

1/7/91

To: All GHI Providers  
From: Ross S. Olson MD  
Re: Adolescent Sexuality



On October 18, 1990, Dr. Sylvia Hacker spoke to over 200 GHI providers on the subject of adolescent sexuality. She was both interesting and persuasive. Her ideas, however, must be considered highly controversial. I made comments from the floor and have corresponded with her since. She has been very kind in responding to my letters but I continue to be convinced that she is, with all good intention, promoting ideas that are dangerous. As caregivers for other peoples' children, we have a high degree of responsibility to give guidance that is appropriate and not just popular, true and not just trendy.

I will very briefly summarize her main points and my concerns. Those who are interested in examining the more complete debate may send me the tear-off at the bottom of the back page and I will return all of the ongoing correspondence plus a copy of Dr. Hacker's article in Siecus Report which is a written form of her October address. I welcome any comments and discussion in person, in writing or on the phone. As I understand it, the Education Committee is planning a seminar on adolescent health for the fall of 1991 at which this issue will be considered.

Dr. Hacker stated that the old norm must be rejected because we have learned too much and come too far to accept it any longer. "The norm of denial, which operated quite successfully before World War II, and in many respects still lingers, can be summarized as: SEX IS BAD, except in marriage, and then you should not enjoy it too much, especially if you are a woman, BUT PARENTHOOD IS GOOD." Under this norm she placed three premises: 1. Sex = intercourse only. 2. Children and older people are asexual. 3. Sexual thoughts are as evil as sexual deeds.

This approach worked, she said, in a subsistence society but will not appeal to those who want to "actualize themselves" and fulfill their higher needs. Our culture has only come part of the way towards true, liberating, guilt-free permissiveness and is still fixated on intercourse, which is now a health hazard (Dr. Hacker here implicitly recognizes the unreliability of condoms). The answer is to give adolescents permission to express their sexuality in other ways, like mutual masturbation and properly protected oral sex. In answer to a question, Dr. Hacker stated that after a time of doing this with a series of partners, a young person would "learn commitment." What is needed in the mean time is creative educational innovations like anatomically correct penis models with condoms on them.

I respond that Dr. Hacker has caricatured the traditional norm in an attempt to make it appear untenable. She apparently knows nothing or chooses to reveal nothing about a marriage relationship in which each partner tries to be sensitive to all the needs, including sexual, of the other and is committed to work through the difficulties. Even so, she has freely admitted that for the majority, the old system worked.

Rejection of the old on the basis of social change comes from an unreasonable faith in progress, the idea that "new is improved." Yet logically speaking, if the truth has been spoken, any change will be a lie. It cannot be denied that for the prevention of sexually transmitted diseases, the ideal is one partner for life. If two people each wait with genital sexual activity until making a wise choice of a life partner and then remain faithful to that partner, the chance of getting sexually transmitted diseases is essentially zero. That choice or celibacy, no partners for life, are the only truly "safe sex" options. Call it unrealistic if you wish but no one can argue with the mathematics.

Appeal to Maslow's hierarchy of need is interesting because Maslow lamented in his later years the misuse of his concepts. He said that only a small portion of adults are capable of self actualization and it was never meant to apply to children or adolescents. There is also no reason to believe that adolescents experimenting with every other form of sexual expression will really avoid intercourse. This concept would need to be tested before it is unleashed as a second sexual revolution. I suggest that it would end up as disastrously as the first. Regardless, it is clear that all forms of sexual activity are very powerful as habituating and bonding agents and that the psychological consequences of sexual promiscuity are considerable, even if the physical consequences could be avoided with certainty.

In addition, there is good evidence that sex education as it is being done actually increases sexual activity among adolescents. This can be seen in the data of a large 1986 Harris Poll which indicated that those having "comprehensive sex education" were 44% more likely to be sexually active than those who had no sex education at all. The conclusion was not noted, perhaps because the sponsor of the poll was Planned Parenthood, but it is clearly there in the data and confirmed by other studies.

"How can this be?" many ask. There are four reasons I can think of: the material in some courses is sexually stimulating, natural inhibitions are broken down in presenting the material to mixed groups, all options are said to be OK and the expectation of the professionals comes across, namely that this is what kids are inevitably going to do. By the way, anyone who claims that pictures and words about sex are not sexually stimulating is either very repressed or very jaded. Pornography does not sell because of a good marketing department; it creates its own market.

What kids need is not graphic descriptions but wise advice by adults who understand their own sexuality with its power for good and evil. Down through history and across cultures, although there have been abuses and aberrations, there is a strong tendency to put safeguards on the powerful sex drive. Margaret Mead's work in Samoa has been shown recently to reveal not the institutionalized promiscuity she reported, but the gullibility of an anthropologist, believing the wild stories of a playful group of teenaged girls who noted her appetite for the spicy. It is cultural arrogance of the highest degree to assume that what we just came up with is automatically superior to the preserved wisdom of the ages.

Kids need advice on how to say "no" and how to avoid situations where the temptation may be too strong. They need to understand the incredible benefits of waiting until they have carefully chosen a partner for life and made a genuine and permanent commitment. Then they can enjoy a sexual relationship free of fears. They need not fear disease or betrayal and can find the highest degree of pleasure in a relationship created by an act of the will.

Dr. Hacker claimed that men like virgin wives because "they cannot compare." Yet, I submit that it is no advantage to be able to compare. Rather it is a curse to have to compare. What a privilege to be able to say to a mate, "This relationship I have shared only with you."

Of course some will not follow our advice, but why take the failures and define them as normal, pushing borderline kids in that direction. It is true that just over half of high school seniors have had at least one sexual experience, but that means that nearly half have not. In addition, many of those classified as "sexually active" have either stopped or are ready to consider stopping. Do any parents want their own kids involved in a series of temporary sexual relationships? Even single parents -- especially single parents that I talk to -- want something better for their kids. They know how hard it is the other way. Should we as professionals treat other people's children like dogs in heat? No, even though it may take more of our time and energy, even though we may risk placing ourselves in the category of "old fogies," let us offer the best to our young patients. Science is on our side. Physical and mental health go with it. It can be done.

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To: Ross Olson MD, Bloomington Pediatrics

Please send me copies of your correspondence with Dr. Hacker along with her article in SIECUS Report.

Name ----- Clinic -----

10/30/90

Hi,

Here is a copy of the letter I have sent to Dr. Hacker. When she replies, I will send copies of my letter and her reply to all who attended the meeting.

A handwritten signature in cursive script, appearing to read "Ross". The signature is written in dark ink and is positioned to the right of the main text block.

10/30/90

Dear Dr. Hacker,

I was the dissonant voice at your lecture to Group Health professionals in Minneapolis on 10/18. I thank you for allowing me to respond repeatedly during your talk. Most speakers would not have done so.

Still, there are many questions that remain. I have asked permission of Dr. Norris to write to the conference attendees. He suggested, fairly, that your reply also be included.

I would classify you as a spellbinding speaker -- a truly gifted communicator. That, of course, increases your level of responsibility regarding the truth and fairness of what you say. In talking to people afterwards, I found that several said they agreed with the (excuse the expression) "thrust" of your talk. Yet, when I discussed the points one by one, they found themselves lining up with "the opposition".

There are several key points that need to be dragged out again and examined by light of day. Firstly, you spoke of the "old system" of sex only within marriage (also only intercourse, basically only for procreation, done "in ignorance", and women not supposed to enjoy it.) You admitted that overall this approach did keep down diseases and extramarital pregnancies. Then you claimed that "we all agree," except for a few Neanderthals, that we cannot and should not go back to it.

You are correct that the reason for our problem is related to change. It is more than that, however, it is the American addiction to change. We believe that "new" is "improved" and that change is for the better. This has allowed us to progress technologically (only to later discover pollution of the environment and destruction of resources). But it has made us forget that if truth has been spoken, any change is wrong. It is historical and cultural arrogance to believe that what we just happened to think up is superior to the wisdom preserved and distilled through the ages.

What we need is not just a return to the imperfect application of the model, but what it ought to have been like. You cannot argue with the fact that if every person had only one partner for life (or no partners for life), there would be essentially zero chance of sexually transmitted diseases. Anything more produces risk. The mathematical cutting edge defines promiscuity, not as "just someone I picked up," or "someone I did not really care about," but as anything more than one partner for life. You may argue about the practicality of it ever happening universally, but you cannot argue with the mathematics.

I agree that no matter what, there will be some who do not follow this high road. Yet I maintain that it is irresponsible to not hold this up as the ideal. There is a clear body of evidence that this exclusive and permanent sort of arrangement is also the most healthy psychologically.

Still there is more. Included in this ideal should be male sensitivity to the total needs of his wife, including the sexual. Those who understand the Biblical tradition know that sex was created by God for mutual enjoyment within the bounds of marriage. They also are familiar with the the commands that a husband love his wife as he loves his own flesh and also as Christ loved the church, which means he must be willing to die for her. Even people who do not accept that record as authoritative can see the great advantage to such a commitment. There must be knowledge of the partner for such love to be genuine and meaningful.

You spoke of Maslow and his hierarchy of need. Are you aware that in his later years he lamented the misuse of his concepts? He based the idea of self actualization on the study of two of the most outstanding people he had ever known. Among their characteristics was the submergence of their own interests in some greater cause. He said that only a very small percentage of adults were capable of self actualization and the idea was never intended for children. Yet it became the rallying cry for those who feel that they have to "do their own thing" to be fulfilled. Hedonism replaced altruism.

Your basic point, as I understood it, is that sexuality is all pervasive and its energizing effects can be redirected if a new conceptual framework is developed. That idea, in its simplest terms, is one with which many will agree. Your application of it, however, has several problems.

The most serious difficulty is your assuming that sexual energy must be expressed in a genitally stimulating, essentially orgiastic manner but that if *diseases* and pregnancy are avoided, everything will be fine. Because intercourse is a health hazard, you stated, we must teach kids to do everything else. Thus you mentioned mutual masturbation, oral sex (in response to a question you added "with proper safeguards") and other mutually pleasurable activities that might lead to orgasm.

First of all, is it indeed "fine?" I maintain that sexual activity leading to orgasm is a powerfully habit-forming activity and can be a potent bonding agent between two people who engage in it together. It is not casual because it involves an intimate sharing and potential vulnerability. This is why it is so hard to lose someone. It is hard enough if two people are just "in love" but never acted on it in any way. It is infinitely more difficult if there has been a sharing of sexual intimacy. Divorces are harder than moves. Breakups are worse than class changes. There is no reason to believe that the emotional consequences of "intercourse-free" orgiastic activity would be any less likely to produce these emotional consequences than intercourse.

In addition, there is no good reason to believe that adolescents would even go along with the program. Having been told they can play with fire, it is much more likely that they would regularly pass the point of no return and go ahead to include the "forbidden fruit." Therefore, the "practical" application of this approach would still have to include oral

contraceptives and condoms, which would produce the same false sense of security we see today. Because the "experts" believe that kids cannot make sensible decisions, safety nets must be in place. Because everybody expects me to fall, why not jump?

If you truly want to show the utility of what you propose, why not design and run a careful study? Measure the rates of diseases and pregnancies. Carefully study the psychological outcome. How much better a contribution that would be than to simply preach a utopian concept and expect everybody to intuitively endorse it. If your concepts are enthusiastically accepted and acted upon, and if they lead to as dismal a failure as the sexual revolution of the 60's and 70's did, will you be around to accept responsibility? Would it not be better to get a bit of preliminary data first? Of course, that has not been the pattern over the past 30 years. We have been experimenting on the whole country.

You might ask me to run a study of traditional morality. To begin with, you agreed that it worked before, even though in an imperfect application. Also, there are studies on curricula using this concept in high schools that show an immediate decrease in sexual activity and improvement in school performance. (See the Project Respect material.) As to "comprehensive sex education", the Harris Poll commissioned by Planned Parenthood in 1984 revealed the unexpected result that those who were subjected to such curricula were about 44% more likely to become sexually active while in High School. This information is in the data but unreported by the pollsters who preferred to crow about the increased use of contraceptives by sexually active youth who went through a program. I see a lack of honesty in all this.

You mentioned the St Paul data on school based clinics as evidence that programs that recognize the reality of adolescent sexual activity succeed. That data is faulty. The school population was dropping about the time the number of births dropped. Apparently no mention of the denominator was made by the school based clinic people. Others later found figures for the general time period to be dropping at about the same rate as the drop in births. In addition, the data on births and abortions was not comprehensive but based only on the clinic records. (See the chapter in Dinah Richard's book.) The organizations whose interpretation of these events has gotten the widest circulation have ulterior motives.

You promised me, in response to one of my early questions about commitment, that you would get back to that. You stated, in the end, that after their experiments in sexual gratification with everyone who rang their bell, kids would "learn" commitment and responsible behavior. Thus they would be able to get married and stick with their mate. They would be able, after their far ranging experience, to say "no" not only to continued coupling when "in Limerence" but also all forms of sexual exploitation including incest. I doubt it and the burden of proof is with you.

Couples who live together before marriage are more likely to

be divorced than those who do not. It makes sense. The training has been in having all the "benefits" without the commitment. If down the line, another deal comes along, why not? Conversely, someone who says, "for better or for worse, I am committed to you" (interesting how familiar those words sound), will not just move on at the first difficulty but will do everything possible to make it work with the ultimate good of the partner in mind.

I have a quarrel also with your conceptualization of touch as part of sexuality. The need to be touched is very pervasive but it does not always lead to orgiastic expressions. Yes, I understand that you are broadening the definition of sexuality by doing this to include those matters. The problem is that our culture has already given sexuality a virtual monopoly on touch, to the point that some people are afraid to touch. You may be coming at it from the other direction, pointing out that if people are not afraid to touch, they should not be afraid to go "further". I am afraid that some will stop hugging their kids for fear of sexual abuse. Potentially, a reception line could be considered a form of orgy.

I am convinced that many young people enter sexual relationships because they really want intimacy and warmth, often feeling a lack of this from parents. Adults hold babies and hug little kids. There is a tendency to do it less for older kids and especially by dads. Yet this may be an important deficiency in the adolescent's development. The hugging must be pure and proper (especially if you plan to run for governor some day) but I am convinced that it is essential. I have heard many homosexual young men describe an intense longing to be close to a father figure that was never fulfilled and eventually became sexualized.

I think it is better to consider touch to be another basic drive, one which relates to sexuality but is distinct and separate. This fits the data and makes it easier to avoid the illusion that a touch must inevitably lead down a certain path. Were you tactically using this approach to blur the distinctions between various levels of relationship? That would make the "it's just like shaking hands" approach to sexual relationships believable, but I think it is a sneaky way to do it.

Regarding masturbation, it is certainly true that resort to self stimulation is better than sexual exploitation or some dangerous activity. Calling it self love is misguided because it distorts the concept of love which includes sacrifice. However, the desire to explode old stereotypes and relieve fears may have lead some to become over-enthusiastic promoters.

Studies of persons afflicted with paraphilias indicate that they are usually accidentally conditioned in early adolescence by masturbating to deviant fantasies. (See the letter by Dr. Cline with references). Not everyone is necessarily susceptible to these problems but some are. Teaching young teens how to masturbate is not necessarily a wise thing to do. Fantasy is much less dangerous than reality, but it seems best to avoid dwelling on fantasies that should not ever become reality. It

may also be better to let it be an outlet at need and not an activity to be sought out.

This brings us to the final point of knowledge. Those who promote chastity (sexual abstinence before marriage and faithfulness in marriage) are often accused of being in favor of ignorance. Those who oppose condoms are caricatured as wanting to prevent the dissemination of knowledge about condoms. I am not in favor of ignorance. Rather, the truth about condoms should be told, for instance, the 10 to 15 % failure rate in preventing pregnancy, the similar failure rate over 1 year in preventing the spread of AIDS from one heterosexual spouse to another and the over 30% breakage and slippage rate among male homosexuals using them for anal intercourse.

The place of "knowledge" is even more than this, however. The sort of things that are being told and the way they are being told is crucial. We are given the impression that knowledge is the answer to sexual problems, but this is misleading. If the "knowledge" conveyed is that everything is safe with condoms, and that teens should be choosing whether or not to be sexually active, the resultant choices by the students will probably reflect that point of view.

Why were students given comprehensive sex education found by the Harris Poll to be 44% more likely to initiate sexual activity? I suspect that in addition to conveying a false sense of security and using a non-directive approach, the material itself is sexually stimulating. This, of course, immediately identifies me as a prude who is unable, among other things, to appreciate the graceful arcs of Mapplethorpe's photos. But I challenge every intellectually honest person to ask themselves, "Is sexually explicit material erotic?"

After all, why is pornography such a big business? Do they just have the best ad agencies? Does their sales force work harder? Of course not. Like drugs, the product creates its own market. Therefore it should not be a big surprise that certain ways of teaching about sexuality may prime the pump. It is this intuitive embarrassment and fear that makes it difficult for some parents to talk to their kids.

The concept of a "latency" period has given academic support to the *uneasiness* that many feel about giving explicit material to grade school aged children. According to psychoanalytic theory, they are suppressing their sexual drives at that time and can be harmed by upsetting the balance. Yet some methods of teaching seem determined to break down that reticence and modesty. Some teachers have asked first graders to stand in a mixed classroom, pointing out and naming their body parts including the genitals.

Materials used for teens can also have the "side effect" of breaking down inhibitions and stimulating interest in acting out some of the topics. I say "side effect" because some utopian thinkers believe and state that the breakdown of inhibitions is a worthy goal on their way to a society free of guilt and shame. Margaret Sanger, founder of Planned Parenthood wrote, "Through



sex, mankind may attain the great spiritual illumination which will transform the world, which will light up the only path to an earthly paradise." (The Pivot of Civilization p. 271) suspect that the path may lead more to a nation of psychopaths.

Would a sculpture of an erect penis with a condom on it do any more than remind those who are intending to engage in intercourse to use the appliance? Those who say "no" are either even more repressed than the archetypical fundamentalist they claim to have uncovered at the bottom of the abstinence "plot", or they are so jaded that they have no reaction to anything short of hard core.

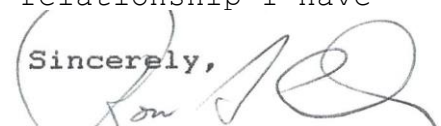
You mentioned the boy who fainted at the description of anal intercourse. That would be an extreme manifestation of what is, however, a common type of reaction -- namely disgust. It would serve to form a barrier against experimentation in that direction, unless there were an effort at desensitization. Indeed, the reaction might be derided by some as "homophobic" and therefore despicable.

Let me say that, whatever a person may want to think about male homosexuality, it is essentially a death sentence to turn a young person loose into that lifestyle. There is a normal ambivalent stage to the development of sexual orientation. When sexual awakening begins, peer groups are same sex and early experimentation may be same sex. Orgiastic activity is itself habit forming. I am convinced, as I stated above, that homosexuality is a complex developmental problem and that there are many teenagers for whom the final outcome is in doubt. If they are told that all choices are equal, those choices are described in X rated (excuse me, NC 17) detail and natural barriers to certain choices are removed, there is a good chance that some will turn that way. Then the lie becomes apparent. All choices are not equal, but some groups want to swell their numbers because in the mind of the 20th Century American, whatever is, in significant numbers, is right.

What kids need is not graphic descriptions but wise advice by adults who understand their own sexuality with its power for good and evil. Kids need advice on how to say "no" and how to avoid situations where the temptation is too strong. They need to understand the incredible benefits to waiting until they have carefully chosen a partner for life and made that commitment. Then they can enjoy a sexual relationship free of fears. They need not fear disease and need not fear betrayal.

You claimed that men like virgin wives because "they cannot compare." Yet, I submit that it is no advantage to be able to compare. Rather it is a curse to have to compare. What a privilege to be able to say to a mate, "This relationship I have shared only with you."

Sincerely,



Ross 5. Olson MD  
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THE UNIVERSITY OF MICHIGAN  
SCHOOL OF  
**NURSING**

November 20, 1990

Dr. Ross S. Olson, MD  
55]2 14th Avenue, South  
Minneapolis, Minnesota  
55417

Dear Dr. Olson,

Thank you for your letter in response to my lecture at Group Health. I wish we had had more time to dialogue because, unfortunately, it isn't too often that a member of the "opposition" is willing to confront me respectfully and exchange ideas.

First of all, thank you for characterizing me as a gifted communicator. I know that I speak well and convincingly, and am, therefore, very careful to document whatever I present. The documentation is based on sources which are highly and consistently respected for their objective reporting and epidemiological soundness among researchers. Thus, when I read the critique of the school-based clinics which you sent, I was disappointed that the source of the comments was omitted. We all recognize that statistics can be interpreted and used in many ways, and so I know full well that it is important to examine how the studies were done, and who is choosing which data to focus on. In my view, therefore, the clinics have been "successful." Whether they are as effective quantitatively, exactly as reported, is not even the major question. It would only be a matter of a few percentage points. I feel that their main contribution is a qualitative one, i.e., that they are conveying a message that recognizes the innate sexuality of young people, and that there is some facility willing to face that reality. Clinics are but one step in the right direction - the acknowledgement of our sexuality rather than the denial.

The basic issue of denial is what lies at the heart of the failure of sex education in this country. As I emphasize in my talks, the fact is that 90% of sex education is simply anatomy of the reproductive organs, with a little physiology thrown in. In this day and age, it is highly inadequate! Whether we like it or not, change has occurred, and will continue to do so. I agree with you that we have, perhaps, become addicted to change - that's the faster and faster lane I alluded to in my presentation. However, change is not only inevitable, but is usually painful. The fact that we are currently experiencing such a high level of pain is characteristic of the rapidity of the change. We have not had (nor taken) the time to examine its repercussions because we are "too busy." If you heard me correctly, I am extremely critical of our almost exclusive concentration on what is theoretically called "progress." My message is, "Slow down, and look at the consequences." In that regard, I think we agree. However, I believe our basic disagreement lies in our view of human nature. As a former biologist, I see sexuality as a very strong human drive which has been regulated differently among various societies throughout history. It was, indeed, as you suggest, kept under restrictive control, in our culture, with the old norm of sex for procreation within marriage. However, from our present perspective, at what cost? - inequality of power, submission of women economically and socially, restriction of freedom, seeing sex as dirty, etc.

(everything I spelled out to Group Health). The expectations, since World War II, have changed, and there is no going back without surrendering the gains we have made. Thus, it is not "Neanderthal" (not my terminology) to deny this, -it is simply a head-in-the-sand mentality, even among some "Cro-Magnon" types. Of course, I realize full well the negative consequences of that inordinately rapid change. We are in an uncomfortable transition period, and that is why we are seeing an abuse of the freedom that we gained with our increasing economic and social change. However, we must go forward because change is not entirely bad - it brings both good and bad. The good part is the potential that has opened up for using our newly-gained freedom of choice, options for different life styles, variations in values, etc., for betterment.

I am quite aware of the misuse of Maslow's Hierarchy of Needs theory. I have been ranting against the fact that the "me" generation and its "do your own thing" motto has gone completely overboard! We are in an era of unprecedented selfishness and greed. That does not, however, diminish the theory per se. How a theory is implemented is what needs to be critically examined, and the implementation will naturally vary depending on the time in history, the maturity and intelligence of the individuals who espouse it, etc. Maslow meant to depict a realization of potential over a long period of time. The satisfying of the succession of ego needs could indeed not be achieved by children - it is a gradual, in-depth process which differs for everyone. Unfortunately, in the first blush of the burst of freedom in the 60s, there were too many who jumped on the band wagon superficially, misinterpreted it and misused it. This always happens when people are let out of some kind of prison too quickly without sufficient knowledge and preparation.

I believe I ran through the above in my presentation, and am now suggesting that a new way of handling the freedom is to study how to stop the abuse, but to do so with knowledge. There is so much we have kept hidden about sexuality (some good and some bad) that we need to bring out into the light of day. If we examine it all (embarrassing and painful as it may well be), we can pursue a more realistic course in counteracting its misuse. To me, acknowledgement is the only way, and as I have repeatedly said, it must be accompanied by respect, caring and trust. These conditions do not necessarily exist even within long, enduring marriages. So, I am indeed in favor of "sex respect" (as the article calls it), but not within the context of just saying "NO." We need to ask, "Just say no to what?"

I strongly recommend postponing the intercourse portion of sexuality, but I want to celebrate the pleasuring aspects. We are pleasure-seeking organisms, (and I see that as beautiful, not dirty) and, at this stage of our history, let's dispense with our old fears, and learn how to enhance pleasure with decreased risk. Sex=intercourse only is an outmoded, pronatalist concept. It was very useful when mortality was high, and procreation was essential for survival of the species. Now it is time to think in a different direction. You are afraid that if kids "play with fire", they would inevitably include the "forbidden fruit." That's only true if intercourse is seen as the ultimate "prize." They haven't been taught otherwise, and my contention is that if we could teach another approach, we could change their outlook considerably. I know that as soon as we stop "preaching", and start validating their pleasure seeking, we get the kids' attention, as never before. It has been my constant experience with young people. There is also compelling research which shows that kids whose parents talk to them openly about sexuality, all through their growing-up years, postpone first intercourse, and when they do get involved in it, use contraception significantly more than others. I do not share the views of Dr. Cline (whose article you sent)

since I believe he is taking a rigid, Freudian view of child development. He does not take into account, at least in this article, the many variables present in the family upbringing of the child. Children need information from age 3 on, and I wonder if he knows that last year, 13,000 babies were born to kids between 10 and 14. The entire concept of the latency period, and "premature readiness" has come under harsh criticism from developmental psychologists since their research does not support it. In fact, one just has to be a mother (or involved father) to know that children are sexual and pleasure-seeking from birth.

You are right that sexual intercourse activity leading to orgasm is a potent bonding activity, but that "bonding" must be viewed in terms of differentiating between just the chemistry (limerence), and the relationship. Postponing orgasm (and many women never reach it, married or not) until marriage has little to do with bonding or love. Divorce occurs mainly because the relationship is flawed. That is why we need time for exploring (safely, of course), pondering, and growing up emotionally before we enter marriage. Since the sexual drive occurs long before one is ready for marriage in this society, why not have young people use their sexuality positively and safely, and move toward the kind of relationship that can endure. When that occurs, then exclusive commitment is a must, and if, in fact, the relationship is based on friendship, ability to communicate honestly and to compromise, trust and self esteem (the latter meaning non-exploitation of self or others), then the normal ebbing of limerence can always be rekindled for both partners. Masters and Johnson showed an 85% success rate in accomplishing this.

What I am teaching fits exactly what is being said in the Harris poll article you sent. They present arguments for delaying sex, all of which I agree with if sex is equated with intercourse only. You worry about masturbation in conjunction with deviant fantasies. Don't forget, if those fantasies are acted on, it is mainly because masturbation (self love) is seen as evil, not the "real thing", etc. It has never yet, in our culture, been validated as the healthy outlet that it can be. Also, we have never taught the difference between fantasy and behavior as I am recommending we do, i.e, that the definition of a responsible adult is one who knows which thoughts, emotions, and fantasies to act on and which not (the concept of non-exploitation that I emphasized). We're still caught up in the old imperative of always needing to act on our sexual desires, preferably with the opposite sex. As psychologists have shown, time and again, the human drive is not to reproduce, it is to achieve pleasure. The pleasure can be reached with self or with others, same or opposite sex. As pleasure is sought after, for those who engage in vaginal intercourse, reproduction will often result. This is adaptive for perpetuating the species of course but the seeking of pleasure through intercourse only is a very limited view of sexuality.

As for the article on homosexuality and AIDS is concerned, we know from world data, that AIDS is not a homosexual disease - it is just another STD. It just happens that homosexual and bisexual men got it first, but recent research shows that its incidence has been brought down dramatically in the last three years among that population. It is rising alarmingly among heterosexuals (who, incidentally, also engage in anal sex secretly). Thus, education must be aimed at the entire population. We need to learn, through history, anthropology, biology and psychology, that homosexuality, bisexuality and heterosexuality all occur on a continuum of sexual orientation, with most people probably having some percentage of desire for both same sex and opposite sex. Older cultures (and, perhaps wiser), with a much longer history than ours (e.g., American Indian), have always recognized the duality of male-female in man's nature, and they have honored it. It is important to realize, especially in the teaching of youth, that not every opinion deserves to be elevated to the position of a value unless it is based on evidence. We have a lot to learn, in our culture, and so I am

encouraging everyone to embark on a learning process in the area of sexuality. We come from a background that has limited such learning and it is time to turn that around. In that way, decisions can be made from knowledge and not from fear.

I hope this has clarified, a bit more, what my position is, and again, I thank you for taking the time to write.

Very sincerely yours,

A handwritten signature in cursive script that reads "Sylvia S. Hacker". The signature is written in dark ink and is positioned above a horizontal line.

Sylvia S. Hacker, Ph.D

Ass Prof., Prof., Community Health,  
School of Nursing, and Popul.  
Planning, School of Public  
Health

SH:hs

CC: T. Norris, MD



THE UNIVERSITY OF MICHIGAN  
SCHOOL OF  
**NURSING**

November 24, 1990

Ross S. Olson, MD  
5512 14th Avenue, South  
Minneapolis, Minnesota  
55417

Dear Dr. Olson,

I'm sorry you had to send a second copy of your letter, but I have been on a hectic lecture schedule this month and have been rather negligent about my mail. I imagine you have received my response by now. After I mailed it, I discovered that the secretary who typed my letter had omitted a couple of items (and I admit I was remiss in not having proofread it!) At any rate, here are the omissions:

In regard to your comment on sex education, it is true that research has shown sex education (as it is) not being very effective in this country. However, when investigators have examined the sex education curricula, what they find is that 90% of them consist of the anatomy and physiology of the reproductive system. No wonder there have been such disappointing results! Kids do need to know anatomy of course, but I certainly don't call that sex education. The questions we are not dealing with are ones which revolve around how to handle emerging sexual urges, peer pressure, relationships, etc. in this day and age. I have dozens upon dozens of questions I've collected from kids, and not one of them is on the fallopian tubes or the vas deferens. A very brief example of some typical ones are as follows:

1. Why do boys always want to have sex?
2. How can you tell if you're really in love?
3. How much masturbation is normal?
4. Do older people enjoy oral sex?
5. What can you do to be sure not to get pregnant?
6. What's anal sex?
7. If you go for birth control do they tell your parents?
8. Why don't parents listen to teenagers?
9. When does it stop hurting?
10. What makes someone gay?

etc., etc.

I'm sure I touched on this issue somewhat in my talk!

Incidentally, I am planning to place the articles you've sent on reserve so the students will have access to them. I have always tried to expose them to all shades of opinion.

Happy holidays,

A handwritten signature in cursive script that reads "Alma Hacker".

P.S. It occurred to me that your contention, "if every person had only one partner for life (or no partners for life), there would be essentially zero chance of sexually transmitted diseases" is a great example of wishful thinking. It may also be illustrative of your view of human nature. In my mind, it's equivalent to saying, "If people were to think only pure thoughts, we could get rid of all evil in the world."