Christine E. Gudorf, *Body, Sex, and Pleasure: Reconstructing Christian Sexual Ethics* (Pilgrim 1994) Ch. 5: 139-159.

5. Mutuality in Sexual Pleasure as Normative

We have said that once we reject procreationism as species suicide, the most salient characteristic of, and chief motivation for, sex is sexual pleasure. Sexual pleasure is a good because it enhances our sense of well-being by satisfying some basic human needs: for touch, for excitement, for physical release, for companionship. But sexual pleasure can also be a means to the satisfaction of other human needs and desires, through its ability to bind persons together in intimacy. A Christian sexual ethic should encourage sexual pleasure in sex, emphasizing its social as well as its individual functions. A Christian sexual ethic should make mutuality in sexual pleasure normative. Any failure to include one's partner in sexual pleasure is, first, a violation of the Christian imperative to love one's neighbor, and second, a rejection of the social function of sex which is dependent upon the mutuality of pleasure This chapter proposes that accepting mutual sexual pleasure as the primary purpose of sexual activity requires respect and care for the partner and responsibility for avoiding pain and maximizing pleasure for all affected by that activity, and examines existing obstacles to the acceptance of mutual sexual pleasure as the primary norm governing sexual activity.

The derivation of both respect and care for the partner and responsibility for all affected by one's sexual activity is fairly obvious. If we have a Christian obligation to love all our neighbors as ourselves, then our choice of actions must be governed by a utilitarian calculus of how to maximize pleasure and minimize pain for all those neighbors. This will be true in sexuality as in other areas of human life. As we saw in Chapter Four, mutuality serves to maximize pleasure in sex, in that my own pleasure is intensified by evidence that I am able to pleasure the partner, and a pleasured partner is more likely to be an active partner—active in pleasuring me. The communication of respect and concern between partners within sexual interaction also serves to maximize pleasure in sex, in that it invests each of the physical gestures and actions with additional symbolic meaning. This can be true even within what many persons would call casual sex. If one partner prior to sex inquires as to how the other partner is coping with the long dying process of her parent, and then responds with sincere sympathy to the answer, the other partner may then be able both to interpret the ordinary touches and actions in sexual interaction as expressions by the other of sympathetic care and concern, and to take greater pleasure in them. The level of meaning invested in sexual activity is intensified by the degree of respect and care that exists between the partners, and the greater the meaning, the greater the potential for pleasure.

Since all persons live in societies in which all the actions, including sexual actions, of members of the society impinge on all the other members of the society, minimizing the pain and maximizing the pleasure in sexual choices will require responsibility. .'This responsibility will take two forms: protecting the entire society from painful consequences of sexual activity, and to the limited but very real extent described in the previous chapter, maximizing the communal benefits derived from personal sexual activity.

Of course, neither all cultures nor all Christians in all cultures would agree. Some cultures understand sexual pleasure as sinful, to be avoided whenever possible, and risked only for purposes of reproduction. Some cultures object to the inclusion of women in sexual pleasure, and some have even devised methods of surgically eliminating sexual pleasure for women, as with clitorectomy and genital infibulation, which sometimes function as female puberty rituals.[1]

While there is no justification for maintaining the superiority of one *culture* over another, still, if we are to make any judgments at all about the welfare of specific persons, we must evaluate some particular cultural *practices* as superior to others. The exclusion of women—or anyone—from sexual pleasure, and the cultural repression of sexual pleasure, are morally inferior to their alternatives.

Cultural variation also exists between groups and societies which accept mutual sexual pleasure as normative in sexual activity. There will be variations between classes, churches, and racial/ethnic groups within the same nation in how these two criteria are interpreted. For example, some more traditional Americans maintain that the function

[1] William H. Masters, Virginia E. Johnson, and Robert C. Kolodny, *Human Sexuality*, 4th ed., (New York: HarperCollins, 1992), 46; also see Chapter 25.

of shared sexual pleasure is to bind persons together in intimate stable relationships, while many young persons in America maintain that the function of sexual pleasure is that it helps one to know and appreciate one's body while establishing links with a variety of persons. Both groups value sexual pleasure, believe that it should be shared between partners, and invest it with the power to bond. But the exclusivity and depth of the bond are contested, and the experience of sexual pleasure as an important way of learning to accept and appreciate one's body is only claimed by one side. On the other hand, a person from a very traditional society might well say that the function of sexual pleasure is to keep men anchored in the home, providing for wife and children. All might agree that sexual pleasure helps make bearable the strains and inconveniences of living together.

Acceptance of mutuality in sexual pleasure as an ethical criterion for sexual activity implies mutual consent to sex. While mutual consent to sex is a radical moral criterion in terms of existing sexual practice in our society, it is neither so radical nor so adequate as mutual sexual pleasure. Mutual sexual pleasure demands far deeper changes in sexual practice, and itself implies mutual consent. Mutual consent does not come near ensuring mutual sexual pleasure.

Persons consent to sex for all sort of reasons short of mutual sexual pleasure, some of them terrible. When we pose mutual consent as the primary ethical criterion for sexual activity, we are forced to keep adding criteria to deal with those situations in which formal consent is given but sex is less than freely chosen and truly voluntary. Children may formally consent to sex to gain approval, affection, or material favor. Prostitutes formally consent to sex to support themselves. A secretary may formally consent to sex with her boss, or a student with a teacher. So we add ethical principles which insist that children cannot give real consent, and that sex between superiors and subordinates is illegitimate because the imbalance of power prevents free consent. But there are always other circumstances which illustrate the need for further middle axioms. For example, what about persons who hate and fear sex due to past abuse, but who may nevertheless freely consent to sex out of love or gratitude toward another person who is perceived as desirous of sex? Sexual pleasure which implies consent to sex, and not formal consent only, is the primary requirement for ethical sexual activity. Sex which is not aimed at mutual pleasure is not only incapable of promoting intimacy and bonding, but is actually, especially if repeated, destructive of relationships and self-esteem.

There are some who would deny that mutual sexual pleasure requires mutual consent to sex. There are, they say, persons who enjoy being coerced. My answer is both yes and no. The number of persons who enjoy being coerced is very small. These persons are also conflicted; their "pleasure" is at the same time a kind of self-punishment, a denial of their own worth and dignity. They are the most seriously affected by the religio-cultural confusion between pain and pleasure which, as we saw in Chapter Four, infects Western culture.[2]

On the other hand, .there are many persons who seem to take pleasure in the *appearance* of being coerced. One of the reasons that some men do not take seriously women's "NO" to sex is that they have experienced women who want sex, but verbally reject it, hoping to be persuaded, so as to avoid being responsible for their activity.[3] This is not real coercion—but it is extremely dangerous, because it trains men to disregard the expressed wishes of women—many of whom really mean "NO" and are raped nonetheless.

There are many other examples of what appears to be coercion and is not. Many women, and some men, fantasize about being coerced into sex.[4] In their fantasy, they choose the partner, the circumstances, the sexual acts, and the consequences. The fantasized coercion has the virtue of removing from women who have been socialized to shun sex the responsibility—and guilt—for choosing sex, and of relieving men of the burden of having to always initiate and control sex. Such fantasies do not at all indicate any desire to actually be coerced. Similarly with many of the sadomasochistic sexual games couples play—if the partner to be bound freely supplies and dons the padded cuffs and chains, this is not coercion. It is rather another manifestation of our society's eroticization of dominance. (This is not to approve S/M games as totally innocuous. Clearly any physical pain or damage inflicted would tell against mutual pleasure[gp1].)

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[2] See Beverly W. Harrison and Carter Heyward, "Pain and Pleasure: Avoiding the Confusions of Christian Tradition in Feminist Theory," in J. C. Brown and C. R. Bohn, eds., *Christianity, Patriarchy, and Abuse: A Feminist Critique* (New York: Pilgrim, 1989), 148-173.

[3] According to the 1989 research of Charlotte Muhlenhard and Lisa Hollabaugh, 39.3% of 610 female undergraduates had engaged in token resistance at least once. "Do Women Sometimes Say No When They Mean Yes? The Prevalence and Correlates of Women's Token Resistance to Sex," *Journal of Personality and Social Psychology*, 54 (1989): 872-879.

[4] Robert Crooks and Karla Baur, *Our Sexuality*, 5th ed. (Indianapolis: Benjamin Cummings, 1993), 248-249.

How Restrictive Are These Criteria?

If we are to begin with these two ethical criteria for sexual activity—that sexual activity should be pleasurable, and everyone involved should experience the pleasure—how restrictive would such criteria be? Interestingly enough, to use mutual pleasure as the criterion for ethical sexual activity is to demand enormous transformation of the sexual landscape in our society. If "permissive" treatment of sexuality is that which allows almost any practice, or which fails to demand significant changes in present practice, then these proposed criteria are not permissive at all.

The proposed criteria would require, first of all, taking seriously all those obstacles and circumstances which currently prevent sex from being mutually pleasurable. Those include, among others: genital mutilation (usually of women), fear of pregnancy, fear of AIDS and other STDs, rape and sexual abuse, sexual coercion/harassment, sexual dysfunction, ignorance of sexual biology and technique, and, last but not least, poor sexual communication. The criterion of social responsibility would also weigh in against sexual activity which involves contracting STDs; conception outside stable, ecologically responsible child-rearing situations; or public policies which support sexual ignorance, sexual dysfunction, sexual abuse, or sexual coercion/harassment. The criterion of respect and care for the partner would at least rule out instrumental understandings of partners, including sexual objectification.

Genital Mutilation

So far from universally normative is this criterion of mutual pleasure in sex that there are 85-114 mullion women living today—including half the female population of Egypt[5]—who have been genitally mutilated, most either by clitoridectomy or by the even more severe genital infibulation, in order to remove pleasure from sex for women.[6] Clitoridectomy—excision of the clitoris—has the effect of reducing for most women the possibility of sexual arousal, and removing the capacity for orgasm. Genital infibulation, which includes the removal not only of the clitoral shaft, glans, and hood, but of the labia majora and some of the labia minora as well, not only leaves the female vulva a mass of scar tissue which must be painfully torn open for each act of coitus, but also results in massive tearing of scar tissue in childbirth. The absence of sexual pleasure for women who have been genitally mutilated is not accidental, but is the central purpose of the surgery: the impossibility of sexual pleasure for women removes from women any incentive to infidelity, makes them undemanding sexual partners, and also supposedly increases the pleasure of men by making the vaginal entrance permanently "tight."

Though genital mutilation is not unknown among men, it is much more rare, and seldom interferes with sexual pleasure. For example, the most common male genital mutilation is circumcision, which admittedly is practiced in our society on a scale far beyond its medical advisability.[7] That is, though the medical profession has determined that there are few, rather rare, medical reasons for penile circumcision, the practice is widespread: most newborn males are circumcised in the U.S.

Yet male circumcision does not negatively affect male sexual pleasure. The practice of subincision among the aborigines of Australia and New Zealand is an example of male genital mutilation which can interfere with sexual pleasure, but it is clear that this is not at all the purpose of subincision.[8] Subincision is the repeated lengthwise lancing of the shaft of the penis to obtain a cleft which resembles the female vulva when the penis is pulled back between the legs. This cleft is ritually opened to produce a flow of blood in male imitation of the menstruation of females, in order to ritually claim for men the female power to give birth. It is clear that the surgery is done to males by males for the purposes of ritually enhancing the sexual power of males. If sometimes the surgery goes badly, and capacity for erection or ejaculation is sacrificed, this is accidental and not the intention. Certainly adoption of mutual pleasure as an ethical criterion for sex would invalidate any medical/surgical procedure either designed to reduce or

[5] Population Council Bulletin, 1993.
[6] C. Brisset, "Female Mutilation: Cautious Forum on Damaging Practices," *The Guardian*, 18 Mar 1979, 12-15.
[7] E. Warner and E. Strashin, "Benefits and Risks of Circumcision," *Canadian Medical Association Journal* 125 (1981): 967-976, 952.
[8] Rita M. Gross, "Menstruation and Childbirth as Ritual and Religious Experience Among Native Australians," in Nancy Falk and Rita M. Gross, eds., *Unspoken Worlds: Women's Religious Lives in Non-Western Cultures* (San Francisco: Harper, 1980).

eliminate sexual pleasure, or likely to effect such results, unless the absence of such procedure threatened the life or general welfare of the individual.

Good Women as Sexually Passive

Women have been and continue to be much more victimized than men by attempts to limit or eliminate their capacity for sexual pleasure. Many cultures, including our own, which have not surgically prevented women's sexual pleasure in great numbers have attempted through socialization to achieve the same result. The standards for acceptable female behavior have seldom if ever legitimated any direct seeking of sexual pleasure, even in marriage. Our society has taught that a crucial difference between ladies and lower-class women is that ladies were not motivated by sexual desire and did not pursue sexual pleasure. Ladies have been regarded by tradition as sexually passive. Sexual pleasure has been thought to be appropriately pursued by men and animals; women who evinced interest in sexual pleasure were considered indiscriminate, and therefore available to any partner. In fact, this separation of good women from wanton women is one of the reasons we continue to have as a society severe problems with rape and other forms of sexual coercion. Men who accept this traditional view of women have been shown more likely to justify rape, and more likely to believe in the more common rape myths, so that women who ask men out, go to men's apartments, voluntarily kiss their dates, or go "parking" are understood by such traditional men as wanton and unrapeable.[9] Women who accept this traditional view of women are more likely to offer token resistance to sex in order to be thought ladies worthy of respect. They thus confirm for such traditional men that force is the way to get a not-so-willing woman turned on.[10]

Sex Roles as Obstacles to Sexual Pleasure

If mutual sexual pleasure is accepted as a moral criterion in sex, a major resocialization of both men and women will be necessary. Both men and women must understand that women as well as men can and should find pleasure in sex, and both men and women must learn techniques for arousing and satisfying themselves and their partners. The sexes must jointly take active responsibility for mutually pleasurable sex, both because justice demands it, and because the more active a participant to sex is, the more sexually satisfied he or she is likely to be.

It is too often the case that as persons in our society come to accept that women should find sex pleasurable, the existing pattern of male domination in sex is not abandoned, but merely enlarged, so that women are in effect pressured to find sex pleasurable, and men are ordered to take responsibility for women's pleasure.[11] Responsibility for women's pleasure as well as their own is an onerous burden for men, and is often the source of a great deal of male anxiety around sex. At the same time, the social shift to validation of women's right to pleasure in sex is often meaningless to women because it occurs within a sexual relationship which is unequal in power. When asked by their partner, "Did you come?" many women do not feel able to say no, to offer suggestions, or make requests, without damaging the partner's ego, which can be uncomfortable and sometimes even dangerous in situations characterized by dominance/submission. Thus women lie, and learn to fake orgasm. About two-thirds of women in our society fake orgasm at least periodically.[12] On the other hand, some women fail to take advantage of sincere invitations from male lovers to share control of sex. They can be motivated by fear of responsibility, feelings of inadequacy, laziness, or distrust. Some men would like nothing better than to have their lover initiate and take a leading role in sex play, either occasionally or regularly. And yet some men who sincerely issue such invitations find themselves overwhelmed by feelings of having lost control, and unable to participate in shared control.

These sex roles can be problematic in homosexual relationships as well. Lesbians, for example, often have trouble beginning a sexual relationship since both partners have been trained as females to wait for a man to make sexual

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[9] K. Rapaport and B. Burkhart, "Personality and Attitudinal Characteristics of Sexually Coercive College Males," Journal of Abnormal Psychology 93 (1984): 216-221; C. Muhlenhard and M. Linton, "Date Rape and Sexual Aggression in Dating Situations: Incidence and Risk Factors," *Journal of Counseling and Psychology* 34 (1987): 186196.

[10] Nancy W. Denney and David Quadagno, *Human Sexuality*, 2d ed. (St. Louis, Mosby Year Book, 1992), 601-606.

[11] Marianna Valverde, *Sex, Power, and Pleasure* (Philadelphia: New Society, 1987), 36-37.

[12] C. Darling and J. Davidson, "Enhancing Relationships: Understanding the Feminine Mystique of Pretending Orgasm," *Journal of Sex and Marital Therapy* 12 (1986): 182-196.

overtures, and, except for relatively few young women exposed to urban lesbian culture, have no models of lesbian interaction.[13] This lack of initiative can be a problem not only for initiating a relationship, but also for achieving regular sex. On the other hand, this lack of models does present a kind of freedom to create relationships as the partners wish, without a great deal of outside cultural pressure. As Mariana Valverde says about lesbian sex: "(T)here are no conveniently traditional roles to fall back upon. There is no missionary position."[14]

Gay men, on the other hand, have been socialized as males to be assertive, even aggressive in initiating sex. Newcomers to gay turf, especially straights who stray in, are often horrified and even terrified at being the target of repeated aggressive physical advances by gays. Neither gay nor straight men have been socialized to be the recipients of sexual initiatives or aggression. Relationships between two assertive-to-aggressive persons can become more competitive than ones in which there is the moderating presence of a submissive person.[15]

Over the last half of the twentieth century two complementary trends in gay and lesbian culture have occurred. The first is that the majority of gay and lesbian couples no longer model heterosexual sex roles within the couple. That is, in a gay couple, there is usually no "female" partner, and in a lesbian couple, neither woman plays a male role. Where such heterosexual-based role-playing survives among homosexual persons, it is usually among older gays and lesbians.[16] This break with heterosexual imitation has also initiated a break with the pattern of dominance/submission within couples. Many gay and lesbian couples are models of mutuality in terms of sexual activity, shared power and decision-making, and cooperative work.

Many observers have noted that while there are significant populations of both homosexual and heterosexual men and women who have put a great deal of time and energy into constructing egalitarian sexual relationships over the last few decades, the results of those efforts seem more differentiated by orientation than by gender. That is, homosexual couples, both gay and lesbian, are generally agreed to have been more successful than heterosexual couples in constructing egalitarian couples, as well as egalitarian groups and subcultures.[17] At the same time, there is continuing concern at what seems to be a much greater difficulty among gay and lesbian couples in preserving the sexual spark within relationships over extended years.[18] Some observers have also noted the increase in (or perhaps an increased openness about) sado-masochist sex play among gays. Though practiced also by some lesbians and heterosexuals, the dangerous practice of "fisting" or "handballing" which became popular in gay communities in the late 1970s has become predominantly a practice of the gay male community.[19] It is possible that S/M sex play is a way of reintroducing into sex the dominance that a couple has excluded from their overall roles. This would make sense in a number of ways. If we have strongly eroticized dominance in our society, then it will be difficult to sustain the erotic quality of egalitarian sexual relationships. Gay and lesbian sexual relationships tend to be more egalitarian and would likely have somewhat more difficulty sustaining eroticism. There may be a number of explanations for the existence of a large-scale sado-masochism industry and a parallel network of nonprofit sadomasochist social organizations, but the connections forged in our culture between pain and pleasure certainly help make egalitarianism a threat to eroticism.[20]

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[13] Blumstein and Schwartz, *American Couples*, 214-216; J. Loulan, *Lesbian Sex* (San Francisco: Spinsters Ink, 1984), 20.
[14] Valverde, *Sex, Power, and Pleasure*, 90.
[15] Blumstein and Schwartz, *American Couples*, 216.
[16] Valverde, *Sex, Power, and Pleasure*, 86-89; C. Tripp, *The Homosexual Matrix*, 2d ed. (New York: McGraw-Hill, 1987), 152.
[17] Crooks and Baur, *Our Sexuality*, 290; L. Peplau, "What Homosexuals Want in Relationships," *Psychology Today* (March 1981): 28-38; Tripp, *Homosexual Matrix*, 153. In terms of sexual activity, surveys of sex researchers have shown that lesbians and gay men utilize significantly more variety and inventiveness in sexual practices, that they spend longer on foreplay, are less goal-oriented, are less sex-role limited, and spend more time in lovemaking than do heterosexual couples. (Masters, Johnson, and Kolodny, *Human Sexuality*, 396-398.)
[18] Tripp, *Homosexual Matrix*, 153-154; Blumstein and Schwartz, *American Couples*, 214-217.
[19] Masters, Johnson, and Kolodny, *Human Sexuality*, 398.
[20] The clients at sado-masochist business establishments are disproportionately professional—the very class most affected by more egalitarian sexual practices. (Robert J. Stoller, *Pain and Pleasure: A Psychoanalyst Explores the World of S&M* [New York: Plenum Press, 1991], 114.) These clients are diverse in that some insist on same-sex partners, others on opposite-sex partners, and for others the sex of the partner is incidental to the S&M itself. (Stoller, *Pain and Pleasure*, 16.)

Sexual Ignorance and Sexual Dysfunction

If both men and women are to take responsibility for achieving mutual pleasure in sex, then a great deal of education work must be done in our society. The level of ignorance about sex is tremendous, and often significantly interferes with sexual pleasure. Again, ignorance is more likely to impede the pleasure of women than of men, but men's pleasure is also affected by sexual ignorance.[21] Take, for example, ignorance about female arousal and orgasm. There are many men and women who not only do not know what moves women toward orgasm, but do not even know that orgasm is physically natural and right for women. Two of the most common sexual dysfunctions among women, lack of vaginal lubrication and anorgasmia, are both often the result of such ignorance. The most effective remedy for lack of vaginal lubrication is simply sexual stimulation in extended foreplay. Effective stimulation may be anything from kissing for some women to direct stimulation of the clitoris for others. Vaginal lubrication is the result of vasocongestion in the vaginal walls, which occurs with arousal. Without vaginal lubrication, penile penetration is painful, and if the vaginal walls are sufficiently dry, penile penetration and thrusting can actually tear them. It is no wonder that for many women achieving vaginal lubrication immediately changes sex from painful to pleasurable, and may occasionally end anorgasmia.

Anorgasmia can sometimes also be resolved in women merely by professional or partner assurance that orgasm for women is right and natural, despite what the woman has been socialized to believe. The single most effective cure for anorgasmia is sufficient stimulation. Most men and women simply do not know that the stimulation afforded by penile vaginal intercourse is not sufficient to bring most women to orgasm.

Sexual ignorance not only cripples women's sexual pleasure. Ignorance about the mechanics of impotence cripples many a man's pleasure in sex as well. It simply is not understood that it is normal for all men to have temporary periods of impotence. When very tired, stressed, sick, or anxious, most men have periods when they cannot get or maintain an erection. Unfortunately, male socialization teaches men that masculinity requires that a man be ever ready for sex, always able to sustain an erection. This means that an occasional inability to become erect may be, and often is, interpreted by a man, or by his sexual partner, as cause for serious worry. Anxiety over this otherwise temporary situation often causes ongoing impotence—a vicious circle.[22]

Similarly, the single most common male sexual dysfunction, premature ejaculation,[23] is also the most easily resolved, usually by the affected male and his sexual partner without professional help. But in the absence of knowledge about premature ejaculation many persons fail to recognize or resolve this problem and suffer for years. Premature ejaculation is penile ejaculation which occurs before the man and his partner desire it. It includes ejaculation which occurs in early stages of arousal, before insertion, as well as ejaculation after insertion, but before the couple wanted to cease stimulation. While premature ejaculation diminishes male sexual pleasure in heterosexual sex, it often has a devastating effect on female sexual pleasure, since women's level of arousal usually lags somewhat behind that of their male partner. The sexual frustration caused by premature ejaculation can be an important factor in relationship breakup.[24]

For some couples premature ejaculation negatively affects their feelings and attitudes about sex and each other without their ever recognizing the presence of premature ejaculation—the existing pattern is accepted as normal. In such a situation, the couple is unlikely to seek relief, and some couples continue patterns of premature ejaculation and resulting anorgasmia for 20, 30, and 40 years.

The Semans stop/start method of treating premature ejaculation is simple: the partner manually stimulates the penis until the premature ejaculator feels close to ejaculation, when all stimulation ceases. Excitement is allowed to subside, and then stimulation begins again. The cycle is repeated a number of times. Over time the man learns better ejaculatory control.[25] Improvement is usually clear within days to weeks of practice.

In both impotence and premature ejaculation it is usually clear that partners of the afflicted, whether they are male or female, have some self-interest in curing these male dysfunctions, since their own pleasure depends in part upon

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[21] Helen Singer Kaplan, *The New Sex Therapy* (New York: Bruner and Mazell, 1974), 123.
[22] Ibid., 132.
[23] Ibid., 289.
[24] Ibid., 292.
[25] Ibid., 305.

penile erection. Partners also have an interest in ending lack of vaginal lubrication and anorgasmia, though these female dysfunctions do not so readily disrupt partners' purely physical enjoyment of sex. While it is possible to achieve sexual satisfaction with a partner who is not finding pleasure in sex, it is almost always a more satisfying experience with a partner who is equally enjoying him/herself. The partner who is enjoying him/herself will be both more responsive and more actively stimulating to the partner. Since most partners take great pride in, and satisfaction from, contributing to the other's pleasure, this pleasure of the other rebounds to one's own pleasure as well.

Fear of Pregnancy

If sex is to be mutually pleasurable, then as a society we need to address the fears that stalk contemporary sexual activity. Fear of pregnancy is an old fear which still haunts sex, especially among the young. A variety of effective contraceptives need to be made available to all men and women, along with counseling as to the most appropriate form in particular circumstances. At the present time race and class factors may seriously affect the provision of contraceptive services, especially to the young. Poor and minority women are much more likely to receive prescriptions for long-term chemical contraceptives such as an IUD or the Norplant patch, about which there are more safety concerns and questions, while white middle-class women are more likely to be considered "mature" and "responsible" enough to use the more temporary and safer barrier methods such as diaphragm or cervical cap. At the same time, the very women who are prescribed the riskier methods are the very women least likely to have ongoing relationships with a personal physician, and most likely to receive medical care on an emergency basis at local hospitals or clinics.

Abortion should also be accessible. The Catholic bishops have been ineffective in persuading the majority of Catholics that abortion is illegitimate killing of innocent life which should be banned by law.[26] Though many Americans deplore the fact that there are so many abortions, the majority do not want the legal option foreclosed. At the same time, the provision of contraceptive and childcare support should not be interpreted as unreserved social support for sexually active adolescents.

Sexually Transmitted Diseases

Fear of sexually transmitted diseases is not new, either, but has accelerated tremendously since the beginning of the AIDS epidemic in the early 1980s.[27] Although AIDS is in a class by itself both because it kills, and because it kills all those infected with it, it is by no means the only STD (sexually transmitted disease) which is epidemic. In the U.S., 3 - 5 million people are infected with chlamydia trachomatis each year; affected women risk pelvic inflammatory disease, sterility, ectopic pregnancy, as well as blind newborns. Gonorrhea is contracted by almost a million Americans every year, with many of the same risks as chlamydia, but with additional risks of permanent joint damage and damage to the heart, liver, spinal cord, and brain. In 1988 over 40,000 cases of syphilis were reported in the U.S. Experts believe as many as nine times this many exist. Syphilis is deadly if untreated, leading to heart failure, blindness, ruptured blood vessels, paralysis, and severe mental disturbance.

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[26] The September Yankelovich study of women's attitudes towards abortion found that Catholic women in the U.S. were as likely as Protestant women to obtain abortions; over half of the Catholic women surveyed personally knew someone who had had an abortion; of those, two-thirds of the respondents said that obtaining the abortion was the right thing to do. At the same time, 65% of Catholic women, and 54% of Protestant women, thought that abortion was morally wrong in general. Yet when asked about specific situations, half of Catholic women felt that abortion was morally acceptable in the case of contraceptive failure, and more than half said abortion was morally acceptable for an unmarried teenager, a woman on welfare who can't work, or a married woman with a large family. More than three-fourths of all Catholic women thought that abortion was morally acceptable when a woman is raped, the victim of incest, carrying a fetus with a severe defect, or when the woman's health is threatened. Reported in *A Church Divided: Catholics' Attitudes About Family Planning, Abortion, and Teenage Pregnancy* [Washington, DC: Catholics for a Free Choice, 1986], 12. The lack of agreement among Catholic theologians is equally pronounced. See, for example, Patricia Beattie Jung and Thomas A. Shannon, eds., *Abortion and Catholicism: The American Debate* (New York: Crossroad, 1988).

[27] Information on sexually transmitted diseases is virtually always outdated before it is published. This information reflects Centers for Disease Control and Prevention information from 1992.

Herpes affects over 120 million Americans; over 100 million have HSV-1 (called oral herpes, though 20 - 50% of herpes infections of the genitals are with HSV-1, and not with HSV-2, called genital herpes) and 20 - 30 million have HSV-2. Though there are treatments for herpes, there is no cure, and the infection can recur any number of times after the primary infection. Ten to forty percent of those with HSV-1 experience recurrence, as do 30 - 70% of those with HSV-2.

Between 1 and 1.5 million Americans are infected with AIDS. According to present research, they will exhibit the disease after 8 -11 years of incubation, and most will die within less than 2 years after the onset of the disease. Only 12% have lived beyond 3 years[gp2].

If fear of STDs is not to destroy or impede the pleasure of sex, then both individual and social efforts are necessary. The health and safety of society depends upon persons infected with STDs both getting whatever treatment is available and abstaining from sexual activity while infected. It requires that all of us learn both to be comfortable with, and techniques for, disclosing our sexual histories to partners so that they can evaluate the risks they run and the safety measures needed. Our own health and safety will require that we not merely worry about our safety during or after a sexual encounter, but that we evaluate risk and, whenever necessary, protect ourselves—with condoms or a "no, thank *you"—before* sexual encounters take place. To say that sex should be mutually pleasurable should mean not only that an act of intercourse was pleasurable, but that the entire encounter was pleasurable. No one who contracts herpes, much less AIDS, in a sexual encounter will thereafter remember that encounter with pleasure.

Such precautions are not merely necessary for those who engage in casual sex. They are increasingly necessary for everyone. Many more young people are waiting longer to marry than in the past. One of the implications of this delay is that more young people have had other sexual partners before marriage, even if they have restricted sex to exclusive committed relationships. But if I have had two sexual partners, and each of them had two partners before me, and each of those four persons had had two partners, and so on, there are many potential avenues for an STD to reach me, and for me to then pass it to a new spouse. Since some of the new AIDS research indicates that the, routinely specified three-month wait to detect AIDS antibodies may be seriously inadequate,[28] preventing STDs or fear of STDs from undermining sexual pleasure may become increasingly difficult.

Making sex more pleasurable by reducing risk and fear of STDs requires that all persons with any previous sexual experience, or whose prospective sexual partner has any previous sexual experience, engage in planning and preparation for sexual activity by:

1. becoming informed as to the symptoms of various STDs;
2. engaging in reciprocal exchange with any potential sexual partner about: how long since last sexual contact; any symptoms of any STD; any high-risk partners;
3. watching carefully for the presence of any symptoms of STDs for at least three months after last sexual contact;
4. getting tested for STDs if any STD symptoms are present, or if previous partners disclosed STD infection, or if previous partners belonged in any high-risk group for STDs. If you have been asymptomatic with an STD in the past, it is advisable to be tested if you have had a new sexual partner since your last test;
5. considering abstaining from sex until all the above precautions are completed;
6. using condoms for at least three months after the date of either partner's last sexual contact with another person.

These precautions are minimal. Many very serious STDs are asymptomatic in up to 40% of the infected population. Neither you nor the partner who infected you may have any clue that you have a serious disease, but the damage from the disease can be just as serious as if all the symptoms were present. This is true of both chlamydia and herpes, for example.

[28] Thirty-one homosexual men who tested negative on the ELISA antibodies test were found to have the AIDS virus, and *27* of them continued to test negative on ELISA and the Western blot test for *7-36* months after the virus was isolated in them. David Imagawa et al., "Human Immunodeficiency Virus Type 1 Infection in Homosexual Men Who Remain Seronegative for Prolonged Periods," *New England Journal of Medicine* 320, no. 22 (June 1, 1989): 1458-1462.

In addition, though the length of the average incubation period for both genital warts (which are increasingly linked to cancer) and AIDS is three months, it is important to note that genital warts have been known to break out as late as 18 months after contact, and that AIDS antibodies have been shown to develop as long as 36 months after contact. In the case of AIDS, at the point the antibodies become present and can be detected by the ELISA test, the individual may still be 8- 15 years from developing the symptoms of the AIDS disease.

Furthermore, condoms are not adequate heterosexual protection against many STDs, especially for female-to-male spread, since female vaginal lubricants will wash over the male scrotal area whether or not the male wears a condom. Also, the genital sores of herpes, or genital warts, may be present on the male, but elsewhere than on the penis covered by the condom, or present in the female, but elsewhere than the vagina which the condom blocks the male from contacting. The inadequacy of the condom is also true for the new female condom. The benefit of the female condom is not that it provides any more protection from either pregnancy or STDs—in fact, it is believed to be slightly less effective—but that it can be used by women who are not successful in persuading male partners to use male condoms.

Sex Education as an Avenue for Change

If sex is to be as fully pleasurable as possible, both individual behavior and social policy must change in many ways. This section has attempted to survey some of the more obvious specific changes required for maximizing mutual sexual pleasure. Virtually all of the changes mentioned above depend upon a greatly improved system of sexual education in this society. In the U.S., public policy around sex education actually supports sexual ignorance in a number of areas.

There are three aspects of contemporary sexual education which promote sexual ignorance and which therefore need to be addressed. One is the assumption that the goal of sex education is sexual abstinence among adolescents. Another is the assumption that sex education is primarily cognitive, designed to promote rational, informed decision-making.[29] These two are, of course, related, in that the assumption of most educators is that rational, informed decision-making will lead to sexual abstinence among the young. The third assumption is that sexuality is essentially private.

It is a serious mistake—and severely short-sighted—to aim sex education at discouraging sexual activity among the young. Yet there is no question that this is, in fact, the aim of existing programs. Marianne H. Whatley writes:

> The curriculum *Values and Choices* (Search Institute, 1986) recently came under attack in one Wisconsin community as being too liberal and permissive. *As* some progressive parents rushed in to defend it, they discovered that it was in fact a fairly conservative curriculum. Bonnie Trudell and I evaluated both *Values and Choices* and the favored curriculum of the New Right, *Sex Respect* (Mast, 1986), in terms of sex equity issues (Trudell and Whatley, in press). Even though these two are frequently set up in opposition to each other and are characterized as having huge differences, they actually share many messages and themes. The broad message in both is that abstinence, especially for young women, is the only choice, and this message is delivered by emphasizing the negative consequences for teenagers of having intercourse. The attacks on *Values and Choices* have been largely precipitated by the inclusion of a small amount of contraceptive information and an optional video sequence on homosexuality.[30]

Marianne Whatley asked what I think is the correct question when she titled her article "Whose Sexuality Is It, Anyway?" The primary goal of sex education should be providing the student with the tools and skills—-cognitive and emotional, communicative and meditative, technical and moral—to construct a responsible, satisfying sexual life for her/himself both in the present and into the future.

Students need much more information than they are provided in usual sex education curriculums. But they not only need technical information about the development of sexuality in childhood and adolescence; they also need adults who will share with them experiences of value and meaning in sexuality. This is what children want from their parents in sex education: parents who are comfortable in talking to their children explicitly about sexuality in terms

[29] James T. Sears, "Dilemmas and Possibilities of Sexuality Education: Reproducing the Body Politic," in James T. Sears, *Sexuality and the Curriculum: The Politics and Practices of Sexuality Education* (New York: Columbia Teacher's College Press, 1992), 12-17.
[30] Marianne H. Whatley, "Whose Sexuality Is It, Anyway?" in Sears, *Sexuality and the Curriculum*, 79.

of their own lives. My own experience is that my children have always understood that a major aspect of their own security is the warmth and openness of the sexual relationship between my husband and myself. One constant complaint of college students in the classroom is of parents who never speak of sexuality and never give any indications to their children that they have a sexual relationship. Older students sometimes tell of parents who waited until the child is engaged or married before acknowledging the sexual component in the parental relationship. Children, even relatively adult children, need more than information about sex. They need to know about value in sex. How closely is sex—or gender—tied to identity? What is the role of pleasure? How are love and sexual pleasure related? How is reproduction connected to a sexual love relationship? How do children affect a couple's love?

Parental answers are not enough, of course; children and adolescents need to hear a variety of persons answer these kinds of questions before they are forced to choose between the answers. But they need parents—and teachers, and grandparents, and aunts and uncles, brothers and sisters, and friends who can speak of such things. And few can. Few parents have the vocabulary for speaking to children of sex and love. Few have adequate correct information. And virtually none are comfortable with sexual discourse.

If as Christians we believe that we are all called to love our neighbors, then we should care that when we form couples around the intense love involved in sexual partnerships we are able to love each other well. A major purpose of sex education should be to make us better able to be good lovers of our partners. Another important purpose of sex education should be to prepare us to be good sex educators of our children. Both of these are seriously impeded by an emphasis on encouraging abstinence by focusing on the negative consequences of sex. Sex is not divine, it is not the most important aspect in human life, and it certainly does not solve all our problems. But until we construct sex education programs in which we acknowledge to our children that sex is pleasurable, that the pleasure in sex can be a powerful positive force by supporting love and relationship and community, they will continue to disregard sex education programs. As James Sears quotes James Whitson: "At the micro level, this results in reinforcing the notion popular among so many students that they cannot expect to learn anything real in school, since what they are presented in the classroom has no relationship to life in the real world'; at the macro level these school-based 'desexualized notions of human understanding and existence' contribute to an impotent body politic."[31]

The third problematic aspect in contemporary sex education programs is the assumption that sexuality is private. There is no real basis for such an understanding. Sexuality is clearly socially constructed. If it were not socially constructed it would not vary so tremendously from society to society, or from subgroup to subgroup. "Sexuality, then, is more a construct of ideology and culture than it is a collection of information about biology and the body; power and control are central to our modern understanding of sexuality and ourselves as sexual beings," writes Sears. When we ignore the social construction of sexuality and insist that sexuality refers to the private bodies of individual persons, we close off critical attention to existing sexual power structures and relationships. Gender roles, for instance, are not considered an appropriate topic for sex education courses. Klein writes: .

> There is substantial evidence that sex equity and sex education experts have gone their separate ways and generally either ignored or distanced themselves from each other. Most sex educators in the U.S. have not explicitly taught sex-equitable sexual attitudes, knowledge, and behavior. Thus, they often reinforced the "double standard" or inaccurate stereotypes about males and females.[32]

But the failure to deal with issues of power and ideology concern not just gender equity, but also a host of other very real and important issues. Sexual violence, for instance, should be an important focus of sex education. Domestic battery, rape, child sexual abuse, and sexual harassment are both extremely common and terribly destructive activities in our society.

Homophobia is implicitly taught in our society when sex education programs fail to deal with sexual orientation and the little we know of its formation. Our society is heterosexist, and supports that bias by refusing to give young homosexual persons any information about themselves or others like them. It therefore reinforces for them their "abnormality."

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[31] Sears, "Dilemmas and Possibilities," in *Sexuality and the Curriculum*, 19.
[32] Susan Shurberg Mein, "The Issue: Sex Equity and Sexuality in Education," *Peabody Journal of Education* 64 (1987): 4, 1.

Finally, another consequence of the failure to teach sexuality as socially constructed is that both men and women come to understand women as naturally victims. In her essay "Sexuality, Schooling, and Adolescent Females: The Missing Discourse of Desire," Michelle Fine writes of sex education programs:

> To avoid being victimized, females learn to defend themselves against disease, pregnancy, and "being used." The discourse of victimization supports sex education, including AIDS education, with parental consent. Suggested classroom activities emphasize "saying NO," practicing abstinence, enumerating the social and emotional risks of sexual intimacy, and listing the possible diseases associated with sexual intimacy. The language, as well as the questions asked and not asked, represents females as the actual and potential victims of male desire . . . .The naming of desire, pleasure, or sexual entitlement, particularly for females, barely exists in the formal agenda of public schooling on sexuality. When spoken, it is tagged with reminders of "consequences"—emotional, physical, moral, reproductive, and/or financial.[33]

The understanding of women as "naturally" victims not only has negative effects on women's later sexual enjoyment, but it necessarily affects women's ability to trust men, as well as encouraging men to see the use and abuse of women as "natural."

In this arena, sex education should aim at exposing victimization as abuse and sketching therapeutic measures for those who have been abused.

In conclusion, it is necessary to revamp virtually all the sexuality education programs in our society in order that they focus on providing to students in a holistic manner the skills and information necessary for them to be able to responsibly pursue sexual satisfaction as both adolescents and adults.

[33] Michelle Fine, "Sexuality, Schooling and the Adolescent Female: The Missing Discourse of Desire," *Harvard Educational Review*, 58 (1988): 1, 32-33.

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[gp1]Pain and pleasure are not, in fact, mutually exclusive. In fact, the line between the two is ambiguous. And some people (perhaps all people) take pleasure in certain kinds of pain under certain circumstances. Persons who freely choose to engage in S/M activities may, for example, find the pain of being whipped sexually arousing and highly pleasurable.

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[gp2]Gudorf's information here is outdated. The following is a description of the current prognosis for persons with HIV or AIDS as reported in the Merck Manual of Medical Information (http://www.merckhomeedition.com/interactive/data/s17/c187/1718700.htm#comp7)

"Exposure to HIV doesn't always lead to infection, and some people who have been repeatedly exposed over years remain uninfected. Moreover, many infected people have remained well for over a decade. Without benefit of current drug treatments, a person infected with HIV had a 1 to 2 percent chance of developing AIDS in the first several years after infection; the chance continued at about 5 percent each year thereafter. The risk of developing AIDS within 10 to 11 years of contracting the infection was about 50 percent. An estimated 95 to 100 percent of infected people will eventually develop AIDS, but the long-term effects of newly developed drugs used in combination may improve this outlook.

"The first drugs used to treat HIV, such as AZT (zidovudine) and ddI (didanosine), have reduced the numbers of opportunistic infections and increased the life expectancy of people with AIDS, and combinations of these drugs produce even better results. Newer nucleoside drugs, such as d4T (stavudine) and 3TC (lamivudine), and HIV protease inhibitors, such as saquinavir, ritonavir, and indinavir, are even more potent. In some, combination therapy reduces the amount of virus in the blood to undetectable levels. Cures, however, have not been proven.

"Techniques for measuring the amount of HIV virus (plasma RNA) in the blood (for example, polymerase chain reaction [PCR] and branched deoxyribonucleic acid [bDNA] tests) help a doctor monitor the effects of these drugs. These levels vary widely from less than a few hundred to over a million RNA-containing viruses per milliliter of plasma and best predict the patient's prognosis. Powerful drugs often lower the level by 10-fold to 100-fold. The ability of the new drug combinations and monitoring techniques to improve survival is promising, but has not yet been fully assessed.

"Early in the AIDS epidemic, many people with AIDS had a rapid decline in their quality of life after their first hospitalization, often spending a large portion of their remaining time in the hospital. Most people died within 2 years of developing AIDS.

"With the development of new antiviral drugs and improved methods to treat and prevent opportunistic infections, many people retain their physical and mental abilities for years after the diagnosis of AIDS. Thus, AIDS has become a treatable, if not yet curable, disease."