexuality to be portrayed as inordinately dangerous, and possibly fatal. Simultaneously, a general public swing toward politicosocial conservatism during the Reagan and G. H. W. Bush administrations reinforced social opprobrium for nontraditional intimate relationships. As a consequence, research into SOMs/SORs virtually ceased. While the gay, lesbian, bisexual, and transgendered movement was galvanized by the crisis, and consequently made grudging progress throughout the 1980s, all other forms on nontraditional relationships were effectively driven underground.

[One bright spot in an otherwise bleak research landscape is Blumstein and Schwartz' 1983 *American Couples: Money, Work, Sex*. This exhaustive analysis of data provided by over 6,000 couples—heterosexual, gay, and lesbian—while not statistically representative of the entire U.S. population, nevertheless provided valuable insights into the attitudes of key demographic groups within society. One significant finding was that among their sample population, 15% of married couples, 28% of heterosexual cohabiting couples, 29% of lesbian couples, and 65% of gay male couples had explicit agreements for SOMs/SORs (Blumstein & Schwartz 1983, 585). Unfortunately, their data do not describe the exact nature of the SOM/SOR agreements; these, therefore, could encompass polyamory, swinging, or other variants of SOM/SOR behavior.

[*5. The 1990s' Renaissance*. Polyamory, now with its own distinct name, reemerged in the 1990s, fueled by the ever-increasing reach of the Internet/World Wide Web and by the generally more liberal social climate that accompanied the Clinton administration. It had clearly detached itself from the swinging movement, developing its own set of norms which focused on individual growth, strict equality between the genders, high investment in communications, openness to all sexual orientations, and a broad acceptance of a variety of relationship configurations.

[The emergent polyamory community was heavily influenced by several divergent communities from whose ranks many of its practitioners were drawn. Chief among these were the more sexually liberal elements of the neopagan movement, such as the Zells; the science-fiction fandom community, who were in the process of rediscovering Heinlein and a number of other science fiction/fantasy authors who were incorporating polyamorous themes into their fiction, such as Marion Zimmer Bradley, Marge Piercy, Ursula K. LeGuin, S. M. Stirling, and Laurell K. Hamilton; and significant segments of the bisexual movement, which, while struggling for acceptance within both the homosexual and heterosexual communities, also sought to find a philosophical "home" where they would be more easily accepted and where any nonsexually exclusive practices would be treated with respect. Many of the early leaders in what would become the polyamory movement were also influenced by, or led, efforts to reintegrate sexuality with both traditional and nontraditional forms of spirituality, exemplified by the creation of The Body Sacred in 1993 (organized by Deborah Anapol, the Rev. Jerry Jud, Rustum Roy, and others) and various earlier "sex and spirit" retreat experiences.

[Two leaders of the contemporary polyamory movement emerged in the early 1990s: Deborah Anapol and Ryam Nearing. The two collaborated briefly in the mid-1990s, but shortly separated to pursue their different visions of the polyamorous ideal. Nearing actually began her "public" advocacy in the mid 1980s, with the 1984 publication of her book, *The Polyfidelity Primer.* Nearing freely accepts, but generally does not emphasize, SOMs/SORs, favoring the polyfidelitous model. She also emphasizes the familial aspects of the polyamorous relationship, including enhanced parenting. Anapol's *Polyamory: Love Without Limits*, originally was published in 1992, and a new edition was released in 1997. Anapol's vision ultimately led her more in the direction of the "sacred sexuality" movement. Both appear to incorporate polyamory into a wider worldview that emphasizes environmental stewardship, interpersonal connectedness, non-creedal spirituality, antimaterialism, and a strong sense of intentional-community building.

[One possibly unanticipated consequence of the two most visible leaders of the contemporary polyamory movement placing polyamory in this context was to further entrench in the minds of some contemporary observers (e.g., Gould 2000) the 1970s' image of polyamory as a marginal, idealistic, "counterculture" phenomenon. This effect was amplified by the counterculture rhetoric and "progressive" political leanings frequently displayed by many authors of popular treatments of polyamory throughout the 1990s (e.g., West 1996; Easton & Liszt 1997; Munson & Stelboum 1999).

[One exception was Perper, Cornog, and Francoeur's *Sex, Love and Marriage in the 21st Century* (1999). The vignettes in this book, which focused on clergy and laypersons' approaches to nonmonogamy, demonstrated that polyamory could and did represent a considered response by a growing number of more-mainstream, nonradical adults to the increasingly painful dysfunctions and limitations of contemporary monogamous marriage, and that a polyamorous SOM/SOR could be compatible with a variety of different philosophies, spiritual paths, and worldviews.

[Throughout the 1990s, the polyamory movement gained momentum and visibility. By the close of the decade, such mainstream publications as *Time* magazine were beginning to treat polyamory somewhat evenhandedly (Cloud 1999).

[*6. The New Millennium*. The turn of the century saw mainstream U.S. media, such as *Elle* magazine, the *Montel Williams Show*, and the *John Walsh Show* offering treatments of polyamory that eschewed the sensationalist approach that characterized most previous media coverage. In 2002, the *Oxford English Dictionary* decided to include *polyamory*, though the definition adopted focuses only on the consensual nonexclusive-sexuality aspect of the practice, unfortunately further blurring the boundaries between polyamory and traditional swinging in the public mind.

[The Web-inspired grassroots nature of the polyamory movement in the United States cannot be overemphasized. An online search in February 2003 of the popular Yahoo Groups online email lists revealed no fewer than 323 groups with a purported connection to polyamory. One website accessed at the same time listed contact information for 92 local and/or regional polyamory support or social groups in the United States.

[*7. Conclusion*. As it developed, polyamory grew farther and farther from its supposed point of origin in the couple-centered swinging milieu. In hindsight, it has become obvious that polyamory was always a parallel development, an equal sibling of swinging, not a descendent or variant. Both movements were born of the radical gender realignment occasioned by World War II, delayed briefly by the socially conservative retrenchment of the 1950s, and emerged as distinct entities in the 1960s and 1970s, midwived by the advent of readily accessible birth control, changing public attitudes about premarital sexuality, and a growing awareness of women's rights in general and, specifically, their right to enjoy the same sexual freedoms as men had accessed for millennia.

[While many who practice polyamory do adhere to Symonds' and Varni's stereotype regarding its incorporation into a particular (utopian) worldview, strong anecdotal evidence suggests that there exists today a wide diversity of backgrounds, attitudes, and beliefs among polyamorists. Research into the true demographics and sociographics of polyamorists suffers from the same challenges facing research into other practices widely viewed as "deviant"—most practitioners are invisible, safely "closeted," and only the more extreme practitioners or those with "less to lose" are readily available for study.

[As polyamory continues to emerge as a discrete relationship form, more research will be needed to develop a clearer picture of its actual incidence and frequency, the variations in form, and the demographic and sociographic characteristics of its practitioners. (*End of update by J. R. Fleckenstein*)]

Sexuality and People with Physical and Developmental Disabilities

MITCHELL S. TEPPER

Government Policies Affecting Sexuality and Disability. Over the past 20 years, pivotal legislation has been enacted in the United States that enables people with disabilities to gain their rightful place as equal members of American society. These changes have been led by spirited people with disabilities and their advocates. The Rehabilitation Act of 1973, the 1975 Education for All Handicapped Children Act (Public Law 94-142), and the Americans with Disabilities Act passed in 1990 have all added opportunities for inclusion and integration into the community for people of all abilities. With inclusion and integration have come greater opportunities for social interaction and sexual expression. The same spirit that has raised disability-rights issues to a national priority is now demanding that people with disabilities be recognized as sexual beings with a right to sexual education, sexual healthcare, and sexual expression afforded under the law.

Demands for the sexual rights of people with disabilities have resulted in a resurgence of research interest in the area of sexuality and disability in the 1990s. Notably, the National Center for Medical Rehabilitation Research (NCMRR) of the National Institute of Child Health and Human Development under the National Institutes of Health has identified sexuality as a priority issue that has an impact on the quality of life of people with disabilities. It subsequently issued a Request for Applications on Reproductive Function in People with Physical Disabilities in February of 1992. The purpose of the request was to develop new knowledge in the areas of reproductive physiology, anatomy, and behavior that are common to people with disabilities, with the goal of restoring, improving, or enhancing reproductive function lost as a consequence of injury, disease, or congenital disorder. The request for applications included a specific objective to characterize the effect of impairments of sexual function on psychosocial adaptation, emotional state, and establishment of intimate relationships. Special focus was placed on research with women and minorities who have disabilities. NCMRR has funded six studies on sexuality and disability over the last three years. Two of the studies were with women who have spinal cord injury, and a third was a study of women with a variety of disabilities.

Consumers with Disabilities Leading the Way. Research, education, and advocacy efforts in the area of sexuality and disability are being led by people with disabilities (consumers). A review of the most recent annotated bibliography on sexuality and disability published by the Sexuality Information and Education Council of the United States (SIECUS 1995) reveals a growing number of books, newsletters, special issues of publications, and curricula on sexuality and disability written by people with disabilities. In addition, national consumer-based organizations, like the National Spinal Cord Injury Association, the National Multiple Sclerosis Foundation, and the Arthritis Foundation, are beginning to publish self-help brochures on the specific effects of particular disabilities on sexuality. Most recently, self-help groups have been appearing on the Internet, computer bulletin-board services, and commercial computer services like America Online.

Healthcare Professionals Involved in Sexuality and Disability. In addition to the work by people with disabilities and nonprofessional advocates, healthcare professionals are also taking an increased interest in sexuality and disability. The American Association of Physical Medicine and Rehabilitation has a Sexuality Task Force; the American Association of Sexuality Educators, Counselors, and Therapists has a special-interest group that focuses on educating medical and allied help professionals in the area of sexuality and disability; the Society for the Scientific Study of Sexuality includes presentations and workshops in the area of sexuality and disability for its members; and Planned Parenthood agencies around the country have increased education and services in the area of sexual healthcare to people with disabilities. More rehabilitation hospitals are including "privacy" rooms to give patients an opportunity to experiment sexually while still in the hospital, and many are adding specialty programs in the area of fertility and erectile function for men, obstetric and gynecological care for women, and parenting for both men and women with disabilities.

Portrayals of Sexuality and Disability in the Popular Media. The portrayal of people with disabilities as sexual beings has improved over time in the popular media. Movies that include a focus on the sexuality and relationships of people with disabilities, such as *Forest Gump*, *Passion Fish*, *Water Dance*, *Regarding Henry*, *My Left Foot*, *Children of a Lesser God*, and *Born on the Fourth of July*, have dealt with the issue of sexuality and disability with varying degrees of sensitivity, and have enjoyed success at both the box office and in video stores. TV shows have also included people with disabilities and sexuality themes. One show, *LA Law*, where one of the stars portrayed a person with a developmental disability who had a sexual relationship with an-

other person with a developmental disability, was honored by the Coalition of Sexuality and Disability for the positive portrayal of sexuality and disability in the media. There has also been an increase in TV commercials that include people with disabilities in relationships or with children. Popular magazines ranging from *Bride* to *Penthouse* and *Playboy* are also beginning to include feature articles on sexuality and disability. Efforts to portray people with disabilities as part of everyday life in the media are slowly helping to explode the myth that people with disabilities are asexual.

Problems, Controversies, and Hurdles. Two of the most serious sexual problems facing people with disabilities are 1. the high rate of sexual abuse, exploitation, and unwanted sexual activity, especially among women with physical disabilities and all people with developmental disabilities, and 2. the risk of STDs, including HIV, among people with cognitive impairments who are sexually active. Two leading areas of controversy are 1. the issue of what constitutes informed consent for sexual activity in people with serious cognitive impairments, and 2. the area of reproductive rights, eugenics, abortion, and prenatal testing for disabilities. As far as hurdles, there is still a need for greater access to information and educational material that affirms the sexuality of people of all abilities, including people with early- and late-onset disabilities, physical, sensory, and mental disabilities, and disabilities that hinder learning. Despite the positive current trends in sexuality and disability, we still have a long way to go in increasing the number of sexuality education and training programs for teachers, healthcare workers, and family members to help them understand and support the normal sexual development and behavior of persons with disabilities. A goal is that all social agencies and healthcare delivery systems develop policies and procedures that will insure sexual-health services and benefits are provided on an equal basis to all persons without discrimination because of disability.

Sexuality and Older Persons ROBERT T. FRANCOEUR

In 1860, over half of the American population was under 20 years of age and only 13% over age 45. In 1990, less than a third were under age 20, and 21% were over age 45. The so-called Baby Boomers born between 1945 and 1965 are now in their middle years. With the birthrate less than 15 per 1,000, America has become a graying society.

Although Americans over age 50 are the fastest-growing segment of our population, research on their lifestyles and patterns of intimacy has been almost exclusively limited to studies of the chronically ill, the socially isolated, and the poor. Edward Brecher (1984) was one of the first to study older healthy Americans. His sample of 4,246 persons between ages 40 and 92 was largely white and affluent, although he did include a low-income group. His overall conclusion was that the sexual interests and activities of older persons are the best-kept secrets in America. Although there is a common belief that the elderly are no longer interested in sexual intimacy, older persons were just as affected as young people by the social turmoil and changing attitudes of the 1960s and 1970s.

Brecher found that healthy, older person today are "enormously different from the older person of 40 or 50 years ago," and very much interested in intimacy and sexual relations. Not one of Brecher's 4,246 respondents was sexually inactive, although masturbation was the most common sexual outlet. Forty-four percent rated their sexual satisfaction as most enjoyable; less than 1% rated their sexual activity as not enjoyable (see Table 14). Poor health was a major determinant in hindering older persons from maintaining an active sexual life.

About half of these couples reported engaging in oral-genital sex and did not limit their sexual activities to nighttime. Most of the men and women were usually orgasmic. About one in 15 had participated in group sex after age 50. One in five couples had engaged in extramarital sex; 1% of couples had a mutually accepted "open marriage." Forty percent of older single women reported a relationship with a married man. A third thought it was acceptable for an older man or woman to have a much younger lover.

In another study of healthy, upper-middle-class men and women, ages 80 to 102 living in residential retirement communities, 14% of the men and 29% of the women were still married. Sexual touching and caressing, followed by masturbation and then intercourse were the most common sexual activities. Of these outlets, only touching and caressing declined with age, a decline more evident in men than in women. Those who had been sexually active earlier in life tended to remain sexually active in their 80s and 90s, although the frequency of sexual intercourse was sometimes limited by their current physical health and by social circumstances, including the lack of an available partner (Bretschneider & McCoy 1988).

The Starr-Weiner Report on Sex and Sexuality in the Mature Years (1981) examined the sexual lives and attitudes of 800 persons, aged 60 to 91, from four regions of the country. When the sexual activities of these 60- to 90-year-olds were compared with the 40-year-olds Kinsey studied 35 years earlier, there was no significant decline when opportunities for sexual activity existed. "Sex remains pretty much the same unless some outside event intrudes, such as a health problem, the loss of a spouse, impotence, or boredom." A reliable predictor of the sexually active life of older persons is their acceptance or rejection of the social stereotype of the dependent, sickly older person. Older persons who maintain an active participation in life in general tend to be more sexually active in their later years.

Starr and Weiner also identified two major problems with no easy remedy. First is the tendency for older men to become asexual when they encounter an occasional erec-

Table 14

Sexual Activity among 4,246 Americans, Ages 45 to 92, in the Brecher 1984 Survey

	Age Group		
	50s	60s	70+
Women			
Orgasms while asleep or awakening	26%	24%	17%
Women who masturbate	47%	37%	33%
Masturbation frequency for women who masturbate	0.7/week	0.6/week	0.7/week
Wives having sex with husband	88%	76%	65%
Frequency of marital sex	1.3/week	1.0/week	0.7/week
Men			
Orgasms while asleep or awakening	25%	21%	17%
Men who masturbate	66%	50%	43%
Masturbation frequency for men who masturbate	1.2/week	0.8/week	0.7/week
Men having sex with wife	87%	78%	59%
Frequency of marital sex	1.3/week	1.0/week	0.6/week

tion or orgasmic problem. Instead of exploring noncoital pleasuring, many older men simply give up all interest in sex. The second problem is the ever-growing number of older women who are without sexual partners and, thus, deprived, against their will, of sexual intimacy and pleasure. (See Section 6B below on sexuality among older homosexual men and women.)

A Closing Comment

Throughout this section, we have noted the tendency of sexuality researchers in the U.S.A. to focus on the incidence and/or frequency of sexual behaviors in various lifestyles. There has been little corresponding research on the process of sexual relationships or the dynamics within them. This is precisely the same point we made in summarizing the section on adolescent sexuality. Suffice it to say that American researchers need to move beyond asking how many people "do it" and how often they "do it" to more fully investigate the contexts surrounding adult sexual lifestyles, and to identify the social, psychological, and biological factors associated with sexual practice.

[*Update 2003*: Compared with research on childhood and adolescent sexuality, there has been considerably less research on the sexual practices of adults. Some important studies (Smith 1991; Gagnon, Giami, Michaels, & de Colomby 2001) have been completed in recent years. Although it did not get much attention at the time, Smith (1989) did report that roughly 20% of adult Americans did not have a sexual partner in the last year. In a study comparing different sexual-orientation groups, Horowitz and his associates (2001) reported the same finding. There has been little research on this group that is not having sex. The study by Gagnon and his associates (2001) is one of the first to ever compare national surveys from two countries. Compared to stereotypes, they found that French adults tended to be more monogamous and to exhibit fewer male-female differences. Interestingly, older American women were more likely than others to report no sexual partners. (See summary by T. Perper in the chapter on France, Section 5A, Interpersonal Heterosexual Behaviors, A French/U.S. Comparison, in this volume).

[Research on adult populations does appear to be becoming more sophisticated. Using national data, Liu (2003) found that the quality of marital sex does decline slightly and gradually with length of marriage. Wives were less satisfied with marital sex than husbands. In a series of studies (Byers 2001; Lawrance & Byers 1995), we have seen growing evidence that marital sex is well explained by social exchange variables. Exchange variables have been linked to relationship satisfaction, sexual satisfaction, sexual communication, and sexual functioning itself for both sexes (Weis 1998). (*End of update by D. L. Weis*)]

6. Homoerotic, Homosexual, and Bisexual Behaviors

To this point, we have examined the general sociohistorical context of sexuality in the U.S.A. and reviewed evidence concerning what may be called mainstream sexual behaviors, in the sense that a majority of Americans engage in these activities. Our review of autoerotic behaviors and the development of heterosexual patterns throughout the lifecycle may be seen in this light. We did occasionally mention less-common patterns. For example, the review of childhood sexuality did note that homosexual activities do occur in childhood, and research that examined the development of homosexual behavior was briefly discussed. However, the focus of the chapter so far has clearly been on mainstream, and essentially heterosexual, patterns.

Our review will now shift to an examination of a variety of sexual patterns that are less common, as this has also been a prime concern of sexuality professionals in the U.S.A. We hope that the reader will note that many of the general themes we have stressed so far—change and diversity, for example—are applicable to these patterns as well. In reviewing heterosexual lifestyle patterns, we stressed that researchers have tended to focus on the incidence or frequency of sexual behaviors and less likely to investigate relationship dynamics or theoretical explanations of behavior. These same trends also tend to characterize the study of less-conventional sexual behavior.

A. Children and Adolescents

ROBERT HAWKINS and WILLIAM STACKHOUSE

Although research on childhood sexual activity in the United States is limited, what little we know (and can remember on a personal level) indicates that a great deal of same-gender sex play takes place among children, usually of an exploratory nature. Occasionally, a lesbian, gay, or bisexual adult will recall such childhood activity as being different from exploratory activity with someone of the other gender, and therefore indicative of an early awareness of orientation. But it appears that, for the majority of people, childhood sexual play, while it includes same-gender activity, has little implication for adult orientation.

Some research shows a relationship for males between cross-gender behavior as a child (known as "sissy" behavior) and homoeroticism as an adult, but that relationship has not been shown to be causal and may be more a result of the patriarchal homophobic character of the culture than any innate biological characteristic of the child. This is more apparent when one compares the research on females who engage in cross-gender-role behavior as a child (known as "tomboy" behavior), wherein the same relationship is not present. Even the labels for the person engaging in cross-gender-role behavior carry different connotations in the culture. For a boy, being called "sissy" is considerably more detrimental to healthy development than is being called "tomboy" for a girl (Green 1987).

When the American child is developing a lesbian, gay, or bisexual identity, the heterosexism and homophobia of the culture dictates that this is not an acceptable orientation, and it becomes difficult at best for the child to develop into an adolescent or adult with a positive self-image. Lesbian and gay youth, particularly those from small communities, seldom receive support from their peers or from the sex education and family life courses in their school. Books that could be supportive, such as Leslea Newman's *Heather Has Two Mommies* (1989) or *Gloria Goes to Gay Pride* (1991), are usually banned from school curricula or simply not considered appropriate for children, even though they were written specifically for all children to read. Counselors and teachers generally assume that all of their students are heterosexually oriented, even though some students in any school will have a same-gender orientation.

As children grow into adolescents and attempt to deal constructively with the tensions and uncertainties of adolescence, gay, lesbian, and bisexual teenagers have to confront the question of the gender of the person to whom they find themselves sexually attracted. Do they surrender to peer and cultural pressure and date only members of the other gender? Do they tell a best friend of their orientation and risk losing that friend or being ostracized or physically attacked? Should they get sexually involved with someone of the other gender to attempt to prove that they really are "straight"? Just what do they do when they find themselves sexually attracted to someone of the same gender? Fortunately, the number and

quality of resources that lesbian and gay teens can use are increasing, both on national and local levels. During the late 1980s and early 1990s, many books, pamphlets, and other resources have been published, providing practical guidelines and insights into what lesbian and gay youth should know about dating, living together, and coping in a hostile world.

However, the resources that are available for them are usually available only through homophile groups and a few commercial bookstores, and are generally not available through school libraries or other youth agencies. For example, the Boy Scouts organization has been explicitly noninclusive for both homosexual youth members and adult leaders. In rare cases, such as in New York City, a special high school has been established for gay and lesbian youth who are unable to cope with the discrimination that they face in a regular school setting. This discrimination comes from other students, as well as teachers, administrators, and counselors, making it difficult for these students to obtain an education.

Although this discrimination is still rampant in elementary and secondary schools, it is lessening somewhat in colleges and universities. Most American public and large private colleges and universities recognize and fund student organizations such as a Gay and Lesbian Alliance (GALA) or a Lesbian and Gay Organization (LAGO). Several chapters of gay fraternities and lesbian sororities have been organized. However, even where such organizations exist, many lesbian and gay collegians avoid them or keep their membership quiet. Even at religiously based institutions of higher education, there are differences with respect to the acceptance of these organizations. As late as 1995, one university, the Roman Catholic-affiliated Notre Dame, refused to allow any homophile organizations, and even denied the availability of counseling-center-sponsored group-support activities for lesbians, gays, and bisexuals. At the same time, a large Jewish orthodox-affiliated university, Yeshiva, provides numerous opportunities and funding for gay and lesbian organizations at both the graduate and undergraduate levels.

Even though information on issues confronting lesbian, gay, and bisexual adolescents may be available in printed form, the difficulty in gaining access to such materials, the anti-homoeroticism that is rampant in the media, the negative stereotypes that are still being touted as representative of all who are homoerotic, and the silence on ambieroticism or bisexuality all combine to make life unnecessarily difficult for the adolescent lesbian, gay, or bisexual person in this country. One result is that almost one third of adolescent suicides are related to the issue of homoeroticism. The data on attempted suicide among adolescents are also informative. About 10% of heterosexual male and female adolescents attempt suicide, while twice as many lesbian adolescents and three to four times as many gay adolescents attempt suicide (Youth Suicide National Center Report 1989). The lack of support and acceptance of these young people is undoubtedly a factor in this difference.

B. Adults

ROBERT HAWKINS and WILLIAM STACKHOUSE

Research on Gender Orientation

The question of gender orientation and the definition of orientation is complex and confusing for both sexuality researchers and the layperson alike. Several researchers have concluded, after extensive study, that there is no clinical description that can be applied to the label "homosexual"—that there is virtually no single phenomenon that can be labeled "homosexuality" and then described in clinical terms. Yet, some theorists have suggested models to define and categorize. When researchers then indicate that they are using a specific model, usually there is no internal consistency. Take, for example, the Kinsey continuum of orientation. After interviewing 5,300 men and 5,940 women in the 1940s, Kinsey and associates developed a continuous scale based on the ratio of sexual fantasies and physical contacts with one's own gender and with the other gender. Along this continuum are seven points, labeled from 0 to 6, with a "Kinsey 0" being a person whose behavior and fantasies have always involved persons of the other gender, and a "Kinsey 6" being a person whose behavior and fantasies have always involved persons of their own gender.

Even where researchers have indicated their use of the Kinsey scale, the actual definitions of research subjects have varied significantly from the original and also varied from study to study. In some instances, fantasy data are not available and consequently not considered; in other instances, behavior alone is the criteria for being placed in a "Kinsey" category, with no recognition of the difference in subjective experience of the sexual activity. In other studies, subjects are placed on the continuum solely according to the gender of the partner with whom they are living.

There are other models available that begin to reflect some of the complexities of gender orientation. Moses and Hawkins (1982, 1986) indicated that the minimum data necessary for identifying orientation in subjects were an assessment of the gender of emotional relationship partners, the gender of sexual attraction partners, and the gender of partners in sexual fantasy content, and that all three of these should be considered from a past and a present perspective, implying that, although orientation may be consistent throughout one's life, it is not necessarily so. It is seen as a potentially dynamic characteristic.

An even more complex model was developed by Fred Klein, a physician and gender-orientation researcher. Klein indicated that an assessment of orientation needed to consider seven criteria over three time periods, resulting in a Sexual Orientations Grid of 21 cells. The criteria are: 1. sexual attraction; 2. sexual behavior; 3. sexual fantasies; 4. emotional/affectional relationship preference; 5. social relationship preference; 6. lifestyle; and 7. self-identification, with each of these criteria being assessed over three time periods: the past, the present, and the future ideal. This was the first model to present the notion that one's self-label might be an important facet of one's orientation, and the time factor was an acknowledgment of the potentially dynamic character of orientation. Research subjects can rate themselves on these criteria using a three-by-seven grid and the Kinsey ratings, summing the ratings, and then dividing by 21 to produce a position on a scale identified popularly as "The Kinsey Scale" (Klein 1978; Klein, Sepekoff, & Wolf 1985). Although the initial response to Klein's model was that it was more comprehensive and realistic, its complexities have kept most researchers from using or disseminating it widely. It has thus remained unfamiliar to many.

Developmental Biological Insights

Several studies in the past decade have attempted to identify biological determinants for adult homoeroticism from a heterosexist theoretical base, in which heterosexual behavior is viewed as the basic, natural human behavior, and anything else is deviant. There is usually little recognition of definitional complexity or the possibility of precursors rather than determinants. Subjects are typically placed in the dichotomous classification so prevalent in the culture—that one is either gay or straight, homosexual or heterosexual—with no recognition of the Kinsey continuum, and especially no recognition of Klein's model. Researchers have purported to examine twins, siblings, adopted children, and brains of people who are homosexual and those who are not.

For example, Simon LeVay (1991) reported finding a portion of the hypothalamus that was smaller in homosexual men than in heterosexual men and was equal in size to that portion in heterosexual women. There were no lesbian brains identified as such in this study. The "finding" was quickly seized by the popular media and soon became what is called "common knowledge." There were many problems with the study, but these were generally ignored, even in the scientific press. The definitional problem, whereby subjects were classified according to whether they were known to be gay or not (obviously all subjects were no longer living, so no information could be garnered from the subjects), has been ignored. The size of the sample (19 men previously identified as gay, 16 men identified as not known to be gay and, therefore, heterosexual; one man known to be identified as bisexual and included in the study as such; and six women, all classified as heterosexual) has also generally been ignored. The fact that the size of another part of the hypothalamus in the women's brains did not coincide with other research on women's brains was ignored in discussions, and the possibility that what was found may have had something to do with body build and general physical characteristics rather than directly with sexual orientation was also never discussed. The overly simplistic design was convenient, because including even a few of the other variables, such as body build or sexual history, would mean that the sample size would have to be considerably larger to enable any conclusions to be drawn.

Dean Hamer and his research team (1993) have reported the discovery of a genetic region, the Xq28 region on the X chromosome, that is claimed to be associated with male homosexuality in about three quarters of gay men and inherited on the maternal side of the family. Similar research on lesbian women does not show similar findings. There is also no attempt in all of this research to explain the "exceptions" that are reported. If there is a "gay" gene, then why is it that all men who are gay do not show it? Most biologically focused studies suffer from similar problems, first with the issue of definition, then with the exclusion or nonsimilarity of research on women who are attracted to women, and finally with assumptions, conclusions, and discussions of results that assume the "natural" state of the human being is exclusively heterosexual.

Although the question of a biological basis for homoeroticism has, in recent years, seen increased interest and attention, such research consistently does not consider the complexities of orientation, such as emotional attraction, behavior, and other criteria that constitute sexual orientation in Klein's model. Most of the classification methods for identifying orientation of subjects in these studies are overly simplified. Although there may be biological precursors to orientation, no well-designed, appropriately controlled study has been done to support that conclusion.

One positive side effect of the popular interpretation of research into possible biological roots of homoerotic orientation has been in easing the acceptance of gay and lesbian persons by some churches. One can paraphrase a common response among some mainstream Protestant church people and leaders: "If homosexual orientations are not a freely chosen preference but in some way rooted in prenatal genetic, hormonal, and/or neural templates, then God and nature made them this way, and we and the church must accept that reality."

Bisexuality Research

The research on bisexuality or ambieroticism is even more scant. It is very difficult to do research on bisexuality if one cannot define it, and there is no simple, dichotomous cultural model as is available with research on homosexuality. In a 1994 book, *Dual Attraction*, Weinberg, Williams, and Pryor report that using the Kinsey scale with sexual behaviors, sexual feeling, and romantic feelings, they identified five different types of bisexuals in their study of 435 men and 338 women:

1. The Pure Type, scoring at least 3 on all criteria;
2. The Mid Type, scoring 3 on one criteria and 2 to 4 on the other two;
3. The Heterosexual-Leaning Type, scoring 0-2 on each of the three criteria;
4. The Homosexual-Leaning Type, scoring 4 to 6 on each dimension; and
5. The Varied Type, whose scores did not fit any of the first four categories or types.

Additionally, it is only in the recent past that models for development of a bisexual identity have been proposed, and further research into ambieroticism, such as was begun by Fred Klein, has moved very slowly. The heterosexist nature of the culture, combined with the indigenous psychological and sociological perspectives of many researchers, has precluded the acceptance of a somewhat radical notion that the basic state of the human sexual orientation is ambierotic and mutable, with exclusive heterosexual or exclusive homosexual behavior being equally deviant from the biological norm. Further research on bisexuality appears to be moving in that direction. (See Section C below for more on bisexuality.)

Incidence

In much of the public discussion of homoeroticism, there is a preoccupation with the general question, "How many are there?" The answer to this question carries political and economic implications, and there is a need to understand the extent of the economic power and political power that this group wields. For example, is the culture required, in policy decisions, to provide for this group, or is it such a small number that policymakers are not required to respond to identified needs of this population? Commerce is in a strategic position to profit from this population, and economically driven decisions in the marketplace are taking these numbers into serious account. For example, in 1994, advertisements focusing directly on lesbian women and gay men as consumers were introduced in popular television and print media, and more mainstream commercial advertisements were being placed in homoerotically focused magazines, such as *The Advocate*, and in programs for fundraising benefits for homoerotic communities.

Another area where numbers are considered in policy decisions is the increasing recognition and development of domestic-partner benefits, such as health insurance and death benefits. This began in the early 1990s when some employers became aware that lesbians, gay men, and bisexuals comprise enough of the workforce to have an effect on productivity and efficiency, and that accommodating their needs is beneficial to the company so that it can have and keep well-qualified people.

Ignoring the basic fact that there is no definition of what "a homosexual" or "a bisexual" person is, until the mid-1990s, the most-often-cited figure for incidence of homosexuality came from the research of Kinsey and associates carried out in the 1940s. These data have been used to estimate the number of homoerotic people in the population without any indication of the simplistic nature of the definition. The commonly cited figure that 10% of American men are homosexual is a combination of Kinsey's finding that 4% of his sample were exclusively homosexual (Kinsey 6) and 6% were predominantly homosexual (Kinsey 5) (Kinsey et al. 1948). His data on homosexual activity in women indi-

cated approximately 9% were either exclusively or predominantly homosexual (Kinsey 5 or 6) (Kinsey et al. 1953).

Laumann et al. (1994) found that almost 3% of their subjects were homosexual. Although these two sets of figures may, at first, seem at odds, the 1994 figure had a 1% error rate, and the Kinsey figure for exclusive homosexuality was 4%, so the two major studies do not differ greatly. There were some other problems with the 1994 study, such as the use of females as interviewers and the tendency of males in this culture to deny homosexual activity, even in anonymous questionnaires, but especially in face-to-face contact with anyone else; however, even with those design problems, the numbers are similar (Schmalz 1993).

Clinical View

In 1973, the American Psychiatric Association removed homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders*. This was a major turning point, both in the United States and worldwide, in the clinical acceptance of homosexuality. Homosexuality was no longer to be viewed as an illness. The impact within psychology and psychiatry was profound and has influenced many aspects of society. The basis for this change was the scientific conclusion that, among individuals who were not in clinical treatment, it was impossible to distinguish heterosexual and homosexual persons. Evelyn Hooker first arrived at this conclusion in 1957 with the first controlled study to include a comparison on a nonclinical sample of heterosexual and homosexual men.

Since then, research designs employing the principle that such nonclinical participants exist have resulted in many studies confirming that, in itself, homosexuality is not an illness. The illness model of homosexuality that had existed as the basis for so much discrimination is no longer supported by the psychiatric and psychological establishments. In 1973, the *Comprehensive Textbook of Psychiatry* was revised to state: "many homosexuals, both male and female, function responsibly and honorably, often in positions of high trust, and live emotionally stable, mature, and well adjusted lives, psychodynamically indistinguishable from well-adjusted heterosexuals, except for their alternative sexual preferences."

This has led clinicians to change their point of reference regarding homosexuals, from a pathological frame to a counseling frame, from looking at persons as sick to looking at how persons may maximize their human potential in society. Since then, many studies and books have examined aspects of the development of gay men and lesbian women, looking at identity development (social, sexual, and psychological), family issues, relationship issues, work and career development, and other dimensions of identity and lifestyle. There now exists a large body of American literature, in both the professional and general press aimed at maximizing the health and wholeness of gay men and lesbians.

Still, gay and lesbian individuals often have difficulty with their own self-acceptance and the process of deciding just how to live as gay or lesbian persons. Mental-health professionals who specialize in working with gay and lesbian clients offer individual and group counseling throughout the U.S.A. Various organizations also routinely offer support groups for a wide range of concerns. In addition, counseling is now available to the family members and friends of gay and lesbian persons who have difficulty in accepting the homosexuality of their loved ones.

Legal Issues

In examining the legal status of lesbians, gays, and bisexuals, one needs a rudimentary understanding of the legal system in the United States. There are levels of jurisdiction throughout the country; each jurisdiction, from local villages, to city, county, state, and the federal governments, has its own legal codes. In addition, the military has its own legal code. The issue of rights for lesbians and gays has been raised at all levels of jurisdiction. Supposedly, all of these laws are subject to the provisions of the Constitution of the United States, which provides consistency. Each state has its own state constitution, which is also to be consistent with the federal Constitution, as are the governing documents of cities and local communities.

Generally, lesbian women and gay men have no protection against discrimination based on orientation or the perception of orientation, and in 1995, only nine states had laws including sexual orientation as a minority protected from discrimination. Historically, attempts to obtain protection have followed the patterns of other oppressed groups in the United States. First, there were attempts to gain protection against discrimination in public accommodations and employment. More recently, this has expanded to include equal treatment with regard to employment-related benefits accorded to married heterosexual relationships. Examples include the benefits accrued to persons by their legally married status (as of 1995 same-gender partners are not allowed to marry legally in any state in the U.S.), as well as benefits in relation to parental status (such as adoption or custody issues), and bereavement leave with respect to family members.

Opposition to these attempts to expand discrimination protection either takes the stance that homosexual activity is immoral and, therefore, not deserving of consideration for equal protection, or suggests that lesbian women and gay men are seeking "special treatment." There is even an argument put forth that suggests that lesbian women and gay men are not an oppressed minority and should not be treated as such. Where legal protections have been instituted, it has usually been based on the need for equal treatment.

In the past decade, some local jurisdictions have passed laws recognizing the civil rights of same-gender couple relationships and of homoerotic individuals. Similarly, many corporations, of all sizes, have granted gay and lesbian couples the same benefits as heterosexual couples. For example, in Dallas, Texas, a major corporation threatened not to locate a new corporate facility in that city if the corporation's policy on domestic-partnership benefits for same-gendered couples was declared illegal by virtue of the city's discriminatory laws. The economic impact of this decision caused the city government to rescind the law.

In May 1993, a court case highlighted a conflict between the antidiscrimination clause in the Constitution of the State of Hawaii and that state's ban on the recognition of same-gender unions. The state's Supreme Court asked the state to prove its "compelling interest" for continuing the discrimination or to end it. Lawyers generally admit that it will be very difficult to prove a "compelling interest," and if it cannot be done, the state will be forced to grant legal recognition of same-gender partnerships. Currently, all 50 states grant reciprocal recognition of the legality of heterosexual marriage, but if Hawaii legalizes homosexual marriages, the other 49 states will have to decide whether to continue that reciprocity. In early 1995, several states sought to pass legislation that would limit their reciprocity to heterosexual marriage in the event that Hawaii recognized same-gender marriages (Rotello 1996; Eskridge 1996; Sullivan 1996).

Lesbians and gays are also treated differently with respect to serving in the United States armed forces. For many years, they were specifically excluded in official policy, yet were differentially managed in individual cases. For exam-

ple, when the war in Kuwait broke out, some lesbians and gays who were scheduled for separation from the service were required to serve until the end of the conflict. In another instance, an enlisted man, Perry Watkins, repeatedly told the military that he was gay, but they kept reenlisting him until someone finally decided that he should be separated from the service, and the legal process to do so was instituted (Shilts 1993).

In 1994, the military instituted a policy called "Don't ask, don't tell," in which recruits were no longer to be asked if they had "homosexual tendencies," but were also forbidden from telling anyone if they were homoerotic. Prior to this, the official policy being enforced was one in which activity was not a requirement for dismissal; simply acknowledging one's homoerotic orientation was enough to cause separation from the service. For example, Joseph Stephan, a midshipman at the United States Naval Academy, was only three months from graduation when he was asked if he was a homosexual. He indicated that he was, but never was asked, nor did he ever acknowledge any homosexual activity. He was separated from the navy and was denied his bachelor's degree from the Naval Academy (Rotello 1996; Eskridge 1996; Shilts 1993; Sullivan 1996).

Lesbians and gays have to pay special attention to wills, as biological families have successfully contested wills that left nothing to the blood relatives and everything to the person's life partner. This situation has led to the development of agencies and books focusing specifically on estate planning for lesbian and gay couples and individuals.

The legal issues for bisexuals generally focus on that part of their lives that includes someone of the same gender, so it is the homoerotic aspect of their ambieroticism that suffers from the lack of legal protection. Additionally, there is no legal option for triangular relationships that provides legitimacy, so if a bisexual person has a primary relationship simultaneously with a man and a woman, that relationship cannot be legitimized as a marriage.

[*The End of Anti-Sodomy Laws*

ROBERT T. FRANCOEUR

[*Update 2003*: On July 25, 2003, after months of public media debate, the U.S. Supreme Court struck down a Texas law banning sexual relationships between gay men, ruling in *Lawrence v. Texas 02-102* that the law was an unconstitutional violation of their privacy. The 6-3 ruling of the Court reversed its 1986 ruling on *Bowers v. Hardwick* that supported state laws punishing homosexuals for engaging in what such laws historically called "deviant or unnatural sex." Laws forbidding homosexual sex, once universal, now are rare. Those on the books are rarely enforced, but underpin other kinds of discrimination.

[Justice Kennedy, writing the majority statement, argued that the two Texas plaintiffs "are entitled to respect for their private lives. The state cannot demean their existence or control their destiny by making their private sexual conduct a crime." Speaking for the minority, Justice Scalia took the unusual step of reading his dissent from the bench, concluding that "The court has largely signed on to the so-called homosexual agenda." Adding that he has "nothing against homosexuals," Scalia warned that "The court has taken sides in the culture war" that will lead to approval of gay marriages.

[This case began in 1998, when a neighbor with a grudge faked a distress call to police, telling them that a man was "going crazy" in the apartment next to his. Police went to the apartment, pushed open the door and found the two men having anal sex. After their conviction on a misdemeanor charge of committing an unnatural sex act, the plaintiffs were each fined $200 and spent a night in jail.

[Forty years ago, all 50 states had an anti-sodomy law. In 37 states, the statutes have been repealed by lawmakers or blocked by state courts. Of the 13 remaining states, four—Texas, Kansas, Oklahoma, and Missouri—prohibit oral and anal sex between same-sex couples. The other nine states ban consensual sodomy for everyone, homosexual or heterosexual, married or not: Alabama, Florida, Idaho, Louisiana, Mississippi, North Carolina, South Carolina, Utah, and Virginia. All these laws apparently are invalidated by this Supreme Court ruling.

[The Supreme Court was widely criticized 17 years ago when it upheld a similar anti-sodomy law in Georgia. A long list of legal and medical groups joined gay rights and human rights supporters in backing the Texas men. Many friend-of-the-court briefs argued that times have changed since 1986, and that the court should catch up. Conservative politicians and church leaders were enraged by the Court's decision. Pat Robertson, a former presidential candidate, announced a prayer crusade for the demise of three conservative justices who contributed to the majority of six.

[Texas defended its sodomy law as in keeping with the state's interest in protecting marriage and childrearing. Homosexual sodomy, the state argued in legal papers "has nothing to do with marriage or conception or parenthood and it is not on a par with these sacred choices." Texas lawyers urged the Court to draw a constitutional line "at the threshold of the marital bedroom" (Associated Press June 26, 2003). (*End of update by R. T. Francoeur*)]

Religious Issues

With the removal of homosexuality from the category of mental illness in 1973, the major foundation for legal discrimination against homosexuality was removed. As a result, religious intolerance of homosexuality, which had always been present, took on a more significant role in the debate on homosexuality within American social and political dialogue. Those who believe homosexuality to be immoral on religious grounds have since become more vocal in their quest to have their particular moral positions on homosexuality and other religious and moral issues inserted into the nation's laws (see also Section 2 on religious factors).

At the same time as Americans witnessed the radical change in the clinical view of homosexuality and the emergence of the gay-liberation movement, religious bodies in the U.S. were challenged on their stances with regard to homosexuality. Within Christian and Jewish sects, the debate generally has centered on the interpretation of sacred Biblical texts (Boswell 1980; Countryman 1988; Curran 1993; Francoeur in Gramick & Furey 1988; Gold 1992; Kosnick et al. 1977; Helminiak 1994; McNeill 1976; Presbyterian Church 1991; Thayer et al. 1987). The central locus of the debate is concerned with certain Old Testament texts, particularly the story of Sodom and Gomorrah, and the New Testament comments of the Apostle Paul in 1 Corinthians 6: 9 and I Timothy 1:9-10 (Helminiak 1994), which appear to condemn homosexuality. In actuality, the debate is waged on the basis of how ancient texts are interpreted and used for modern guidance. Many "fundamentalist" and traditional sects accept the ancient texts for their literal meaning and condemn all homosexual expression (Presbyterian Church, Part 2 1991). These sects, however, generally do not address the extent to which they completely ignore many other Biblical texts and do not use them for modern guidance. Other, liberal, bodies interpret the ancient texts in their historical context in the light of current biological and psychological knowledge about the origins and nature of homosexual and other orientations. These bodies, particularly liberal reformed—and to some extent conservative—Judaism, the

Episcopal Church, and the United Church of Christ, frequently welcome homosexual men and women to membership, and even to the ministry (Heyward 1989; Presbyterian Church 1991; Thayer 1987). Within the Catholic Church in America, there is a quite-visible split that, on the grassroots level, constitutes a silent schism on the issue of homosexuality. On the pastoral level, many, perhaps a majority of the clergy, accept the tolerant and liberal position expressed by the Catholic Theological Society of America (Kosnick et al. 1977), and quietly ignore the dogmatic condemnation of homosexuality by the Vatican (Curran 1993; Francoeur in Gramick & Furey 1988; McNeill 1976).

Among American religious bodies, the major continuing issues regarding homosexuality center on welcome, support, and affirmation of members within congregations and on the presence of openly gay and lesbian persons in religious leadership. Recently, support for gay and lesbian members has often led to performing "holy unions" for gay and lesbian partners. Given that the legal option of marriage has not been available, religious bodies have been the logical place for couples to seek such recognition and support. Many congregations have offered these services to both their members and to gay and lesbian persons in their communities. Although there are gays and lesbians in leadership in some religious bodies, they are few, and often do not receive the support of predominantly heterosexual congregations. The one religious place where gay and lesbian persons have found a guaranteed welcome has been in the special ministries that exist for gay and lesbian persons. This includes a variety of individual denominations and individual congregations with a special outreach to gay and lesbian persons.

Social Issues

The growing visibility of homosexuals in American society and the scrutiny of the press probing the private lives of public figures have led some politicians to acknowledge publicly their homoerotic orientation. In 1980, Robert E. Bauman, a leading conservative Republican Congressman from Maryland, lost his bid for reelection after revealing his homoerotic orientation. About the same time, Congressman Gerry E. Studds from Massachusetts revealed his homoeroticism and he served in the House of Representatives until 1996. Elaine Noble was the first openly lesbian legislator in the state of Massachusetts. On the federal level, Representative Barney Frank, also from Massachusetts, disclosed his homoerotic orientation in 1987, and also continues to serve. In 1994, President Bill Clinton named Roberta Achtenberg as his highest-ranking lesbian appointee, and she was confirmed by the Congress as assistant secretary for fair housing and equal opportunity in the Department of Housing and Urban Development. In 1995, she announced that she was leaving that post to run for mayor of San Francisco.

Thanks to the political and educational activism of a wide variety of gay and lesbian individuals and groups, American society is becoming increasingly sensitized to the prevailing discrimination of heterosexism and homophobia. On the negative side, there has been an apparent increase in violence against people perceived to be homosexual. Studies have indicated increases in the reporting of violent crimes that are based on the perceived homosexuality of the victim, and students have reported witnessing harassment of students and teachers thought to be homosexual. In some instances, the growing hostility is purported to be linked with fear and anxiety about AIDS, but lesbian and gay leaders suggest that this is simply a convenient new excuse to further hate and discrimination. Lesbians, gays, and bisexuals see themselves as the last large minority that is not legally protected from discrimination, and thus, as a group, they fulfill the need of some people to find scapegoats for whatever social ills occur. The other negative aspect of this increased visibility is that it causes the opposition to become aggressive. Observing the progress made by lesbians and gays in attempting to obtain equal rights, those opposed have taken a proactive approach in attempting to limit the rights and opportunities for lesbians and gays to enjoy a full and unrestricted life. This has taken many forms, including the development and dissemination of a video filled with partial truths and false information designed to arouse fear of and hatred toward homoerotic individuals and groups. There have also been referendums on ballots to deny homosexuals equal protection. While some of these have been passed in several jurisdictions, some of them have subsequently been declared unconstitutional by state and federal courts. That has not deterred others from developing similar referendums. In September 1996, Congress voted to deny Federal benefits to married people of the same sex and to permit states to ignore such marriages sanctioned in other states. A separate bill that would have banned for the first time discrimination against homosexuals in the workplace was defeated by a single vote.

On the positive side, openly gay or lesbian people have been elected to almost every level of government, with the exception of the executive branch of the state and federal governments (governors and the president and vice president). Voters in several jurisdictions have enacted legislation to protect the civil rights of lesbians and gays. The amount of literature and published research on lesbian and gay issues has increased exponentially in recent years, and the arts have moved to include lesbian, gay, and bisexual subjects in other than classically stereotypic and tragic roles. Research and commentary regarding gay, lesbian, and bisexual issues in the academic disciplines has become acceptable, and the result has been a concomitant exponential increase in published works in all the academic disciplines. There are even a few departments in universities specifically devoted to studies of lesbian, gay, and bisexual issues. In all the arts and literature, there are more and more instances of openly lesbian and gay themes, stories, and characters. And there are more openly gay, lesbian, and bisexual people in professional and amateur sports (such as Martina Navratalova in tennis, and Greg Louganis, the Olympic multiple-gold-medal diver), and in commerce (billionaire David Geffan).

Some people who are known privately but widely to be lesbian or gay are challenged by the gay and lesbian communities to be open. On occasion, they are "outed," that is, they are publicly announced to be lesbian or gay. Whether this is appropriate and ethical, given the extent of the homophobia in the culture, is a question. Originally, this practice was instituted only in cases where a person was widely known to be homoerotic and was not only keeping that information secret, but also was engaging in antihomosexual activity, such as gay public officials supporting antigay, antilesbian legislation. It later developed into a more-general application of "outing," which many have questioned and challenged.

One of the major problems for lesbian, gay, and bisexual adolescents is the lack of positive role models available in the homophobic, heterosexist culture. This lack contributes to the lowered self-esteem of lesbian and gay youth. The increased visibility of lesbian women and gay men throughout all levels of the society means that younger lesbians and gays are able to see others of identical orientation who have succeeded in whatever their chosen career. This has a positive effect on ego and the development of self-image.

Family Issues

Gay and lesbian people have been at the forefront of defining operative, nontraditional, nonbiological family con-

cepts. Although this may have grown from the difficulties of association with biological families and the impracticality of the "heterosexual husband-wife with children" relationship model, it has resulted in the active development and maintenance of alternative family structures of great depth and commitment that have subsequently provided an alternative model for the heterosexual society. This includes not only nonmarital couples and their children, but also committed longstanding friendship circles that constitute a chosen extended family, a set of associations often with stronger bonds than those that may exist through the unchosen avenue of blood relatives.

The depth and extent of these intentional relationships have become dramatically evident in the caring provided to those within such networks in the HIV/AIDS epidemic. The depth and extent of this caring has provided incontrovertible evidence of the wholesomeness and loving nature of these associations, and has significantly challenged the remainder of society.

The social, familial, and internalized heterosexist homophobia sometimes creates a situation in which the lesbian or gay man sees heterosexual marriage as the only public option for life. They may or may not include secret homosexual activity while married. With the increased visibility of lesbians, gays, and bisexuals, this pattern of behavior is less likely to occur without conscious awareness and dissonance on the part of both marital partners. Sometimes, but rarely, the only way a gay man or lesbian can cope successfully with the social pressures is to find a homoerotic person of the other gender to agree to a "marriage of convenience," in which they might live as roommates and have separate sexual lives.

Some lesbians and gay men choose to have children. Women have the option of childbearing through the medically established procedure of donor insemination available in this country, or they can, and sometimes do, seek and find a man who will biologically impregnate them. Men obviously do not have this option. Therefore, the issues for lesbians who want a child are different from those for a gay man who wants one. In keeping with the resourcefulness and creativity of many lesbians and gay men, there are many patterns that have been developed to achieve biological parenthood.

Support organizations for the heterosexual relatives of homoerotic individuals have formed and become available. Most notable is the organization Parents and Friends of Lesbians and Gays (PFLAG), with headquarters in Washington, D.C., and groups throughout the United States. Where there are lesbian and gay community centers, usually one finds programs for children of lesbian and gay parents, such as the Center Kids, a program at the Lesbian and Gay Community Center in New York City. These centers also usually have support groups and education sessions for the biological families of lesbians and gays, as well as for the chosen families.

Health Issues

American lesbian women and gay men have many of the same health issues as their heteroerotic counterparts, but there are some issues that are unique, including the fact that the assumption of heterosexuality for individuals in the culture in general continues into the sphere of the healthcare consumer. When the healthcare professional is taking a history and asks, "Are you married or single or divorced?" there is little room for the lesbian or gay individual to indicate that she or he is in a long-term relationship with another person. And if the person is bisexually active, the answer to that question could be very misleading to the professional who should be concerned with whatever may have an impact the patient's health.

Lesbian women and gay men also have to interact with hospitals and other healthcare facilities that often do not recognize the rights of a nonmarital partner to determine the course of treatment or to visit in an intensive-care unit unless they have obtained either a power of attorney or have officially been designated as a "healthcare proxy."

Although lesbians have the lowest rates of sexually transmitted diseases of any orientation group, they also have some special concerns that would not apply to heteroerotic women, but would apply to bisexual women. Those issues are related to the fact that this person is sexually active with another woman. There is some debate concerning whether lesbians who are not sexually active with a man should have a Pap smear as often as a woman who is sexually active with a man. Additionally, if a patient tells the healthcare professional that she is a lesbian, the assumption is then made that she is not being sexually active with a man. This assumption should always be checked, because it is not necessarily true. A comprehensive sex history is needed to avoid incorrect assumptions, but is seldom done.

Gay men, on the other hand, have a high rate of sexually transmitted diseases. Prior to the 1980s, there was no major push for these men to wear condoms to prevent STDs, because most of the diseases could be cured by medical intervention. However, with the advent of HIV/AIDS, that situation changed, and the increased use of condoms in this population has significantly decreased the incidence of other STDs. The high frequency of sexual activity in many gay men means that their healthcare needs include concerns for the many diseases that can be transmitted sexually—and a comprehensive sex history is mandatory if the professional is to provide appropriate healthcare.

In the early 1980s, what we now know as AIDS was called GRID, Gay Related Immunodeficiency Disease, and it was believed that gay men were the only people who had it. While that has changed, the largest percentage of cases of AIDS in the United States continues to be among gay men, and part of gay-male identity is now referenced to HIV status, i.e., whether he is HIV-positive or HIV-negative. There is some concern about the effect that this has on one's psychological health, with some people questioning the acceptance of that reference to "Gay Related" when the infectious potential of HIV is not influenced by a person's sexual orientation.

Additionally, gay men have been likened in a psychological manner to Vietnam veterans, in that both have experienced the death of many people with whom close bonds had been established. There has been a suggestion that many gay men, particularly in the regions of the country that are hardest hit by the HIV/AIDS epidemic, are suffering from posttraumatic stress disorder and are in need of psychological treatment. Those lesbians who are very involved in the care of and are friends of HIV-positive gay men, are also experiencing trauma associated with multiple bereavement.

Another group that is receiving little attention in this epidemic are those gay men who are HIV-negative, who have lost partners to AIDS, and who are having to deal with survivor guilt and associated issues. Many of these men must also cope with the very strong feelings of pleasure that were associated with sexual activity before HIV became a threat. These men are at great risk for HIV infection; yet, in the mid-1990s, the public-health focus has turned to women and children at risk, generally ignoring gay men.

[*Brothers on the Down Low. Update 2003*: "On the Down Low" or "DL," refers to men who identify themselves as heterosexual but engage in sexual activities with other men. This behavior has long been known to exist in all races, but

appears to be more common among African-American men than white men. The DL, a relatively new term, is maintained by the perception among many African-American men that if their double life were known, they would be shamed, stigmatized, and ostracized from the black community, which provides a safe haven from a racist society.

[The total number of black men on the "Down Low" is difficult to estimate. But according to the Centers for Disease Control in Atlanta, approximately 25% of black HIV-positive men who had sex with men consider themselves heterosexual. Experts are concerned that men involved in these secret sexual relationships are fueling the rising incidence of HIV among women (Denizet-Lewis 2003; King & Harris 2004). (*End of update by H. Samuels*)]

Homosexuality in the Later Years

Very little is known about sexuality and aging among the estimated 3.5 million American men and women over age 60 who are homosexual. For gay men and lesbians, aging can create unique conflicts and problems. The death of a partner in a long-term relationship may bring out homophobic reactions among family members that lead these relatives to ignore the bereaved partner or contest a will and estate. Gay men and lesbians who decide to acknowledge their orientation after years of passing as heterosexual face the possibility of quite different outcomes when loved ones, children, and grandchildren, learn of their relative's sexual orientation. Gay men, who are fearful that their orientation will be discovered as it becomes evident they are not going to marry, may adopt a loner life with relatively little sexual and social intimacy. Lesbian couples have to cope with two female incomes, which would usually be lower than most dual-career gay male or heterosexual couples (Friend 1987).

By necessity, gay men and lesbians develop skills in coping and crisis management, which give them an advantage in the aging process. More-flexible gender roles may allow older homosexuals to take aging more in stride and develop ways of taking care of themselves that seem comfortable and appropriate. "These skills may not be developed to the same degree among heterosexual men or women, who may be used to having or expecting a wife or husband to look after them" (Friend 1987, 311). Gay people tend to plan ahead for their own independence and security, whereas heterosexuals are more likely to assume that their children will take care of them in their old age. Homosexual men and women have significantly more close friends who serve as a "surrogate family" than do heterosexuals. In larger urban areas, organizations like Senior Action in a Gay Environment (SAGE) provide a variety of social and support services for older homosexuals.

Gay Men, Lesbian Women, and Bisexuals—Comparisons

Because gay men are socialized as males and generally perceive themselves as males, their socialization process is somewhat different from that of lesbian women, who are socialized as females and generally perceive themselves as being female. This means that, from a general perspective, just as there are differences in male and female socialization, there are differences between lesbians and gay men, as well as differences among them. For example, in general analyses of gay and lesbian relationships, one difference often noted between the two is the role of sexual activity and sexual exclusivity. Generally, lesbian relationships are sexually exclusive and gay male relationships are not. This appears to be especially true of long-term relationships, and can be explained by the differences in socialization of women and men around sexual activity issues.

When gay men and lesbian women join together to form groups working toward a common goal, sometimes there are issues of power differentials and attitudes toward sexual activity that prevent the original goals from being reached by dividing the group along gender lines. Again, this can be explained by the differential socialization process.

It was not until the late 1980s that people identified as bisexual were welcomed into what were previously lesbian and gay organizations, and they are still viewed with caution in many circles. Bisexuals are sometimes accused by heterosexual people of being gay or lesbian and are labeled homophobic and fake by some homoerotic people. There are few bisexual support groups, most of them in large cities. The United States is only just beginning to attempt to understand the bisexual phenomenon.

C. Bisexuality

CAROL QUEEN with ROBERT MORGAN LAWRENCE

The ambivalence about bisexuality is reflected in the history of the concept. For several years after the terms *homosexuality* and *heterosexuality* were coined in the late 1800s, bisexuality was largely ignored by the physicians and sex researchers who had newly medicalized sex. Sigmund Freud, with his theory of sexual development borrowed from Darwinian evolutionary models, helped to change that. By the 1920s, when Wilhelm Stekel wrote *Bi-Sexual Love*, the erotic capacity to desire both males and females could be envisioned as universal, if likely to be outgrown by adulthood. Havelock Ellis, by contrast, viewed bisexuality as a distinct sexual-orientation category, comparable to both homo- and heterosexuality.

Alfred Kinsey (1948, 1953) conceptualized bisexuality not in evolutionary terms, as the Freudians tended to do, but in simple behavioral terms. In his sexual-orientation scale, bisexuality was represented on a continuum between exclusive heterosexuality (the 0 end of Kinsey's scale) and exclusive homosexuality (at 6), with a Kinsey 3 equally attracted to or having had sexual experience with males and females.

Since most humans experience their erotic desires and relationships in a social context, many (perhaps most) bisexuals have more sexual experience with one or the other gender, depending upon whether their social affiliations tend to be mostly heterosexual or homosexual. Indeed, researchers have noted that many people who have displayed "bisexual" behavior over the lifespan—that is, people who have had sexual experience with both males and females—tend to identify sexually according to the gender of their current partner (Blumstein & Schwartz 1983). This is reported as especially true of women. When the current partner is female, women are more likely to identify themselves as lesbian, and when the current partner is male, as heterosexual. Factors such as political or social affiliation can also lead an individual to—or away from—a bisexual identity.

One common stereotype about bisexuals suggests a person is not "really" bisexual unless he or she is a Kinsey 3. This is related to the presumption that the individual is "really" homosexual but hiding behind a heterosexual relationship. The notion that all, or most, people are "really" homosexual or heterosexual has been termed "monosexuality." Monosexuals are individuals who desire members of only one gender, whereas bisexuals desire both. The term was apparently first used to describe hetero- and homosexuals by Stekel (1922). Today, this term has gained new currency in the American bisexual community as bisexuals seek to understand and combat the sources of stereotyping and social opprobrium they term "biphobia" (Hutchins & Kaahumanu 1991). Expressions of biphobia encompass caustic dismissals, such as Bergler's (1956) "Nobody can

dance at two different weddings at the same time"; difficult relations between bisexual women and some lesbians (Weise 1992); and media-fed concerns that bisexual men are "spreading AIDS" into the heterosexual population. (The latter concern ignores the possibility that bisexual men can be as responsible about safe-sex practices as anyone else, that heterosexuals may also contract HIV from other heterosexuals, and that bisexual men may choose to live monogamous lives with female—or male—partners.)

Until recently, American bisexuals had few sources of support for their sexuality unless they derived it from the gay community—which has been far from uniformly supportive. In fact, it should be noted that many gays deny the reality and/or possibility of bisexuality. In the 1970s, a few support groups for bisexuals were formed; the best known of these was San Francisco's Bisexual Center. By the late 1980s, groups and organizations had emerged that aimed specifically to develop a supportive bisexual community; at the time of this writing, these are extensively networked and are producing their own publications and conferences.

Because of insufficient support, the influence of negative and alienating stereotypes, and the apparent fact that many bisexuals have lived as lesbians, gay men, or heterosexuals, it has been difficult to estimate what percentage of the population is, or has been, bisexual. It is probable that many more people have bisexual histories than would answer affirmatively to a survey researcher asking "Are you bisexual?" Too, many researchers have conflated or collapsed homosexuality and bisexuality (for a recent example, see Laumann et al. 1994), a further indication that many still consider one a variant of the other.

To stress the multidimensional nature of sexuality, Fred Klein (1985) developed his Sexual Orientation Grid, which expands Kinsey's concept of the continuum. He considers not only experience and desire, but also dreams, fantasies, social networks, relationships, ideal sexual orientation, and other variables. Additionally, Klein breaks the scale into temporal units (adolescence; early adulthood; present) so it can better reflect changes in behavior and sexual identity over the lifespan. Coleman (1987) has also developed a scale that takes factors like these into account and that serves as a clinical interview tool. Researchers using these scales, as well as Kinsey's, find that, although some display continuity of sexual identity over the lifespan, other individuals change identity over time. Many rate themselves near the middle of the Kinsey scale when asked their ideal, but report their relationships fall closer to one or the other end.

That behavior and identity are not fixed (and are sometimes not even consonant) is of special interest and relevance to researchers of bisexuality. The differences between homosexual and heterosexual may be less important and intriguing than those between monosexual and bisexual. Why, for example, is a prospective partner's gender of primary importance to some (monosexuals) and not to others (many bisexuals)? Other researchers note that bisexuality assumes different forms in different cultures, subcultures, and individuals. Klein (1978) suggests four primary types: 1. sequential (in which an individual will alternately partner or engage in sex with only men, then only women); 2. concurrent (in which an individual partners and/or engages in sex with both genders during the same period of time); 3. historical (bisexual behavior in an individual's past, especially adolescence); and 4. transitional (through which a heterosexual moves toward homosexuality or a homosexual moves toward heterosexuality).

Other American researchers have concentrated not on the taxonomy of bisexuality, but on the development and adjustment of bisexuals in day-to-day life. Some of this research has been incidental to studies done on gay and lesbian or heterosexual populations; other researchers have looked at self-identified bisexual populations. Just as estimates on the percentage of bisexuals in the population are inconclusive, so is information about what percentage of people who have a history of sexual experience with both genders defines themselves as bisexual. What differentiates those who do from those who do not is still a matter of speculation, although research into the formation of bisexual identity suggests that, at least for them, identity formation is more open-ended than linear.

A common monosexual accusation is that bisexuals are "confused." Although this may be descriptive of some bisexuals before they find the label with which to self-identify, and some may also experience ongoing distress or uncertainty because of the dearth of societal validation (Weinberg & Williams 1994), some research has indicated that self-identified bisexuals are high in self-esteem, self-confidence, and independence of social norms (Rubenstein 1982; Twining 1983).

Much more attention has been given to bisexuals, especially males, who are heterosexually married than to those whose primary relationships are homosexual. These marriages are most successful when the partners communicate openly, the spouse is aware and accepting of the bisexual partner's sexuality, and both partners are committed to the relationship. Especially as the bisexual community brings self-identified bisexual people together, more bisexuals are choosing to partner with other bisexuals. These relationships may be monogamous, open, polyamorous, or—much more rarely—triadic.

Bisexuals bringing issues related to their sexual identities into therapy may seek help in interpreting their attractions to both genders; other issues are isolation and alienation, fears about coming out or about nonvoluntary disclosure of their sexuality, and relationship concerns.

What bisexual community spokespeople call "bisexual invisibility" hinders many individuals from easily resolving their concerns about adopting a non-normative sexual identity. Many do not know about the existence of a community of peers. While some individuals move towards a bisexual identity after considering themselves heterosexual, others have previously been gay- or lesbian-identified. As such, diversity in the bisexual community is broad, and will undoubtedly become broader as more people gain access to its institutions.

D. Orientations: A 2003 Update and Commentary

DAVID L. WEIS

[*Update 2003*: In March 2000, the state of Vermont enacted a law granting legal recognition to same-sex unions. Some of Vermont's 250 town and city clerks vowed to defy the law and not grant civil unions. The Catholic Bishop of Vermont called for religious Americans to pray and work for a constitutional amendment that would bar civil unions. Opponents of the new law quickly introduced a "Defense of Marriage" bill to ban same-sex unions and marriages. Within months, 33 states had enacted laws banning same-sex marriages and the U.S. Congress passed a law allowing individual states not to recognize the civil unions or marriage of a same-sex couple from another state.

[Despite the growing disputes, this legal breakthrough set the stage for an even more giddy time in the summer of 2003 for advocates of human rights for GLBT (gay, lesbian, bisexual, and transgender) people.

- Three of the seven provinces in Canada made gay marriage legal, when a federal court ruled that provincial

bans on gay unions or marriages violate Canada's constitution.

- In July 2003, the Supreme Court of the United States ruled that sodomy laws banning homosexual behavior are unconstitutional. The ruling enraged conservatives (see Legal Issues in Section 6B, Adults, above).
- The hippest television show in the summer season, "Queer Eye for the Straight Guy," was Bravo/NBC's "hilarious reality show in which five gay connoisseurs of fashion, grooming, interior design, food and culture rebuild a clueless hetero from the ground up" (Gordon & Sigesmund 2002; Wilson 2003).
- The Vatican released an instruction declaring that "Laws in favour of homosexual unions are contrary to right reason [and a] grave detriment to the common good. . . . The Catholic law-maker has a moral duty to express his opposition clearly and publicly and vote against it. To vote in favour of a law so harmful to the common good is gravely immoral."

[The next day, President Bush equated gay marriage with "sin" and said he would support an amendment to the U.S. Constitution that would ban gay marriages.

- After 70 years of advising brides how to walk down the aisle and celebrate their wedding, a full-page article in *Bride's* magazine discussed recent developments in same-sex ceremonies. Gay and lesbian couples told why they want their friends and community to recognize their unions publicly. The article also offered advice on how to be a good guest at a gay union or wedding.
- By the summer of 2003, many of the nations newspapers, *The New York Times*, *St. Louis Post-Dispatch*, *Charlotte North Carolina Observer*, and *Boston Globe* among them, were publishing announcements of same-sex commitments in their wedding pages.
- In July, the nation's attention was focused on public debate at the National Convention of the Episcopal Church in the U.S. where bishops, clergy, and laity passionately debated whether or not to confirm the election of Rev. Canon V. Gene Robinson as Bishop of the Diocese of New Hampshire. Robinson had been selected from dozens of candidates, even though he acknowledged being in a relationship with another man for 14 years. The day before the convention was scheduled to vote, there was a delay, when allegations emerged that Robinson had engaged in "inappropriate touches" with another man and was connected to a pornographic website. When neither allegation was substantiated, Robinson was confirmed as the first openly homosexual Bishop in the Anglican Communion. The possibility of a schism heated up, as conservative American Episcopalians aligned themselves with African and Asian bishops who also strongly opposed the election and confirmation of a homosexual. The Archbishop of Canterbury quickly called for a meeting of top officials in October to find a way to avoid a schism among the 2.3 million members in the U.S. and the 70 million in the worldwide Anglican Communion.
- Following the vote confirming Canon Robinson as Bishop of New Hampshire, tensions and anxieties were very obvious, with everyone at the Minneapolis Convention wanting to avoid a global schism in the Church of England. Further conflict seemed inevitable, since discussion and a vote on whether or not to give full church approval to gay unions and appoint a commission to write a ritual for gay unions to include in the *Book of Common Prayer*. In a sensitive and delicate compromise, the Convention acknowledged that "differences exist" among the bishops about whether such blessings should be allowed, but the Convention "recogniz(ed) that local faith communities are operating within the bounds of our common life as they explore and experience liturgies celebrating and blessing same-sex unions." The compromise effectively left the decision of blessing gay unions up to the local pastor and bishop.
- Some credible scientific evidence was announced that the likelihood of acquiring the HIV virus through oral sex is negligible (Page-Shafer et al. 2002).
- In the midst of the media blitz over homosexual issues and breakthroughs, a New Jersey survey revealed that likely voters in that state favored granting legal recognition of gay/lesbian marriages by 55% to 41% and legal recognition of gay/lesbian unions by 69% to 26%. The New Jersey courts were expected to rule shortly on whether the state would recognize gay unions.

[In the summer of 2003, television brought all of these events to the attention of families watching the evening news, evening after evening, across the nation and around the world. Even small local newspapers felt compelled to report these events, often in front-page headlines, and with commentary, pro or con, on the likely social consequences of these events. What happened in the summer of 2003 was not a series of isolated events that transpired behind the closed doors of one church, one magazine, one television network, or in a 2.7-minute newsbite, sandwiched between news from Iraq or North Korea. The debates over a gay bishop and a same-sex ritual affected not just a large mainstream church in the U.S. They affected the Anglican communities in Asia, Africa, Europe, and North America. The media saturation reports of these events had some impact on the consciousness of all Americans: They influenced the subconscious attitudes and awareness of basic sexual issues. More or less, these same events were also affected by the civil recognition of gay marriages in Belgium and the Netherlands, and the acceptance of gay unions in Canada and its provinces, France, Germany, some jurisdictions in Spain, and the Scandinavian countries.

[I cannot remember such a series of encouraging events in North America in my lifetime. Celebration seems appropriate. On the other hand, this will certainly unify the social forces opposing these changes to renew their battle. There still is support in the U.S. Congress for the Defense of Marriage Act (Casert 2003). Only days after the sodomy ruling, congressional Republicans and President George W. Bush announced their intention to pass legislation that would ban homosexual marriage in the U.S. (Mann 2003). I suspect the issue will increase the polarity already rampant in American politics. However, I do not believe it will stop the now century-long trend toward greater sexual freedom for adults.

[All of this has also served to remind me just how little we know about GLBT persons, lifestyles, and issues. In the last decade, there has been increasing recognition of the need to study how GLBT people are related to quality of life, health, and mental health (Bailey 1999; Cochran 2001). Some of this may depend on how these groups are defined. For example, Cochran, Sullivan, and Mays (2003) found that, for both males and females, groups of homosexual and bisexual persons (combined) were more likely to experience a wide range of mental health difficulties (depression, suicide attempts, etc.) than persons who were heterosexual only. In a study of a national sample in the Netherlands, researchers found that a combined group of homosexual and bisexual men, but not women, experienced a lower quality of life than heterosexual-only men. Persons with lower quality of life were also found to have lower self-esteem and more external locus of control (Sandfort, de Graaf, & Bijl

2003). In contrast, Horowitz, Weis, and Laflin (2001) found few quality-of-life, social-background, or health-behavior differences among separate groups of heterosexual, homosexual, bisexual, and asexual respondents in a national study of the U.S.A. Since research in this area is still in its infancy, we have much to learn before resolving these apparently contradictory findings.

[Serious scientific questions also remain about how stable GLBT identities are, versus their susceptibility to change over the course of the lifecycle. Recently, Diamond (2003a) conducted a study of women who identified themselves as lesbian and/or bisexual at the beginning of a five-year study. Over a quarter of the women relinquished that identity during the period of the study. Interestingly, the women did not report that their pattern of attraction to same-sex persons had changed. Rather, their interpretations of what this meant had changed. Half of them decided they were heterosexual and half gave up all identity labels. Findings such as this suggest that sexual orientation may be more flexible than most previous models have maintained.

[Finally, perhaps the time has come for sexual scientists to begin a debate as to whether the very concept of sexual orientation is a useful one. Certainly, there is growing recognition of the complexities of experience and identity embedded within the labels of GLBT. The penultimate example of this complexity may well be the model of sexual orientation proposed by Klein, Sepekoff, and Wolf (1985). They maintained that orientation could vary along seven dimensions (such as behavior, fantasy, attraction, relationships, etc.) in any of three different time periods, creating 21 different cells or types of orientation. To say this would make research difficult is an understatement. In a review of the literature, Diamond (2003b) recently described evidence that orientation toward romantic partners and sexual desire are independent. All of this makes me wonder if the characterization of people as GLBT serves to help us or hinder us from greater understanding.

[Personally, I have found myself becoming fond of the label "men who have sex with men," a construct that is common in research on HIV. Of course, there are also "women who have sex with women." There are two reasons I like this terminology. First, it is relatively explicit about just who is and is not included in the group—people who behaviorally engage in sexual activity with members of their own gender and/or sex. Second, it promotes the idea that not everyone who engages in such behavior is the same in other respects. Getting *everyone* to understand this point strikes me as a good goal for sexual scientists as we begin the 21st century. (*End of update by D. L. Weis*)]

7. Gender Diversity and Transgender Issues

[A. Intersexuality and the Politics of Difference

ROBERT T. FRANCOEUR

[*Update 1997*: On March 12, 1993, the "Op-Ed" page of *The New York Times* carried a full-page reflection on "How Many Sexes Are There?" The March/April issue of *The Sciences*, published by the New York Academy of Sciences, featured an article on "The Five Sexes: Why Male and Female Are Not Enough." These articles, by biologist Anne Fausto-Sterling, are evidence of a trend in changing definitions of gender roles over the past decade that is echoed in the appearance in 1995 of *Hermaphrodites with Attitudes*, a newsletter published by cross-gendered persons who endorse Fausto-Sterling's call for the medical profession to recognize gender diversity and cease using surgery and gender reassignment to force true hermaphrodites ("herms"), female pseudohermaphrodites ("ferms"), and male pseudohermaphrodites ("merms") into the dichotomous mold of male or female. (*End of update by R. T. Francoeur*)]

[*Update 1998*: In the past ten years, female impersonators, transvestites, and other gender-bending images have become popular subjects of television talk shows and prime-time television "magazines" like *Prime Time Live* and *60 Minutes*. Major films have made cross-dressing and transvestite issues a common theme—to mention a few: *La Cage Aux Folles* and its remake *The Bird Cage*; *Yentl* (with Barbra Streisand); *Victor/Victoria* (with Julie Andrews); *Tootsie* (with Dustin Hoffman); *Mrs. Doubtfire* (with Robin Williams); *M Butterfly*; *Adventures of Priscilla, Queen of the Desert*; *Glen or Glenda*; *Farewell My Concubine*; *Just Like a Woman*; *Different for Girls*; *The Sheltering Sky* (with Debra Winger); *Bull Durham* (featuring a rookie pitcher who wears a garter belt under his uniform); *Love Compassion and Valor*; and *To Wong Foo, Thanks for Everything, Julie Newmar* (featuring Wesley Snipes, John Leguizamos, and Patrick Swayze). RuPaul, a stunning six-foot-seven African-American drag queen has gained national recognition as a model for GLAM Lipstick and as a popular television talk show host and radio disk jockey. Rudolph Giuliani, the former mayor of New York, appeared comically at several public events in drag. Dennis Rodman, Chicago Bulls professional basketball player, has also appeared in drag several times, including once dressed as a bride. Female impersonation, cross-dressing, and transvestism seem to be "in vogue camp."

[In 1992, the polymorphous San Francisco culture saw the birth of Transgender Nation, an energetic transgender political movement, developed out of Queer Nation, a post-gay/lesbian group, which sought to transcend gender-identity politics. Transgender Nation made news when some members were arrested for protesting the psychiatric labeling of transsexuality as a mental illness at the American Psychiatric meeting. About the same time, openly transsexual scholars, including Susan Stryker and Sandy Stone, became visible in academic positions at leading universities.

[Whether this broad spectrum of transgendered persons becomes significant in the long term of American sexual culture is not at present clear, but its synchronicity with the recent emergence of a very small but potentially important activist group of transgendered persons is worth investigation. In 1993, Cheryl Chase founded the Intersex Society of North America. ISNA's immediate goal was to "create a community of intersex people who could provide each other with peer support to deal with their shame, stigma, grief, and rage, as well as with practical issues such as how to obtain old medical records or how to locate a sympathetic psychotherapist or endocrinologist." According to Chase,

> ISNA's longer-term and more fundamental goal, however, is to change the way intersex infants are treated. We advocate that surgery not be performed on ambiguous genitals unless there is a medical reason (such as blocked or painful urination) and that parents be given the conceptual tools and emotional support to accept their children's physical differences. While it is fascinating to think about the potential development of new genders or subject positions grounded in forms of embodiment that fall outside the familiar male/female dichotomy, we recognize that the two-sex/gender model is currently hegemonic and, therefore, advocate that children be raised either as boys or girls according to which designation seems likely to offer the child the greatest future sense of comfort. Advocating gender assignment without resorting to normalizing surgery is a radical position given that it requires the will-

ful disruption of the assumed concordance between body shape and gender category. However, this is the only position that prevents irreversible physical damage to the intersex person's body, that preserves the intersex person's agency regarding their own flesh, and that recognizes genital sensation and erotic functioning to be at least as important as reproductive capacity. If an intersex child or adult decides to change gender or to undergo surgical or hormonal alteration of his/her body, that decision should also be fully respected and facilitated. The key point is that intersex subjects should not be violated for the comfort and convenience of others (Chase 1998).

[ISNA has publicized its message and activist agenda with an astute and effective use of the media, including: Public Broadcast Radio and Television; publications like *The New York Times*, *New York Post*, *Mademoiselle* (February 1998), *Rolling Stone* (December 11, 1997); a special issue of *Chrysalis* (published by AEGIS, the American Educational Gender Information Service); a newsletter titled *Hermaphrodites with Attitude*; dialogues and protest demonstrations at medical meetings; and articles in professional journals, such as *Urology Times* and *Archives of Pediatric and Adolescent Medicine*.

[Of particular interest is the use ISNA has made of the Internet to connect and cooperate with other groups, including: the Turner Syndrome Society, Androgen Insensitivity (AIS) Support Group, Klinefelter's Syndrome (K.S.) & Associates, the Ambiguous Genital Support Network, Hermaphrodite Education and Listening Post (HELP), the Gay and Lesbian Medical Association, the Workgroup on Violence in Pediatrics and Gynecology, the Genital Mutilation Survivors' Support Network (organized by German intersexuals), and Hijra Nippon (organized by activist intersexuals in Japan). (*End of update by R. T. Francoeur*)]

[*Update 2003*: In the early 1990s, Cheryl Chase used the Internet and World Wide Web very effectively to organize an advocacy group to change the standard medical practice of performing genital surgery on newborns with ambiguous or intersex genitals. When Chase retired as the director of the Intersex Society of North America (ISNA) in early 2003, ISNA had persuaded many pediatricians to postpone genital surgery on infants unless the condition was life-threatening. With new leadership, ISNA is pursuing its goal of systematic change in medical practice to end shame, secrecy, and unwanted genital surgeries for people born with an anatomy that someone decided does not meet the medical criteria for a standard male or female. In ten brief years, ISNA has achieved its goal of persuading the medical community to use a model of care that is patient-centered, rather than concealment-centered (www.isna.org). Among the recommendations ISNA is pressing with physicians are the following:

- An intersex or hermaphrodite person is an individual (of any age) born with ambiguous genitals. Intersexuality needs to be considered as a problem of stigma and trauma, not as a gender problem.
- The distress of parents must not be treated by surgery on the child.
- Professional mental healthcare is an essential for both the intersex persons and the family.
- Honest, complete disclosure is good medicine.
- All children should be assigned as boy or girl, without early surgery.

[From the 1950s into the 1970s, it became standard medical procedure to treat newborns with ambiguous genitals with cosmetic surgery designed to bring their genitals into conformity with what was then considered the norm for male or female. Based on what was known (or assumed at the time), psychologists believed infants were born with a "blank slate," so to speak, and grew into their gender as a male or female. It was then also assumed that when a child was born with ambiguous genitals, cosmetic surgery and strict rearing for the appropriate gender was the best way to produce a normal boy or girl. Over the next 30 years, these assumptions were increasingly challenged in a very controversial and emotionally charged case known in the clinical literature and the popular media as "the John/Joan case."

[It started in Winnipeg, Canada, on August 22, 1965, when a teenage mother gave birth to identical twin boys, Bruce and Brian. When the infants were 7 months old, the mother told her doctor that the boys cried when urinating. The doctor told the parents that the boys' foreskins were too tight and he prescribed circumcision. On April 27, 1966, in a tragic accident, the physician performing the circumcision with an electric cauterizing knife caused a severe injury to Bruce's penis and testes. After a few days, the penis dried up and fell off, leaving only a stub. Eventually, after desperate attempts to find someone who could help them deal with the problem, the parents were recommended to Johns Hopkins Hospital where John Money was a world-renowned expert on psychosexual development. Money had been pioneering treatment of adult transsexuals using a sex-change operation. At age 17 months, the decision was made to surgically turn "John" into a girl and raise her as "Joan." The testes were removed so they would not produce male secondary sex characteristics. Estrogen replacement and vaginal surgery in the adolescent years would complete the work of gender reassignment.

[Early reports suggested a perfectly normal gender-identity development for the reassigned girl (Money & Tucker 1975, 91-99). However, in a 1979 report on British television, Williams and Smith reported that "Joan" experienced considerable difficulty in adjusting to her female gender role. Then in her teens, they reported she was displaying symptoms that made them "suspicious that she will ever make the adjustment as a woman." Finally, after years of detective work to find out what actually happened to Brian after his father finally told him the whole story, Milton Diamond, a sexologist at the University of Hawaii School of Medicine, published a report in the *Archives of Pediatric and Adolescent Medicine* (Diamond & Sigmundson 1997). David had reasserted his male gender and had had reconstructive surgery to recreate male anatomy. He had married and was enjoying being an adoptive father. A sensational story in *Rolling Stone* and a book titled *As Nature Made Him: The Boy Who Was Raised as a Girl* (Colapinto 2000) followed, with television appearances on Oprah, ABC, *Dateline*, the BBC, *60 Minutes*, and more.

[In 2003, we know much of David's story, from his infancy as Bruce to the surgical accident, his childhood and teen years as "Joan," and his current life as David. But there is also much we have yet to learn about this tragic and complex story. One thing we do know, however: There are aspects of our gender that are encoded in the neural pathways of our brain before birth. And this encoding is irreversible. Cheryl Chase and the intersex members of ISNA have used David's story and their own stories as persons born with ambiguous genitals to establish a new medical treatment based on the rights of an "intersex" child not to be subjected to genital surgery until they can make their own decision how they want their condition to be treated. (*End of update by R. T. Francoeur*)]

[*Update 1998*: It is estimated that one in 100 infants are born with some anomaly in sex differentiation, and about one in 2,000 newborns are different enough to make their gender

assignment as "boy" or "girl" problematic. Thus, the members of ISNA would appear to have minuscule potential for achieving their goal of persuading society to accept a "politics of difference" with recognition and valuing of other-gendered persons. A minority as small as ISNA would seem to have little chance of successfully challenging the prevailing medical paradigm of immediate surgical intervention to remedy sexual ambiguity (Coleman 1991). However, as medical ethicist Karen Lebacqz (1997) has observed,

> The politics of difference has emerged out of the self-identification of groups that may be minorities in society but that are large enough to become a political force. . . . [T]he advent of new technologies such as the Internet may facilitate the process, as individuals who are widely scattered geographically can find each other and form connections and agendas.

[Only the future will tell whether American society is at a watershed where reconstructions of societal and individual responses to gender are possible. Whether the mass media and Internet are powerful enough to enable American culture to replace its all-prevailing gender dichotomy with a "politics of difference," similar in some respects to the valuing of "third-gendered persons" in other cultures, remains to be seen. (*End of update by R. T. Francoeur*)]

B. Cross-Gender: Overview, Issues, and Persons

ARIADNE (ARI) KANE [*Rewritten and updated in June 2003 by A. Kane*]

An Indigenous View

American society, with its cultural diversity, has long assumed that one's gender perception, role, and presentation are all a function of biological anatomy, as visually ascertained at birth. This biocentric viewpoint served as the basis for looking at sexual and gender variations for both sexologists and therapists. Until the mid-1970s, many sexual and gender options were seen and diagnosed as deviations from the male/female anatomical/medical model. Gender options, as style modes of clothing and accouterment, gender shifts, and transsexualism were viewed as dis-eases [sic] of the psyche. Those who chose such options were considered "gender-conflicted" and were treated on the basis of known medical or psychological modalities (Pauly 1994).

Factors contributing to the current trend of changing gender roles include the rise and powerful articulation of feminism among both women and men; the knowledge explosion in molecular biology, specifically genetics and endocrinology; artistic diversity in both the visual arts and music with their individual styles and presentations (with cinema, television, and music increasingly dealing with gender and cross-gender issues); the emergence of an articulate, vocative, and visible gay-lesbian-cross-gender "community"; and the influence of computer technology and its application in almost all sectors of American life. The impact of these factors on the daily lives of Americans—how they think, how they feel both about themselves as well as society, and how they act and present themselves to each other—has been awesome.

[From this social context, there is an incentive to challenge the biocentric notions about perceptions and gender roles as derivative of the dimorphic nature of *Homo sapiens*, i.e., two sexes implies only two gender forms. This challenge to gender rigidity, in roles and presentations, is seen in many areas of American social and economic life. Women as bus drivers and heavy-equipment operators and men as nurses and secretaries represent only one aspect of the varied paradigm shift occurring in America in the nature of gender identity and its concomitant behaviors. Instead of a binary model for sex and gender, there is a need for a new model consisting of several distinct biologic sexes (see Fausto-Sterling) with concomitant gender forms (see Table 15). One needs a model of two or more sexes and many genders. Here, a sociocentric view of gender, in which one can think of gender in terms of three basic parameters: perception (Jungian constructs of *anima*/*animus*), social role (cuing, interactions, and gender-role inventories), and presentation (modes of presenting one's self, for whom, when, motivations, etc.). Thus, the gender of a person is seen as a composite of these three parameters in dynamic equilibrium, time-dependent and ever-changing, over the lifespan.

[In addition to the sociocentric view of gender, there are other models that focus away from gender-conflict issues

Table 15

The Transgender Phenomenon: A Flow Chart

Group A	
Bigenderist	A person who can comfortably express him- or herself in either a conventional or nontraditional gender role
Transgenderist	A person who wants to live permanently in an alternative gender-role form, either traditionally or unconventionally
Androgyne	A person who desires to blend traditional gender-role behaviors (e.g., many rock stars—David Bowie, Mick Jagger)
Gender Bender	A person who engages in dissonant gender-role presentations and behaviors (female or male dressed in conventional modes with moustaches or beards)
Group B	
Masculine Impressionist	Females who perform on stage as men
Femme Impressionist	Males who perform on stage as well known women singers or comics
Cross-Dresser	Males or females who desire/choose to wear an item or items of apparel or accessories or use enhancers (makeup) typically worn or used by the other gender category
Transvestite	Historically, an adult male who wears an item or items of feminine apparel and accessories to create an image of a woman/girl. Some adult females have also been known to wear items of masculine apparel to create an image of a man/boy
Drag King	Any female who presents a complete visual masculine image in various social/public settings
Drag Queen	Any male who presents a complete visual feminine image in various social/public settings
Group C	
Transsexual	Males or females who have chosen a preferred gender role (transgenderist) and wants biologic congruity with that gender-role preference. This process involves an appropriate sex hormonal therapy, cosmetic, surgical, and sex reassignment
Intersexual	Individuals who are diagnosed as having ambiguous biologic genitalia are labeled intersexed or hermaphrodites

toward other facets of gender diversity. These include concepts like the "gender rainbow" paradigm suggested by gender counselors Leah Cahan Schaefer and C. Christine Wheeler, June Reinisch's concept of "gender flavors," and James Weinrich's model of "gender landscapes" (see Francoeur 1991, 100-101). In each of these models, gender-conflict issues are broadened to include gender explorations and gender clarifications. For the cross-gender person, these models provide alternative avenues in their search for personal growth in a tolerant and more nurturant society. For the healthcare professional, the sociocentric model of gender and selected use of the above concepts provide a realistic basis for studying CD/CG (cross dressing/cross gender) behavior. It is also a more sensitive approach to the issues and problems of gender expression in a multicultural American society.

Traditionally, the terms "transvestite" (TV) and "transsexual" (TS) have been used to label individuals, mostly males, who wear apparel usually associated with the other sex, or who want to cross a gender boundary and seek anatomical congruity with the other sex. These terms are too inclusive and stigmatize the person, who may be on a gender exploration, or who sees personal gender expression as only one piece in their total personality matrix. To deal with this limitation, the following new glossary has been proposed, with the terms serving as "mileposts" on the road to gender "happiness:"

- A "cross-dresser" (CD) is a person, male or female, who wears an item or items of apparel usually worn by the other gender; it is a descriptor of behavior and includes previously used terms like TV (transvestite), FI (female impersonator), and DQ (drag queen).
- "Cross-gender" (CG) refers to a person, male or female, who desires to cross and explore a gender role different from typical gender roles associated with their biologic sex. It can also be used as a behavior descriptor.
- A "transsexual" (TS) is a person, male or female, who has chosen a preferred gender role and wants anatomical congruity with that gender-role preference. This can be accomplished by an appropriate sex-hormone-therapy program and genital-reconstruction surgery (GRS). *Note*: For a male-to-female (MTF) TS, this is known as vaginoplasty; for the female-to-male (FTM) TS, it is known as phalloplasty. Sex-reassignment surgery (SRS) is an outmoded phrase, replaced by GRS.
- "New Women/New Men" refer to persons, male or female, who have transited to a preferred gender role, i.e., transgenderist, and have had genital-reconstruction surgery.
- The "CD/CG/TS paraculture" refers to the community of people, males and females, whose general behavior patterns include a major component of gender-diverse activity.

The term "transgender" indicates that a person is crossing gender boundaries usually associated with traditional gender traits of one or the other sex. Transgender, transgendered, and transgenderist are also used to indicate transcending—rising above—traditional gender forms and expressions, a usage that has gained popularity both within the paraculture, as well as in the healthcare and academic professions.

A Clinical View

The term "transsexualism" was coined by D. O. Cauldwell, an American sexologist, and popularized by Harry Benjamin in the 1950s and 1960s. Research on this phenomenon was facilitated in 1980 when the concepts of transsexualism and gender disorders were recognized in the American Psychiatric Association's *Diagnostic and Statistical Manual III*. In 1988, transsexualism was defined by the *DSM-III-R* as having the following diagnostic criteria:

1. persistent discomfort and sense of inappropriateness about one's assigned sex;
2. persistent preoccupation for at least two years with getting rid of one's primary and secondary sex characteristics and acquiring the sex characteristics of the other sex; and
3. having reached puberty (otherwise, the diagnosis would be childhood gender identity disorder).

DSM-IV has replaced the term "transsexual" with the generic term "gender identity disorder."

Transsexualism is estimated to affect at least 1 in 50,000 individuals over the age of 15 years, with a 1:1 male-to-female ratio. The greater visibility of male-to-female transsexuals may reflect a more-negative bias toward male homosexuality or a lack of available female-to-male treatment in a society. Whatever the real incidence, this disorder carries more social significance and impact than the actual prevalence might suggest because of the questions raised for anyone who watches and listens to transsexuals (and transvestites) in their frequent appearances on television talk shows (Pauly 1994, 591).

An individual's perception of his or her own body, and the way she or he feels about these perceptions, are important in the clinical diagnosis of gender disorders. In 1975, Lindgren and Pauly introduced a Body Image Scale, a 30-item list of body parts, for which the individual is asked to rate her or his feelings on a five-point scale ranging from (1) very satisfied to (5) very dissatisfied. This scale is useful in following the progress and evaluating the success of genital-reconstruction surgery (GRS).

Evaluating the outcome of genital-reconstruction surgery is complicated and difficult. The most recent evaluation leaves little question that the vast majority of post-operative transsexuals claim satisfaction and would pursue the same course if they had to do it again. Post-operative satisfaction ranged from 71.4% to 87.8% for post-operative male-to-female transsexuals, with only 8.1% to 10.3% expressing dissatisfaction. Among female-to-male transsexuals surveyed, 80.7% to 89.5% were satisfied with their outcome, compared with only 6.0% to 9.7% who are not satisfied. The difference between male-to-female and female-to-male satisfaction was not statistically significant (Pauly 1994, 597).

The publicity that followed the American Christine Jorgenson's sex-change surgery in Denmark in 1953, led to widespread public and professional discussion, and ultimately a distinction between transsexualism and transvestism. Harry Benjamin developed a three-point scale of transvestism, with transsexuals viewed as an extreme form of transvestism; he later came to regard the two as different entities.

The variety of cross-dressers includes fetishistic females and males who cross-dress for erotic arousal and those who enjoy cross-dressing to express their feminine or masculine personas; it includes individuals who cross-dress and live full-time in the other gender role, and those who cross-dress only occasionally and/or partially, with the whole range between these two ends of the spectrum.

In the 1960s, Virginia (Charles) Prince, a Los Angeles transvestite, began publishing *Transvestia*, a magazine for heterosexual cross-dressers. Encouraged by the response, Prince organized a "sorority without sisters," the Society for the Second Self or Tri-Ess (SSS), with chapters in sev-

eral major cities. As a result of her worldwide travels, lectures, and television appearances, research on transvestism increased significantly because of the availability of research subjects.

As the cross-gender movement grew and became more visible, dissident and new voices appeared. At present, there are a variety of support groups for cross-dressers; some accept only heterosexual or homosexual and bisexual members, while others are not concerned with orientation. Some CD groups include transsexuals, others do not. In addition, there is a small industry, including "tall or big girl" fashion shops and mail-order catalogs, that cater to the clothing and other needs of cross-gendered persons.

Current Status of American CD/CG Paraculture

It is apparent that many more American males and females are openly cross-dressing than at any other time in the last 100 years. The motivations for this activity are quite varied, ranging from female- or male-impersonation (FI, MI) as "Miss Coquette" or "Mr. Baggypants" at a Halloween party, to lip-synching performances at FI and MI reviews (i.e., "La Cage aux Folles" or Mr. Elvis Presley look-alike shows), to femme expressions in daily activities such as work or socializing. While it appears less obvious, there are many more females who cross-dress with the intent of expressing some part of their masculine persona (*animus*).

In the last decade, there has been a dramatic increase in the number of social contact groups, both for males who cross-dress and want social contact with others of similar persuasion in a secure setting, and for females who want to explore more fully the dimensions of their masculinity. Both female and male adolescents are cross-dressing to reflect feelings of their favorite musical stars, e.g., k.d. lang, RuPaul, Boy George, Melissa Etheridge, Michael Jackson, or the Erasure or Indigo Girls rock groups. (It should be noted that several of these performers are also known to be gay or lesbian, perhaps creating some public confusion about the association between cross-dressing and sexual orientation.) There are also young people who show some affinity for atypical gender-role expression. These may be early phases of mixing aspects of traditional gender norms with explorations of the limits of gender duality, that may benefit from appropriate professional help.

One segment of this paraculture is definitely exploring gender options with the aim of resolving gender conflict. Such conflicts may not be limited to the intrapsychic, but extend into resolving tensions between the rights of individual expression and the norms of conventional gender roles and presentations. When the desire to "shift" gender is experienced, there is a need for professional help in understanding the motivation for the gender shift and to develop a program that will clarify some of the important questions that individuals may have to address in pursuing such a choice. Such a program of gender exploration or gender shift may involve the use of hormones and also the decision to have genital-reconstruction surgery. Some of these people label themselves transgenderists, in the sense noted above, and can fully develop and express an alternate gender role and lifestyle. Some may be satisfied with this shift and not want to pursue sex-reassignment surgery. For others, after living full-time for one-and-a-half to two years in the preferred gender role, the decision is to complete the shift with surgery, in which case, the label "transsexual" is appropriate.

Currently, more and more people are challenging the binary gender forms and want to explore other gender options. If surgery is not the ultimate objective, these individuals may choose to blend traits and become more androgynous or gynandrous, expressing a feminine-masculine or masculine-feminine gender role. This segment of the paraculture is also receiving some attention.

As for legal issues involving CD/CG behaviors, most states do not have statutes that specifically prohibit the practice of CD/CG presentation in public. However, there may be some local ordinances that restrict this behavior in their jurisdiction. If tested in the judicial system, such laws would probably be ruled unconstitutional. Obtaining a legal change of name is not a problem in most areas of the country, and should be accompanied by some form of public notice for creditors, usually in the classified section of a local newspaper. Change of birth certificate may pose some problems; again, each state has its own guidelines.

With regard to genital-reconstruction surgery, a medical group created a set of guidelines for the preoperative transsexual about 1980. *Standards of Care* details guidelines for the client, the healthcare counselor/therapist, and the surgeon for handling the process of gender shift prior to surgery. These guidelines have been reviewed and updated to reflect cultural and professional changes in society. This document is available from any of the organizations listed at the end of this section. Few, if any medical-insurance plans pay for this surgery, which for a male-to-female runs about $10,000 to $15,000. In recent years, several reputable gender clinics have discontinued providing this surgery.

For healthcare professionals, sex educators, counselors, therapists, physicians, nurses, and sexologists, there are two major programs available to update one's knowledge about gender or to facilitate change in attitudes about gender issues. Segments in the standard Sexual Attitudes Reassessment (SAR) Workshop focus on CD/CG behaviors and lifestyles. In the Gender Attitude Reassessment Program (GARP), the focus is on all aspects of gender and its diversity; 10 to 15 units deal with specific topics in the phenomenon of gender. Both of these programs are given at national professional meetings and in continuing education programs at major universities and mental health centers in the United States.

Within the paraculture structures, there are several programs for CD/TG/TS/AN Americans. Two of the oldest and "personal-growth-oriented" are Fantasia Fair and Be All. Fantasia Fair, founded 28 years ago, provides a living/learning experience for adult male cross-dressers who want to explore the many dimensions of their femme persona in a tolerant open community. Fantasia events, often held at Provincetown on Cape Cod, Massachusetts, emphasize personal growth in all aspects of their programming. Be All, an offshoot of Fantasia Fair, focuses on the practical and social aspects of femme persona development. It is usually held in a motel/inn near a major city and is sponsored by a regional group of social contact organizations.

Organizations providing information on gender issues include:

Educational Institute for Sex and Gender Diversity (EISGD), 126 Western Avenue, #246, Augusta, ME 04330 (USA); email: infoisgd@aol.com

Harry Benjamin International Gender Dysphoria Association (HBIGDA), 1300 South 2nd St., Suite 180, Minneapolis, MN 55454; email: hbgda@famprac.umn.com.

I.C.T.L.E.P., Inc., 5707 Firenza St., Houston, TX 77035-5515.

The Society for the Second Self (Tri-Ess), 8880 Bellaire (B2pmb 104), Houston, TX 77036; email: info@tri-ess.org.

International Foundation for Gender Education (IFGE), P.O. Box 540229, Waltham, MA 02454-0229; www.ifge.org.

A comprehensive list of current transgender education and support groups can be found on the Web via Yahoo! Di-

rectory > Transgendered > Organization, and via Yahoo! Directory > Society and Culture > Cultures and Groups > Transgendered > Organizations. (*End of update by A. Kane*)]

[C. A Second View of Gender Diversity

C. CHRISTINE WHEELER

[*Conceptualizations: Gender—Its Experience and Expression, Then and Now*

[*Update 2003*: In the past decade, in the U.S., gender has become one of the most hotly debated issues in a dozen areas, including:

- medicine,
- physiological dilemmas,
- endocrine syndromes and effects in neuroscience,
- the politics of clinical diagnosis,
- psychological/psychiatric and management or treatment considerations,
- cultural tolerance or intolerance,
- social policies and their influence in legal systems and the law,
- religions, and
- individual rights and our concepts of freedom and expression.

[Conceptualizations of gender, sex, and sexuality have dramatically shifted from a traditional dualistic binary paradigm to new confrontations of gender bending, blending, and activism for diversity. The cultural and scientific challenges that are raised by the mere existence of transgender and transsexual individuals have forced simplistic ideas to explosion and exploration. Public disclosures (autobiographic and personal profiles in the mass media, and controversies, continue to educate the American people about gender conceptualizations and to foster passionate discussion about the meaning of male and female—still further challenging our understandings of gender. In the U.S., the lens of gender, in all its refractions, most recently has dramatically shifted in focus from a perspective or picture of pathology to one of sexual health and wellness.

[In both research and medicine, the gender identity-development-disorder's debate centers primarily on whether gender as a condition (Gender Identity Disorders, GID) should be considered a disorder or removed from the *Diagnostic and Statistical Manual* (*DSM*) of the American Psychiatric Association (APA) and declared a normal variant, in analogy to the 1973 decision of the APA on homosexuality. The intersex controversy focuses on the assignment of gender and related issues of psychosocial and medical management, particularly with newborns. The GID debate extends to intersexuality, because if intersex people have significant gender-identity problems, *DSM-IV* classifies them as GID Not Otherwise Specified (GIDNOS), which implies a mental-disorder status. The powerful emergence of the Female-to-Male (FTM) movement illuminates controversy in departures from traditional concepts of gender identity and diversity, and its influences within the transgender culture, healthcare, and public policy. The conflict in our judicial system has to do with historical concepts that create an impenetrable barrier of social policy enshrined as law. But that's now (Wheeler 2001, 2003; Wheeler & Schaefer 1997).

[*Historical Influences*

[What was then? What was it like a few decades back, 30 to 40 years ago, in the beginning? Well, in a nutshell, there was little awareness, and few people interested or involved. In an historical snapshot, here's what was for American scientists to consider:

- Descriptions of gender-variant identities date back to classic Greek writings.
- The first specific reference in the medical literature was Friedreich in 1830.
- Current vaginoplasty dates from the late 19th century and Robert Abbe's pioneering use of skin grafts for construction.
- The surgical precursor to the current rectosigmoid vaginoplasty was reported in 1904 (Baldwin/Ann.Surg.)
- Bogoras, a Russian surgeon, first used the tubed abdominal flap for phallic reconstruction in 1936.
- Throughout the early and middle 20th century, various behavioral scientists contributed to the descriptive literature.

[By the late 1940s, pioneering endocrinologist and world-acclaimed "Father of Transsexualism," Harry Benjamin, M.D., working in New York City, became the first proponent of hormone therapy, presented his first paper at the New York Academy of Medicine in 1954, authored the first definitive text on gender conditions, and popularized the theory of Gender Identity Disorders as a real medical entity (Wheeler 1999). Ultimately, the initial success of Christine Jorgenson's highly publicized surgery abroad, combined with the efforts of Dr. Benjamin and others, led to the formation of the first gender-identity clinic at Johns Hopkins in 1963 with John Money, Ph.D.

[By the early 1970s, Dr. Jorges Burou of Casablanca, Morocco, and Dr. Stanley Beiber of Trinidad, Colorado, had reported on over 1,000 successful postoperative surgical procedures. At that time, surgical nomenclature had already shifted from "sex change" to "gender confirmation" and was well on its way to genital-restructuring surgical lingo. And, of course, Richard Green, M.D., J.D., was already following his "kids" expressing cross-gender concerns—a group of young people with GID, for the earliest longitudinal study of sexual identity development in children.

[However, physicians, along with academics, healthcare providers, and public policymakers, were reluctant to "join" others who were interested (Wheeler & Schaefer 1984a). They feared the consequences. That was then and that is now today, as well. A major exception, of course, was Dr. Harry Benjamin. His thanks and appreciation, however, were demonstrated by *no* New York City hospital wishing to accept him into their physician roster or on their board. But Benjamin's knowledge, his intuition, and his genius about what was right and most acceptably "human" kept him going in a gender-protective direction, even without the support or approval of his mainstream colleagues right into the 1980s.

[In fact, the scenario used to go something like this: People would get hormones and surgery by going to a doctor's office and saying "I want!" and the doctor would say "yes" or "no." That's all. No evaluating, no education, no support, no consequences, no interpretations, no lawsuits, no nothing! (Gemme & Wheeler 1977). Then the atmosphere changed. And then what happened was Dr. Harry Benjamin interviewed a transgendered person. Dr. Wardell Pomeroy, Alfred Kinsey's colleague, followed suit. Eventually, Paul Walker, Ph.D., Alice Webb, Donald Laub, M.D., and others joined Benjamin and Pomeroy to form the Harry Benjamin International Gender Dysphoria Association, which then developed and published the *Standards of Care*. Other factors leading to the current status were "The Letters" written by clinicians in support of hormones and genital surgery, clinical evaluations, the activism, and the involvement of lawyers (Pomeroy, Flax, Wheeler 1982; Wheeler 1993).

[Today, many clients are taking control of their own management and deciding not to take the option of genital

surgery (Wheeler 2003; Wheeler & Schaefer 1984b)—more arguing, more confusion, and *more* satisfied people because they have more options, and more and better care! (Wheeler & Schaefer 1999). As a noted research sociologist explains, one of the best ways to understand the rules of society is to study those that break the rules (Devor 2003).

[By the mid 1990s, the refinement of endocrinology in manipulating sex hormones, and public acceptance of plastic reconstructive surgeries to alter secondary sex characteristics to alleviate psychological distress fortified further acceptance for thousands of people to alter their gender expression and presentation. Body phenotype surgeries became routine for maxillofacial, genital, breast, and scalp reconfiguration to allow trans individuals greater satisfaction, with their bodies being more congruent with their gender and sex identities.

[*Current Status of American Trans People*

[Today, the variety, diversity, and varied trajectories of thousands of people expressing gender change, with or without transitions, in the United States each year, has become super popular—the focus of talk shows, much controversy, the center of new documentaries, legislation, and change in advocacy, and the emergence of consumer-driven groups. Gender is so compelling in America today because everything about sex and sexuality is both known yet paradoxical. Variation in expression of switching gender has always been linked with cultural taboos—even today, people associate gender with sex.

[Today, in contrast with the silence of the first half of the 1900s, these debates are conducted in many diverse media, such as pamphlets, newsletter, websites, Internet lists and chat rooms, videos, newspaper reports, meeting presentations, college and even some senior high school courses, and scientific publications. Debates today focus on three major clusters of issues: gender feeling/expression/experience, gender-confirming procedures and surgery, and information management.

[The popularization of transgenderism in the news has included:

- Art and Entertainment Network's 2003 release of the acclaimed *Role Reversal* (Wheeler 2003b),
- ABC's *Boy or Girl? When Doctors Choose a Child's Sex*,
- Intersex Society of North American's *Hermaphrodites Speak*,
- Arts and Entertainment Network's *Investigative Reports: Transgender Revolution*,
- *Multiple Genders: Mind and Body in Conflict*,
- *XXXY*,
- *You Don't Know Dick: Courageous Hearts of Transsexual Men*,
- *A Change of Gender*, and
- London's Richochette Television production, *History of the Sex Change*.

And, of course, there was the 2002 publication of the U.S. Surgeon General's report, *A Call To Action*, describing the nation's sexual health crisis and calling for:

- respectful dialogue among people with divergent opinions,
- acceptance of the diversity of sexualities, and
- thoughtful implementation of a range of programs.

Despite the debates stirred by the Surgeon General's *Call to Action*, the fact that this document was released is in itself an important positive step. (Ironically, paradoxically, another former U.S. Surgeon General was transgendered.)

[Further evidence of gender-related changes in the United States include: the city of San Francisco offering municipal employees sex-change treatment as part of their medical benefits plan, Florida transsexual Michael Kantaras winning custody of his two children, and *Teen People* magazine highlighting an article on transgendered teens on its May 2003 cover. It seems as though a new autobiography from a trans person is being promoted every other month, further increasing public awareness and attitudes, primarily in positive directions.

[In the winds of the times, prevailing policies, the critics, and their questions have all changed. Biological determinists, social constructionists, and activists alike contribute to solving the puzzle and the larger picture of what it means to be human.

[What has changed is our society and our scientific knowledge. We have witnessed a shift from 19th- and 20th-century thinking based on the assumption that one's biological sex, and the gender assignment made at birth because of it, will be followed by a gender/sexual identity, role behavior, sexual orientation, courtship and love, sexual functioning, and psychological health that falls in line, more or less, with societal expectations.

[For centuries, the definitive criterion of one's "true sex" was external genitality. In the late 19th and early 20th centuries, gonadal histology, and the sex chromosomes (for intersex) were added to the basic criteria. But each of these defining criteria can be ambiguous and may be discrepant from one another.

[The history of science teaches us that we see only a limited piece of the legendary mosaic. Many grasp a kernel of truth, but the entire entity eludes us because it is always much more than the parts we have our hands on, Further, many thinkers contend that there are far more "mistakes of society" than "mistakes of nature."

[Today, society's definitions of gender roles are changing, even as transgender individuals encounter more tolerance, enjoy the benefits of some legal protection, and exercise greater autonomy in medical decision-making. These changes influence the life experiences of gender-variant people (GID), along with the evaluation of long-term outcome, and the need to be considered in any revision of psychosocial and medical management. Planned policy changes should be informed by empirical data and followed by assessments of long-term outcome of new approaches. Guidelines should never be left to individuals. They should be arrived at by multidisciplinary committees of appropriate specialists with opportunities for input from others working in the specific area and individual patients or consumers themselves.

[And so the debates continue with passion, determination, and questions. While the progress that *has* been made in the present time (the now) is admirable, there is still too much prejudice—both among the workers in the field and among trans people themselves. It all has to do with *how* we look at each other and what we see!

[If Dr. Harry Benjamin were alive today, what would he say? In his 100 years, he answered this question often enough: "I'm not here to promote any particular operation or treatment. I'm here to try to promote scientific objectivity, open-mindedness and a bit of compassion." To which, Dr. Leah Cahan Schaefer and I would add "and a lot of compassion and love!" (Schaefer & Wheeler 1997; Wheeler 1988).

[*The Varieties of Operational Definitions*

[In keeping with our changing conceptualizations of sex, gender, and transgender, our operational terms and definitions have likewise changed. Sometimes the changes

have been superficial, sometimes radical, even in the few years since Ari Kane composed his preceding "Indigenous Clinician's View of the Current (1995) Status of American CD/CG Paraculture." The basic terminology current in 2003 includes:

- *Sex*: social status based on genital appearance—a person may be female, male, intersexed, or hermaphrodite;
- *Intersexed* or *hermaphrodite*: social status assigned to a person having sex characteristics of both females and males;
- *Gender*: social status based on convincing performance of femininity or masculinity—persons may be girls or women, boys or men, or transgendered;
- *Transgendered*: persons who feel they do not fit well as either women or men, may be neither gender, both genders, or a gender different than what their sex would normally dictate. Such a person may appear ambiguously gendered to others, and may change their gender and live unnoticed as another gender; may also be known as a *cross-dresser* or *transvestite*, as well as *female impersonator*, *drag queen*, *androgyne* (one who presents both or neither gender), *fetishist*, and *autogynophile*;
- *Transsexed* (*Transsexual*): persons designated as one sex and gender at birth, but identify themselves, and may even live, as another gender and another sex; many use various social, hormonal, and surgical techniques to sufficiently alter both their gender presentations and sex statuses to more completely express their feelings; today, many *trans people* identify as *trans women* (male to female, or *MTF*) and *trans men* (female to male, or *FTM*);
- *Gender or Transgender Community*: in the U.S. today, this collective group or loose association of people includes both those individuals expressing gender diversity or variance (sometimes known as consumers), as well as non-gender-diverse people and healthcare providers;
- *Gender Identity Disorder*: incongruence between the physical anatomic sex (phenotype) and gender identity, i.e., self-identification as male or female;
- *Gender Dysphoria*: the experience of gender incongruence; and
- *Sexual Identity*: basic personality feature with three overlapping component parts: (a) gender (core morphologic) identity, a basic awareness of being male or female, both, or neither; (b) observable gender role, expression of culturally typical feminine or masculine behavior; and (c) sexual orientation, or in brief, sex-partner attraction (same, both, opposite, none, or all stimuli—i.e., homo-, bi-, hetero-, or ambisexual).

[Many in the U.S. prefer the above tripartite operational definition of the last term "sexual identity" to other gender terminology, which varies worldwide. The most extreme form of experience and expression, in which a person needs to adapt their phenotype with hormones and surgeries for congruence with their gender identity, is called *transsexualism*. The complexities and definitions of the transsexual condition have been well articulated by Milton Diamond (2003, *Transgender Tapestry*, in press) in a chapter appropriately titled, "What's in a Name? Some Terms Used in the Discussion of Sex and Gender."

[*Etiology of Adult Transsexualism*

[There are no reliable statistics of trans people, but an educated, reasonable estimate would be between 2% and 5% of the general population, comparable to the most recent estimates of homosexuality. Numbers of transsexual people in the population are considerably smaller and difficult to estimate because many never present to clinics or request hormones through practitioners (hormones are easily acquired over the Internet without medical monitoring), and many others reject maxillofacial and genital surgery. The sex ratio of transsexual people presenting for genital surgery in the U.S. has shifted from 1:1 during the late 1960s to almost 2:1 male to female currently. It is estimated that fewer than approximately 1 in 20,000 is transsexual in the U.S.

[Transsexualism can be considered a neuro-developmental condition of the brain. Several sexually dimorphic nuclei have been found in the hypothalamic area of the brain (Allen & Gorski 1990; Swaab et al. 2001). In human males, by early adulthood, the volume of the sexually dimorphic limbic nucleus (BSTc) is almost twice as large as in females and its number of neurons is almost double ($p < 0.006$) (Zhou et al. 1995; Kruijver et al. 2000; Chung et al. 2002). Further, in transsexualism this nucleus has a sex-reversed structure. In 42 human brains examined, the BSTc had a structure concordant with the psychological identification as male or female, inferring BSTc is an important part of a sexually dimorphic neural circuit, and that it is involved in the development of gender identity (Kruijver et al. 2000). Findings were independent of sexual orientation and exogenous sex-hormone use.

[Brain sexual differentiation begins during fetal development, continues after birth (Kawata 1995; Swaab et al. 2001), and is significantly influenced by hormones (although the exact mechanism is not fully understood) at several critical periods of dimorphic development when gender identity is established—initially fetal, again around birth, and postnatal. Genetic influences may contribute to an altered hormone influence in critical early brain development (Landen 1999; Coolidge et al. 2002). Similarly, medication and environmental influences (Diamond et al. 1996; Whitten et al. 2002), and stress or trauma to the mother during pregnancy may be contributing factors (Ward et al. 2002; Swaab et al. 2002).

[Development of gender identity is usually consistent with phenotype, with small numbers of children experiencing incongruence. Adult gender-incongruent outcomes cannot be predicted with certainty. In a minority of children, regardless of phenotypical socialization and nurture, gender incongruence will persist into adulthood and manifest as transsexualism (Green 1987; Ekins 1997; Prosser 1998; Di Ceglie 2000; Ekins & King 2001; Bates 2002).

[Etiologically, an innate biological predisposition is supported by a sex-reversed BSTc in trans people, along with other studies, one example of which, indicates a higher than average correlation with left-handedness (Green & Young 2001). There is no evidence that nurturing and socialization contradictory to phenotype is causal, nor that nurture entirely consistent with phenotype can prevent it (Diamond 1996). Neither contrary socialization nor psychological or psychiatric treatments alone overcome gender conditions (Green 1999). Histories from those with anomalies of genitalia provide evidence that gender identity may resolve independently of genital configuration, even when that appearance and the assigned identity are enhanced by medical and social interventions (Imperato-McGinley 1979; Rosler & Kohn 1983; Diamond 1997; Diamond and Sigmundson 1997; Kipnis & Diamond 1998; Reiner 1999; Reiner 2000).

[Etiology and causality of gender conditions are highly complex and involve multiple factors, requiring careful diagnostic process, based largely on self-assessment, facilitated by a specialist professional. By contrast to the United States, the United Kingdom's government—and consequently the healthcare system or medical model—does not

recognize transsexualism in diagnostic descriptions of a "mental illness" (See Lord Chancellor's Department—government policy concerning transsexual people at: www.lcd.gov.uk/constitution/transsex/policy.htm).

[In the U.S., many transsexual people benefit from hormones and various surgeries realigning phenotype with gender identity, coupled with well-integrated psychosocial interventions to support the person in living and working in their social role. Treatments vary and need to be tailored to individual needs and circumstances.

[*A Clinical View: Standard of Care*

[The standard of care in evaluating an individual for any gender condition involves interviewing the patient and obtaining information from family members, friends, previous pertinent medical treatments, and other sources, if possible, with the patient's consent. Diagnostic evaluation clinically focuses primarily on psychosexual and social development, psychiatric history, and current mental status (Wheeler 1992, 1993, 1997, 2003). No specialized tests exist that can assist with differential diagnosis. Additionally, the presence of comorbid diagnoses[1] need to be assessed. As my colleagues and I have written in the chapter "Gender Identity Disorders" in *Treatment of Psychiatric Disorders* (Vol. 2), edited by Glen O. Gabbard, M.D., and published by the American Psychiatric Association (Schaefer, Wheeler, Futterweit 1995), "Although histories of psychiatric treatments for substance abuse, adjustment disorders, serious suicidal thoughts, and depression are not uncommon in gender dysphoric patients, there is no evidence of a frequent occurrence of comorbidity, making comparison with estimates in the general population meaningless. Many of these disorders are defense mechanisms against the frustration, psychological pain, anxiety, and discrimination stemming from patients' inability to live safely and comfortably in society with their condition or in their desired gender roles."

[A clinical picture emerges when a person's concerns and uncertainties, distress, and questions about their gender identity continue and they remain feeling conflicted.[2] Gender-conflicted or dissatisfied people are diagnosed as suffering from a gender-identity disorder when they meet specified criteria in one of two official diagnostic sources—*Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition* (*DSM-IV*) or the *International Classification of Diseases-10* (*ICD-10*). For example, *DSM-IV* 302.85 Gender Identity Disorder (GID) in adolescents or adults diagnostic criteria includes: a strong and persistent cross-gender identification;[3] and persistent discomfort with one's sex, or sense of inappropriateness in the gender role of that sex[4]; absence of physical intersex condition; and disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

[While a clinician can help a person to understand their symptoms and dilemmas as a gender condition, most people seeking help for Gender Identity Disorders come self-diagnosed in that they bring their diagnosis to the clinician. In diagnostics and treatment, there are many patients seeking treatments, both psychotherapeutic and endocrinological, for *social*—rather than genital—sex reassignment.

[Further, the Harry Benjamin International Gender Dysphoria Association's *Standards of Care* (original document 1977, revised publications 1978, 1979, 1980, 1981, 1985, 1990, 2001) articulate professional consensus about the psychiatric, psychological, medical, and surgical management of GID. Clinicians use these guidelines to understand the range of assistance needed for gender patients. There are five elements of clinical work: diagnostic assessment, psychotherapy, real-life experience, hormonal therapy, and surgical therapy. People with gender distress, and others (i.e., families, employers, and social institutions) may use the *Standards of Care* to better understand treatment possibilities and professional thinking. Treatment goals include learning a prolonged personal comfort with one's gender identity and expression to maximize overall psychological well-being and self-fulfillment (Schaefer & Wheeler 2003). The *Standards of Care* are intended to provide flexible directions for treatment of GID (Wheeler 2003). Clinical departures from these guidelines are appropriate in light of a patient's unique social, psychological, or anatomical needs, as well as the development of an experienced professional's method of handling a common situation, or specifically because of a research protocol. Such departures should be recognized, explained to the patient, and documented, both for legal protection and for short- and long-term results.

[As my colleagues and I further point out in our medical treatment chapter for gender identity disorders (Schaefer, Wheeler, & Futterweit 1995), "one option not open to patients is the option to do *nothing* about their gender condition, because such an attitude can only have disastrous consequences. Suppression and repression causes depression and are always immobilizing and sometimes fatal. Sadly, suicide attempts are not unknown for those who live their lives immersed in feelings of helplessness and hopelessness. To ignore totally one's gender or one's inner awareness of it—a fundamental aspect of the human personality—is, in and of itself, a form of gender suicide."

[*Outcome Studies for Sex-Reassignment Surgery*. Comprehensive reviews of follow-up studies on post-genitally operated individuals (Lawrence 2003; Phäfflin & Junge 1992, 1998; Wheeler & Schaefer 1997b) primarily reflect no regret and identify dissatisfaction associated with unsatisfactory physical and functional results of the surgery. Age at surgery, previous marriage or parenthood, sexual orientation, and compliance with minimal eligibility requirements for sex-reassignment surgery (with the HBIGDA's *Standards of Care*) are not associated with outcomes. There is an emerging consensus that a person's self-reported satisfaction or regret is more meaningful than previously thought criteria, such as employment, choice of sexual partners, or utilization of healthcare services (Carroll 1999; Green & Fleming 1990; Kuiper & Cohen-Kettenis 1988; Snaith, Tarsh, & Reid 1993). (*End of update by C. C. Wheeler*)]

[1]Axis I psychiatric symptoms, as anxiety disorders, dissociation, schizophrenia, mood, and other psychotic disorders (e.g., paranoia), plus Axis II personality disorders, as borderline, avoidant, narcissistic, obsessive-compulsive, etc.

[2]Emotional struggles are known clinically as: gender issues, a gender problem, a gender concern, gender distress, gender dysphoria, gender-identity problem, cross-dressing, transvestism, transgenderism, or transsexualism. They are expressed throughout one's lifetime—from childhood into old age—in various degrees of dissatisfaction with sexual anatomy, gender body characteristics, gender roles, gender identity, as well as the perceptions of others.

[3]Symptoms may include a stated desire to be, frequent passing as, desire to live or be treated as, or the conviction that one has the typical feelings and reactions of, the other sex.

[4]Symptoms may include a preoccupation with getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.

Critical Acclaim for
The Continuum Complete International Encyclopedia of Sexuality

1. The International Encyclopedia of Sexuality, Vols. 1-3 (Francoeur, 1997)

The World Association of Sexology, an international society of leading scholars and eighty professional organizations devoted to the study of human sexual behavior, has endorsed *The International Encyclopedia of Sexuality* as an important and unique contribution to our understanding and appreciation of the rich variety of human sexual attitudes, values, and behavior in cultures around the world.

Recipient of the "1997 Citation of Excellence for an outstanding reference in the field of sexology," awarded by the American Foundation for Gender and Genital Medicine and Science at the Thirteenth World Congress of Sexology, Valencia, Spain.

Recommended by *Library Journal* (October 1, 1997) to public and academic librarians looking to update their collections in the area of sexuality: "An extraordinary, highly valuable synthesis of information not available elsewhere. Here are in-depth reports on sex-related practices and culture in 32 countries on six continents, contributed by 135 sexologists worldwide. . . . For all academic and larger public collections."

Picked by *Choice* (Association of College & Research Libraries/American Library Association) as Best Reference Work and Outstanding Academic Book for 1997: "Although this encyclopedia is meant as a means of understanding human sexuality, it can also be used as a lens with which to view human culture in many of its other manifestations. . . . Considering coverage, organization, and authority, the comparatively low price is also notable. Recommended for reference collections in universities, special collections, and public libraries."

"Most impressive, providing a wealth of good, solid information that may be used by a wide variety of professionals and students seeking information on cross-cultural patterns of sexual behavior . . . an invaluable, unique scholarly work that no library should be without."—*Contemporary Psychology*

". . . enables us to make transcultural comparisons of sexual attitudes and behaviours in a way no other modern book does. . . . Clinics and training organizations would do well to acquire copies for their libraries. . . . Individual therapists and researchers who like to have their own collection of key publications should certainly consider it."—*Sexual and Marital Therapy* (U.K.)

". . . scholarly, straightforward, and tightly-organized format information about sexual beliefs and behaviors as they are currently practiced in 32 countries around the world. . . . The list of contributors . . . is a virtual who's who of scholars in sexual science."—*Choice*

". . . one of the most ambitious cross-cultural sex surveys ever undertaken. Some 135 sexologists worldwide describe sex-related practices and cultures in 32 different countries. . . . Best Reference Sources of 1997."—*Library Journal*

"What separates this encyclopedia from past international sexuality books is its distinct dissimilarity to a 'guidebook to the sexual hotspots of the world.' . . . An impressive and important contribution to our understanding of sexuality in a global society. . . . fills a big gap in people's knowledge about sexual attitudes and behaviors."—Sexuality Information and Education Council of the United States (SIECUS)

"Truly important books on human sexuality can be counted on, perhaps, just one hand. *The International Encyclopedia of Sexuality* deserves special attention as an impressive accomplishment."—*Journal of Marriage and the Family*

". . . a landmark effort to cross-reference vast amounts of information about human sexual behaviors, customs, and cultural attitudes existing in the world. Never before has such a comprehensive undertaking been even remotely available to researchers, scholars, educators, and clinicians active in the field of human sexuality."—Sandra Cole, Professor of Physical Medicine and Rehabilitation, University of Michigan Medical Center

2. The International Encyclopedia of Sexuality, Vol. 4 (Francoeur & Noonan, 2001)

". . . a masterpiece of organization. The feat of successfully compiling so much information about so many countries into such a coherent and readable format defies significant negative criticism."—*Sexuality and Culture*, Paul Fedoroff, M.D., Co-Director, Sexual Behaviors Clinic Forensic Program, The Royal Ottawa Hospital, Ottawa, Canada

3. The Continuum Complete International Encyclopedia of Sexuality (Francoeur & Noonan, 2004)

". . . [a] treasure trove. . . . This unique compilation of specialized knowledge is recommended for research collections in the social sciences . . . as well as a secondary source for cross-cultural research."—*Library Journal*, March 15, 2004, p. 64

". . . a book that is truly historic, and in many ways comparable to the great sexological surveys of Havelock Ellis and Alfred Kinsey. . . . Many works of undeniable importance are intended to speak about human sexuality. But in this encyclopedia we hear the voices of a multitude of nations and cultures. With coverage of more than a quarter of the countries in the world, . . . not only will the *Continuum Complete International Encyclopedia of Sexuality* remain a standard reference work for years to come, but it has raised the bar of sexological scholarship to a rigorous new level."—John Heidenry, editor, *The Week*, and author of *What Wild Ecstasy: The Rise and Fall of the Sexual Revolution*

For more review excerpts, go to www.SexQuest.com/ccies/.