

CHAPTER SEVEN

THE ADULT SEXUAL BODY: A MISSING THEORY

In adult sexuality, there has been no research explosion underway, at least not since the heyday of Masters and Johnson. It might be more correct to refer to an "explosion hangover," a period of relative complacency during which it was assumed that the major facts about adult sex had become "known." Masters and Johnson initially were too little concerned with emotions, with relationships, and with adult psychology in general, to prevent their extraordinary empirical findings from being taken as a script for the oversimplification of sexuality. There was one earlier, more limited, but potentially explosive breakthrough, however, which promised to give a new and profound sense of the mind-body, sexuality and dream relationships. That breakthrough in sleep research was reported (among other places) in a book widely distributed within the psychoanalytic community. I refer to Charles Fisher's "Dreaming and Sexuality" (1966), first presented as the A.A. Brill Memorial Lecture for the New York Psychoanalytic Society in November, 1965, and then printed in a memorial volume dedicated to Heinz Hartmann. Fisher offered to his psychoanalytic audience and readers some excellent empirical evidence showing a strong correlation between the occurrence of adult male erections in sleep, and the occurrence of REM dreaming. The correlation was shown to continue into advanced age, even into the years during which the male dreamers no longer engaged in sexual intercourse. Fisher expressed the modest enough hope that his work might be "a contribution to the psychological investigation of the id," and that it would help to fulfill Freud's goal

“for a future meeting of psychoanalysis and physiology . . .” (p. 567). The hypotheses Fisher drew from his research were that some daytime perceptions and feelings are processed within the dream work, and that the genital area of the body is indispensable in the neurophysiological event. Sexuality thus acquires an additional and little understood dimension. The erections of REM dreamers were *not* related to recent sexual gratification. Attempts to correlate dream affect with degree of erection were not successful while correlations with dream content were found. Fisher found that when the content was erotic, rapid erection accompanied the REM dream, but if the content was anxiety-provoking (castration anxiety, in the psychoanalytic terminology), detumescence set in promptly. Similar findings were reported independently by Karacen, Goodenough, Shapiro, and Witkin (1965). Such a set of findings would appear to be definite support for Freud’s classical psychoanalytic position which postulates sexual body connections for an enormous range of mental functions. His masterwork, *The Interpretation of Dreams* (Freud, 1900), connects dreaming with sexuality in innumerable ways. Speaking even more generally, Freud wrote in 1905:

. . . I can only repeat over and over again—for I never find it otherwise—that sexuality is the key to the problem of the psychoneuroses and of the neuroses in general. No one who disdains the key will ever be able to unlock the door. (1905a, p. 115)

Freud realized that “the chemical changes” in the human organism which must provide an “organic basis” for the neuroses were not available to the scientific world of 1905; but he held that “we should expect to find” such changes, given a more powerful method of inquiry (Freud, 1905a, p. 113). The correlations of REM dreaming and penile erection might well be taken as an indication of an essential link between sexuality and the human mind. The meanings of the correlation are still unclear; they could be regarded as an “index of limbic activity” in the brain during REM dreaming, as Kline (1981, p. 319) points out. This still would be a facet of the sexual body, and one more such aspect that would cause us to expand and revise our overall theory of sexuality.

At present, it has been established that dreaming does not occur only during REM sleep; it also happens during non-REM sleep, although not as frequently, and without the full-fledged “dreamwork” that Freud (1900) had described (Arkin, Antrobus, and Eldman, 1978). From the perspective of the sexual body, it would be valuable to attempt to determine if this kind of dreaming has connections with sexuality, beyond the obvious fact that even such dreaming goes on in the sexual body. Moreover, the content of even such dreams occurs in a human mind which we would assume to be pervasively sexual in some way, or ways, if we are to take the perspective of the sexual body at all seriously.

But so far, even the REM-dream findings on erections have made little impact on psychoanalytic theory. Palombo (1978), in a major new psychoanalytic theory of dreaming, makes little of the erections. Disdain for the sexual has now become so entrenched in psychoanalysis that there seems to have been virtually no further interest in Fisher's suggestions. An obvious next question, for example, would have been: do women have any genital engorgement during REM sleep? The topic has not been the subject of much discussion; I myself heard nothing further about it until I encountered an affirmative answer in a popularly written book by Offit (1981), a sex therapist. She states: "Women also have REM patterns of altered vaginal blood flow, pulse pressure, and possible clitoral enlargement" (p. 19). Ironically, although I have kept some contact with specialists in psychoanalytic theory and read much of the literature, my first encounter with this statement by Offit was in a part of her book reprinted in *Cosmopolitan* in 1982 (Offit, 1982). This is not to claim that nothing was being done all these years; Korner had, I noticed, cited an abstract on this topic by Shapiro, Cohen, DiBianco, and Rosen (1968); that abstract reported a simple experiment involving one subject. But the lack of prominent mention, or any serious discussion, is one indication of the low priority that psychosexuality has held in the disciplines. The comprehensive college textbook, *The Question of Sex Differences: Psychological, Cultural, and Biological Issues* (Hoyenga and Hoyenga, 1979), does not so much as mention dreaming at all, much less the penile erections of males and the vaginal blood flow of females. Neither does the popular college text for courses on sexuality, *Our Sexuality* (Crooks and Baur, 1983), nor even the more interesting text of the same kind, *Becoming a Sexual Person* (Francoeur, 1982). Perhaps one can dream without becoming a sexual person, since one already is one, but the dreaming/erection cycle is a part of "our" sexuality. Any additional knowledge of erection cycles and REM sleep must be culled from the more generalized work on sleep and dreams, and then placed within a theory of sexuality. One example is the finding already mentioned that aggression as thematic content of dreams tends very strongly to inhibit or cause detumescence of the erection (Schwartz, Weinstein, and Arkin, 1978, pp. 197-201). This indicates that the later, post-classical Freudian connection between sexuality and aggression is *disconfirmed* at a deeply significant sexual body level.

Avoidance of the sexual adult body has much to do with the recognized lack in current psychoanalytic theory of a unitary theory of adult life (Altman, 1981). The volume *Adulthood*, edited by Erik Erikson (1978), consists of a miscellany of cultural approaches. These consider adulthood from such varied perspectives as the spiritualism of Japan, the Islamic tradition of maturity, the Confucian perception of adulthood, and various aspects of life in the United States. Russian adulthood is considered as it is "refracted" in the writings of Leo Tolstoy. Two years later, Erikson and the

sociologist Neil Smelser edited another volume on *Themes of Work and Love in Adulthood*. This miscellaneous collection displays an overall preference for the ideal of "maturity" in the traditional humanistic sense of an ever-evolving unified personality development throughout the adult years, clearly transcending the perplexities of sexual experience (Smelser and Erikson, 1980). In his recent work, Erikson (1982) has been moving toward reifying the stages of his life-cycle theory, so that the stage of young adulthood is largely identified with the motif of "love," while the next stage, "adulthood," is centered on "care." These classifications tend toward the dogmatic, as Sedgwick (1983) points out; they also badly simplify the sexual body.

Erikson had actually begun to play down the continuity of sexual expression in the life cycle in his landmark volume, *Childhood and Society* (1963), where he remarks that genital sexuality in small children (providing we did not overreact to it) would amount to little or nothing: it "is apt to lead to no more than a series of fascinating experiences which are frightening and pointless enough to be repressed" during latency (p. 86). This is a nervous and unconvincing combination of terms. Something that fascinates cannot have been considered pointless and anything scary enough to be repressed is not pointless, psychoanalytically speaking. What we have here is a personal discomfort with, or serious ambivalence toward, the sexual body.

Erikson had at least been able to discuss much childhood sexuality in that volume, and he offered a reasoned defense of the concept of infantile sexuality (1963, pp. 48-108). He also recounted a significant anecdote (p. 71) about Gesell, whose historic *Atlas of Infant Behavior* (1934) includes a series of photographs of a naked one-year-old boy looking at his image in a mirror. Gesell confided that he had deleted certain photos showing the erect penis of the boy. Unfortunately, Erikson himself omits the value of genital play among children who are no longer infants; he had less to say about it than did the Reichian parents J. and P. Ritter (1959, pp. 101-107). The Ritters were among those who concluded what now seems to be the consensus of research: children generally do not have a "latency" period, during which their interest in sexuality goes away, to reappear only in puberty. Goldman and Goldman, who are probably the leading empirical researchers on children's sexual thinking, advise that latency may be safely called a myth (Goldman and Goldman, 1982, p. 391; see also Janus and Bess, 1981; and Martinson, 1981a). The sexual body changes in many ways during the life cycle, but there is more and more evidence for Mary Calderone's contention that we are sexual (genitally sexually active) throughout the life span, including prenatally (Calderone and Johnson, 1981).

Psychoanalytic theory since the classical period (i.e., since about 1920), has not been able to come to terms with this. Even a direct attack on the problem during the latter part of the 1960's, by a fine psychoanalytic theorist who

attempted to reconsider Freud's theory of sexuality in order to restore it to its central position, fell afoul of the author's deeper moralistic bent. Here I refer to the late George S. Klein, noted as a brave prober and revisor of Freudian theory. In his now famous article, "Freud's Two Theories of Sexuality," Klein (1976), under the guise of discussing the "plasticity" of human sexuality, turns out to mean quite clearly that sex is a totally insatiable appetite unless checked by social controls. He recognizes without a qualm that this makes it "inevitable" that society is always going to be organized so as to deflect and inhibit sexual arousal and choice. Klein also has a long footnote in his essay "Peremptory Ideation" (1967), rationalizing that the adult sexual orgasm is not an important consideration for a psychoanalytic theory of the erotic (p. 97). Klein thus simultaneously opened and stifled one major chance for psychoanalytic theory in recent years to return to a strong interest in the adult sexual body.

The burgeoning field of adult "stages of life" (Erikson, 1982) probably owes more to Jung than to Freud. Study of these stages can tell us a great deal about the patterns of professional careers (Levinson, Darrow, Klein, Levinson, and McKee, 1978; Vaillant, 1977) but nothing about the continuities of neonatal and early childhood sexuality with adult living. We would hardly gather, from the excellent Levinson et al. study, *The Seasons of a Man's Life* (1977), that the *quality* of sexual relationships has any importance in the lives of male novelists, workers, biologists, and executives (the four occupational groups studied). We learn only about marital status and the symbolic quality of certain women (the "special" ones) for these men. The discipline of life-span developmental psychology with emphasis on "normative life crises" would seem to be an asexual one, judging by the papers in the 1975 volume edited by Datan and Ginsburg (1975). Except for a few comments on sex roles, the sexual body is not considered. A few years later, the same conference on life-span developmental psychology was devoted to "dialectical perspectives on experimental research" (Datan and Reese, 1977), but the sexual body again did not prove to be a part of these adult dialectics. Yet Datan, the major editor of this series, has argued for the importance of sexuality in later life, and has cautioned against the destructive myths which link impotence and aging (Datan and Rodeheaver, 1983). But her more specialized essay may not carry as much weight in the field of psychology as the life-span developmental series itself, where sexuality is largely omitted.

A partial exception to the general neglect of the adult sexual body as a problem in psychological theory is the work of Otto Kernberg, a psychoanalyst (Kernberg, 1974a, 1974b, 1980a, 1980b). Kernberg offers a variety of insights and new conceptual tools for understanding adult and adolescent sexuality as well as couples relationships in these articles, but with considerable underlying doubts about the value of the sexual body and of sexual experience, which he tends to balance off too neatly against social demands.

Kernberg is startlingly alone among recent psychoanalysts in raising the question of whether professional success in America is even worth having, given what it might cost in the development of the capacity to love (1975, pp. 332-333). Success can mean pathological narcissism. This radical insight, however, is not a major theme in Kernberg's work; he merely uses it in the course of arguing for the importance of mature "object relations," a theory to which he himself has contributed great confusion (Klein and Tribich, 1981). What none of the research on adults addresses is the problem of a "civilized" equivalent for Prescott's findings (1979) of a high correlation between sexually approving, affectionate, child-rearing and adolescence in "primitive" cultures, and an adult personality that is low in violence and other "asocial behaviors" (Prescott, 1979, p. 69). It is as if no one wants to know about this sort of correlation, even though there is every chance of its occurrence in *some form* within recent generations raised during the "sexual revolution" beginning about 1900 in the Western world.

The Sexual Infant and the Adult Body

As I have argued, Prescott's conclusions are highly significant and still fairly difficult to translate into practice within modern industrial culture, where touch does not necessarily have an affectional quality. Touch may be purely mechanical, in which case it probably has no beneficial effects, or is even a method for the transmission of hostile feelings. Moreover, the developmental connection between infant and adult will become more complex as new research findings are considered from the perspective of the sexual body. One kind of finding points to a reconsideration of adult functioning in terms of the seemingly ever more competent, active, self-activating infant. A recent example concerns motor development, an area generally not favored by researchers of the great "explosion," who have tended to accept that cognitive capacities are the ones to investigate. The usual assumption is that surely the newborn's motor coordination must be strictly infantile. Yet one recent study of kicking behavior in relation to learning (activating a mobile by leg movement) in 3 month old infants shows that the babies used neuro-muscular mechanisms very like those we adults would use in adjusting our pace and respiratory equipment during some learning task requiring movement. The neonates could vary the amplitude and frequency of their kicking, and do so with enhancing, supportive bodily adjustments that are biophysically quite like those "of mature humans" (Thelan and Fisher, 1983).

Because of the relative absence of directly sexual overtones, this kind of study will receive more attention, I suggest, than the observations reported 20 years ago by W.C. Lewis (1965) on infants of 8 to 10 months, who showed "coital movements." Bowlby (1980a, p. 158) could incorporate Lewis' findings into his ethological revision of psychoanalytic theory by treating babies'

coital movements as discreet, psychologically meaningless premonitions of part-functions of adult sexual intercourse. For Bowlby, they are merely additional evidence for "instinctive behavior," such as the mounting behavior shared by many species. What W.C. Lewis reported, however, is not so easily understood, especially from the perspective of the sexual body. The "coital movements" consist of "pelvic thrusting," and one of the most interesting aspects is that thrusts occur only when the infant feels very, very secure in its affectional touching relationship with its mother. From a psychoanalytic perspective, it could be said that repressive child-rearing practices or attitudes could easily extinguish such thrusting. Further, both male and female babies show this thrusting. While it is not associated with orgasm (or in boys, with erection), it has interesting rhythmic qualities: there are "rapid rotating pelvic thrusts" toward the direction of the mother, accompanied by delighted holding on to her abdomen and nuzzling her chin. The thrusts occur "at a frequency of about 2 per second," and for no more than approximately 10 to 15 seconds. Reich might have welcomed this evidence that both sexes engage in pelvic thrusting; in his theoretical framework, it would be not only a datum of ethology but a suggestion for another aspect of energy discharge. To my knowledge, no one has taken up this information about pelvic thrusting in babies and attempted to connect it hypothetically with the child's development into an adult with a sexual body.

Drawing even less attention are the more specifically psycho-sexual observations regarding the young boy, by Anita Bell (Bell, 1961, 1965). Bell noted that the psychoanalytic and psychological literature in general has very little to say about the significance of the scrotal sac and testicles in male development. All psychoanalytic attention has been focused on the penis (or on the phallus) but the boy's sexual body has other genitalia that may be equally important psychologically. Her observations lead her to hypothesize that in the boy, the scrotal sac is highly sensitive to the surrounding environment; that the sac changes its shape and size more or less continuously during waking life, depending on what the boy is feeling. As the boy grows through pre-pubescence, his ability to register such changes becomes automatic, and for the most part goes unnoticed in his conscious thinking. This ability is still present as a vital form of perception.

Bell also noted the psychological problem of the changing male body, as it matures, particularly in relation to the testicles. Not only are the adult testes much heavier than those of the boy's; they cannot be retracted into the inguinal canal. Most boys, it seems, can retract at least one teste. In other words the boy has an experience of variable genital interiority which the man cannot continue to have (Bell, 1961, pp. 262-263; 1965, pp. 183-184.). Bell developed her ideas within a psychoanalytic framework, but proposed certain revisions, such as the great importance of an equivalency, in male fantasy, between the male testes and the female breasts, and somewhat less emphasis

on the role of the penis in symbolic mental activity. Bell's pleas for an integration of this most interesting and psychoanalytically relevant theory have led to nothing in the years since she made them. As a somewhat displeased psychoanalyst noted in 1970 (Ehrlich, 1970), the human body no longer seems to play much part in psychoanalytic therapy. Recently, a similar plea has been made by a therapist who found that the human skin is a most useful indicator of unconscious processes, but that this aspect of the sexual body has not been given admission either to psychoanalytic theory or therapy (Biven, 1982).

The Transitional Sexual Body: Adolescence

An interesting fact about the last four writers, Lewis, Bell, Ehrlich, and Biven, is that their comments on the importance of the sexual body and its neglect in theory all are printed in standard psychoanalytic journals. This may represent editorial tokenism in the journals, but it is also an indication of how undisplaced the sexual body is, in psychoanalytic theory, despite all efforts to get it out of the way. To readmit the sexual body to the workings of the theory today, however, would require coming to grips with the increased complexity it has accrued since Freud's time. We would not only have to trace developmental continuities and stages, but also acknowledge fully the differences between infantile, adolescent and adult sexual bodies. REM sleep and genital engorgement are steady correlations throughout life, but their functions must differ for the neonate and for the adult dreamer if for no other reason than the vast differences in experience. The neonate will not have dream input coming from its adult relationships, since it does not have these, although it has relations with adults. And the adult, no matter how infantile he or she may be in the unconscious or in conscious fantasy, does not live within an arithmetically enlarged infant body. Adolescence is a great body change event. This change includes the brain: "There is much to suggest that during puberty . . . a reorganization of hypothalamic function and the hypothalamic pituitary axis occurs" (Wiener, 1980, p. 230).

Whether or not our culture is attuned to the magnitude of these changes is an important question. More could be done to facilitate the adolescent transitions than we as a culture do. The anthropological theorist Stanley Diamond has noted that "primitive" societies place their greatest ritual emphasis on this transition (Diamond, 1974). Such rituals involve direct physical attention to the individual body. In our own culture, it is instructive that Erikson tried to make adolescence, the time of life where the shift in body reality occurs, into a basic category of psychoanalytic thought. In today's psychoanalytic literature his contribution in that area still has had very little impact, by comparison with the interest in the infantile. Adolescence, to be sure, is written about, but it has become a semi-separate field. Generally the

talk remains far more that of infantile sadistic or omnipotent wishes, based on an utterly helpless baby body. Margaret Mahler, who has done much to promote such talk, has been quoted lately to the effect that there is one other time of life that is as crucial for psychological change as infancy: adolescence ("Analyst Focuses," 1984). But it will take some time for this view to have an impact on the theory.

Peter Blos continues the virtual omission of sexuality in his distinguished psychoanalytic summing up, *The Adolescent Passage: Developmental Issues* (1979). Blos, who was trained by the psychoanalytic pioneer of child psychology, August Aichorn, and who also worked with Anna Freud, writes about adolescent Americans precisely as if they do not have any active sex life (1970, 1979). A more up-to-date volume on the topic of adolescent problems, also within a psychoanalytic approach, similarly keeps sexuality out of sight, discussing it discreetly within the general context of "mood disturbance" (Golombek and Garfinkel, 1983). One of the contributions to that volume argues that empirically, there is little reason to believe that normal adolescence is characterized by moodiness or mood swings (Offer and Franzen, 1983). This is a curious position to take in view of the "falling in love" experiences which are widely known to parents for the virtually uncontrolled moodiness and elations which they see in their adolescent offspring—but falling in love (see Alberoni, 1983) is not discussed. A psychoanalytic book on the psychiatric treatment of adolescents which is more concerned with sexuality, is edited by Aaron Esman (1983). Esman differs with Anna Freud, and believes that there has been a sexual revolution in young people's lives which must be taken into account. However, the book is a collection of practical essays designed to guide other therapists, and contains nothing on the theory of adolescent sexuality. Among the contributors, Harley (1983) shows good awareness of sexuality in adolescent patients, and Laufer (1983) has an unusual awareness of the meaning of adolescent body changes for the boy. Williams (1983), also in Esman's volume, describes a case of a girl whose anorexia can be understood as part of her general running away from her own sexual body, but the reasons behind this drastic avoidance are not dwelt upon.

Yet if psychoanalytic theorists do not explore the anorexic-sexual avoidance connections, who will? In another source, a non-psychoanalytic treatment of a 28 year old woman suffering from bulimia (binge and purge) indicates that sexual pathology is at the core of the disorder. The patient's words show this, as she describes a breakthrough in her struggle:

I don't know what started me. I started getting angry. I was in town and I decided: OK. I'm going to binge, I started trying to concentrate on what was going on, and I got madder and madder and I got really mad. So I went to the store and got all the stuff: pizza and cheese cake, lots of cookies and some soda and I started eating on the way home. I was just furious and I had more anger than I could imagine. And it was at men mostly. I went over to my son's father's house and I felt I really wanted to get even with him. I felt like

going to his house and just going to bed with him, just out of anger. If I thought he wouldn't have expected that continually I'd have done it. I was just so mad and then I started getting mad at John [current boyfriend]. I really focused it on him. It wasn't so much that he'd done something; it was more that he represented something and I really was into it; I felt that he had violated my free agency. And I was really mad and I started eating. . . . I really ate. . . and all of a sudden I got this panic to get rid of it. I ran to the bathroom and tried to throw up and just couldn't. I was so frustrated and just started getting hostile and realized that a whole lot of that turned into sexual hostility, so I started to masturbate and I got into this whole fantasy thing on how I wanted to call John and tell him I wanted to go to bed with him, and then I thought he wouldn't do it. . . . I was going to rape him at gun point. I was getting into it [laughs]. . . .

. . . I know I had lots of these feelings before and I was trying to focus it on to my son's dad but I couldn't pin it on to him. And I feel like there must be something that happened way back. And this somehow triggered me into that anger that has to do with sex.

. . . What'd have made me associate anger with sex, with men? A lot of these things are so way back and I can't think of anything particular that would have started it. (Moley, 1983, pp. 24-25)

The therapist here is not particularly interested in the insight; as a "strategic systems" therapist his focus is on breaking the cycle of bingeing and purging in such a way as to enable the patient to get out of it. As it turns out, his instructions to her, to eat more than she wanted even in this binge, which was a *planned* binge coming after a period of desisting, has the correct combination of a paradoxical command to enable that cycle to get derailed. But the sexual core of the problem cannot be pursued: "While this fascinating soliloquy provides a fertile ground for interpretation," Moley acknowledges, "such a course of action would prolong treatment." And so, with quite the opposite interest of a psychoanalytic therapist, he directs her to concentrate on describing what she did, and not on "what she thought or felt about the meaning" (Moley, 1983, p. 25). I suggest that here again is evidence for the importance of the sexual body, this time in a combination of sexual denial-and-longing and eating disturbance—but only in the psychoanalytic tradition could this be explored fully. Most of the time the sexual body of adolescents is ignored by this very tradition. Yet it is among adolescents that the incidence of anorexia is especially increasing ("Teens Show," 1984); similarly, the "vast majority" of bulimics are "in their teens and 20's" (Brody, 1983a; see also Boskind-White and White, 1983; and Cauwels, 1983).

A basic challenge to the psychoanalytic avoidance of adolescent sexuality was sounded by Alice Rossi (1981), again in her critique of the feminist psychoanalytic theory of mothering developed by Chodorow (1978). Rossi suggests that contrary to psychoanalytic theories of development, "hormonal events and physical changes in puberty can extinguish all but minor traces of early experiences and substitute a whole new set of characteristics predictive of adult personality" (Rossi, 1981, p. 496n). Kagan (1980) summarizes research projects, some of them by himself, which show that early childhood experience does not provide good predictions of later behavioral patterns.

Unfortunately, Kagan, in his opposition to psychoanalytic theory and to the whole Western assumption of continuity in development, does not focus upon the study of sexuality in his numerous research efforts. In his recent book, *The Nature of the Child*, Kagan offers dismissive comments about the alleged subjectivity of all those who believe that continuity is crucial, but fails to cite or to discuss the works of Leboyer (1975) or Klaus and Kennell (1976, 1982), who are among the major adversaries with whom he is contending (Kagan, 1984).

The disparity of approaches points up what is lacking: an inquiry into the sexual body of both infant and adolescent in some organized framework. What we have, however, are competitive research efforts vying for the superior importance of one or the other of these developmental spans, using quite different theoretical approaches, and largely ignoring the implications of each other's findings.

The social issues at stake in the study of adolescence are by no means remote. Reich was one of the first to conclude that adolescents are entitled to a genital love life, and to recommend sincere social implementation of this right through provision of a suitable private place, such as an apartment, in which "to have coitus" (Reich, 1972, p. 114). The issue is being hard fought still. Currently, the U.S. government, through its Adolescent Family Life Program, is spending large amounts (\$13.5 million spent in 1983; \$16.3 million was scheduled for 1984; and 1985?) to discourage teenage sex (Isikoff, 1983).

As is often the case, the sexual body leads directly to questions of sexual politics. The legal scholar and advocate of children's rights, Leon Sheleff, provides an example of excellent critical research and theory that aims to help "youth," but is largely silent on sex (Sheleff, 1981). Sheleff refers (p. 232) with approval to such works as Richard Farson's *Birthrights* (1974), but neglects to mention that author's chapter on "The Right to Sexual Freedom" (Farson, pp. 129-153); Sheleff also describes John Holt's *Escape From Childhood* (1974), but neglects the penultimate chapter in that book, entitled "The Law, the Young, and Sex" (Holt, 1974, pp. 270-276). A new book published by Columbia University Press, *The Sexual Rights of Adolescents* (Rodman, Lewis, and Griffith, 1984), is all the more timely, given the current political context of adolescent sexuality in the United States, and the pervasive avoidance of the sexual body by researchers in many disciplines. Not surprisingly, this careful new examination of the social and legal issues of American adolescent sexual bodies leads to a policy recommendation opposite to that which the government is trying to implement: "Legislation should be passed by the states giving minors the right to consent to reproductive health services at age 15" (Rodman, Lewis, and Griffith, 1984, p. 133).

The need for new research efforts into adolescence as it occurs in a society that has been undergoing the sexual revolution, a drug revolution, and a crisis of belief in its own future, is dramatically indicated in statistics (cited by

Cohn, 1982) showing a huge increase in the rate of homicide in the U.S. among the younger cohorts of the population (not counting those under age 12, for whom no national figures are compiled!). Suicide rates among adolescents and young adults have risen sharply over the past quarter century. Youthful murderers tend to be in the age range of 13 to 15, thus exactly during adolescent development (Nelson, 1983). It is significant that research by Zenoff and Zients (1979) shows that youthful murderers (boys under age 16) either tend to have spent their first year of life in an institution where they received very poor affectional contact, or came from families with dominating mothers and absent or passive fathers. In addition, the boys in this second category were often taunted about their masculinity. These categories would both be related to Prescott's theories of the connection between inadequate somatosensory contact and violence. The first category shows an obvious lack of such contact. In the second category, the finding was that boys had been subtly encouraged by their parent to commit a murder (pp. Zenoff and Zients, 1979, 540-541)—a learning experience that would have to be based on an expectation that their value as boys would be confirmed not by their sexual bodies but by their violent obedience. Terrible as the facts of the second category are, boys in that group are still somewhat susceptible to therapy, whereas those whose affectional responses had been deadened during the first year of life are considered at present to be untreatable (Zenoff and Zients, 1979, p. 548).

As for the suicide rate, it is increasing most rapidly in the age group of 15 to 19 (Cohn, 1982, p. 621). Given the widespread skittish avoidance of theory and data concerning adolescent sexuality, it is to be expected that new research will neglect the sexual body in its attempts to understand these disheartening problems. To treat the adolescent for "depression" and neglect the high level of hormonal production, sexual drive, and feelings of sexual despair, is a likely but futile strategy, a reinvention of the sexual teenager worthy of pre-Freudian times. The lack of a perspective of the sexual body has prevented the formation of an adequate inquiry on the relationships between sexuality and teenage suicide. A hypothesis which might be suggested by such a perspective, for example, would be that teen suicides occur least seldom among those who are engaged in a sexual relationship, and do not occur among teenagers who have a gratifying relationship in progress. Moreover, in those suicides by teenagers who were involved in sexual activity, culturally-induced guilt may be predicted as a major disposing factor. A further problem for investigation would be the possible heightening of self-awareness among adolescents regarding their "failure" to become sexually active. The judgment of peers might label as "failure" the already lonely teenage person, whose despair and suicidal tendency might be exacerbated. The latter problem would be one more function of the sexual revolution as it moves through its numerous social phases.

While there is no simple "sexual answer" to teen suicides, I would interpret

the angry, almost hysterical comments by high school teenagers interviewed on National Public Radio (June 26, 1984) on the topic of teen suicide, as an indication of where the problem begins. What they emphasize is the sheer *pressure* on adolescent youth to make it in school, to succeed, to live for their future job. Adolescence, as a period in which sexuality and sexual relationships are given the time and the affirmation of value that Reich would have advised, is not being permitted to occur. Permission to go to bed is not the same as affirmation of the sexual body. The relationship between teen suicide and social pressure to perform—specifically to excel in schooling, which means grades—is indicated dramatically in reports from West Germany. “Schulangst” is estimated to seriously afflict about one third of German students aged 16 or under, and the high rate of teenage suicide in that country is widely thought to be linked to the inflexible educational system (“Suicide Among,” 1978). The Bavarian teacher Wilhelm Ebert, who was then the president of the World Teachers Association, has put the matter in succinctly bodily terms: “Only the grades count. At the center is naked fear” (quoted in *ibid.*).

From a classical psychoanalytic viewpoint, such fear would occur in the context of the intense dynamism of libidinal energy movement during adolescence (Haim, 1974, p. 254). As late as 1969, André Haim was attempting to develop a psychoanalytic theory of adolescent suicide along these lines. His pioneering work was translated into English in 1974, at a time when the statement in his preface, that “there are relatively few adolescent suicides” (Haim, 1974, p. xiii) would arouse little notice. Haim argued that whatever impedes the intense libidinal dynamism of adolescence, and whatever interferes with the adolescent’s need to re-structure the earlier Oedipal relationship, and thus denies “the triumph of Eros,” must be considered “suicidogenic” (p. 254). Most of Haim’s book is doctrinal psychoanalysis of the classical period, with some additional development in its theory of adolescence provided by Anna Freud. It is a book that does not attempt to go very far, and it shows little sense of any specific adolescent lives. But the fact that no further major inquiry of a psychoanalytic nature on adolescent suicide has followed Haim’s, is another indication of how the earlier breakthroughs, grounded in a sense of the sexual body, have not been followed up.

Yet the early breakthroughs do not lack confirmations in current research. It now appears that some of the suicides reported for young American males (and perhaps for a few females as well) are not suicides at all, but “autoerotic deaths.” This chilling new category is applied to those who accidentally asphyxiate themselves while attempting to heighten masturbatory pleasure usually by hanging with a rope around the neck. Of the 132 cases studied by Hazelwood and his associates, 127 were male (Brody, 1984; Hazelwood, Dietz, and Burgess, 1984). Here again reticence proves humanly expensive. Not a few parents are ashamed that their sons died in this way, and would prefer to let

the death be attributed to suicide. Less excusable is the high school administration which did not warn its students, even after the parents of one boy who had died of autoerotic asphyxiation begged them to. Soon another boy died of the same cause (Brody, 1984). Research into this form of death might ask the Reichian question: had this victim really had an opportunity to develop a live sexual relationship? Or did he come into adolescence already psychologically crippled by an environment which (subtly or grossly) showed a detestation of his sexual body—and at the same time demanded that he come to terms somehow with the peer pressure that makes sex a competitive hurdle for every young person to get across?

Sol Gordon, of Syracuse University, a sex counselor and researcher on American adolescents, is the only writer I have encountered who has emphasized the sexual difficulties of adolescent girls as a cause of their distressed behavior: “. . . as many as 40% of the girls who run away” from home each year in the U.S. “do so because they are pregnant.” Moreover, according to Gordon, pregnancy “is reliably reported to be the most prevalent reason for suicide among teenage girls” (Gordon, 1981, p. 96). Among the runaways, however, “many end up the victims of pimps, who immediately make them into prostitutes” (p. 96). Runaway, pregnant girls make statements in interviews which indicate that the sexual revolution has yet to hit home; the following are quoted by Gordon:

“My father said that if I ever became pregnant, he’d kill me.” “My mother said that if I ever became pregnant, I shouldn’t come home.” (Gordon, 1981, p. 96)

Such threats undoubtedly put an end to any discussion of the sexual body in the context of the family, making it in effect as unmentionable as it must have been in the homes of the young autoerotic males who died in their attempts at masturbation. But the sexual body is not always denied effective verbal recognition. For example, therapy with adolescents who have undergone sexual abuse is one field in which the sexual body is an unavoidable topic. Joan Riebel (1980) found that discussing sexuality openly, particularly the pleasurable aspects of incestuous sex, was very helpful to a group of girls in therapy.

I was once working with a group of girls who were incest victims Near the end of one session one of the girls began to talk about the sexual pleasure she had had during sexual encounters with her father. Other girls too began to talk about the positive aspects of their experiences. In subsequent sessions we spent more time on those parts of the incest the girls felt they had provoked, enabled, or enjoyed, either physically, emotionally, or situationally It was a delight to watch the girls, embarrassed and shameful at what they saw as their roles in the abusive situations, openly acknowledge and begin to accept themselves as full human beings. (Riebel, 1980, p. 690-691)

Riebel—identified as On-Site Coordinator for Region V Child Abuse and Neglect Resource Center at the University of Minnesota Medical School,

Program in Human Sexuality—is calling attention to the importance of the “positive aspects” at a time when the popular press is trying to simplify perception of the adolescent troubled with a history of child abuse to one of pure asexual victimhood. If her insight is correct, it will not be possible to help such girls unless their sexual body experiences are talked about frankly, acknowledging pleasure when there was pleasure. But of course, sexuality is not usually openly discussed between adults and children or teenagers, as Riebel points out (p. 691; see also Burgess, Groth, and Sgroi, 1978). Some 80 years after Freud’s advent in “the public mind,” it is still difficult to talk intelligently of the sexual body, especially where such talk is most needed.

The Two Major Human Sexual Bodies in Human Development

Given the importance of the adolescent sexual body, it is not always wise to simply contrast the infant and the adult sexual bodies, as I often do in this study. My purpose is to highlight some important differences in adult and infant because the issue for psychoanalytic theory is located along the lines of that contrast, not to suggest there are two and only two sexual bodies in every adult’s life history. The differences, however, are real enough, and they do warrant making distinctions. They may even be marked enough in common-sense experience to appear to warrant the psychoanalytic fiction of the helpless undifferentiated infant. There may be some reason, given these differences, for the psychoanalytic emphasis on infantile fantasy, if we may speculate that many fantasies are “felt” to be spinning around in our brains; they are not felt as direct impulses or as “gut” feelings so much as they are “in the head,” as D.H. Lawrence wrote concerning adult sexual fantasies (Lawrence, 1960, pp. 121, 128, 157-158). In the infant, there may be a special vulnerability, because the baby has a head which is very large in proportion to its body; the adult does not. Robert Lewis has pointed this out in his article, “Infancy and the Head: The Psychosomatic Basis of Premature Ego Development.” The head, which will reach 54 centimeters average circumference at adulthood, is already 35 centimeters around at birth, and is up to 46 centimeters by the end of the first year (Lewis, 1976, p. 21). During the first two years, brain weight, already large proportionately, increases 350 percent (Appleton, Clifton, and Goldberg, 1975, p. 144). Moreover, the infant’s head is one major scene of her or his physical action: “The first gross motor-developmental milestone is the infant’s ability to lift its head” (Lewis, 1976, p. 21).

A review of infantile competence notes that “Development proceeds from head to foot Control of the head precedes control of arms which precedes control of the trunk” (Appleton, Clifton, and Goldberg, 1975, p. 130). This outlook provides a rationale for Lewis’ sub-heading: *Heads Up: A Matter of the Utmost Gravity*. The adult body, however, is differently made. Obviously it is not mostly head. Linden reminds us that a lot of the adult

bodily life is still in the head: "The brain consumes 20 percent of the total body oxygen consumption despite the fact that it is only 2 percent of the material substance of the body" (Linden, 1978, p. 68). But in the body of the adult, unlike that of the infant, there is a large system of blood-filled veins below the level of the heart. Choissnel points out that at birth, 50% of the blood stream "is in transit in the brain" (1981, p. 55), but this ratio is not only reduced in the course of child development, the blood becomes subject to gravitational pulls that make for a difference, for example, in the ratio of air to blood flow "between the upper part of the thorax and the lower" (*ibid.*). In the adult body gravity is felt differently than in the infant body, especially since, as Linden points out, there is continual movement from periods of standing to periods of reclining (Linden, 1978, p. 67). Yet in current psychoanalytic thinking, I find virtually no awareness of this idea. It is true that Erik Erikson once proposed that differences in "postural modalities" between infantile and adult phases of the life cycle are psychodynamically significant, but he himself acknowledges that psychoanalytic theory has made little of this revision (Erikson, 1982, p. 40). Nor is it a part of academic psychology. In psychoanalytic thinking about the infant—which dominates thinking about the adult—the assumption is that what comes first is the infant's illusion of having no boundary between its own body and that of its mother. This assumption prejudices any consideration of later fusion of two adult bodies, such as in the orgasm; it is an assumption which focusses on infantile psychology. As the Reichian analysis of orgasm suggests, two adults may also communicate through a kind of permeable energy boundary between them, but this is not the same as claiming that therefore they are functioning in accordance with states of mind learned during early infancy.

The difference might be expressed, in part, through this distinction: the large proportion of blood flowing through veins located below the heart, in the adult, must also be part of an adult's intimate empathic contact with another adult, if contact is to be considered from a sexual body perspective. But the nature of such contact cannot be extrapolated from the infantile model, where the vein system of the lower body is far less prominent, and the body rhythm of standing upright and lying down is not there. Furthermore, adult contact, no matter how permeable its boundary, may be radically affected by a variation in patterns of breathing which is not available to the infant body: "Abdominal respiration," according to Gerda Boyesen, a bioenergetic therapist, "helps emotions well up and find release, in contrast to 'chest cage breathing' which is more restrictive and limits emotional experience" (Boyeson, quoted in Liss, 1976, p. 243). Adults may well have learned how to limit their breathing and their experience, but babies can hardly be considered capable of such a feat, at least not before some sort of socially-induced fear or threat makes them start to learn how to do it.

To go still further, we usually find in the psychoanalytic model of interper-

sonal space, or intersubjective contact, no mention of adult genitals. Such genitals are just not to be found in the infant, and in any case, it is presupposed in theory, that "infantile sexuality does not start within the genital sphere . . ." (Smirnoff, 1971, p. 57). Considering the evidence of infantile erections, this thought is not especially compelling, nor is "the genital sphere" a simple continuing factor from infantile to adult body. Bioenergetic thinking (indebted to Reich) distinguishes between the "birth reflex"—in which the baby makes an "extensor thrust" out from the foetal position—and the adult orgasm, in which the ends of the body tend to pull *toward* each other; in the first, movement is from a feeling of floating to one of landing and of consciousness; in the second, the move is from a feeling of everyday consciousness to a dimming, toward what Freud called "oceanic" feeling (Freud, 1930, pp. 64-73; Smith, 1980, pp. 24-25). A Reichian description of the oral orgasm that the infant may have, often after feeding at the breast, involves a distinct direction of energy movement in the body:

At the end of nursing one frequently observes a quivering of the lips in the infant. These quiverings spread to the face, finally ending in trembling and soft convulsive movements of the head and throat, sometimes of the whole body. (Baker, 1967, p. 312)

Early Freudian theory on the distinction between genital and pregenital sexuality could have made something of such differences, but today this distinction is referred to, if at all, in the abstract, with no concrete bodily awareness. Kinsey in fact insisted that infantile orgasm "is a striking duplicate of orgasm in an older adult," except for the lack of ejaculation in the male (Kinsey, Pomeroy, and Martin, 1948, p. 177). Kinsey did report that orgasm has been observed in a 4-month-old girl, and in a number of infant boys who were between five and eleven months old (*ibid.*). His relative lack of interest in the differences in energy movement between adult and infant orgasm is largely a function of his disinterest in energy theories at all, and partly a function of his primary insistence in showing that the sexual body did indeed exist, even in infancy. That was in 1948; surely it is now time to look into the differences.

Optimal Adult Sexual Body Feeling

The adult body, regardless of variations in infant-mother dynamics, is different enough to call for a place in any theory of human psychology. To draw out the contrast and difference that I would like to convey, I will go on, not merely to look at the grown up body but at the sexual body in a state of health, enjoying a mood of optimal function. This is not a suggestion that psychology or psychoanalysis ought to turn toward "the healthy," whoever they may be. I feel assured that adults too have their psychopathologies, regardless of the issue of the infantile body as a model. Nonetheless, how does it feel to feel really good? The question is worth asking at last. A few academic

psychologists have approached the topic of "wellbeing," but the bodily aspects and the qualities of feeling, let alone anything about sexual feeling, play virtually no role in their descriptions (Cohler and Boxer, 1984; Lawton, 1984). By way of contrast, here is Millicent Linden, a bioenergetic dance therapist, giving *her* description of what it's like: for one thing, the brain, still quite important in the adult body, gets its "dynamic oxygen satisfaction" and the head seems "extra clear and 'bright.'" More than that, however, is the sense of the whole person, who "feels like a NEW almost 'different,'" almost "another being." The whole is not just the sum of body parts, and as a function of its wholeness, "the body feels less of its weight." This however is no duplicate of the old fantasy of infantile flying: ". . . paradoxically, the greater the sense of weightlessness, the greater the sense of feeling within the body's sensibilities" (Linden, 1978, p. 69). Specifically,

The head seems to "fall upward," the shoulders are loose, free and just resting where they go of themselves, the "separation" in the chest is specific, the expansiveness feels "right," as though it should always have been there, light and gossamer-like, but always present, the pelvis is independently tilted forward and up, drawing the abdomen along with the new smooth curve of the spine, the thighs are relaxed and move more with involuntary reflexes, sort of "just themselves," and the feet feel the surface of the earth from the heels to the toes but without feeling the usual, hard, impact of the solid surface, rather more like a solid bounce. And, of course, the sensitive areas of the face, lips, ears, delicate membranes within the nostrils, etc., experience a sense of glow and warmth. (Linden, 1978, pp. 69-70)

If we wish, we can defend against this description by using psychoanalytic tools. My point is, as I have said, that from within current psychoanalytic theory one can do *nothing but defend* against such reports. The theory has ammunition available for the ready reduction of what Linden says we all may feel. The reductive line should be familiar: what she describes is merely the re-creation of an infantile state, the head "falling upward" is moving into that fused space of the boundaryless mother-child dyad. Or, Linden is just giving her own privileged perception, generalizing irresponsibly, and offensively. And so on. These reactive moves do not convince me. If human life includes bodily experiences such as these, then psychoanalytic theory and psychology in general have yet to come into contact with them. I specify *contact*, in order to brush away affectless acknowledgements, attempts to accommodate the information or to agglutinate it within the infantile. The telltale specifics finally mount up: the head "falling upward" *might* be the infantile body, with its mostly head physiognomy, but not the tilted pelvis, nor the feet feeling the earth with a solid bounce. And given those specifics and all the others, even a fantasized infantile head, if that is what we have here, becomes different than it was during infancy. The head is in a new configuration of adult experience.

I have been suggesting a manifold dilemma between psychoanalytic theoretical requirement and responsiveness to evidence concerning the sexual body.

Given the direction the theory has taken since about 1926, psychoanalysis has no choice but to take the infantile body and its vicissitudes as a model for the human body, in all its psychic significations, which means taking the infantile body also as a basis for the self and the adult. Moreover, the model is biased toward *distrust* of the body. Crews, for one instance among many I could cite, summed up the life implications of the theory this way: "Our common plight is to be forever seeking acquittal from the fantasy-charges we have internalized as the price of ceasing to be infants" (Crews, 1970, p. 22). This prospect may have been one factor in Crews' later renunciation of the psychoanalytic world hypothesis (Crews, 1975). If so, he could hardly be reproached.

Sex Research and the Adult Sexual Body

The adult sexual body in the complexity of its many dimensions has gone begging, not only because of the absence of serious psychoanalytic thought about it, but because of a general neglect of comprehensive discussion in any of the disciplines. Many of the non-psychoanalytic approaches are deliberately limited in scope. Alex Comfort's two best-selling books, *The Joy of Sex* (1972) and *More Joy of Sex* (1974), were deliberately cast by their author in a mode of mildly euphoric fantasy; adult sex could be presented, Comfort realized, in the mode of a gourmet cookbook, for those who felt they already knew enough to cook the plainer dishes. Comfort's aim, as he has since explained (1978) was to advance both the affectionate practice of sexuality and respect for it as a formative core of self-regulative behavior, without suggesting to the reader any anxiety. Hence the "joy of" presentation, for which Comfort is often held in contempt. Offit's two books (1977, 1981) present the adult sexual body from the point of view of a sex therapist with a fine penchant for making interesting, feelingful comments, but with little interest in the broader social issues or implications. She is indebted to Masters and Johnson (1966), but not to the extent of accepting everything they say, nor of adopting their clinical, abstract tone.

It is to the researchers that Comfort and Offit are really indebted. Research on adult human sexual behavior has taken place because courageous interdisciplinary researchers were willing to work at it, going against the grain of professional opinion and risking fund deprivations. Albert Kinsey was a zoologist. William Masters was a gynecologist who had distinguished himself in the field of reproductive biology, and his coworker Virginia Masters (who gave up her career as a singer to work with him) never got a formal degree in psychology. Masters has worked at his research and therapy every day without a day off for 17 years (Hacker, 1983). Despite their success, basic research on sexuality is again threatened with a severe shortage of funds (Haberle, quoted in Boffey, 1983). According to Money (1980, p. xv) there is still no Department of Sexology or anything of the sort at any hospital or medical school, anywhere in the world.

To some extent, the contribution of Masters and Johnson, courageous as it has been, has also been formed by their quest for scientific certainty, in Dewey's sense (Dewey, 1929b): they claimed, for example, to have discovered at last the "anatomic baseline" of the female sexual response cycle and of orgasm (Masters and Johnson, 1963). Here was a case of science delivering the promised goods of objectivity. But such goods are bogus, in Dewey's world hypothesis; they are merely additional incidents of the belief that "certainty is attained by attachment to fixed objects with fixed characters" (Dewey, 1929b, p. 129).

As time went on, however, the certainty of these findings came to look dubious. Several problems were involved. For one, the writing style of Masters and Johnson seemed to occlude clear understanding of what they were saying, and led at once to popular semi-authorized restatements of what they meant (Lehrman, 1970). Tavis and Sadd (1977, p. 69) suggest that Masters and Johnson "had to write up their physiological research . . . in impenetrable jargon so that no one would accuse them of writing pornography . . ." Within a few years, the frequent objection that the sex performed under laboratory conditions with various equipment for measurement of effects attached to the body could hardly give a representative outline, was put to the test by the married physiologists, C.A. and B. Fox. Also using measurement equipment, but in their own home, they promptly discovered serious discrepancies between their sexual experiences and the Masters and Johnson findings (Fox and Fox, 1971; cited and discussed more fully in Singer, 1973, pp. 174-176; see also Davidson, 1980, p. 296). A survey of women's own accounts of their orgasms (published originally in MS) showed that the distinction between vaginal and clitoral was not being relinquished even by women researchers, some with strong feminist commitment (Seaman, 1972).

On re-reading Masters and Johnson in the 1980's, I am struck with the internal contradictions between their confident, famous claim that the female orgasm shows no differentiation between clitoral and vaginal response (Masters and Johnson, 1966, p. 66), and the actual data they give. They acknowledge early on that they had a "lack of information" concerning the clitoris in its orgasmic phase (1966, p. 49). When their chart is formally offered, detailing the "Sexual Response Cycle of the Human Female—Genital Reactions" (pp. 288-289), this lack of information is striking. During the four phases of the cycle, clitoral arousal is noted for the first, clitoral retraction for the second, and, during the third, or orgasmic phase, the authors simply write: "No observed changes." Rhythmic contractions of the vagina and uterus, however, *are* noted in considerable detail during the orgasmic phase, and *only* during that phase. Thus Masters and Johnson's great refutation of the myth of the vaginal orgasm turns out (as Offit, 1981, pp. 29-31 says) to amount only to

the claim that some clitoral sensitivity does go on throughout the cycle. The physiological "baseline" only tells us the lowest physiological common denominator (Boadella, 1973, p. 28).

More recently, some research has suggested that women "ejaculate" during orgasm, or rather that a small percentage of women probably do ejaculate a fluid from the periurethral or "Skene's" glands (Sevely and Bennett, 1978; Whipple and Perry, 1981). The trigger for this emission is not the clitoris, "despite what we have been taught for thirty years" (Francoeur, 1982, pp. 156-157). "It turns out that Freud was partly correct in suggesting a vaginal versus clitoral orgasm" (Francoeur, 1982, p. 157). Some female orgasms are set off by stimulation of the so-called "Grafenberg spot," according to these findings, which is "located in the front wall of the vagina" (Francoeur, p. 158). Francoeur hypothesizes that the reason so few women report this ejaculatory response is that when it is first felt, subjectively, it is easy to confuse with urination. "The initial response of wanting to urinate, or the fact that they once ejaculated and thought they had urinated, may be the reason many women hold back their sexual responses" (Francoeur, p. 159; see also Davidson, 1980, p. 310). The "anatomic baseline" which Masters and Johnson had located in the clitoris is not refuted by the additional factor of the Skene's gland function, but it becomes more problematic.

Some of the more interesting aspects of Masters and Johnson's research tended to be overlooked since these afforded no certainty; these were surprising relationships between sexual response as it is graphed and as it is subjectively felt. We might understand the sexual body better, for example, were we able to take seriously their finding that during female orgasm, women frequently reported feeling their heart beat "vaginally." Could heart pulsation possibly be felt in an expanded form, to include the vagina? The medical books do not say so, but the authors of such books were not thinking along these lines. Masters and Johnson brush such puzzling reports aside, attributing them (without evidence) to the capacity of women to tailor their sexual responses to the dictates of "social influence" (Masters and Johnson, 1966, p. 134). From the perspective of the sexual body, however, it might be suggested that reports of heartbeat felt vaginally refer to bodily events which are still not fully understood.

The part played by the Masters and Johnson findings in sexual politics has been discussed exhaustively. Less known is the seismic wave effect among educators and research workers. The textbook *Fundamentals of Human Sexuality* (Khatchadourian and Lunde, 1972), a product of a course on sexuality at Stanford University that drew literally thousands of students, and a book club selection, illustrates some of the fallacies concerning the sexual body brought about by a basically physiological approach within American academic psychology. The book confines its description of orgasm to a chapter on "Physi-

ology of Human Functions," classed arbitrarily within the area of "biology" rather than "behavior" or "culture." The description given of orgasm is heavily indebted to Masters and Johnson, who are cited, but elaborations of the original neutral language suggest that an orgasm is a tightening up, not a letting go:

In intense orgasm the whole body becomes rigid . . . the abdomen becomes hard and spastic, the stiffened neck is thrust forward, the shoulders and arms are rigid and grasping . . . (pp. 58-59)

As if to cover all possibilities, the authors report that during such "intense" orgasm "the toes curl in or flare out"; also "the eyes bulge and stare vacantly or shut tightly. The whole body convulses in synchrony with the genital throbs or twitches uncontrollably" (*ibid.*). These equivocations perhaps reveal the problem faced much earlier by Reich, though not by these psychiatrists, who have "broad backgrounds in the behavioral and biological sciences" (Hamburg, 1972, p. vi). The problem is a qualitative one, in which it is necessary to evaluate, not construct a merely verbal parallel: there is an orgasm that is a whole body rhythmical convulsion in synchrony with genital functions, as opposed to one where energy is controlled by rigid grasping and rhythmic twitching.

That textbook, however, is not so much in use in the mid 1980's; and some of the newer college texts for courses in sexuality, such as Francoeur's, phrase their descriptions of orgasm in more plausible terms. Moreover, there is a move in current research to reconsider the nature of human orgasm from a more qualitative side. Julian M. Davidson, of the Department of Physiology at Stanford, has offered a reexamination of the psychobiology of sexual *experience*, in which he takes seriously the resemblance of orgasmic experience to Altered States of Consciousness, and in which he also credits Lowen, whom he calls a "neo-Reichian authority" (Davidson, 1980, p. 308). Another researcher at last has raised the possibility of connecting sexual response with depth of involvement (Mosher, 1980). These surely are developments to be welcomed.

I am less impressed however with the fetish of "comprehensive model" building in current academic psychology, when it submerges the "burgeoning research area" of sexual "responding" (Kelley and Byrne, 1983, pp. 484-485). For Kelley and Byrne, Mosher's new effort to understand orgasm is merely an "atheoretical" approach to one of the "limited segments" of sexuality (*ibid.*). There is something about the crudity, the felt immediacy, of the sexual body, which rapidly gets lost in such flow-chart styled models as their own. I would think that Mosher's new breath of air on the topic of orgasm would be valued in itself, considered carefully, and if considered valid, given priority for any models that might be built regarding adult sexuality. Kelley and Byrne's

chapter is part of a huge new "sourcebook" on social psychophysiology (Cacioppo and Petty, 1983), where sophisticated models are reviewed and further developed. Yet some of the goals seem ill-conceived. For example, there is an emphasis on measuring physiological responses and their affective correlates with great empirical accuracy, in the field of sexual fantasy (Kelley and Byrne, pp. 468-472). This is unobjectionable, except that it seems to lump all "erotic stimuli" into one category, whether it happens to be a sexy photograph or a human being with a live sexual body—and usually the study concentrates on the photograph or other "stimuli," and not on the way people respond to each other in sexual body terms.

Certain non-laboratory investigations of the past decade I would rate more highly for their value in understanding the sexual body, as the body develops as an "object of knowledge" (Dewey, 1929b) in continuing relation to the sexual revolution. One of these, a book called *Breasts: Women Speak About Their Breasts and Their Lives* (Ayala and Weinstock, 1979), came about when the authors saw the need to expand their initial plan for a book of unretouched photographs showing a variety of adult female breasts, to include extensive verbal reports by nearly 40 women volunteers who posed for the photographs. The theory is that of the sexual body: as one of the women explained, "I can't talk about my breasts without talking about being a woman." The authors include a 95-item questionnaire, and ask that other women who read the book also send in their answers to these questions in the interests of further research. The author's own commentary places the discourse of the women within the context of American "titillated" culture. It is a critical, not simply a descriptive, account. The sexual bodies depicted form a selection in no way dictated by the popular culture of the ideal breast. The subjects even included a woman, for example, who has undergone unreconstructed mastectomy. *Breasts* introduces an essential aspect of the sexual body to educated discussion. It marks an obvious contrast in approach to the work of Masters and Johnson in that it emphasizes the subjective perceptions of the women, whose feelings about their own breasts are often shown to have changed, with increased experience, and partly through the acquisition of knowledge about their own bodies. The self that these women talk about is inherently sexual, not abstract or neuter. To the extent that breasts are integral to the woman's self, a man could not have such a self. Moreover, the reader of the book can not only observe a series of breasts in an unprecedented setting, but can analyze his or her own feelings about the sexual body. These feelings are bound to be intimate, wide-ranging, and erotic. Ultimately, if such thinking continues, it will call out for theory to organize the various observations. In this respect, much useful work has been offered very recently by the anthropologist Peter Anderson, who recognized that an understanding of the human breast requires special consideration. The adult female breast is not like anything in animal life, even in primate life. Anderson's account of the

"reproductive role" of the breast necessarily crosses over into the erotic functions of the breast. The several commentators on his article could by no means agree that we know enough about the breast—nor even that Anderson himself had selected the most pertinent research findings in his survey of the literature (Anderson, 1983). The lack of consensus should not inhibit investigation nor theoretical effort, but it does signal that in the perspective of the sexual body the time is not at hand for confident comprehensive model building.

The New Menstrual Cycle

That is also the assumption of Doreen Asso, in her excellent study of research on the menstrual cycle (Asso, 1983). In the course of critically analyzing some 400 scientific studies of changes associated with the menstrual cycle, the causes and effects of these changes, and the nature of the menopause, Asso notes a large number of gaps in the research (Asso, 1983, pp. 6, 15, 36, 41, 60, 78, 107, 114, 123, 174). When so much of the basic physiological knowledge is still sketchy, it is especially difficult to deal with the psychological affects. Nor is it feasible to present detailed psychophysiological models. Nonetheless, Asso gives a persuasive argument to show that despite imprecision in the state of knowledge, the mood changes and other psychological effects reported by women are not based on "maladaptive attitudes" on the part of these women. At least not for most women. In fact, the often heard suggestion that it is all in the head is unmasked as another way of denying the sexual body.

The implication is often that the multitude of women, of all types of personality, and at all levels of articulateness and intelligence, have only to "think differently," and fight off social pressures, in order to deal with substantial changes in their own bodies, their physiological processes and their feelings. This is unrealistic and reminiscent of a "pull-yourself-together" morality. (Asso, 1983, p. 169)

Asso might have added that the women in the various studies also come from all types of cultures; she does present substantial cross-cultural evidence which shows some unexplained cultural differences (Mexican women report a shorter period of menstruation, for example, than British women; p. 14) amidst a great deal of highly congruent information about the menstrual cycle in different cultures (pp. 87-88). Moreover, it is the cycle in its entirety that must be studied if there is going to be an understanding of the adult woman's sexual body; most of the research thus far has studied only the premenstrual and menstrual phases, leaving the other two thirds of the cycle virtually unexplored (pp. 15, 78). The research pattern has thus created an artifact: the sexual body of woman consists of a biologically invisible level of functioning over most of the cycle, followed by two phases (premenstrual and menstruation) in which biology rears its ugly head.

Conspicuously ignored are the *positive* mood effects (p. 60) and general good feelings found during the other parts of the cycle. There are indications that at about the time of ovulation there "is an increase in self-confidence, assertiveness, and dominance," along with such feelings as well-being, pleasantness, cheerfulness, elation, vigor, excitement, and affection. As these terms imply, there is also a high energy level (Asso, 1983, pp. 62-63). Even with the small amount of research devoted to these positive aspects, there is good evidence for saying that at the time of ovulation there are "real changes in sensitivity" which cannot be explained away as "judgmental" (p. 33). "Sight, hearing, smell, touch, and taste all reach a peak of sensitivity at ovulation time" (p. 32). At that time also, "response to cutaneous pain actually decreases . . ." (p. 33). Among the odors to which ovulating women are more sensitive than are men or non-ovulating women is that of exaltolide, "a musky smelling substance found in male urine" (p. 34). The menstrual cycle is "a pervasive and continual influence" in the life of the adult women (p. 166), and it provides women with an "internal environment" very different from that of men (p. 166). Despite some variation in moods, there seem to be no comparable cyclical changes in men, judging from the many comparison studies cited by Asso (pp. 74-78, 100, 107, 108, 121-124, 127, 135, 166, 172).

Probably one reason for ignoring the overall influence of the cycle is the evidence showing that women's performance of cognitive tasks does not undergo cyclical variation (pp. 71-73). From a sexual body perspective the problem would not be whether the tasks are performed as well, but the contextual differences of affect within the performance of cognitive functioning (cf. Martindale, 1984)—at different points in the cycle. Unfortunately, academic psychology has been prone to assume that there is no mind to explore unless there is a cognitive difference which can be shown in test scores.

Asso introduces the menstrual cycle within the context of cyclical behavior in general. Cycles such as the circadian day would seem to be an inherent feature of the sexual body. But the circadian is one cycle among many rhythms which are now attracting research interest (Asso, p. 13). Possibly this interest will extend to inquiry into the significance of the infantile penile erection cycles discussed in the previous chapter. One of the most interesting features of cycles is their capacity for coming into synchrony, or "entrainment." The 18th century scientist Huygens noted that the ticking of two clocks became synchronized after they had been hung on a single board (Asso, p. 6). In the remarkable experiment on the menstrual cycle by Russell, Switz, and Thompson (1980, discussed by Asso, pp. 7-8), there was also evidence of entrainment:

Perspiration was taken from one donor woman and rubbed on the upper lip of a group of five women. Six control subjects were rubbed with plain alcohol. The group which

received the perspiration showed a shift toward the donor's monthly cycle; the control group showed no such shift in menstrual timing. (Asso, 1983, p. 7)

This "menstrual convergence" may have been communicated through a pheromone, but the chemistry is still unknown. Research on the menstrual cycle thus promises to shed light on how individual sexual bodies live in coordinated biosocial patterns.

Although her book is primarily descriptive and non-ideological, Asso does not hesitate to speculate about the significance of the findings for women's lives in contemporary culture. She has a theory of the sexual body, with regard to the menstrual cycle, even though she offers nothing like the sophisticated "models" of psychophysiology. In one of her comments, she astutely criticizes certain studies of women's variations in sexual feeling during the menstrual cycle on the same grounds as my own in objecting to the study of sexual fantasy by Kelley and Byrne (1983): the investigations were "carefully planned and conducted," but they were out of touch with the sexual body. That is, they investigated women's sexual feeling while these women "were without a sexual partner" (Asso, p. 56). Asso's own theory is that women always live with the cycle, but that the quality of women's life will be enhanced greatly if they are fully informed about the effects of the cycle. She points to "attribution" studies which show that feelings of competence are increased if the person is able to interpret a feeling, such as stress, in terms of its source (Asso, 1983, pp. 159-163). There is every reason to think that attribution of menstrual effects will also provide a secure feeling of being like other women, rather than being abnormal in some way. More generally, knowing about the cycle makes it more feasible to live with it intelligently, taking advantage of its positive affects and not being baffled by the negative ones (pp. 169-170). On the other hand, any attempt to deny the mood swings and other psychological effects is a futile, unintelligent attitude to take toward one's own body. Asso is highly aware that contemporary research results concerning the menstrual cycle function within the new "object of knowledge" (Dewey's term), the adult female sexual body in an era of greater sexual enjoyment, extended life-span, and a changing definition of womanhood (pp. 59-60; 121-122). Thus while women would be extremely ill-advised to attempt not to live with the cycle, or to deny its effects, there is every reason for them to choose to live with it, not as an isolated factor in their lives but in the context of a sexual revolution in which they are already participating by virtue of the times in which they live. According to Delaney, Lupton, and Toth (1976) direct references to the menstrual cycle did not even appear in imaginative literature until around 1880, although it is now evident that writers of both sexes did allude to it; Charlotte Bronte in *Jane Eyre* (1847/1960) and George Eliot in *The Mill on the Floss* (1860/1979) seem to have made profound use of menstruation imagery (Davis, 1978). These creative works form a part of the cultural

context in which menstruation may be thought of as something other than a "curse." In earlier ages, knowledge of the cycle might have been used to maximize (or minimize) conception, but at present such information will more likely become part of a woman's general sexual awareness. From the perspective of the sexual body, cyclical variations in sexual desire (Asso, 1983, pp. 55-60) are especially pertinent. But as Asso points out, sexual activity itself may have an effect on certain aspects of the cycle, such as endocrine patterns or levels (p. 146). Not a great deal is known about that effect in humans, but it is one of the many potential areas of investigation which Asso's book highlights.

The Real Menstrual Cycle is one of the finest fully professional presentations of research on the sexual body I have encountered. In addition to the topics I have taken up from it, I would note that Asso also discusses more complex interrelations of the autonomic and central nervous systems with the menstrual cycle, citing among other sources some of her own research (pp. 46-51), and the relations of hormonal changes in the cycle to brain physiology (pp. 139-140). She also mentions the hormonal stimulation of REM dreaming (p. 139). Surprisingly, she makes no mention of the recent pharmacological advances such as Ibuprofen (marketed in the U.S. as Motrin) which have greatly reduced menstrual cramps for many women. Discussion of these drugs is easily found in the popular book *Freedom from Menstrual Cramps* (Schrotenboer and Subak-Sharpe, 1981). In fact, few of the 43 references cited in that book are cited in Asso's specialized bibliography, which is ten times the size. The perspective of the sexual body not only continues to provide challenging insights, it is also one which is nourished by information from disparate disciplines. The level at which a discipline is presented quite often is a popular one, where the sexual body is concerned, a factor which leads to special problems in evaluation.

Surveying the Changing Sexual Body

Surveys in questionnaire form are subject to statistical and methodological criticism, but this form of research appears to be indispensable in learning approximately just what sexual behavior among adults is actually practiced during a given decade. The problem is complicated by prevalence in this field of unofficial science, such as the surveys sponsored by *Redbook* and lately by *Playgirl*, and Shere Hite's "reports." As Taylor (1977) has shown, Hite's inadequacies in her report on women's sexual behavior were not so much due to the statistical skewing of her sample (although this was serious), but to her own systematic distortion of the questionnaire results in her discussion. Hite, for example, tried to make the evidence show that clitoral orgasm was all, and vaginal stimulation nothing. But she could do this only by taking great liberties with her evidence. Although I do not advise taking Hite's work

seriously, the *Redbook*, *Playgirl*, and the recent large-scale survey of couples by Blumstein and Schwartz (1983) are much more adequate in their discussion of the information gathered, while the latest survey [Blumstein and Schwartz] is far more responsible to a scientific ideal in its gathering of information through questionnaires, and in the exposition of in-depth interview materials. In Pepper's terminology, survey material is "unrefined" empirical evidence, but should not be thrown out. It should be recognized for both its limitations and value, and further refined if need be (Pepper, 1942, pp. 39-70).

The *Redbook* survey came from the magazine's readership in 1974. Tavis and Sadd (1977) describe the survey and discuss its implications. A notable finding emerged when using data from married women only. Of these married women, 29% had had extra-marital affairs, but there was little evidence that such activity was pursued to the point that it became a threat to their marriage (pp. 161-168). The recent survey sponsored by *Playgirl* was conducted for the magazine by the Institute for the Advanced Study of Human Sexuality. Questionnaires were distributed to women by health care professionals in Ohio, California, North Carolina, and Washington, D.C. It also shows occurrence of extra-marital sex among women (43%) that would have been thought surprising somewhat earlier. Of related interest is Offit's report (Offit, 1981, p. 43) that some 60% of married couples in sex therapy have extra-marital affairs in progress, and that the woman in the couple is quite as likely as the man to be the one so engaged (p. 43). In the Institute for Advanced Study of Sexuality survey, results indicate a mixed psychodynamic picture: although more than half of these reported guilt feelings, the *overall* survey of women's marital sexual activity seemed to show that the sexual body was not proving to be so great a problem as some dire predictions concerning modern sexuality would have led us to believe. Ted McIlvenna, president of the Institute, comments: "These women seem to feel all right about it. I was amazed at how much better they were handling sex. We could see the good fruits of the sexual revolution" (quoted in Barclay, 1983; see Grosskopf, 1983a). Although both the *Redbook* and the Institute studies are scientifically limited, there is too little reliable information about the sexual body in its recent cultural configurations to permit the thoughtful research worker to simply forget about such efforts. For example, Francoeur (1982, p. 157) had guessed that only about 10% of women "ejaculate," but in *Sex and the Married Woman*, more than half of the women were capable of saying that when they have an orgasm, they ejaculate. The question, "Do you ejaculate during orgasm (expel fluid that is not vaginal lubrication or urine?)," was answered by 1200 women, or 99% of those who participated in the study. Of these, 13.5% answered Rarely, 22.5% answered Sometimes, 17.15% said it occurred Frequently, and 5.25% said they ejaculated Always (Grosskopf, 1983b, p. 47). Yet having gathered these figures, the editor fails to comment upon them.

If I may refer to my own field, the study of literature, then I must somehow take account of the survey results which indicate that women are much more often than not gaining substantial satisfaction in many ways from their marriages, because this flatly contradicts several hundred years of criticism by "literary" writers of the marriage institution (De Rougement, 1939/1956). It is quite at odds with much feminist thought as well. Some of the disparities in the evaluation of marriage may be artifacts of the methods used to understand it. Nor are all methods equally revealing. A survey of the *Playgirl* type is not even attempting the inner depth of a work of literature, nor does it raise the radical issues which concern feminist thought. But it is also possible that the institution of marriage is undergoing a change in its quality of life. What especially interests me is the indication which several surveys give of a continuing move away from older cultural patterns of involuntary monogamy; indeed the figures for extra-marital sex continue a trend reported in earlier studies, as Tavris and Sadd have noted (1977, p. 163). If such is the case, it would appear that declarations that the sexual revolution is over (now that the more public rebelliousness in lifestyle of the late 1960's and early 1970's has ended in American culture) are incorrect. Such pronouncements are often expressions of fear of what "unbridled" sex may do. For example, Kernberg has suggested that cultural changes toward increased freedom of sexual expression are essentially cyclical and are of little psychological import. His evidence for this, however, consists of rather few historical studies which apply to such aristocratic behavior as that of the French monarchy, or to indiscriminate sexual license during certain historical periods (Kernberg, 1980b, pp. 104-105). This type of evidence lacks the scope or precision needed for confronting a worldwide change in sexual mores that is affecting all classes, and in which there is a better grasp of self-regulation, rather than a concern with licentiousness, extreme privilege, or rebellion for its own sake. The sexual body is more complicated than Kernberg allows, when he compares recent changes to a time in 18th century France when women "were expected to have a lover in order to be socially up to date" (1980b, p. 104-105).

Kernberg is an interesting example of the psychoanalytic discipline's confrontation with the adult sexual body. Several of his articles mentioned earlier contain serious, feelingful, and nonmoralistic observations concerning the sexual life of the heterosexual couple, as well as a beginning of a theory of the inter-relations of the human couple and the human social group. In terms of the present study of the sexual body, Kernberg can be said to be carrying on the psychoanalytic tradition in the highest, most intelligent way; that tradition inherently calls for psychological consideration of adult sexual life. No matter how many revisions of the theory are made, that aspect remains central to it. At the same time, Kernberg's recognition that the couple, involved in its own sexual intensity, may draw apart from the group, leads him to insist that

sexuality once more must be balanced against other social needs, which is to say, that the sexual body must be judged as a part of social life before it is allowed to change our sense of what social life should be.

I found it revealing that Kernberg, at the end of a brilliant presentation at SUNY-Buffalo (Kernberg, 1981) suddenly let his guard down to say that he regards a film by the Japanese director Oshima, *In the Realm of the Senses* (1977), a parable of what would happen if the adult sexual body were allowed full expression. The obvious moral that this film shows, according to Kernberg, is that sexual freedom leads to sadistic violence. In the film, the couple draws obsessively together in increasingly sadomasochistic sexuality, ending with the woman *literally* castrating the man. But that Kernberg could imagine that Oshima's film is about the nature of sexuality in its essence is astounding. In this film, the married man falls in love with a prostitute. The woman must still occasionally go out and earn money by practicing her trade even during the course of the relationship with the hero. It is hardly surprising that the woman, starting out as the submissive sex-object, a function of her being the prostitute, eventually reverses roles and becomes the all-powerful dominator, using sex itself as the medium for annihilation. Underneath this dynamic are glimmerings of genuine love. Kernberg's choice of this fictional couple, set in the social environment of Japan in 1930, as a parable of what self-regulated adult sexual life would be like if lived out to the full, tells much about his psychoanalytic attitude toward the sexual body, but nothing of the sexual body.

The distinction I am drawing here, between sexual revolution with long-term self-regulation as its guiding motif, and sexual revolution in the abstract, might be explored through analysis of the result of the large, careful survey (12,000 questionnaires, followed by intensive interviews with 300 of the couples in the sample) by Blumstein and Schwartz (1983). In some ways, the survey results justify the skeptical interpretation which holds that behavior between the sexes is not really changing. This interpretation could be based on the preservation among these contemporary American couples of the traditional sex roles: she does most or nearly all of the housework and he does very little of it. Moreover, in a finding that pertains directly to the sexual body, it was found that women in heterosexual couples regarded genital intercourse (not oral sex) as more important to their happiness than did men. Superficially these are signs that the old ways continue. The meanings of the findings, however, are not easy to assign with confidence. Rossi (1984) has pointed to a number of studies which also show that sex-role behavior with regard to housework, cooking, and childcare of the young infant continue to be performed largely by the women in the house, even in the households where it would seem that untraditional values would take hold, such as the communal living group. Rossi maintains that these findings are tentative evidence of a biological basis for the sex roles. According to Rossi, it is useless to expect

much change in these role areas, except under deliberate, persistent effort toward change which would have to work against the biological grain.

The real change reported in Blumstein and Schwartz' survey, and one that would be pertinent to the perspective of the sexual body, concerns the emphasis couples put on the couple relationship rather than on their jobs or careers. Does the man or the woman fall into conventional role here? The figures show that one quarter of the married couples in the sample reported that both of the partners were centered upon their relationship more than upon work, and that a total of 39% of the husbands in the sample said that they focused more attention on their relationship than on work. This I interpret as a departure from tradition: it is a move toward mutual self-regulation of the adult sexual body couple, and a move away from the traditional male-female role dichotomy in which the man worried about work and treated the relationship as secondary. The other finding referred to above—that women tend to find genital intercourse rather than oral sex important—is a refutation of Hite's claims in her "report" (1977) of the primacy of oral and manual sex, but those claims represented her distortions of the evidence rather than any sexual revolution that was actually going on. On the basis of the couples in the Blumstein and Schwartz study, it could be said that in a contemporary American social context, with the sexual revolution well under way, heterosexual married women have found that the sexual body was a crucial source of happiness in genital intercourse. This may not be very surprising, but it is also inaccurate to dismiss this finding as only what married women have always said. In the first place, they probably would not have said so in Victorian England, and in any case, the current American social context provides a different setting for the sexual body than earlier and other contexts might have given. Tavis, who was one of the writers of the *Redbook* report (Tavis and Sadd, 1977), has reviewed the new survey in a spirit of dismissal, saying that there is not much that is new in it (Tavis, 1983). I would advise being more receptive. As Brody noted,

the findings indicate that married couples engage in sexual activity more often and more regularly than the researchers expected on the basis of previous studies. (Brody, 1983b)

We may not know exactly what this means, but it is new. From a Reichian perspective it might mean that sexuality remains central to couples even after the earlier stages of the sexual revolution, when sex might have been engaged in more because it was prohibited than for the inherent gratification it offers.

I detect a related conclusion in findings on the post-divorce lives of couples, reported by the psychologist E. Mavis Hetherington of the University of Virginia. Divorced people tend to recover within a few years from their stress, but this process is greatly aided if they form a new intimate relationship. If they do not, they are likely to develop serious illnesses, become accident

victims, and suffer from increased inability to cope with everyday social reality, all at a greater rate than those who do form such relationships. This holds especially for the men (cited in Brody, 1983c). Although there certainly is no simple equation of "relationships formed" to "happiness and stability," extensive research into the multiple crises of separation and divorce leads Jacobson (1983, p. 253) to conclude that "involvement with new partners mitigates the trauma" of these crises. It would appear that the intimate sexual relationship is positively connected with general well being in a society now characterized by a high rate of divorce and remarriage.

In suggesting this perspective, I admit I am guided by my own interest in the continuing sexual revolution. To some extent, the surveys for *Redbook*, *Playgirl*, and the Schwartz-Blumstein survey, are all artifacts of an approach which chooses to elicit the possibly favorable developments in adult sexuality, especially in couples relationships, such as mutual decision making and sexual self-regulation. I acknowledge that had I chosen to focus instead on, say, the prevalence of teenage pregnancy, or on the alleged increasing rate of rape in the United States (Russell and Howell, 1983),¹ I would have given quite a different account. I must say that it is incredible how little mention of rape is made in any of the three surveys I have discussed. Given the prevalence of rape it would seem that some, at least, of the 6,000 couples in the most recent survey would have mentioned it as a problem. This can partially be explained by the wording of the questionnaire, but not entirely since the open-ended interviewing techniques and the inquiry into "power," or the question of which partner decides when to initiate sexual intercourse, should have brought out something about marital rape (see Finkelhor and Yllo, 1983), rape in the previous experience of the women, and fear of rape. But virtually nothing is said on the topic. I mention this not to denigrate the survey, but to point out the need for a research design which could incorporate the disparate "worlds" of improved couples relationships *and* the high level of rape.

But I also wish to acknowledge and give my justification for the bias I have chosen in emphasizing the couple relationships in a somewhat benign light. As a large, complicated historical movement, the sexual revolution can be expected to have beneficial or "progressive" results in certain areas but not in others, at given periods and in varying populations. The important consideration is that it is still going on, even if unevenly. Those who wish to emphasize the failures of the sexual revolution or its irrelevance to many problems, will hardly choose the emphasis of the discussion just given. For them the sexual body is not a major interest.

¹Russell and Howell (1983) rely largely on Diana Russell's study of 930 women in San Francisco (Russell, 1984). Russell argues for an increasing rate of rape in the United States, based on inferences from her data and on figures gathered prior to 1982; but FBI statistics regarding the incidence of rape for the period 1979-1983 show a decrease during the years 1981, 1982, and 1983 (Zimring, 1984). Obviously there are many unresolved questions and special problems in the compilation of rape statistics.

With regard to the problem of rape, a significant shift in research attitudes seems to have been taking place over the past few years. The trendy belief that rape is a crime of violence, not one of sex, has begun to lose support. Such a distinction is in any case another curious category division of the sexual body. But several recent researchers into the motivations of rapists are coming to the conclusion that rape is indeed a crime in which sexual contact was the aim (Burgess and Holmstrom, 1979; Sanders, 1980; Symons, 1979). This shift in research perspective is a good example of how socially responsible research will come to terms, eventually, with the sexual body, even when it first attempts to avoid obvious sexual dimensions.

I have been guided thus far, in discussing the adult sexual body, by materials bearing on adult male-female interaction. In the next section, I will comment on the adult sexual body in male-male, female-female, and bisexual interactions. However, it is worth noting that living arrangements in the United States point toward a very large percentage of households in which the inhabitants are indeed an adult man and an adult woman, with no other dwellers. By 1975, married couples without children made up nearly 25% of American households. In 1960, only about 18% of United States households were in that category (Mesnick and Bane, 1980, p. 6). The large percentages do not include unmarried couples without children; these probably amount to at least 2% of all households (Blumstein and Schwartz, 1983, pp. 36-38; Macklin, 1983). Male-female couples alone in a household, with about 27% of the total, form a slightly higher portion than households in which a child of dependent age is present (see Rossi, 1984, p. 12). The married couples with no children in the household are the largest single type of household in the U.S. Projections to 1990 show the trends continuing (Mesnick and Bane, 1980). A further diminution of the child-rearing household is coming about through a shorter span of time actively spent in the "childbearing years." For women born between 1935 and 1939, 82% of those who had had children had completed their childbearing by the age of 35. The Census Bureau now reports that in comparison,

The median time interval from first to last child for women in this age group was 7.4 years . . . down from 8.3 years for women born from 1920 to 1929. ("More Children," 1984)

Research which throws light on adult sexuality among couples in the U.S. is thus likely to have application to an increasing proportion of the populace. It is also reported in a Consumers' Union study of sexual life for American couples over 50 that sexual relations often improve and become more gratifying after the children grow up and leave the household (Brecher, 1984). Voluntary childlessness is an increasing choice among women, and child rearing in general is gradually becoming dissociated from marriage (Rossi, 1984; Veever, 1983). Such trends will augment the predominance of the

couple, although they are also associated closely with singlehood (Staples, 1982, Stein, 1983). But the percentage of singles in the U.S. does not appear to be increasing, according to the study by Cargan and Melko (1982); it has merely reverted to the level at which it had been recorded from about 1900 to 1960 (pp. 37-44).

The increased rate of singlehood among black males (Staples, 1982) is a special phenomenon. There are far more black men than women in the U.S. (Peters and McAdoo, 1983). Would we not assume that marriage, given its culturally favored status, would have absorbed these men? But such is not the case. Marriage might be a culturally disadvantageous arrangement for women who must accept an unemployed man, and a man would hesitate to enter an arrangement calling for the possible raising of a family. Research in fact shows that black men are "more satisfied with their marriages than women, because they hold the balance in social exchanges, and thus are apt to have more control over their marital circumstances" (Guttentag and Secord, 1983, p. 200). Other factors contributing to the high rate of singlehood among black males in the United States include the over-representation of blacks in the armed forces, which means that many eligible black males are serving overseas where they are not readily available for marriage (Guttentag and Secord, pp. 207-208); and an initial slight racial difference in birthrate: males are "three percent less likely to be born to blacks than whites" (*ibid.*, p. 208). For these reasons and others, fewer black males are available for the marriage pool. The effect of the disparate sex-ratio on marriage patterns is hardly to be doubted, especially in view of Guttentag and Secord's finding that in areas where the black male-female ratio favors women, such as in North Dakota, there are very few female-headed black households (p. 221). Unfortunately such areas are rare. According to the thesis advanced by Guttentag and Secord, wherever adult females seriously outnumber males—throughout the history of Western civilization, so far as is known—there will be a devaluation of women, and a decline in their social status. Marriages therefore will not be based on mutual control, nor will women be able to participate freely in the process of sexual self-regulation (Guttentag and Secord, pp. 20-21; 227-230).

In the United States at present, sex-ratios are "low"; that is, women outnumber men, although not to the extreme degree of the black minority. A recent Phil Donahue television program featured women in their 50's and 60's who practiced "husband-sharing," so few were the available men. The emergence of such a pattern probably owes something to adults who experimented with "open marriages" and "multilateral relationships" in the 1960's and 1970's; as Weis has argued, these experiments have led to the wider diffusion of "nonexclusive models" of sex in marriage, even if relatively few couples in the total population actually adopt such models (Weis, 1983).

It will remain for further research to attempt a better understanding of the effect of sex-ratios on a whole range of behaviors. Guttentag and Secord

(1983) have made a start, but as the example of the single black male indicates, the sex-ratio factor would have to be considered along with—among others—the social and economic status of single versus married adults. Probably the influence of ethological thought, and its emphasis on bonding (Duyckaerts, 1970) has had an effect in the selective process for research on the adult sexual body. In the initial stages of sex research in the United States, pair bonding was ignored, as Money points out (1980, p. xiii-xiv). Most researchers came out of medical disciplines such as psychiatry and obstetrics in which the individual patient was the focus. The pendulum now has swung: our best studies are of couples. Unfortunately, this leaves a gap with regard to the sexuality of the single adult not in a stable relationship. A study of single life in Dayton, Ohio, made in the late 70's, suggested that the sexual life of singles differed in many respects from that of married couples (Cargan and Melko, 1982, p. 99). But this study did not attempt to examine the number of subjects nor the details of relationships explored by Blumstein and Schwartz in their massive couples survey.

One piece of recent research regarding the sexual lives of single women is an indication of how much may have been missed in the tendency to concentrate on couples. The survey carried out by the Alan Guttmacher Institute studying single American women in their twenties concludes that some 40% of the women who had been sexually active (and over 80% had been) had become pregnant. The surprisingly high rate of pregnancy is connected with the inconsistent use of contraception: "On average, the women did not start using contraception until 8 months after they first began having intercourse" ("Sexual Activity," 1985). It is a question for research to determine why women delay in taking contraceptive measures. The survey showed that 78% of the single women who had been sexually active did use contraception "in their last sexual encounter" (*ibid.*). There may be a relationship between this inconsistency in sexual practice and the current widely diffused perception that abortion has become a "convenience" (McCarthy, 1985). Ehrenreich (1985) has in fact stated that she is among those women who did not always choose the most effective method of birth control because of the health risks involved; for her, the right to abortion is in part a back-up system for the process of contraception.

Changing social perception may bring about a de-legalization of abortion in the United States (McCarthy, 1985); but if that should occur, one result would probably be a sharp decline in the inconsistent use of contraceptive measures among couples not desiring to have a child. It would also lead to a demand for distribution of the newly developed "contragestion" pill, named RU-486. The pill terminates a pregnancy by flushing the embryo during the early weeks of pregnancy; the pill has been tested and is considered safe, without major side effects, for women up to at least the seventh week of pregnancy (Isbell, 1985). The new pill is scheduled for use in France, India and

China in 1986 (*ibid.*), but could also be pressed into use in the event of a successful campaign by "pro-life" forces in the United States. No "abortion clinics" would be needed by women using this method of birth control, which is described by the research-team leader, Dr. Etienne-Emile Beaulieu, as "halfway between contraception and abortion" (quoted in Isbell, 1985). The interaction of the sexual revolution, social pressures regarding abortion, and research in the field of sexual medicine is unusually close in this instance. It is also interesting that a new sexual body category is created in this new "object of knowledge" (Dewey, 1929b): a device that is "halfway between" two other categories of birth control which previously were thought to be exclusive and distinct.

We cannot understand the adult sexual body, however, by studying reproductive behavior, either in singles or within couples, as long as our focus is heterosexual only.

The Male Homosexual, Lesbian, and Bisexual Adult Sexual Body

Implicit from the first in Freud's theorizing of the sexual body was the possibility that the adult body is not necessarily or normally heterosexual. This is true even if Freud did not intend for his insights into psychological bisexuality to be taken radically. His letter to the mother of a homosexual man, written late in Freud's life, is finally ambiguous: it by no means states that the son is to be considered a normal man, but on the other hand holds out encouragement that the son could live a rich, creative life (Freud, 1951). In his last case history, Freud discusses a young woman whose parents had sent her to him for therapy because she had stated she wished to be a lesbian. Freud told her that she was *not* neurotic, but that if she wanted to have effective therapy, she should go to a female therapist (Freud, 1920b). Freud also had a theory of bisexuality. It is not an easy theory to describe; indeed Freud noted in 1930 that "the theory of bisexuality is still surrounded by many obscurities . . ." (Freud, 1930, p. 105), but he had no doubt that "Man is an animal organism with (like others) an unmistakably bisexual disposition" (1930, p. 105).

Laplanche and Pontalis, in their exposition of Freudian terms (1973, pp. 52-53), are again too eager to reduce Freud's meanings of "bisexuality" to a matter of fantasy, rather than of adult sexual behavior. As Lawton Smith (personal communication, August 1983) has pointed out, Laplanche and Pontalis leave out of their entry a key statement by Freud (1923, p. 33). In this statement, Freud maintains that bisexuality, which is "originally present in children," is an important variable throughout the "vicissitudes" of the Oedipus complex. This would not suggest that it conveniently disappears in adult life.

Freud felt so strongly about the importance of bisexuality that he uttered one of his very few denials of the desirability of a correlation between psychoanalysis and the science of biology in order to protect the distinctiveness of the theory of bisexuality. In a little-known letter written in 1935, Freud noted that many psychoanalytic authors had failed "to come to grips with the bisexuality of women," and hence had misunderstood their sexual development (Freud, 1971). Writing to one such author, the now-forgotten Carl Müller-Braunschweig, Freud declared:

I object to all of you to the extent that you do not distinguish more clearly and cleanly between what is psychic and what is biological In addition, I would only like to emphasize that we must keep psychoanalysis separate from biology just as we have kept it separate from anatomy and physiology; at the present, sexual biology seems to lead us to two substances which attract each other. (Freud, 1971)

Inasmuch as Sulloway (1979) has assembled a mass of evidence to show that Freud, throughout his career, hoped for a very close connection between biology and psychoanalytic theory, this letter must be considered extraordinary. What apparently troubled Freud most in his objections to "sexual biology" was its hormonal symmetry of two "substances" such as testosterone and estrogen to identify the male and female sexual bodies respectively. Freud had a good intimation here of how "sexual biology" would come to change in later years, when this symmetry would be disturbed. (See the concluding chapter of the present study for a consideration of this issue.) In his last book, *An Outline of Psychoanalysis* (Freud, 1940), Freud pointed to biology as the discipline in which a break had developed between the psychological understanding of bisexuality and biological understanding, or lack of it, for the same phenomena: "It is not in psychology but in biology that there is a gap here" (Freud, 1940, p. 186).

Bisexuality in Freud's theory is a function of his recognition that in the human sexual body, the sexual "object," that is, one's sexual orientation, is not a biological given (Freud, 1910a, p. 210). Nonetheless, in a famous passage in his study of Leonardo da Vinci (Freud, 1910d), Freud explicitly refused to accept that male homosexuality might be a normal variation. In this passage he formally launched the psychoanalytic theory that regards adult male homosexuality as a developmental outcome of a boy's excessive erotic attachment to his mother combined with the absence of the father during the boy's childhood (Freud, 1910d, pp. 98-100). This theory later produced faithful confirmations—or artifacts—in such works as *Homosexuality: A Psychoanalytic Study* (Bieber et al., 1962). But at the same time as the Leonardo study, Freud privately acknowledged the role of "homosexual cathexis" in his own adult relationship with Wilhelm Fliess, his intimate friend and *de facto* analyst during his period of self-analysis (Letter to Ferenczi, Oct. 6, 1910, printed in Jones, 1955a, pp. 83-84). This letter has been in print since Ernest Jones

included it in his authorized biography of Freud in 1955. Moreover, Spector (1972, p. 58) has shown that Freud's description of Leonardo's early childhood family constellation was seriously in error: in fact, Leonardo did not remain with his mother during childhood (cf. Efron, 1977, p. 266).

Despite Freud's profound sense of the undemarcated limits of bisexuality, and his emphasis on its importance, the psychoanalytic profession has never entertained the hypothesis that homosexuality might be a developmental pathway that is substantially as normal or healthy as that of the heterosexual. Otto Kernberg, one of the most distinguished of current analysts, was asked at his address given at SUNY-Buffalo (Kernberg, 1981) if he really meant to imply—as he does in *Borderline Conditions and Pathological Narcissism* (1975, p. 326)—that homosexuality is a kind of pathology. His reply was a quiet but assured "Yes," based on the patients he has treated as well as the homosexuals he has known. This is hardly persuasive evidence.

There also would seem to be a gap between the major progressive social attitude to the adult homosexual or lesbian and the projects of such scientists as John Money. The progressive idea, as best stated perhaps by Tripp, is obviously that homosexuality is as much a form of health as heterosexuality (Tripp, 1975; see also Weinberg, 1972). In fact, a founder of the Association of Gay Psychologists contributed an article to *Psychology Today* entitled "Homosexuals May Be Healthier Than Straights" (Freedom, 1975). Again, however, these approaches do not directly contribute to understanding the adult sexual body, inasmuch as the focus is on improving the socially perceived status of homosexuals. In one of the most careful studies, *Male Homosexuals* (1975), Martin S. Weinberg and Colin J. Williams conclude with a recommendation that homosexuality be conceptualized in terms of social statuses and roles rather than as a condition:

. . . In other words, the concept of "the homosexual," for some purposes, can usefully be seen as a cultural product, a status. This status is not inherent in the individuals associated with it, but it influences them by organizing other persons' reactions to them and giving those persons who occupy the status a stereotyped set of traits to orient their own behaviors and attitudes toward themselves . . . It is our wish . . . that societies come to conceptualize homosexuality in less negative terms, and as not being "deviant," thereby reducing the differentiation of human beings on the basis of sexual orientation. (1975, pp. 387-388)

The authors thus carry through their choice of "social reaction theory" to analyze their data. For purposes of social justice, this is a good approach. The unfortunate concomitant, however, is that nothing is said of the adult homosexual body.

To their surprise, Weinberg and Williams found that their investigation did not show that homosexuals living in the less homophobic cultures of Denmark or Holland had significantly fewer psychological problems than those living in the United States:

The most unexpected result is that, contrary to the widely held belief that greater societal rejection leads to greater psychological problems, virtually no such differences appeared between American and European homosexuals. (1975, p. 180)

Possibly, this disconfirmation was due to weaknesses in their research design, as they suggest. But it is also an indication that the adult homosexual body might be better understood if the approach chosen were not disposed to focus on social role interactions and on the images held by groups of each other's sexual orientation. In the well-regarded study, *The Homosexual Matrix*, C.A. Tripp stated that there is a "fatal weakness" in the theory that homosexuality will flourish in societies where it is not penalized or restricted, namely that it is in just such societies that "the very lowest frequencies of homosexuality occur . . ." (Tripp, 1975, p. 270).

Developmental, longitudinal studies of homosexuality as orientation could be attempted. But the influential article by Simon and Gagnon (1967), "Homosexuality: The Formulation of a Sociological Perspective," urged that social scientists and psychologists move away from study of infancy and family situation, and try to understand homosexuality in terms of later events, particularly "the social structures and values that surround the homosexual after he becomes or conceives of himself as homosexual . . ." (Simon and Gagnon, 1967, p. 179). This recommended shift of emphasis has been largely accepted in the years since their article; it has tended to bifurcate research concerning the sexual body into one branch facing infancy, psychosexuality, and childhood in their family setting, and another looking toward adolescent or later years in the context of widely diffused social-sexual stereotypes and values.

In a more recent major study of sexual preference (Bell, Weinberg, and Hammersmith, 1981), the focus shifted dramatically, from the study of male and female homosexuals in their social context as adults, to the origins in earlier years of their sexual orientation. The instrument, however, was the questionnaire eliciting recall of life events, which insured that very little would emerge concerning infancy or very early childhood. The study reaches the conclusion that there is virtually nothing in the events of a homosexual life history that differs from events in a heterosexual life history. With this result in hand, the authors now suggest that homosexuality is chiefly *biological* in origin, thus reversing the earlier focus on social factors. The authors acknowledge that their approach does not attempt to get below the surface of conscious thought, but are rather proud that in this way, as in most others, their approach cannot be correlated or reconciled with psychoanalytic expectations.

It is conceivable that the AIDS emergency in the homosexual community will move researchers toward a new interest in the sexual body. It is sobering to find that a number of editors of gay newspapers and journals have concluded that the gay press has not handled the AIDS story any better than has

the "straight" press (Liebersohn, 1983). There has been such an extensive background of concentration on the social mission of gay journalism and scholarship that a direct threat to the sexual body of homosexual males could only be handled by defensive and evasive comment in the gay press, complemented by hysterical reactions elsewhere.

With regard to the sexual body of lesbians, recent research has something substantial to say. In a book as recent as Tripp's *The Homosexual Matrix* (1975), and one with great empirical pretensions, it was stated that lesbian couples who stay together rapidly lose sexual interest in each other (Tripp, pp. 153-154). A similar statement was made about homosexual male couples. The recent study by Blumstein and Schwartz shows that 27% of lesbian couples who have been together ten years or more have sex at least once a week, as compared to 45% of male homosexual couples who do the same (Blumstein and Schwartz, 1983, pp. 195-198). These figures do not warrant Tripp's generalizations. On the other hand, Blumstein and Schwartz do find a lower overall frequency of intercourse for lesbian couples than for any other group. Married heterosexuals with over 10 years together had sexual intercourse at least once a week in 63% of the sample, while 72% of unmarried couples who had been together that long did the same. Inasmuch as the longterm lesbian couples do not generally engage in sex outside of their relationships, these findings seem to support a hypothesis of difference in sexual body need between lesbian couples and other couples. The sources of this difference remain unknown, despite speculations (Tripp, 1975, p. 154) that women just have less libido.

One reason for the lack of reliable insight into this difference has been the "failure to explore the full meaning of eroticism in lesbian lives," as Zimmerman (1984, pp. 680-681) shows in her review-essay on lesbian personal narratives. Much current discussion in lesbian sources is hampered, Zimmerman argues, by the attempt to label sadomasochist role-play, or the "butch-femme" division, as inherently evil.

As long as lesbian sadomasochism, or any other personal practice or identity, is considered to be evidence of virtue or vice, it is unlikely that we will be able to listen very carefully to one another. (Zimmerman, 1984, p. 681)

Zimmerman's call for change in this essay, published in *Signs*, which is probably the most central feminist scholarly journal in the United States, may signal the beginning of a new effort to understand the lesbian sexual body.

Although Tripp's generalizations on the rapid demise of intercourse among gay couples were not confirmed, the male homosexual couples in the Blumstein and Schwartz sample do confirm the belief that the frequency of sexual intercourse declines after the first few years. The finding is strengthened by that of David McWhirter and Andrew Mattison, a psychiatrist and a psychologist, respectively, and themselves a male couple. Their new study of 156 male

couples shows that for most such couples, "the passion of the sexual encounter begins to dwindle rapidly within three to four years, and the couple begins to seek sex outside of the relationship" (McWhirter and Mattison, 1983).

Another and very different approach to the study of sexual orientations is through the investigation of hormonal influences on sexual gender, sexual identity, and role. Goy and MacEwen (1980)—summarizing the state of research on the question, *Is there an endocrine basis for homosexuality among males?* (1980, pp. 64-73)—admit that there are "major empirical obstacles to be overcome before this hypothesis . . . can gain wider acceptance" (p. 72). They insist that the evidence to date does warrant a continued interest in this hypothesis: "Let us all recognize the fact . . . that the hypothesis is here and cannot be dismissed" (p. 73). Notably, John Money and the group of researchers working with him at John Hopkins have investigated hormonal influences on gender identity and sexual orientation (Money, 1980; Money and Ehrhardt, 1974). One line of investigation sought to ascertain if gender identity and role could be determined by post-natal rearing, supplemented by surgical correction of genitalia and hormonal injections. A number of cases involve babies born with sexually ambiguous genitalia but still technically males; these were raised as females and eventually had a facsimile of normal female genitalia built up by surgical intervention. Another line of investigation observed the development of androgenital syndrome in girls. These girls are hormonally "masculinized before birth" due to a chromosomal abnormality, but in the treatment by Money and colleagues, a number of these girls have been given cortisol. They now have been observed over a period ranging from birth to adulthood. A main finding is that "as they grew up, the features of behavior known as tomboyism" occurred with unusual frequency (Money, 1980, p. 27). They elected female gender identity and gender role, despite a long delay (three to nine years later than the average) in beginning to take romantic and erotic interest in males.

It is difficult to say what conclusions may be drawn from such research on the hormonal impact on sexual gender identity and role. Research descriptions and discussions by writers such as Money and Ehrhardt, Goy and MacEwen, and several others (see Parsons, 1982) show a high degree of awareness of the multiple variants involved, as well as awareness of the social issues concerning the rights of individuals with different sexual orientations and the dangers of sex-role stereotyping. This will not prevent such research, however, from indicating that sexual identity and role are in some way connected with abnormalities in the sexual body. To the extent that such a suggestion is made, it inevitably will threaten the fragile social consensus which accepts being gay as a sexual orientation. Is there a way to avoid this danger, short of banning the research or ignoring its findings? Some of the findings themselves have been subjected to a severe, even withering methodological critique by the feminist neuroanatomist Ruth Bleier (Bleier, 1984, pp.

98-103), but even assuming that Bleier's criticisms are well taken, it would appear that the door cannot be shut permanently: the hormonal line of inquiry into sexual development and gender-related behaviors is not likely to be abandoned. From the point of view of empirical theory, in which "artifacts" can easily be created by the investigator, it is good to see the conclusions of Helen Longino and Ruth Doell, a philosopher of science and a biologist, respectively. Reviewing the field of hormonal related sex research, they do criticize such work as that by Money and by Goy and MacEwen, but conclude that despite their own reservations as feminist scientists, "Sexism does not seem to be intrinsic to data as evidence for physiological causal hypotheses" (Longino and Doell, 1983, p. 225).

One can react to hormonal investigations with avoidance and anger, on the one side, or by subtly appropriating the value of the research efforts as a prop for the "straight." Either attitude would lose the complexity and challenge of the sexual body. For one thing, as Goy and MacEwen note, when we discuss "masculinization" and "feminization," we are also recognizing the possibility of "spontaneous bisexuality" which we might not be able to think about within some other theoretical vocabulary (Goy and MacEwen, 1980, pp. 5-6). Freud would have welcomed this observation; it may point to a closing of the gap between psychoanalytic theory and "sexual biology" (Freud, 1971) which distressed him and which is incompatible with the perspective of the sexual body.

Research such as Money's should be critically appraised; for anyone trying to understand the sexual body, it must be considered. The emphasis on hormonal effects, however, rather limits the possibilities of this approach to bringing about an understanding of the sexual body in all its complexity. A much broader approach to understanding the adult sexual body in its homosexual existence is being developed. The Society for the Psychological Study of Social Issues (a division of the A.P.A.), Task Force on Sexual Orientation, has now published what is designated "the *first* in-depth analysis of homosexuality and the social, biological, psychological, and public policy issues surrounding it" (Paul, Weinrich, Gonsiorek, and Horvedt, 1982). The volume also explores lesbian relationships, the lesbian as mother, and the children of lesbian mothers. The book is strongly supportive of gay rights and is alert to all the stereotypical prejudice in its field, but it is also open and receptive to threatening findings. There is an avoidance and disavowal of the attempt to portray the homosexual as the possessor of superior mental health (Gonsiorek, 1982, pp. 76-77). The hormonal etiology of homosexual orientation is examined by Gartrell and found almost entirely wanting (Gartrell, 1982), but the one possible exception is carefully noted, both by her and by Weinrich:

There is one suggestive finding that might connect *prenatal* hormone levels with adult sexual orientation in at least some individuals. (Weinrich, 1982a, p. 209)

Rather than idealizing the gay community, this volume contains a frank admission of one major problem within it, concerning child-rearing, namely that lesbians tend to reject rather than give support to other lesbians who are mothers (Lewin and Lyons, 1982, pp. 260-261). Far from attempting to pretend that there is no fundamental difficulty in solo parenting, Hotvedt and Mandel state that "Indeed, two parents are better than one; that is really not under debate here" (Hotvedt and Mandel, 1982, p. 284). On the other hand, Lewin and Lyons show that lesbian mothers as well as heterosexual mothers who raise children without the presence of a male in the household often make special efforts "to strengthen the children's relationships with their fathers" (Lewin and Lyons, 1982, pp. 267-269). Which is not to say that the fathers are always interested! Often they are not. The ideological concept that a network of supportive friends can take the place of the absent male parent is treated sceptically, although the role of friendship ties is recognized as important (Lewin and Lyons, 1982, p. 264).

One main emphasis of the book is on the situational similarities faced by all couples, whether gay or straight, and of all mothers, whether gay or straight (Peplau and Amaro, 1982, p. 238). Mothering is a huge part of a life, and this limits any attempt on the part of a lesbian mother to live in a manner which would ignore this fact in favor of purely lesbian relationships. Moreover, even if it is true that many homosexuals who appear in therapy have disturbed or unsatisfactory sex-lives, what can we conclude?

This should not be surprising; heterosexuals disturbed because of their sexuality fill many therapist's case-loads. Because sexual expression is one of the most intimate, psychologically rich, and complex of all human interactions, it is not surprising that individuals who are troubled or disturbed will likely manifest problems in their sexual relationships, regardless of orientation. (Gonsiorek, 1982, pp. 79-80)

From the perspective of the sexual body, this point is very well taken; it seems to signal a turn in research interests from the political-social-stereotypical context of the homosexual body to the sexual body itself.

The volume also contains interesting theoretical work and a range of speculation that is fitting for the unknown contours of the perspective of the sexual body. For example, it might be that the genes *do* have something to do with homosexuality: something positive, that is. The evolutionary function of homosexuality might be explained partly along sociobiological lines: E.O. Wilson (1975) has argued that there is a genetic component in humans which does not directly contribute to reproduction but which does contribute to social living. To the extent that homosexuals are

freed from the need to direct energy toward raising their own offspring, [they give] a special advantage to their kin by providing various forms of help which would not have been available to kin groups lacking homosexuals (since all members would be competing to raise their own offspring). (Kirsch and Rodman, 1982, p. 191)

This is but one of three possible genetic arguments which can be advanced on scientific lines as hypotheses which are in principle confirmable, although the hypotheses remain speculative and the empirical tests are difficult to envision. The editor of this volume ends it, however, on another theoretical note entirely. Referring to "the Popperian ideal of the falsifiable hypothesis," Weinrich maintains that

a scientific theory is discarded not when an experiment definitively falsifies it, but when a string of false predictions of a theory's proponents becomes embarrassingly long. The existence of such a string is itself a bit of metascientific data—admittedly one difficult to apply a statistical test to, but telling nevertheless. So this book can be seen as another step in the scientific debate, embarrassing its share of those who (say) reach the same conclusions before and after their data change. (Weinrich, 1982b, p. 382)

Perhaps the most challenging article in the book is that by Joel D. Hencken, who proposes a move toward "mutual understanding" between homosexuality and psychoanalysis. Hencken argues that there are ways in which psychoanalytic theory and therapy can contribute toward a "non-illness" understanding of homosexuality. He is aware of the antihomosexual bias of many in the psychoanalytic community and duly samples statements from the psychoanalytic literature which demonstrate this bias (Hencken, 1982, pp. 108-111). But he does not allow these analysts to speak for all of psychoanalysis. Thus Hencken opens the way for constructive use of psychoanalytic theory by researchers into homosexuality, and at the same time invites psychoanalysts to join in this effort, thus allowing for a blend of developmental and social perspectives that has thus far been largely lacking.

The analysts who think that "gay is ill," however, are not giving up. Socarides, one of those cited for his bias by Hencken, has recently gone into lengthy, bitter detail about the machinations of those gay therapists and their sympathizers who deceived the American Psychiatric Association into removing homosexuality from its official diagnostic manual (Socarides, 1984). Socarides in fact raises many procedural points which show considerable skulduggery and bureaucratic manipulation leading to that decision, with which he was familiar as a dissenting insider. Of course the account given is Socarides' own. His enmity is made clear by his choice of a final quotation to end his article, from a letter sent to him by Abram Kardiner, who wrote: "Homosexuality is merely a symptom (in its epidemic form) of social disintegration . . ." (Kardiner, personal communication to Socarides, 1974, quoted in Socarides, 1984, p. 94). Kardiner also felt that homosexuality "destroys" the function of the family as "the last place in our society where affectivity can still be cultivated" (*ibid.*).

As recently as 1979, Socarides, who is himself an expert in the psychoanalytic study of sexuality (Karasu and Socarides, 1979), has classified homosexuality as one of the "sexual perversions," and under the guise of arguing for a unified theory of such perversions, maintains that the real problem for

research is to learn why one "perversion is chosen over another" (Socarides, 1979, p. 188). On the contrary, I would say that a more important research task is for psychoanalytic theory itself to understand why it has consistently presumed that mature sexuality is heterosexuality. In support of Hencken's view that such analysts as Socarides do not speak for the entire psychoanalytic establishment, I would refer to Stoller's much more serious study of "perversion," a term that Stoller defends as both socially dangerous and theoretically indispensable (Stoller, 1975). Stoller is by no means willing to leave some aspects of homosexuality out of his account of perversions, but in his fine discussion of what a diagnosis is, and of the general weaknesses of the whole psychiatric diagnostic system as it exists, Stoller concludes that homosexuality is *not* a diagnosis (Stoller, 1975, p. 199). It is interesting that although Stoller cites some of the work of Socarides to warrant his conclusion that there are many sources of homosexual object-choice (p. 199), Socarides does not cite Stoller's work in his own, later "unitary theory of the perversions." Socarides is holding the line, but Stoller is correctly credited by Hencken (1982, p. 139) with beginning to implement a more promising and open psychoanalytic approach.

It has been suggested that earlier psychoanalytic research and speculation about homosexuality might have been based on a partially correct but basically misleading observation that adult male homosexuals had suffered through particularly unhappy childhoods, during which they had been dominated by overprotective mothers (Bieber et al., 1962). Recent research by Bullough, Bullough, and Smith (1983) has led to the conclusion that a group of subjects which reports having had unhappy childhoods is one which designates itself "transsexual," a category not in common use until the past quarter century. In older studies, such subjects were probably designated homosexual. Although it is not clear what bodily features would be taken as evidence that any person is a "transsexual," the most common definition in use by those who so designate themselves has this key element: "He (in the case of males) feels like a woman trapped in a man's body or vice versa" (Bullough, Bullough, and Smith, 1983, p. 240). In the Bullough et al. research sample, the 32 respondents calling themselves transsexuals reported a history of unhappy childhood much more frequently than did the 51 respondents who simply considered themselves homosexuals. The male homosexuals did not report a higher incidence of unhappiness in childhood than did the 61 respondents whose sexual orientation was unspecified (Bullough, Bullough, and Smith, 1983, p. 248). It is conceivable that a homophobic bias in psychoanalytic thinking over a period of decades had produced a confirming artifact through the selection of patients who would report early childhood unhappiness; such patients would be unrepresentative of those now considering themselves to be homosexuals, but would have been drawn in great part from the "transsexual" minority. Although this possibility is only a specula-

tion, the research effort from which it came is a good example of the clarification which might be obtained by taking the new categorizations of sexual body gender orientations seriously. It is worth noting that Bullough et al. also studied 64 "transvestite" informants in this research project, but did not discover any outstanding variables in comparison to the transsexuals, homosexuals, and unspecified males in their study. From the perspective of the sexual body, however, it would be advisable to regard the conclusions of this study as tentative, inasmuch as the deeper psychological processes and possibly traumatic but repressed experiences would not have been reached by means of the questionnaire method.

The present discussion of the homosexual and lesbian sexual bodies in relation to current research issues may be sufficient, not for saying anything definitive, for the topic is too complicated for brief treatment, but for showing once more that the sexual body is still not understood, and that some of the issues concerning it are controversial and highly consequential. The therapist Stanley Keleman's recent book, *In Defense of Heterosexuality* (1982), for example, makes claims for the biologically central role of the nuclear family as a source of love in the world, as opposed to the concept that any sexual orientation is a primary source of love in society. This is not a reduplication of Kardiner's bigotry, which holds that the family is the "only" source of affectivity we have left, nor is it a call for anyone to change orientation or to classify himself or herself as diagnostically ill. But it is a question for thought, posed by a therapist who shows in his other writings that he has been able to work empathetically with homosexual patients. The case history of a patient named "Harry" (Keleman, 1975, pp. 146-165) is one example. The reader of the present study who has not read Keleman may ask himself or herself (a) what sort of evidence and argument Keleman might be offering, and (b) whether it would be possible to give his book a reasoned, critical reading, such that would satisfy one's own most cherished sense of fairness. That standard is the one suggested by the Deweyan literary critic, Louise Rosenblatt (Rosenblatt, 1978, p. 171).

The adult sexual body as actively bisexual is a further challenge to interdisciplinary study. Wilson and Fulford (1979) have concluded that bisexuals should be considered a separate category, and not regarded as some sort of mid-point between heterosexuality and homosexuality (1979, p. 292). The 45 bisexual males in their study differed in several measures from the 116 heterosexuals and 30 homosexuals; the bisexuals had had more sexual partners, had begun having intercourse at an earlier age, and showed "higher mean values for both testosterone and oestradiol" than the other two groups (1979, p. 292). The category of married homosexuals poses a special problem for non-moralistic research and personal understanding. It is interesting that research writing seems to assume, through the adoption of this category, that a married man who is bisexual must be a "married gay" (Harry, 1983) and a

woman who has given birth but is now living with another woman in a sexual relation, is classed as lesbian rather than bisexual (Blumstein and Schwartz, 1983, pp. 43, 460-461, 494-497). An exceptionally lucid, fictionalized autobiographical account of the life of one married bisexual is given by Glazier (1975). It is disheartening to report that Glazier, a creative writer, now finds himself frequently rejected by "gay" publications which take a negative stance toward anyone not clearly either labelled as of one sexual orientation or the other (Glazier, personal communications, 1982-1983). Weinberg and Williams (1975, p. 341) remark, astonishingly, that "*the only psychological problem on which homosexuals living with wives stand out is guilt, shame, or anxiety regarding their homosexuality*, which might reflect the conflicting involvements and commitments peculiar to their situation" (emphasis added). If this is their "only" psychological problem, it would still appear huge.

The Sexual Body of Mentally Retarded Adults

Another large segment of the adult population which is just beginning to have a sexual revolution consists of the mentally retarded. Evans (1983) has argued that "retarded persons can engage in responsible sexual expression" (1983, p. 259). He reports that parents of retarded people in special residences frequently attempt to prevent their "kids" from having sex, even though the kids are over 21 years of age. In a society that offers a high level of visual sexual stimulation, it is especially difficult for retarded young adults to resist "coming on" to people they might meet in public. This is one reason they are put into residence homes in the first place. If the retarded adolescent is female, her sexuality will bring drastic action: "Sexual behavior of retarded women over the age of fourteen is the single greatest cause of their institutionalization" (Evans, p. 257). Of course the label "retarded" is problematical, so it is difficult to say if 3% of the population is retarded—a figure that is often accepted by specialists in the U.S. and Europe—or if a smaller percentage is involved, as Evans suggests (1983, pp. 23-25). A special problem too is that substantially more males than females are classified as mentally retarded (Evans, 1983, p. 25). The retarded population would thus have problems specific to its own conditions, even were social attitudes toward the retarded more advanced than they presently are. Evans leaves no doubt that up until recently, the retarded were considered unworthy of having sexual lives. The sex education they did get was contradicted by the expectation that they would not have sex. This left them with a sexual body but no outlets except masturbation, although some ingenious and non-exploitative sexual arrangements among the retarded within institutions are described by Evans (1983, pp. 251-259). One institution had a "privacy room" for residents, which, combined with contraceptive counseling, gave opportunity for sexual gratification—the best that these adults had ever known (Evans, p. 258).

In an earlier book, Michael and Ann Craft argued for the acceptance of the sexual body of the mentally retarded (Craft and Craft, 1978). One of the myths they dispel is that the mentally handicapped are "irresponsible," meaning that they cannot practice self-control. They cite an American research project in a 2,000 bed hospital, where the mentally retarded residents showed great capacities for sexual denial, despite the presence of abundant opportunities for having sex (Craft and Craft, p. 5). But Craft and Craft cite this not as a recommendation that sex continue to be denied but that the mentally retarded *not* be taught to have a negative attitude toward their own sexual bodies.

These comments should not be taken as disparagement of the disciplines of mental retardation. Most of the professional workers do not seem to be greatly different than the surrounding "normal" population in attitude toward sexuality for the retarded. Some, such as Evans himself, clearly are more progressive. The astounding thing about the topic of sexuality among the retarded is that it has come up at all. Evans observes that it is extremely rare for any (modern?) society not to take an unfair, negative, attitude toward its mentally retarded members (1983, pp. 298-299). Only because there has been a sexual revolution in progress for decades is the adult sexual body of the mentally retarded person now beginning to be thought human. The field of research on the adult mentally retarded, however, still seems badly in need of non-moralistic approaches which avoid the current fascination in psychology with cognitive science at the expense of all else.

The Badly Injured Sexual Body

The sexuality of heart attack victims is no longer a tabooed topic; magazine articles discuss it openly. However, the medical profession did not exactly blaze the way. As Alex Comfort has put it, medical men for the past century have an unwritten tradition of standing on the side of prohibition of pleasures, rather than helping the victims of disease or injuries to enjoy what sexual life they might be capable of (Comfort, 1967). Much of the pressure for change has come from outside the profession. For example, the need to keep soldiers in fighting trim during World War I was what gave medical science a decisive boost toward eradicating or controlling venereal disease, according to Comfort. In the case of serious injuries or diseases which threaten adult sexual life, it still seems to be true that pressure for change comes from extra-professional sources. An excellent example is the book by Ellen Becker (1978) entitled *Female Sexuality Following Spinal Cord Injury*. Becker was a victim of such an injury who became dissatisfied with what her doctors could tell her, or would tell her, about her chances to have and enjoy sex. She developed a useful pool of information on the subject by inventing a detailed questionnaire which she administered to other women who also had suffered spinal cord injuries. Sex

was not nearly as absent or pleasureless for most of these women as had been supposed. The resulting book is now used in treatment of such victims. One significance of her book for a general understanding of the sexual body is that the boundary line between "popular" and "scientific" is interestingly blurred. The data assembled by Becker will not measure up to the highest standards of validation in academic psychology, but her book will serve a therapeutic, sex-affirmative function until such time as someone does her work better.

The disciplines of the badly injured sexual body are remarkable for the prominent participation of patients themselves and of professionals who have crossed conventional disciplinary lines. The volume *Sexuality and Physical Disability* (Bullard and Knight, 1981) is largely a compilation written by the disabled. Michael Barrett, author of *Sexuality and Multiple Sclerosis* (1982), is a professor of zoology at the University of Toronto. He is also highly active in CSIEC (Council of Sex Information and Education of Canada). A three-day conference on *Sexuality and the Disabled* at Royal Ottawa Hospital in Toronto was sparked by the opening address by Beverley Thomas, a quadriplegic who was also a Director of Planned Parenthood in British Columbia at the time of the conference (Finch, 1977, p. 13)

With a mixture of gentle humor and self-disclosure, [Thomas] opened the door to the forbidden area of sexuality and made it possible for those present to begin taking a long, hard look at their own values and beliefs, as well as the taboos, myths and misconceptions surrounding sexuality in general and sexual practice in particular. (Finch, 1977, p. 13)

Finch, who attended this conference, and whose field is nursing education, concludes that it is essential for nurses dealing with the sexually disabled to accept their own sexuality (p. 14); failure to be comfortable with one's own sexuality is a virtual guarantee of being ineffective in helping others who must undergo more "embarrassment, fear, and vulnerability than most of us could ever imagine" (p. 14). It was the consensus of the professionals at the conference that privacy for disabled patients who wished to attempt to be alone with a sexual partner is a human necessity in this branch of nursing. In terms of institutional policy, this means that there must be self-regulation "by the disabled persons in all non-medical matters" (p. 14). But such provisions are not easy to come by, as Robert T. Baxter testifies (Baxter, 1978). Baxter, a quadriplegic, was also Adjunct Professor of Health and Recreation, at Kean College, New Jersey. He tells of attending a day-long seminar on sex for the spinal cord injured, in which "all of the patients felt degraded," as if they were freaks on display for the benefit of normal people in the audience (Baxter, 1978, p. 48). He stresses the importance of psychological sensitivity to the sexual problems of the disabled, rather than a purely functional physical approach, which can cause depression. Most of the effective counsel-

ling comes from nurses; "on the other hand, most doctors I've asked about sex have been speechless or turned red from embarrassment" (Baxter, 1978, p. 48).

Baxter also gives an account of how a spinal cord injured man—divorced by his wife of 25 years because his injury made him repellant to her—was able to begin a sexual relationship with a woman. This required going to a hotel which had no architectural barriers, and it took the help of an aide who "undressed him, removed his catheter, and put him in bed" (Baxter, p. 51). The aide was hired by the patient, but on the second visit to the hotel, the patient's girlfriend helped "with the preparations herself, a practice they have continued" (*ibid.*). Another quadriplegic, a 23-year-old man who broke his fifth vertebra while diving into a swimming pool, has given a comparative account of two rehabilitation centers. In the first, where he spent 13 months, sexual counselling was never mentioned, although it may have been available, but in the second, sexual counselling from a psychologist was a regular feature of the program ("Difference?," 1984).

Spinal cord injuries have very different sexual body effects on men and women. Women who have sustained such an injury may become pregnant, once menstruation is restored, which usually occurs "in almost all women within a year" (Keller and Buchanan, 1984, p. 4). In fact "most are capable of vaginal deliveries" (*ibid.*). Spinal-cord injured men have virtually normal testicular and pituitary function; their relatively normal "circulating levels of testosterone" account biologically for the "preservation of libido that is generally seen under these circumstances" (Kolodny, Masters, Johnson, and Biggs, 1979, p. 263). But there are serious impediments to sexual gratification. Some medical writings have given the impression that capacity for erection and ejaculation in the spinal-cord injured man is equivalent to sexual pleasure, but in fact those erections which are "reflexogenic"—that is, which occur without the man's realization that he is having an erection—"are often extremely brief in duration and do not usually produce pleasurable physical sensations for the man," although there may be pleasure associated with the fact of noticing an erection at all (Kolodny et al., 1979, pp. 259-260). "Psychogenic" erections, which the man is aware of, may last longer but "are usually independent of tactile temperature, or sensory awareness of the genitals" (p. 260). Kolodny et al. are led to observe that "orgasm is a total body response" (p. 260), thus marking a rare point of agreement with Reich. They express total scepticism over reports of injured people who are told that they may fantasize their way to "mental orgasm," when in fact "none of the physiologic manifestations of orgasm occur" (p. 260).

Although "the great majority of spinal-cord injured patients are male" (p. 261), and hence not as much is known about the sexuality of female patients, one of the most interesting comments made by Kolodny et al. concerns a woman patient. The patient suffered a "complete lower motor neuron lesion

at T-12," and loss of all pelvic sensations (p. 262). Gradually her erotic sensations were transferred to her breasts even though she had told Masters and Johnson in an earlier study, prior to her injury, that she did not derive much erotic pleasure from breast stimulation (pp. 261-262). In the case of this woman, the authors are not at all sceptical about her attaining orgasm through breast stimulation and without pelvic vasocongestion or vaginal sensation. They are not sceptical because they observed other "physiologic manifestations" which surprised them: "the lips of this woman's mouth became engorged to twice their normal size" as orgasm approached, and when orgasm occurred,

a pulsating wave was observed in her lips and the swelling then dissipated rapidly—in a manner almost identical to the pattern formed at the outer portion of the vagina in non-cord-injured women. (Kolodny et al., 1979, p. 262)

Perhaps what this report brings out is the depth of sexual need in an adult body; even under wretched conditions, the body is sometimes able to learn new pathways to gratification. But even more remarkable is the recovery of a rhythmic erotic capacity which may be a subsistent sexual capacity in the adult but one that also has some connection with the sexual body of the nursing infant. As with all of the material concerning the badly injured sexual body, this woman's psychophysiology testifies to the continuation of the sexual revolution: we now are past the historical era in which we might have assumed that badly injured people cannot have, or do not need to have, adult sexual gratification. It also brings to awareness how little we still understand of the sexual body.

Many aspects of the adult sexual body have now been taken up for discussion in the pages of this chapter, while others have been merely suggested. It might be fitting to end this section with a speculative question, which I owe to John Herold (Personal communication, October 1983). Is there a potential for increased intimacy and tenderness of touch in the adult sexual body, through much of the life-cycle, a potential that is only now emerging, as the sexual revolution with its emphasis on self-regulation is allowing us to discover? That emotion continues to be developed throughout adult life is a position now taken by some leaders in psychological research (Malatesta and Izard, 1984), but once again, the sexual body seems to have gone begging in this new theory. To ask Herold's question is to suggest that there is a complexity in adult sexual development that is special to humans, and which we as yet have barely named. The adult body has not just become fully grown and developed by age 18 or age 21; as a sexual body it may develop further.