

WHAT YOUR DOCTOR DOESN'T KNOW ABOUT SEX

—Lonny Myers, M.D.

Not long ago, a New York physician wrote to the question-and-answer section of the *Journal of the American Medical Association*, the official publication for this country's doctors of medicine. He related the case history of "an intelligent, well-educated bachelor who leads a very active sex life." After learning about hermaphroditism, the phenomenon wherein a person is born with the genital organs of both sexes, this bachelor "became obsessed with the fear that his current sexual partner (female) might have internal male gonads." The physician now wanted advice, from the American Medical Association's panel of experts, on how to treat the bachelor's anxieties.

His reply came from an M.D. who is a professor of psychiatry at one of the nation's most prestigious medical schools. Replied the professor: "Questioning the femininity of his sexual partner is probably a reflection of the patient's concern about his own masculinity, and his 'very active sexual life' is his effort to reassure himself of his sexual adequacy and virility." The medical professor added: "His sexual adjustment is obviously defective." (Emphasis supplied.)

Why is it defective? What's so obvious about the defect? The doctor does not say. He does not hesitate, however, to say that the bachelor — whom he has never seen, and about whom he knows nothing more than he has read in the questioner's one-paragraph letter — "lacks adequate assertiveness and aggressiveness" and "has been handicapped in acquiring a complementary self-image." And he adds: "He is in need of substantial ego strengthening, and improvement of his relationship with male peers should be part of the therapeutic effort." (Emphasis supplied.)

Utter nonsense! It is apparent that the professor disapproves of the bachelor's "very active sexual life" on moral grounds. But since he can't very well say that in his letter of advice to the referring physician, he disguises his moral judgment as a clinical one. Instead of saying, "This man with a very active sexual life is evil," which is apparently what he feels, he says, "This man with a very active sex life is sick."

Actually, the bachelor probably has an emotional problem. It certainly isn't normal to be obsessed that your sex partner, who in every respect appears female, is a secret hermaphrodite. But to tie this problem to the man's "very active sex life" (and what is very active, anyway? a new lover each month? a new lover each week?) is the obvious sign of a traditionalist who is letting his morals get in the way of his practice of medicine.

I wish I could say that this is a rare and isolated instance of sexual propagandizing and misinformation within America's medical community. I cannot. The fact is that our doctors, who hold themselves up as authorities on sex, are woefully ignorant of the subject. And it is a fault that will not soon be corrected, for much of the ignorance is concentrated at the very upper echelon of the medical profession — in the schools where our future doctors are being trained!

The fact is that much of what passes for sexual knowledge today is often fraudulent. Antisexual zealots of generations past have so skillfully manipulated the consciences of professionals that even those in a leadership position dare not admit to the obvious: that whatever sexual activity makes people feel good is healthy, providing that it

does not: (a) hurt someone else; (b) have specific undesirable consequences, such as venereal disease or unwanted pregnancy; or (c) interfere with other desired functions in life. The fact is that limiting sexual relationships by marriage may be healthy for some, but creates frustration, anxiety and distressing physical symptoms in others.

As a result, we have generations upon generations of doctors trying to equate what is socially acceptable through medical mumbo-jumbo, with what is sexually "healthy." But when you wade through the fancy words, you find that what our doctors are really saying is that "healthy sex" is sex in marriage or between two people (one male, one female) who have a "strong emotional commitment." And sex under most under circumstances is wrong — that is, "unhealthy."

For example, a leading physician-educator writes in a highly recommended medical text on human sexuality that "fellatio and occasionally sodomy are now felt to be permissible activities between adjusted mature sexual persons if mutual consent is present." The obvious questions are: "What has 'permissible' to do with health? Why use 'permissible' in a chapter on physiology in a medical text? Who is giving permission to whom? On what authority is such permission granted?" His implication, as is apparent when the quote is taken in context, is that something is wrong with the person who engages in fellatio or sodomy under other circumstances. But there is not a shred of medical or psychological evidence that these acts are "impermissible" on grounds of "immaturity." Why should they be "permissible" for the "mature" and not for the "immature?"

Because the professor disapproves of these acts (on moral grounds, presumably), he prohibits them on "health" grounds. And the physicians who accept his judgment — as they must during their training, lest they fail the course in which his book is used as a text — promulgate the fraudulent notion that these behaviors which the doctor finds impermissible (fellatio, sodomy, et cetera) are medically and psychologically contraindicated.

In another medical text, one recently published by the American Medical Association, we see moral concepts again influencing medical writing. For instance, in listing over a dozen misconceptions that the book clarifies, only "innocent" ones — ones that do not threaten the idea of sexual monogamy — are selected. Misconceptions that are more threatening, such as those dealing with casual sex for women and extramarital sex among the healthy and mature, are allowed to remain unchallenged. This is done without actually stating untruths, but rather by cleverly associating these unconventional life styles with undesirable characteristics: compulsion, neurosis, exploitation, weakness. In this way, without actually saying that all women who engage in casual sex are sick and all extramarital sex indicates failure on the part of one or both spouses, the editors have conveniently supported the misconceptions of "experts" in human sexuality.

The reality is that millions of responsible mature men and women find casual extramarital sex a healthy recreation. The desire not to offend the moral standards of medical colleagues clearly takes precedence over the need to present the medical facts accurately.

The following are a few of the sexual frauds which presently are being promulgated by some (not all) respected members of the American medical community:



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SEXUAL FRAUDS: Marital Sex is Best [Healthiest]

Even if your spouse is rough, demanding, inconsiderate... or non-responsive, disinterested and uncooperative... marital sex is still "best" ("healthiest") for you.

Extramartial Sex is Bad (unhealthy)

Even if your lover is kind, considerate, makes you feel just great and better able to cope at home, sex outside marriage is always harmful (psychologically and/or socially). Actually, there is no evidence to support this position and much evidence (which is continuously growing) that contradicts it.

Casual Sex is Unhealthy and a Sign of Neurosis

The physician-philosophers who used to inveigh against all sexual congress other than marital coitus now have narrowed their focus somewhat. Most doctors approve of masturbation (provided it is not "excessive," whatever that is supposed to mean). Many now accept premarital coitus with a fiancee, and tolerate it in some cases even when your partner is someone you don't intend to marry (provided, however, that you have a "loving" relationship, whatever that is supposed to mean).

But there is no more evidence that casual sex is psychologically harmful than that masturbation is harmful, whether "excessive" or not; and, as with masturbation, there is considerable evidence that for many people casual sex can be quite beneficial.

Homosexual Behavior is Unhealthy and a Sign of Neurosis

The fact is, there are no legitimate medical or psychological reasons not to engage in homosexual behavior if you're so disposed. Other than the generalities that apply to all human behavior (exploitation, denigration), the only thing "unhealthy" about oral sex, nonmarital sex, homosexual relations, or any other sex act is the guilt or other harmful consequences which may ensue. But these are not the result of the sex act itself — they are the result of attitudes toward the act... attitudes which the medical community helps shape!

Use of Sexual Appliances is Unwise and Causes Loss of Normal Sexual Response

Doctors no longer are as upset as they used to be about vibrators now that Masters and Johnson have proved that these devices can be quite valuable in training a woman to have orgasm. Some physicians also will accept dildoes for elderly, impotent men in a "mature relationship." But they still don't accept recreational use of these devices strictly for variety and pleasure. Or in homosexual relationships! What makes them "unhealthy" under the latter circumstances while permissible under the former? Probably the fact that they're fun. The implicit motto of our tradition has been, "sex is okay so long as you don't enjoy it."

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Double Standard

Though most (self-proclaimed) authorities no longer *openly* subscribe to the double standard of sexual behavior (i.e., it's okay for men to do what they want, but women shouldn't), their writings evidence hidden agendas which proscribe for the female things permitted or even encouraged in the male. For example, "promiscuity" — which as Dr. Paul J. Gillette has pointed out, does not really exist; there's no such thing as *total* sexual indiscriminate! — is deemed psychopathological in females, whereas the same behavior in males is often taken as proof of red-blooded, healthy sexual vigor. (Of course, if he has *other* problems and seeks counseling, then his "very active" sex life may become the "cause" of his difficulty!) Likewise, a prostitute is assumed "sick" for behaving in a way that, if it weren't for society's anti-female biases, would be deemed quite reasonable under many circumstances.

In promulgating their sexual frauds, doctors commit scientific "sins" which would not be permitted in any other discipline — but which are overlooked when the subject is sex, because the conclusions which the writers draw conform to society's biases, and because to conclude otherwise would be to offend the Ethical Establishment (clergymen, lay religionists, and other self-annointed saviors of "morality").

For example, the studies which doctors frequently cite to support their condemnation of extramarital sex are almost invariably limited to couples who have sought marital counseling and/or psychotherapy. These people are emotionally disturbed, or they wouldn't have sought help. No attempt is made to interview other married couples — couples who are not unhappy, are not seeking psychotherapy or counseling, are not disturbed about their extramarital behavior.

The same sort of exclusionist practices abound in studies which "prove" the psychopathology of homosexuals, of prostitutes, of the "promiscuous," and of practitioners of all other behaviors which the Ethical Establishment does not condone. Were such biased data used in other scientific writing — for instance, in chemistry or physics — the writers would be a laughingstock among their peers.

The advice given by a biased physician can do more harm than if he had offered no advice at all and merely admitted his ignorance on the subject.

Once a doctor criticizes or proscribes a particular practice, damage may be done: the trusting patients will think of their behavior as "sick," think of themselves as "sick," and actually become "sick" — that is, emotionally disturbed — because they fail, in their appetites and actions, to conform to the standard prescribed by the Doctor. Thus, self-fulfilling prophecy comes about: the patients become more restrictive and fearful, rather than more able to integrate their sexual behavior into a responsible life style.

Too many doctors base their advice on their own limited counseling experience (or *personal* sexual behavior!), and they infer "sickness" whenever an act seems "wrong" to them. A physician who counsels homosexuals will often assume that homosexuality is the *cause* of the maladjustments which may very well actually result from the severe rejection, even cruelty, of society. The advice he then offers is that homosexuality is "unhealthy." But what about the many homosexuals who don't feel the need to seek psychiatric or psychological counseling? Many doctors never see them, and so they never discover that homosexuals *need not* be disturbed!

Another glaring inadequacy of the medical profession regarding sex is in their restrictive attitude toward birth control. Perpetuating the glories of puritanism and paternalism, many doctors withhold information about all methods of birth control from certain groups and certain methods from all groups. Millions of accidental pregnancies and births causing incalculable human suffering occur because so many doctors (and laymen) cling to a cruel but deeply rooted tradition, namely, the use of pregnancy and fear of pregnancy to control sexual behavior. We are a great nation for producing penalty pregnancies and punishment babies! As for sterilization and abortion, millions of persons are denied both information and services. There is not one American Medical Association pamphlet describing either male or female sterilization. This does not seem to be a mere oversight. I, and other physicians, have repeatedly suggested including sterilization information in A.M.A. brochures, and have repeatedly been ignored.

Many individual physicians are less than cooperative in providing birth control assistance for unmarried people. Because of their own fears and prejudices, doctors today still deny the indigent and the young access to adequate birth control services. At a time when overpopulation threatens *all* life, human and otherwise, such actions can only be viewed as gross irresponsibility.



The intelligent physician will address himself to the question, are there sexual acts which should be restricted even though they appear to benefit the participants and cause no demonstrable harm to others?

And the corollary question, If so, what are these acts, and for whom do the restrictions apply?

I submit that:

1. No sex acts should be discouraged for social reasons unless other persons are harmed — as in rape, molestation, exploitation, or any other form of coercion or by the transmission of disease or by the production of unwanted children.

2. For consenting adults acting in private, no sex acts should be discouraged for medical reasons, except for those few bizarre enterprises where there is actual harm to the individual's body (e.g., masochistic tortures, such as having one's genitals nicked with a razor).

3. No sex acts should be discouraged for psychological reasons unless individuals engage in acts against their better interests as they, themselves, define better interests (e.g., compulsive sexual acts that interfere with desired functioning).

Most important: the moral reasons for discouraging various sex acts should be clearly separated from the medical reasons — the socially unacceptable act is not necessarily psychologically and/or medical-

ly undesirable also — for it is such semantic miscegenation which, I believe, is to a large extent responsible for many, if not most, of our sexual problems today.

The medical/moral merger sanctions an incredible double standard: within marriage sexual health is equated with fun, frequency and variety of techniques; for those unmarried, temporarily separated or living with an uncooperative spouse, sexual health is equated with sexual restraint. Clearly, the capacity to enjoy socially unacceptable behavior without guilt varies from person to person. A sexual act or sexual relationship that might be perfectly healthy for one person (possibly a patient) might cause unbearable anxiety in another (possibly the physician).

A scientific view of sex would presume that sexual expression is a natural phenomenon; that abstinence is often unhealthy; that healthy sex is not limited to marriage; that patients should be helped to express themselves sexually within a framework of responsibility and sensitivity — sensitivity to their own needs and the needs of others involved — the doctor excluded!! But this is a view which the medical profession is apparently not prepared to accept. The tenet, "Sex is evil, made pure by marriage," had had little revision within the minds of too many "medical experts."

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baseball

