



1 Sexual Socialization and Gender Roles in Childhood

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The next six chapters examine the influence of gender-role norms throughout different stages in the life cycle. In this chapter, Jacquelynne Parsons focuses on the socialization of gender roles and of sexual attitudes and information. She begins by describing several components of gender roles and sexual behavior. Specifically, children learn which gender they are and the role behaviors associated with being male or female in their culture. While they are learning these roles, children also learn about sexuality. First, they acquire beliefs and attitudes about sexual interactions. Second, they learn facts about sex, to a greater or lesser extent. Third, children learn specific sexual behaviors. The extent to which explicit training is given in these last two areas varies from one culture to the next. North American culture tends to provide little information, resulting in many inaccuracies in sex knowledge.

Parsons then describes three influential theories of childhood gender-role and psychosexual development. These include Freudian or psychoanalytic theory, social learning theory, and social cognitive theory. She compares these models and notes the contributions of each to our understanding of the child's development. Relatively little research has been conducted on sexuality in childhood, perhaps due to cultural beliefs that there is no such thing. However, Parsons reviews what is known about sexual development from birth to puberty. She provides a table describing the acquisition of sexual behavior and sexual knowledge from birth to puberty that may be very useful for adults in their roles as parents and/or researchers. Among the issues discussed in this section are the development of childhood modesty at about age 6 or 7, the use of sexual humor and jokes by children, and the exploration of sexuality with same and other gender friends.

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Parsons notes the paucity of children's sexual knowledge in North American culture and compares their understanding of reproduction, for instance, with that of Swedish children. She discusses the hotly debated issue of sex education in this country and describes the three basic positions: ignore, minimize, or cultivate children's interest in learning about sex. She points out that although most parents support formal sex education in the schools, a vocal minority believe education should be provided by parents, *not* by public schools. Unfortunately, research indicates that most parents provide only very rudimentary information, if that. The result is that most children rely on friends who may be equally ignorant. Parents may avoid providing information for fear that this will encourage sexual activity, but as we will see in later chapters, research does not support that hypothesis.



A little girl asked her mother the age-old question, "Where did I come from?"

"The stork brought you," her mother nervously replied.

But the little girl persisted. "Where did Daddy come from?" she queried.

"I think the doctor brought him in his little black bag," Mom anxiously retorted.

Undaunted, the little girl asked again, "Well, where did Grandma and Grandpa come from?"

"They were found in a cabbage patch. Now, that's enough questions," Mom scolded.

The next day, the little girl went to school and reported to her second-grade class, "For over three generations, there has not been a normal birth in my family!" [Koch, 1980, p. 1]

As we were walking casually down the street one afternoon, my daughter asked, "How long does it take to make a baby?" Automatically, I replied, "Nine months." Amy looked at me tolerantly and then pointed to her crotch and said, "I mean, how LONG does it take to make a baby." Realizing that she was referring to how long intercourse takes rather than how long pregnancy takes, I answered, "That depends, it can take different amounts of time." Undaunted, she asked, "Well, if you take longer, do you get a bigger baby?"

These anecdotes clearly depict children's interest in sexuality. Unfortunately, few children in North American culture are as lucky as either of these children. Usually they do not have enough accurate information to be able to judge the misinformation provided by their parents and their culture. Furthermore, their parents are rarely receptive to their questions. Despite the fact that Freud brought the reality of childhood sexuality to the attention of

Western civilization as early as 1933, most parents in this culture still prefer to either ignore or punish their children's interest in sex. Similarly, few social scientists have deemed it an appropriate topic for study. This chapter summarizes the major theories of gender-role acquisition and psychosexual development and reviews the little existing empirical research on childhood sexuality and the development of sexual behavior patterns.

BASIC COMPONENTS IN THE DEVELOPMENT OF SEXUAL MATURITY

The construct of sexuality is broad and varied in its scope. Freud stressed throughout his writings that sexuality encompasses the full range of sensual pleasures. Poets and philosophers have long nested the concept of sexuality within the full range of human emotions. Social scientists and experts in sex education include most aspects of intimate, interpersonal activity as well as our knowledge and understanding of them as part of the domain of sexuality. Given this broad range, it is difficult to select just what should be included in a discussion of childhood sexuality. But at the very least there is agreement that the development of sexual maturity consists of five basic components, which emerge and take shape with age.

1. *Gender identity*: Sometime around 18 months of age, children learn whether they are a boy or a girl. Not long after they learn their gender, it becomes a critical component of their self-concept. Gender identity, then, grows out of the awareness of one's gender and the incorporation of gender as an important part of one's basic identity. Psychologists now believe that gender identity develops very early. Children begin organizing their understanding of their social world and their conception of themselves around gender by 2-1/2 years of age (see Frieze et al., 1978). In fact, recent work by Money and his associates on the effects of changing a child's gender label suggests that a rudimentary form of gender identity may be firmly in place by 24 months of age (see Money & Ehrhardt, 1972). Once formed, it is now clear that gender identity has a major impact on all subsequent development, especially on all aspects of gender-role acquisition and psychosexual development.
2. *Gender role*: During the process of socialization, we learn many behaviors and attitudes. Some of these are specifically linked to gender and to the prescribed roles expected of men and women and boys and girls in each culture. As children begin to monitor their own behavior and to identify themselves as either males or females, they develop a sense of what it means to be a boy or girl in their culture. Gender-role identity motivates many behaviors including the clothes we select to wear, our

Gender Reassignment

Each year, Money and his colleagues see children who need to have their gender reassigned. Some of these children, because of prenatal hormonal imbalances, were born with ambiguous genitalia; for example, an enlarged clitoris, or a fused labia majora, or a rudimentary penis. Consequently, the attending doctor mislabeled the gender of the child at birth; that is, he or she may have called a female with an enlarged clitoris a "boy," or a boy with a rudimentary penis a "girl." When this mistake is discovered, the doctor and parents usually decide to have the child's gender reassigned. Other children, primarily boys, have sustained severe injury to their genitals, and the doctor and parents decide it is better to have the child's gender reassigned. In both of these cases, surgery is often necessary to make the child's anatomy coincide more accurately with his or her gender label. However, even if surgery is not necessary, the child must undergo a psychological change that can have severe debilitating effects. Money and his colleagues have found that gender reassignment after the age of 2-1/2 is psychologically dangerous. Gender reassignment, with or without surgical corrections, carried out before the child is 2, is usually successful provided that people in the child's environment accept the reassignment.

- career choice, and whether or not we call up a member of the other gender to ask for a date.
3. *Sexual scripts and attitudes:* As we grow up, we acquire a wide range of attitudes toward sexuality. These attitudes include the value we attach to sexuality, our comfort with our own sexuality, and a set of norms and expectations regarding the manner in which intimate relationships are to be acted out. These norms and expectations are called sexual scripts (see Gagnon & Simon, 1973; Gagnon, 1977). These scripts dictate many aspects of sexual interactions, including the appropriate sequence of events, the pool of acceptable partners, and the range of acceptable behaviors at various points in our lifetime.
 4. *Specific knowledge of sexual and reproductive facts and skills:* In addition to gender-role identity, sexual scripts, and sexual attitudes, as we grow up we learn some of the facts of sexuality. Unfortunately, children in this culture do not learn very many of these facts. As a consequence, we spend most of our lives rather "illiterate," sexually speaking. This failure to educate children sexually is discussed in more detail later.

5. *Sexual behaviors*: In addition to all the attitudinal components of psychosexual development already listed, actual sexual behavior is a critical component of sexuality. In fact, most of us assume that sexual behavior is *the* essence of sexuality. But there are several important points to bear in mind in thinking about sexual behavior. First, sexual behavior is generally dictated by sexual knowledge, sexual attitudes, and sexual scripts; it is the tip of the iceberg resting on a vast network of conscious and unconscious beliefs and physiological processes that scientists do not yet understand. Second, sexual behaviors are perhaps the most difficult aspect of sexuality to study. People are not as willing to discuss their sexual behaviors as they are to discuss their attitudes toward sexuality. Third, the sexual meaning of any particular behavior is very personal. People vary a great deal in the behaviors they consider to be sexual and the behaviors that "turn them on" sexually. Finally, although children are sexual, the nature of their sexuality, as well as their understanding of sexuality, varies from age to age. For example, the interest of a 4-year-old in observing and touching other people's bodies may reflect curiosity about anatomical differences rather than sexual interest. In contrast, similar interests in a 16-year-old are more likely the result of erotic desires. Similarly, homosexual play during the early years may be quite distinct in meaning and motivation from homosexual play among 16- or 18-year-olds. Parents, grandparents, and teachers are likely to apply adult connotations to the actions of children. In doing this, adults may react in inappropriate, and often harmful, ways to children's behavior. Research in this area underlines the need for caution in inferring the motives or goals behind the seemingly "sexual" behaviors of children.

The interaction of these five basic components provides a broad and complex part of our adult identity. Therefore, it is important to realize that in North America sexuality is always learned but seldom taught. Cross-cultural studies have uncovered wide variations in both childhood and adult sexuality that coincide with variations across societies in the prevalent attitudes toward teaching sexuality. In a few cultures, many aspects of erotic sexuality are taught explicitly. In many other cultures, however, sexuality is learned in back alleys and locker rooms. Our society fits into the latter category. Because societies with more liberal teaching philosophies also have freer expression of childhood sexuality, the relatively repressed state of childhood sexuality in this culture is to be expected.

There is a growing concern in America with the failure of our culture to "teach" sexuality. Rising rates of unwanted pregnancy, rape, incest, and vene-

real disease are coupled with the exploitation of erotic sex for a multitude of purposes. These problems have created alarm among social scientists, public policy makers, educators, moralists, and parents. Various remedies have been proposed, ranging from increased sexual repression to mandatory sex education of all children. People are increasingly aware of the importance of prevention (see Yates, 1978, 1980) through educating our young people. Such programs would be designed to teach healthy sexual attitudes to children and adolescents in order to prevent problems from developing later in adulthood. There is growing consensus that such programs are badly needed, but the exact nature of these programs is still the subject of much heated debate.

THEORIES OF GENDER-ROLE ACQUISITION AND PSYCHOSEXUAL DEVELOPMENT

One of the first steps in sexual socialization is the acquisition of a well-defined gender role. Many theorists argue, in fact, that sexuality is the essence of one's gender role. They assert that the behaviors and characteristics differentiating females from males are primarily designed to facilitate sexuality and intimacy between men and women. Other theorists stress the impact of gender role on sexuality, arguing that the entire character of our sexuality is shaped by the same processes that shape gender roles. But whichever perspective one takes, it is clear that gender roles and sexuality are linked to each other in many ways. From a developmental perspective, gender-role socialization is one of the major forces shaping adult sexuality.

Three major theoretical frameworks have emerged to explain the acquisition of gender role and of psychosexual development. These are psychodynamic theories based on Freud's work; social learning theories; and social cognitive theories. Advocates of each approach have analyzed the acquisition of gender roles, but only Freud and his followers explicitly and directly linked it to psychosexual development. Nevertheless, the concepts that have emerged in both social learning theories and social cognitive theories can be used to explain psychosexual development.

Freudian Theory

In his efforts to understand the development of the human personality, Freud (1933/1965, 1938) proposed what was, for that time, a rather revolutionary argument. He suggested that the child's relationship with his or her same-gender parent had a tremendous impact on the child's developing personality. "Identification" was Freud's term for the unique learning process through which the child molds his or her own ego (identity) after that of the parent model. Through identification, the child quite literally incorporates or takes the personality of the model into him- or herself. Thus, in the

Freudian view, identification is the means by which children acquire the behaviors expected of them as adults—including gender-role and sexual behaviors.

Over the past 40 years, Freud's ideas have been reworked into a number of modified theories of the identification process. These interpretations all share the acceptance of identification as the critical building block of psychosexual development. Identification is thought of as the means by which a child acquires total, complex patterns of behavior, attitudes, feelings, wishes, and standards of conduct, such as would constitute gender-role and sexual orientation. But what is meant by a "complex pattern" of behavior and attitudes? Consider the following example.

Mary and Billy watch their mother balancing her checkbook. Their mother sighs and complains repeatedly. Now and then, she stops and starts over again. Finally, she gives up, voicing her disgust for mathematics to Mary and Billy. Later, when Mary and Billy begin to learn mathematics in school, Mary, ordinarily a good student, exhibits her mother's pattern of responses to mathematics. She too struggles and complains. She too gives up easily. Moreover, she expresses a similar set of attitudes about math: "I hate math." "I'm no good at math." "Math is for boys." In contrast to his sister, Billy exhibits none of his mother's responses to math.

Identification theorists would argue that regular learning theories are not capable of explaining the acquisition of the entire set of mother's attitudes toward mathematics by Mary but not by Billy. Instead, they maintain that Mary has come to model her mother so closely because of her identification with her mother—an identification that Billy cannot share.

What is critical in this notion of identification is the assumption that girls identify with their mothers and boys identify with their fathers. Freud's theory of psychosexual development dealt specifically with the forces that would motivate this gender-differentiated identification pattern. This is the aspect of Freud's theory that I elaborate on here; but some basic comments are in order before beginning that summary.

First, Freud was a stage theorist: he believed that psychosexual development usually proceeds in an orderly fashion, culminating with *the* mature stage. This perspective led Freud to conclude (1) that heterosexuality is the mature state and that homosexuality is an immature state; (2) that mature female sexuality focuses on the vagina, not the clitoris; and (3) that mature male sexuality requires an aggressive, intrusive personality. These aspects of Freudian theory have been widely criticized by contemporary scientists. Nonetheless, they still influence many therapists and psychiatrists.

Second, Freud adopted the male as the standard for his theory; he considered the female to be the deviant. Karen Horney (1926, pp. 327-328) was the first to point out this bias. She concluded,

The present analytical picture of feminine development (whether that picture be correct or not) differs in no case by a hair's breadth from the typical ideas that the boy has of the girl.

We are familiar with the ideas that the boy entertains. I will therefore only sketch them in a few succinct phrases, and for the sake of comparison will place in a parallel column our ideas of the development of women.

The Boy's Ideas

Naive assumption that girls as well as boys possess a penis.

Realization of the absence of the penis.

Idea that the girl is a castrated, mutilated boy.

Belief that the girl has suffered punishment that also threatens him.

The girl is regarded as inferior.

The boy is unable to imagine how the girl can ever get over this loss or envy.

The boy dreads her envy.

Psychoanalytic Ideas of Feminine Development

For both sexes it is only the male genital which plays any part.

Sad discovery of the absence of the penis.

Belief of the girl that she once possessed a penis and lost it by castration.

Castration is conceived of as the infliction of punishment.

The girl regards herself as inferior.

Penis envy.

The girl never gets over the sense of deficiency and inferiority and has constantly to master afresh her desire to be a man.

The girl desires throughout life to avenge herself on the man for possessing something which she lacks.

Recent critics of Freud have agreed with Horney's analysis and have discredited Freud's male bias.

Third, Freud believed that much of psychosexual development is driven by unconscious processes. As a result, the psychological consequences of "faulty" socialization are very difficult to correct, creating a need for years of intensive psychoanalysis.

Finally, Freud believed that sexuality in its broadest sense (including all bodily pleasures) is one of the basic motivational forces behind all behavior. Freud also believed that the sources of bodily pleasure change as one develops. Consequently, the conflicts between one's id (the internal force seek-

ing pleasure) and the social demands for conformity change as one grows older. As these conflicts shift, the developmental tasks facing the child also shift, and new components of personality take shape. In the first stage, the oral stage, the child confronts the world with his or her need for sucking. At the same time, the world confronts the child with feeding schedules. In the second stage, the anal stage, the world confronts the child with toilet training. At the same time, the child is learning to enjoy power over excretory functions. Freud assumed that development during these two early stages (which comprise the first three years of life) was comparable for boys and girls. At the next stage, the phallic stage, boys and girls diverge in their development.

Freud suggested that once children learn to discriminate between the genitals of males and females and to experience sexual pleasure (at approximately age 4), the identification experiences of boys and girls diverge. For the boy, budding sexual awareness initiates the oedipal complex. He begins to desire his mother sexually and to resent and fear his father as a rival. However, the event that forces the boy to resolve his feelings is the sight of the female's genitals—or, rather, her embarrassing lack of genitals. With childish reasoning, the boy concludes that girls have lost their penises and that a similar fate threatens him. There are two reasons why this discovery is a threatening one. First, because identification with his mother makes him want to be like her, the boy now sees that he must give up his penis to identify successfully. Second, the boy fears that his father will castrate him as punishment for his harboring of lustful thoughts about his mother.

In either case, fear of castration now motivates the boy to shift his identification to his father. The boy assumes that by identifying with the father he can incorporate the father into himself. Then he will no longer be competing with father. He can instead enjoy the father's status vicariously. Thus, in choosing to be like his father, he can both keep his penis and possess his mother. As a result of this shift in identification to the father, the boy begins to take on his father's characteristics and behaviors.

For the girl, resolution of the phallic stage begins when, in comparing herself to boys, she discovers that she lacks a penis. Freud believed that girls, on discovering this difference, feel

seriously wronged, often declare that they have "something like it too," and fall victims to "envy for the penis," which will leave ineradicable traces on their development and the formation of their character and which will not be surmounted in even the most favorable cases without a severe expenditure of psychological energy. [Freud, 1933/1965, p. 589]

The girl's first reaction to this "traumatic discovery," according to Freud, is to deny that she does not have a penis. Eventually, however, she must face

Fear of Castration

When my son, Chris, was about 3 years old, he commented on the anatomical differences between boys and girls. Specifically he noted, "Girls don't have any penises." Being curious about his reaction to this discovery, I asked him, "Why don't girls have penises?" He thought about the question for approximately 30 seconds and replied, rather matter of factly, "Someone must have cut them off." Needless to say, I almost fell off my chair. After years of explaining in my classes that there is little evidence to support Freud's idea of fear of castration, my son, in one casual comment, had shaken my conviction to the soul. But when I quizzed him some more to find out his feeling about castration, my conviction was restored. It was apparent, from his subsequent comments, that he did not fear castration for himself. He had simply reached the conclusion that all children must start with penises like his, and then it seemed logical to him that girls must have lost theirs somewhere along the way. With the delightful innocence of childhood, he had accepted this conclusion as logical without attaching any fear or anxiety to it.

the fact that not only does she lack a penis, but that she shares this fate with her mother and all other females. She may believe that she once had a penis, but that she somehow lost it. In any case, she blames her mother for her lack of a penis. Because she holds her mother responsible for her "loss" and because the mother also lacks the "highly valued" penis, Freud believed that the mother, and all females, are devalued by the girl. Thus, the girl begins to regard men with profound envy, and joins all males in disdaining women.

The girl's "penis envy" motivates her to renounce her love for her mother and turn to her father. At the same time, she renounces her clitoris and shifts her erotic focus to the vagina—the mature female sex organ, according to Freud (1938). Her shift of love to her father derives from her desire to possess his penis. She believes that she can take in the father's penis, thereby unconsciously perceiving her vagina in a new positive light. She also comes to equate penis and child. She takes her father as a love object in order to have a child by him, which symbolically represents attaining a penis. This process places the girl in a position of unconscious competition with her mother. Thus, according to Freudian theory, the girl playing with dolls is really expressing her wish for a penis. The original penis wish is transformed into a wish for a baby, which leads to love and desire for the man as bearer of the penis and provider of the baby.

Penis Envy

Here we have a classic example of the bias discussed earlier. Freud assumed that all children would accept the male body type as the norm and that consequently females would feel inferior because they lacked the male organ. Many of Freud's own students (namely, Adler, Horney, Thompson, and Erikson) later rejected this notion. Evidence supporting the concept of penis envy is sparse. Drawing on a variety of different types of studies, Sherman (1971) reported on nine that could be interpreted as being related directly or indirectly to penis envy. Of these nine studies, three found no evidence of penis envy or castration anxiety in either males or females. Three found some evidence of penis envy and castration anxiety in a very small percentage of both the males and females in their samples. Two reported finding a higher incidence of penis envy in females than males, and one reported the reverse. Thus there is little agreement among these studies on which to base a conclusion. Furthermore, of these nine studies, five used questionable measures (dream analyses and various projective techniques). For example, Landy (1967, p. 576) assessed penis envy by observing the way a person opened a pack of cigarettes:

for women, having penis envy and the desire to possess a penis would constitute reaction formation; they would reject phallic images in everyday life and recreate . . . the cavity. . . Thus, female smokers should tend to open an unopened pack of cigarettes and obtain a cigarette by lifting open the folded part of the cigarette pack, lifting the flap up to make a form similar to a cavity, and pushing the bottom of the pack to expel the cigarette from the top. In this manner the female creates a cavity in the bottom of the pack and expels the cigarette.

Landy assumed that the cigarette is a phallic symbol and that by pushing the cigarette out of the pack, the woman is symbolically rejecting the penis. He took this as evidence of penis envy because he assumed that rejection was compensation by women for the recognition that they cannot have the highly desired penis. Such studies clearly have major methodological problems, making interpretation of the results impossible. Thus, at present there is little evidence to support Freud's suggestion that female psychosexual development is motivated by penis envy. A little girl may occasionally pretend that she has a penis, just as a little boy may pretend that he is pregnant. But it seems likely that this play behavior reflects curiosity about the anatomical differences between the genders rather than deep-seated envy of what one does not have.

The shift from clitoral to vaginal sexuality is basic to Freud's developmental theory, because to him the clitoris is "masculine." Clitoral sexuality must be eliminated if mature femininity is to develop. To Freud, one of the immediate consequences of penis envy is that the girl struggles to renounce clitoral masturbation, which may remain a conflict for her throughout childhood. It is, after all, difficult for the girl to give up this activity, which has provided her with such pleasure. She does so, according to Freud, because of the terrible narcissistic wound of not possessing a penis.

For a girl, the "discovery of castration" initiates the female counterpart to the Oedipus complex, known as the Electra complex. However, Freud believed that girls remain in the grips of Electra conflicts for an indeterminate length of time, and never fully escape them. Partial resolution does occur through the girl's identification with her mother as a symbolic means of possessing her father. She then acquires her superego (a set of moral values) and her feminine identity from her mother. However, Freud concluded that women cannot have as strong a superego as men, because the motive for its formation (in men, fear of castration by their fathers) is lacking. Thus, women are doomed to remain morally and ethically less mature than men.

A woman, according to Freud, usually responds to the Electra complex with one of the following patterns: (1) She may renounce sexuality in general. (2) She may develop the "mature" feminine attitude, with all eroticism concentrated in the vagina. (3) She may cling to the clitoral "masculine" sexuality in obstinate self-assertion. Abnormal resolution of these phallic stage conflicts can lead to masculine identification and homosexuality, or to overly strong "penis envy" and masculine behavior.

Although only one of these three paths involves the renunciation of sexuality, Freud did believe that the libido, or human sexual force, functions less effectively in women than in men. He stated that the libido is essentially active or "masculine." According to Freud, the libido is more constrained "when pressed into the service of the feminine function" (1933/1965, p. 595). In short, he believed that the normal process of female development demands more sexual repression than does the normal process of male development.

After passing through the phallic stage and oedipal conflict, both genders enter the latency stage, which lasts from approximately age 7 until the time of puberty. During this time, about which Freud wrote comparatively little, the child is assumed to have no central erogenous focus and sexuality is largely repressed. Finally, in the genital stage, both girls and boys are oriented toward heterosexual intercourse. This means that the girl's erotic focus is the vagina and the boy's is the penis. For both genders, though, the interest is in intercourse rather than in masturbation.

The Freudian theory of psychosexual development has come under extensive criticism and in some instances has been proven incorrect. (For example, we now know that children are sexually active and very interested in sex during the latency period.) However, it has had a tremendous impact on our thinking about psychosexual development. Most importantly, Freud made us aware that children are sexual and that sexuality is a very powerful motivating force even during childhood. He also introduced the idea of unconscious processes. Finally, he pointed out the formative importance of the relationship between parents and their children during the first five years of life.

Social Learning Theories

Psychodynamic theorists have argued that identification with one's same-gender parent is the force behind the acquisition of a gender-role identity and of the associated sexual scripts. In contrast, social learning theorists (Bandura & Walters, 1963; Mischel, 1970; Skinner, 1953; Watson, 1925) argue that the concept of identification is not necessary. Imitation of same-gender individuals and reinforcement (rewards or punishments) for gender-appropriate behaviors are sufficient to explain the acquisition of gender-role identity and sexual behaviors. Identification, it is argued, is an oversimplification that hides a wide range of learning mechanisms responsible for gender-role acquisition. Furthermore, social learning theorists argue that it is not necessary to hypothesize a separate "identification" process to explain gender-role learning. Instead they argue that gender-role learning can be adequately explained by the basic principles of learning theory. They suggest that there are laws governing imitation and that these laws can account for identification. Consequently, there is no need to distinguish between imitation and identification. The rules explaining imitation in the laboratory should be equally useful in explaining imitation in the home. Finally, the most ardent social learning theorists have denied the need to include internal motivational variables such as the Oedipus conflict in the theoretical explanation of gender-role acquisition. Indeed, they suggest that we learn gender-role behaviors just as we learn a variety of other behaviors—by reinforcements (rewards and punishments) from our environment.

Learning theory posits that children are differentially rewarded by their parents and their society for exhibiting behaviors appropriate to their gender roles. As a result, gender-appropriate behaviors take on greater value for the child and are exhibited with greater frequency (Mischel, 1970). Little girls are rewarded with big hugs for dressing femininely. Little boys who run away from fights are punished by the disappointed looks on their fathers' faces. Similarly little girls who are sexually "forward" are punished by the stern

looks of disapproval from their parents, relatives, and friends. These differential patterns of rewards and punishments shape the behaviors of boys and girls into the gender-typed behavior patterns we find among adult men and women.

Rewards and punishments also shape the patterns of sexual behaviors and attitudes we find among adults. Girls, it is argued, learn not to be assertive, especially in sexual encounters and in interactions with boys. Boys learn that they should be the initiators of intimate relations. A girl learns that success in life is a rich, handsome husband who can take care of her. A boy learns that success in life is a good job and a pretty wife who stays at home.

Much of this, it is argued is learned by direct reinforcement. Some of it, however, is learned by a second set of mechanisms: imitation and role modeling. Impressed by the fact that children can learn without direct rewards, several social learning theorists (for example, Bandura & Walter, 1963) have suggested that children learn from the behavior of those around them (models), especially if the models are reinforced for their behavior.

One characteristic of a model that influences whether children imitate that model or not is gender. Children have little difficulty distinguishing between males and females. Thus, they have ample opportunity to learn about behaviors appropriate to gender roles and sexual scripts from the myriad of people they can observe both in real life and on the television and motion picture screens. Gender-role stereotypes are the common denominator of most mass media presentations. Furthermore, in most cases actors and actresses are rewarded for adhering to the gender-role stereotypes and are punished for violations. This is especially true for behaviors associated with sexual scripts.

Social learning theorists argue (see Bandura & Walters, 1963; Mischel, 1970) that exposure to both a gender-stereotyped society and the different patterns of rewards and punishments administered to boys and girls is sufficient to explain gender-role development.

Unlike Freud, social learning theorists do not expect gender-role behaviors and sexual behaviors to emerge in tandem, nor do they expect that negative experiences in childhood will require extensive psychotherapy. Furthermore, social learning theorists do not define an optimal course of psychosexual development. People's sexual scripts and gender-role identity are assumed to be shaped by their experiences; variations do not reflect developmental immaturity. Instead, variations reflect either the models one has been exposed to or the experiences one has had. Heterosexuality is the most common pattern, primarily because it is the pattern we are most likely to be exposed to and because early signs of homosexuality are very likely to be punished, especially if one is a boy. Homosexuality is not considered immature or deviant. It is merely a variation. If, for example, a girl is exposed to

homosexual models and has rewarding sexual experiences with other girls, social learning theorists would predict that she will continue to engage in homosexual behaviors. If, on the other hand, she is never exposed to homosexual models or if her parents have repeatedly criticized homosexuality, then it is much less likely that she will engage in homosexual behavior even if she has very positive experiences with other girls. Thus, both the gender of one's sexual partner and the range of sexual behaviors one exhibits is assumed to be a function of one's past and present experiences. Changes in one's role models or in the pattern of rewards and punishments for various behaviors and attitudes related to gender role are expected to produce changes in sexual behavior.

Social Cognitive Theories

In recent years, several psychologists whom I will loosely group into the social cognitive camp (Kohlberg, 1966; J. Parsons, 1978; T. Parsons & Bales, 1955; Piaget, 1932/1948), have criticized the social learning approach for its over-emphasis on rewards and punishments. These psychologists have argued quite vehemently that children play an active role in their own socialization. They believe that children are motivated to learn gender roles because they want to master the demands of their culture; that is, children want to become "good" members of their society. The critical difference between the social cognitive perspective and the social learning perspective is the importance placed on the child as an *active* participant in his or her own development. Social learning theorists have, in the past, assumed that the child is rather passive in the process of gender-role socialization; gender-appropriate behaviors are produced by the rewards and punishments administered to the child by members of his or her society. In contrast, social cognitive theorists view the child as very active; the child seeks out information about gender roles and then monitors his or her own behavior so that it is consistent with the gender-role norms. Rewards, punishments, and role models are assumed to be important precisely because they help the child distinguish between appropriate or "good" behavior and inappropriate or "bad" behavior.

Social cognitive theorists differ from social learning theorists on one other dimension: the role of the child's maturity in gender-role acquisition. Social cognitive theorists (for example, Piaget, 1932/1948; Kohlberg, 1966; and Parsons, 1978) believe that children's understanding of gender roles and sexual scripts is tempered, in part at least, by their level of cognitive development. For example, because 3-year-olds are very concrete in their thinking and because they tend to overgeneralize newly discovered facts, they are expected to hold very rigid beliefs regarding gender roles: doctors simply cannot be women, and nurses simply cannot be men.

Advocates of the social cognitive perspective believe that, once gender identity emerges, children use gender as a social category. That is, they organize much of the social information available to them according to gender. In keeping with their active view of the child, these theorists assume that the children create these categories and seek out the information needed to fill out the content of each category (that is, male and female). In forming these categories, children use any available information. For example, when my son Chris was 3 years old, I was a graduate student and my husband worked for the Veterans Administration Hospital. Consequently Chris was accustomed to having his mother go to school while his father went to work. One day, I told Chris that I was going to work. He looked at me in total disbelief and informed me that "Mommies do not work, they go to school—Daddies work." Apparently, he had assimilated our behavior into his categories of male (Daddy) and female (Mommy). His conception of male and female had come to include the distinction between school and work. Interestingly, my daughter Amy reached the same conclusion at 2-1/2. At that time I was teaching at Smith College. Consequently, she saw a lot of female students attending school and knew that I went to "school" each day also. At the same time her father worked at the Veterans Administration Hospital. As we were driving to the Smith College Child Care Center one day, she informed me that ladies go to school while men go to work. She refused to believe me when I told her that I worked at Smith College and that some ladies work other places. Apparently both of my children at age 3 were trying to formulate for themselves what it means to be a male or a female. They were developing a concept of what gender means in terms of the behaviors and sexual object preferences of those they observed.

Social cognitive theorists suggest that all children form these gender-role concepts. Furthermore, once formed these concepts are assumed to provide children with a framework for interpreting what they see and for predicting future behavior. New information will be incorporated into these concepts, and children will develop expectancies regarding human behavior based on these concepts. It is this process—the formation of male and female concepts through categorization and assimilation—that is the basis for the creation of gender-role stereotypes. In addition, it is assumed that this process is a direct consequence of children's desires to understand their social world.

Having formed these gender-role categories, children are then assumed to strive to become like the categories they have created. They will imitate behaviors they assume to be important and will adopt attitudes congruent with their image of a "good" boy or girl. For social cognitive theorists, this process of monitoring one's own behavior is the crux of gender-role acquisition.

In sum, according to social cognitive theories, gender-role acquisition depends on two basic processes. First, it depends on the child's capacity and desire to form social concepts, in particular gender-role concepts. The information necessary to fill out these concepts is provided by each culture. It includes the behaviors of the child's parents and relatives, the gender roles portrayed in mass media, and the behaviors of all the individuals that the child encounters. From this mass of information, the child abstracts a system of social concepts that includes the appropriate behaviors and attitudes of each gender, sexual scripts, values and attitudes associated with sexuality, and the gender of potential sexual partners. The quality and rigidity of these concepts are assumed to change with the child's age and with the range of behaviors to which the child is exposed. If the child lives in a culture that has well-defined gender roles and rigid rules governing sexual behavior and sexual partners, then the child will develop rigid gender-role concepts. In contrast, if the child lives in a society with more egalitarian gender-role prescriptions, then the child's gender-role concepts will be less rigid and more tolerant of variation.

Gender-role acquisition depends on a second process as well. In particular, it depends on the children's desire to model themselves after their gender-role concepts. For example, boys typically do not wear dresses and rarely express the desire to do so. But dress wearing is so rare that it is unlikely to ever have been punished. Why, then, do boys avoid it? Social cognitive theorists argue that the boys' avoidant behavior pattern is a consequence of their need to be "boyish." This need to be "boyish" if one is a boy or "girlish" if one is a girl is the force that motivates the acquisition of gender-role behaviors and attitudes.

Conclusions

In this section, the three major theoretical explanations for gender-role acquisition and psychosexual behavior have been reviewed. Each theory stresses the importance of a different influence. Freudian theory focuses on the process of identification and on parents as the critical socializers. Social learning theory focuses on the processes of reinforcement and modelling and on parents, mass media, teachers, and peers as the critical socializers. Social cognitive theory focuses on cognitive processes and on the child as the critical actor in his or her own socialization. The three approaches make similar predictions for some aspects of gender-role acquisition. For example, all three stress the importance of parents and of early childhood. Scientific studies have supported these predictions. On other issues, the three approaches yield quite different predictions. For example, Freudian theory predicts that heterosexuality is the natural result of mature psychosexual development, while social learning theory makes no such prediction. Similarly, social cognitive theory

predicts that gender stereotypes are created by the child, while social learning theory predicts that gender stereotypes have to be taught to the child. Scientific studies have found support for some aspects of each theory and have failed to find support for other aspects of each theory. A full account of this work, however, is beyond the scope of this chapter. (Interested students should read Brooks-Gunn & Mathews, 1979; Frieze et al., 1978; Maccoby & Jacklin, 1974; and Huston, in press.)

What, then, can be concluded about the processes underlying gender-role acquisition and psychosexual development? Like all human behavior, the acquisition of a gender role reflects the complex interaction of many processes. The determinants of a person's behavior at any given point in time are many. The processes responsible for the acquisition and change of responses over time are even more numerous and complex. It is clear that no one theory tells the complete story. Each of the three major theoretical approaches provides insight into various aspects of gender-role acquisition. As suggested by psychodynamic theorists, close personal relations between parents and children are undoubtedly conducive to the adoption of the parents' standards. Consequently, to the extent that a child's parents exhibit clearly defined gender roles, the child's acquisition of a gender role will be enhanced by identification. Similarly, reinforcement for behaviors appropriate to a gender role speed up gender-role acquisition and punishments for behaviors inappropriate to a gender role reduce the incidence of these behaviors. Finally, because the child must interpret all information in the environment before it can alter her or his behavior, the child's gender-role concepts must play a critical role in the process of gender-role acquisition.

Four factors are clearly of prime importance in the acquisition of gender-role and sexual behavior: (1) the behaviors of the individuals around the child, (2) the child's interpretation of the behaviors of these individuals, (3) the reactions of these individuals to the child's behavior, and (4) biological changes within the child. Biological changes may be especially critical for sexual behavior patterns at puberty.

Typically, the first three factors operate in conjunction with each other producing a strong push toward the acquisition of a role identity appropriate to gender. But as children grow older, experiences increasingly arise that make gender roles seem more arbitrary. Moreover, children learn that they can select the individuals who make up their social world. As these two processes occur and as biological forces make the need for sexuality greater, some children move beyond rigid gender roles and adopt more androgynous or egalitarian views of appropriate behaviors and sexual scripts.

Finally, the implications of gender-role acquisition for our understanding of sexuality are often indirect. Nonetheless, there are some clear and important links. In acquiring a gender role, we learn a set of behavioral

dispositions (for example, passivity, dependence, aggressiveness, and nurturance), a notion of our own sexuality, stereotypes of the characteristics and preferences of the other gender, and a set of social scripts for how romantic and intimate encounters should be acted out. These behaviors and belief structures lay the foundation for double standards regarding the monitoring of premarital sexual encounters, the initiation of sexual and/or intimate heterosexual contacts, and the character of the continuing interaction between men and women. Gender roles also affect the very nature of intimate interactions by structuring the roles men and women play. In Ghana, for example, gender roles dictate that adult men and women spend most of their time in homosocial groups (groups comprised of only one gender); adults interact with members of the other gender primarily for sexual contact. In contrast, in middle-class American society, husbands and wives are assumed to be companions, interacting with each other for social as well as sexual reasons. The nature of heterosexual intimacy in each culture is quite different largely as a result of these differences in the gender-role prescriptions for adult social interactions.

Storms (1981) has recently advanced a theory of erotic orientation (that is, the gender of the individuals whom a person finds sexually appealing). His theory captures the complexity of the interaction of gender role and sexuality in shaping our behavior. He stresses the importance of three aspects of psychosexual development: (1) the shift in the gender of children's play groups as they pass into puberty, (2) the increase in sex drive associated with puberty, and (3) the frequency of engaging in sexual behaviors during the latter part of latency (that period of development from age 6 to the onset of puberty). Latency is a period of homosocial play (play that takes place primarily in groups of the same gender). Storms argues that homosexual erotic orientation is more likely to develop if a child's sex drive increases early (relative to other children), while he or she is still interacting mostly with other children of the same gender. If this child's sex drive increases while he or she is still a member of homosocial groups, then the likelihood that the child's erotic fantasies will include same-gender partners is increased, especially if the child also acts out those fantasies with one of his or her same-gender friends. In contrast, if a child's sex drive does not increase markedly prior to the shift from homosocial to heterosocial groupings that occurs in high school, then the likelihood is reduced that his or her erotic fantasies will include members of the same gender. In essence, Storms is suggesting that the erotic fantasies of children whose sexual impulses increase prior to age 12 or 13 are more likely to include members of the same gender than are the erotic fantasies of children whose sexual impulses increase after 12 or 13. This difference is the result, Storm argues, of the differences in whom one is likely to be thinking about or spending time with when one experiences the up-

surge in sexual impulses associated with puberty. Whether his theory will be supported by research remains to be seen; I have included it in this discussion primarily as an example of how complex the interactions between gender roles and sexuality can be in the course of growing up.

CHILDHOOD SEXUALITY: CHANGES WITH AGE

The very definition of sexuality in childhood is problematic. In agreement with the broad conceptualization of Freud and the advocates of a broadly defined sex education curriculum, both overt behaviors (such as masturbation, homosexual and heterosexual play, bathroom humor, and other displays of affection and intimacy) and sexual knowledge (regarding such varied aspects as body parts and functions, reproduction and contraceptive procedures, and sexual scripts, rules, and norms) have been included in this review. Unfortunately, we know very little about any of these aspects of childhood sexuality. Most of what we do know has been gained through self-report questionnaires and interviews with children and parents reporting on current behaviors and knowledge and recalling past behaviors and knowledge (for example, see Broderick, 1966; Elias & Gebhard, 1969; Hunt, 1974; and Kinsey et al., 1948, 1953). These reports undoubtedly underestimate both the incidence and the range of childhood sexual behavior and knowledge. It is not surprising that a colleague of mine was totally unprepared for the quantity of sexual activity she saw in a recent observational study of nursery school behavior (Crandall, personal communication, June 1980). Interested in assessing gender-typed behavior in natural settings, Crandall and her colleagues at Wright State Medical College designed an observational scheme for a preschool setting. They did not include any codes for sexual play. To their amazement, however, both girls and boys engaged in a lot of discreet "sexual" play, such as rocking back and forth on the monkey bars and rubbing up against objects. Because they were unexpected and because there were no codes for these behaviors, the sexual behaviors were not recorded. Studies that do record the frequencies of such behaviors are badly needed. Until we have such information based on real observations, we will have to rely on what children and parents tell us about childhood sexuality. A basic summary of what we now know is provided in Table 1-1.

The expression of sexuality in children varies as a function of culture, gender and the individual. Ford and Beach (1951) found little overt sexual behavior and sexual knowledge in some cultures; in other cultures, children masturbated openly and frequently, and engaged in both oral-genital sexual play and intercourse. Reporting on the interviews done by Kinsey et al. during the late 1940s, Elias and Gebhard (1969) found that 52 percent of males and 35 percent of females in America had engaged in prepubertal homosexual

TABLE 1-1
Development of Sexuality from Birth to Puberty

AGE	SEXUAL BEHAVIORS	SEXUAL KNOWLEDGE
0-12 months	<ol style="list-style-type: none"> 1. Penile erection/vaginal lubrication 2. Sensual pleasure from body contact, sucking, bathing 3. Genital stimulation from diapering and bathing 4. Masturbation 	
12-18 months	<ol style="list-style-type: none"> 1. Masturbation 2. Play with feces 3. Mutual seeking and giving of affection 	<ol style="list-style-type: none"> 1. Boys become aware that they can cause erections
18 months-3 years	<ol style="list-style-type: none"> 1. Continued masturbation 2. Retention of feces as means to exercise control over one's body 3. Continued interest in contact and affection 4. Low modesty 5. Interest in genitals of others, especially members of other gender 	<ol style="list-style-type: none"> 1. Gender identity emerges 2. Discovery of gender differences but may classify gender on hair length and clothing rather than genitals 3. Beginning of language opens possibility that child can learn correct labels for body parts if provided with them. Most children are not. 4. Genital area may become negatively associated with excretory processes if toilet training is not handled carefully 5. Common belief in "agricultural fallacy": Babies come from seeds planted in Mommy's tummy

TABLE 1-1 (continued)

AGE	SEXUAL BEHAVIORS	SEXUAL KNOWLEDGE
3-6 years	<ol style="list-style-type: none"> 1. Masturbation increases 2. Expressions of affection begin to take on erotic quality 3. Desire to look at or touch adult bodies and the genitals of other children 4. High incidence of playing "doctor" with children of both genders 5. Dirty words and bathroom talk become a major component of the child's conversation 6. Desire for privacy begins to emerge toward the end of this period 7. Imitation of "Mommy" and "Daddy" roles 	<ol style="list-style-type: none"> 1. Gender identity becomes stabilized 2. Gender-stereotypes emerge and rigid beliefs regarding appropriate and inappropriate behaviors develop 3. Concepts of marriage and intimate relationships begin to emerge 4. Boys switch their identification to their fathers 5. Increased interest in babies, pregnancy, and birth 6. "Agricultural fallacy" still widely believed (that babies are created when Daddy "plants a seed" inside Mommy)
7-10 years	<ol style="list-style-type: none"> 1. Public masturbation decreases and frequency of sex play in private with peers increases 2. Modesty emerges 3. Imitation of gender roles expands to include more extended aspects of masculinity and femininity 4. Children tease each other for violations of gender-role norms 5. Homosocial play groups become the norm 6. Homosexual play is common 	<ol style="list-style-type: none"> 1. Identification with same-gender parent and peers increases. Girls are more ambivalent about their gender-role status than boys 2. Increase in interest in sex accompanied by an increase in question asking and information seeking. If parents are not receptive, children will turn to peers for information 3. Gender-stereotypes become less rigid and prescriptive

AGE	SEXUAL BEHAVIORS	SEXUAL KNOWLEDGE
	<ul style="list-style-type: none"> 7. Heterosocial and heterosexual play is unusual 8. By 9 or 10, testosterone and estrogen begin to be produced 	<ul style="list-style-type: none"> 4. Interest in "dirty" jokes increases dramatically 5. Most American children still do not associate intercourse with reproduction
10-12 years	<ul style="list-style-type: none"> 1. Dramatic increase in hormone production 2. Secondary sex characteristics begin to emerge especially for girls 3. Menstruation may begin. Nocturnal emissions may occur in a small portion of the boys 4. Frequency of spontaneous erections increases 5. Erotic impulses increase 6. First major crush or love 7. Beginning of transition from homosocial to heterosocial interests 8. Masturbation increases for boys and emerges for the first time for many of those girls who had not masturbated before 	<ul style="list-style-type: none"> 1. Intense preoccupation with body 2. Reawakening of concern over gender roles and anxiety over proper way to behave in heterosocial activities 3. Increased interest in learning sexual scripts from books, movies, and magazines. Since these sources are very stereotyped and romantic, preteens develop very stereotyped and romantic sexual scripts 4. Lack of understanding of reproduction, contraception, and sexuality still common. Children usually turn to peers or books for information at this point. Misinformation is very common

SOURCE: Adapted from a table developed by Cathy MacDonald, University of Michigan, 1979. Major references: Bernstein, 1978; Bernstein & Cowen, 1975; Broderick, 1966; Gagnon, 1965; Gadpaille, 1975; Hyde, 1979; Martinson, 1976; Moore & Kendall, 1971; Thornburg, 1974; Uslander, Weiss, Telman, & Wenick, 1973.

play, and 34 percent of the males and 37 percent of the females had engaged in a variety of heterosexual play by puberty—including, primarily, genital exhibition and touching, but also oral-genital play and intercourse. By 1967, Reevy found that 33 percent of females and 60 percent of males had engaged in homosexual play by age 13; and in 1974, Hunt found that 63 percent of males and 33 percent of females had masturbated by age 13. Thus, although Ford and Beach (1951) judged our society to be sexually repressed, there is quite a bit of self-reported sexual play among American children. But boys, for the most part, are more likely to engage in these sexual behaviors than are girls (and men are more likely to do so than women).

Again, like adults, children vary widely in their interest in sexuality. In an informal interview with friends and colleagues, the parents reported that their children vary markedly in their level of interest in both sexual activity and information. In one family, one daughter (8 years of age) openly admits to masturbating daily, while the other children (5 to 10 years of age) rarely masturbate, or at least do not admit to masturbating. In fact, in this family, everyone has adopted a label for what the more "sexual" daughter does. They refer to her sexual activity as her "daily exercises." Because this family is so open sexually, I am willing to accept their reports of the differences in levels of interest in sexual activity among the children. Comparable variations have also been reported by Kinsey and his associates (Kinsey et al., 1948; Elias & Gebhard, 1969). Although masturbation to orgasm was found to be common in infancy, both the frequency and the probability of engaging in this activity varied across the children in their studies. For example, while one male infant had about eighteen orgasms in 38 minutes, several other infants did not appear to masturbate at all.

The character of sexual expression also varies with the children's age. In general, as one might expect, there is a gradual increase in sexual knowledge. The character of sexual behaviors over the childhood years, however, is more erratic. For example, while the incidence of masturbation increases steadily until age 6 or 7, it appears to drop in frequency after age 7. This drop may reflect an increase in modesty or in fear of punishment rather than an actual decrease in the incidence rates. Parents do increase their censure of public masturbation just before their children enter school. As a consequence, 8- and 9-year-olds may simply be restricting their behaviors to private places more than they did earlier. By puberty, the reported rates of masturbation have gone back up.

There are other rather dramatic shifts in sexual behavior. For example, both modesty and embarrassability increase abruptly at about age 6 or 7; children who only a year earlier were quite content to run around nude suddenly insist on closing bathroom doors and react with horror to the mere

suggestion that they go skinny-dipping. This shift seems to occur even in families that are quite open sexually and do not have rules prohibiting nudity. I was absolutely amazed when this intense modesty emerged in my son at age 7 and again, right on schedule, in my daughter at age 7. Occasionally we went skinny-dipping in a wonderful pond in Vermont. The first summer we all went swimming in the nude. The next summer, Chris was 7-1/2; Amy was 4. Chris refused to take off his clothes; so he put on his swimsuit while the rest of us swam nude. By the time Amy reached 7, we had moved away; but her modesty emerged nonetheless: she refused to let anyone in the bathroom while she was taking a bath.

Children's interest in sexual humor also emerges quite dramatically at about age 6 (see Hyde, 1979). Analysis of children's jokes indicates a strong interest in sex even though overt displays of genital play may decrease during the years between 6 and 9. Children's jokes during this period also reflect a subtle awareness of the difficulty parents have in communicating about sexuality (Zumwalt, 1976): many of the children's jokes rely on the humor inherent in the mislabeling of body parts and sexual activities that is common among adults. For example, they tell stories about finding their parents nude in the shower and being told by their parents that "Mommy's breasts are her headlights, Mommy's vagina is her garage, and Daddy's penis is his car." The punchline relies on the use of these mislabels to describe intercourse in an innocuous fashion: "Mommy, please turn off your headlights so Daddy can put his car in your garage." Zumwalt (1976) concluded that children find these jokes to be humorous precisely because they acknowledge parents' embarrassment over sex and at the same time acknowledge the children's sophisticated understanding of intercourse. Alternatively, these kinds of jokes may reflect the mutual game playing of children and adults around sex education. Both are aware of sex; both know the other is aware of sex; but nobody wants to acknowledge the existence of either sex itself or of sexual knowledge publicly. Adult sexuality is a shared "secret."

Another important shift occurs in the gender of one's most likely sexual partners. Homosocial and homosexual play is very characteristic of the latency period. At puberty, sexual interest in the other gender increases dramatically. A similar shift has been noted for gay men and women (Green, 1980; Marmor, 1980). High levels of heterosocial play are common in the backgrounds of many gay individuals. At puberty, they also appear to shift in their sexual interest. In these cases, however, the shift is to a same-gender rather than other-gender partner.

The most disturbing aspect of childhood sexuality is the low level of sexual knowledge children have acquired by the time they reach puberty. This aspect of development is discussed in the next section.

SEX EDUCATION: SOCIALIZATION OF SEXUAL KNOWLEDGE AND BELIEF SYSTEMS

There are three basic philosophies regarding sexuality: (1) Sexuality is bad and should be eliminated. (2) Sexuality is inevitable and should be co-existed with, as well and as minimally as possible. (3) Sexuality is good and should be cultivated. The majority of Americans fall into Category 2; a very vocal minority fall into Category 1 (Swan, 1980). Thus it should come as no surprise that American children have so little sexual knowledge. By the second grade, Swedish children (who get carefully programmed sex education in their schools) know the connection between intercourse and pregnancy and have a good understanding of the birth process (Koch, 1980). In contrast, many second-grade American children have no idea how pregnancy comes about, and many still do not have a clear understanding of the connection between intercourse and pregnancy by the time they are 10 or 11 years old. Their lack of knowledge is even more astounding when it comes to the more difficult topics such as menstruation, contraception, sexual techniques, and rape (Gagnon & Roberts, 1980).

Why aren't we educating our children, given the fact that most parents would like to have sex education in the schools? The answer is that a very vocal group opposes it. This group presents basically two arguments against sex education in the schools. First, sex education ought to take place in the family, and schools should not usurp any more of the family's socialization responsibilities. Second, sex education in the schools will put ideas into young children's heads and will increase the promiscuity of the youth.

With regard to the first argument, the fact is that parents just aren't providing adequate sex education. American youth acquire most of their knowledge about appropriate sexual scripts and practices, contraception, and so forth from their friends (Gagnon, 1965; Gagnon & Roberts, 1980; Rothenberg, 1980; and Spanier, 1977) or from books and the mass media (Hunt, 1974). For example, of 21 possible topics related to sexuality, Gagnon and Roberts (1980) found that mothers had discussed an average of 7 with their preadolescent children, while fathers had discussed only 4. The most commonly discussed topics included pregnancy and birth, love, physical differences between the males and females, marriage and divorce, nudity, being a tomboy or a sissy, and rape or kidnapping. Very few had discussed sex play, masturbation, intercourse, venereal disease, or contraception (topics likely to be of impending concern to their children). In a related study, Rothenberg (1980) found that only 26 percent of mothers had talked to their children about birth control by the time the children were 10 to 14 years of age. Only 34 percent had explained intercourse, and most of the children reported that they had learned about birth control from a teacher at school.

The problem is compounded further by the fact that much information provided by parents is either incorrect or prohibitive in nature (Gagnon & Roberts, 1980; Libby & Nass, 1971; and Yates, 1978, 1980). Parents are much more likely to tell children what not to do than what to do. Many parents and grandparents still react with concern when their children masturbate or exhibit cross-gender behaviors. They mislabel parts of the body or fail to label them at all. Few parents provide children with a full picture of the functions of their genitals. Consequently, boys tend to think about their penises as sexual rather than reproductive organs. In contrast, girls tend to think about their genitals as reproductive rather than sexual organs, especially because few girls even know they have a clitoris or that it is a separate organ from their vagina.

Perhaps most importantly, Gagnon and Roberts (1980) found that sexual discussions between parents and children typically result from the child's initiative. Very few parents take it on themselves to provide any systematic program of education. Guiding one's own sexual education is a very tenuous proposition when you know very little to begin with and live in a society that actively distorts the truth.

In response to the second argument, little evidence exists that supports the conclusion that sex education increases sexual activity. Spanier (1977) found no relation between college students' current sexual practices and their participation in sex education courses in high school. Furthermore, Levine (1970) found that adequate sex education programs can produce a significant drop in the rate of venereal disease among high school students.

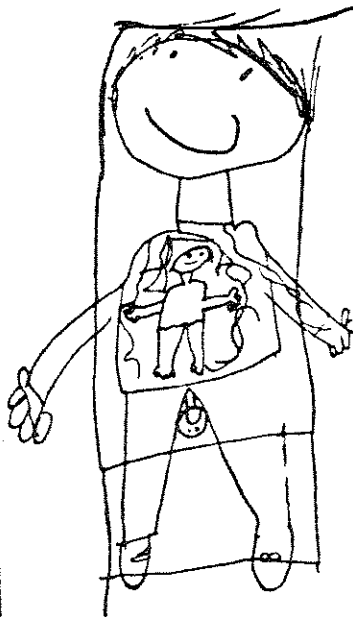
But not all sex education in schools is good. It takes a very special kind of teacher to provide a good program (Chesler, personal communication, March 1979). Most teachers represent the same population as the parents described in the previous paragraphs. I can still remember my high school biology teacher. He had the responsibility of teaching us the reproductive facts, which were covered in the last two chapters of our textbook. His pace slowed as we approached those chapters, culminating in a three-week session on tuberculosis (the chapter immediately preceding reproduction). Then we spent two days on reproduction; films were shown on both of those days. With adequate training and appropriate curricular materials, however, good teachers can be produced.

CONCLUSION

Surveying the literature on childhood sexuality in America, one is struck with one obvious contradiction: children are sexual, yet adults do not want to admit it or deal with it. As Abramson (1980) has suggested, Americans do not include childhood sexuality as part of their "sexual system" (a cognitive

Children's Views of Reproduction

In a recent cross-cultural study, Patricia Barthalow Koch (1980) compared the reproductive knowledge of first-graders in Sweden and America. Swedish children are typically introduced to sex education in the first grade. The impact of that exposure on their knowledge and understanding of reproduction is clear in Koch's study. She asked children to explain reproduction and to draw a picture illustrating "where babies come from and how babies are born." American children provide explanations like these:



God makes babies and puts them in your stomach. I don't know how the baby gets into the stomach, but the doctor cuts her out. [p. 5]

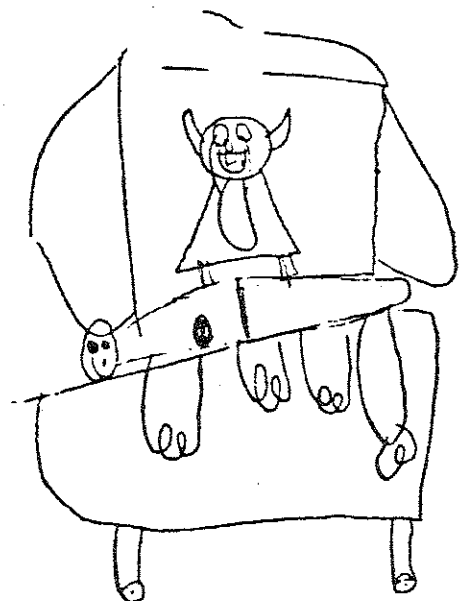
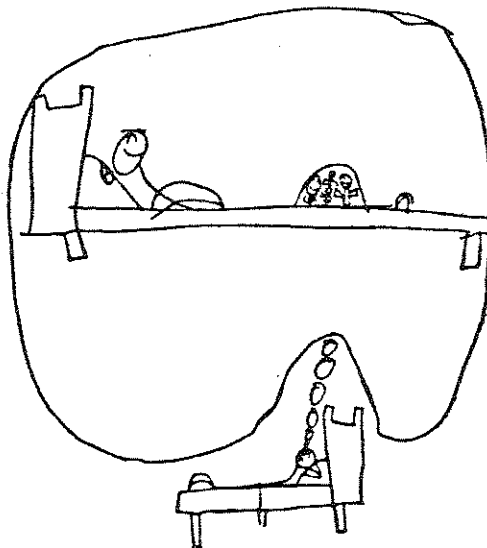
I don't know how the baby gets in but the doctor will have to put holes in the stomach to get it out. [p. 5]

Babies grow when you dream about them and they squeeze out. [p. 5]

Babies are formed of the stomach and come out the rear end. Ouch! [p. 5]

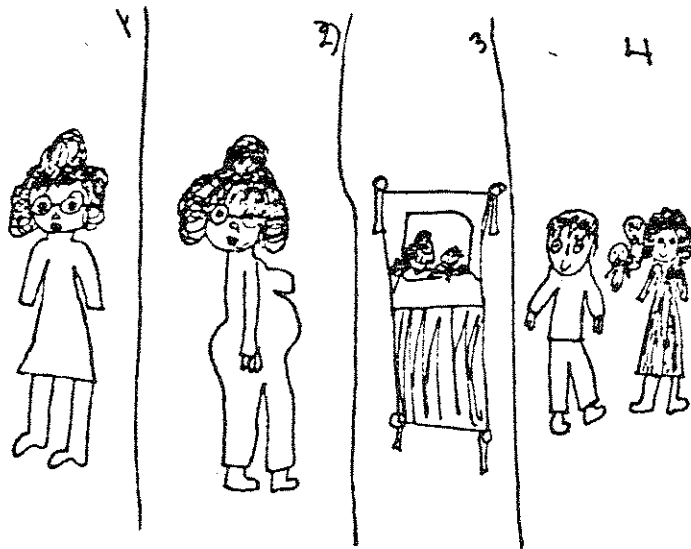
Mom has a baby when she eats a certain kind of food, then the doctor has to cut her open. It hurts a lot. [p. 6]

American Children's Drawings

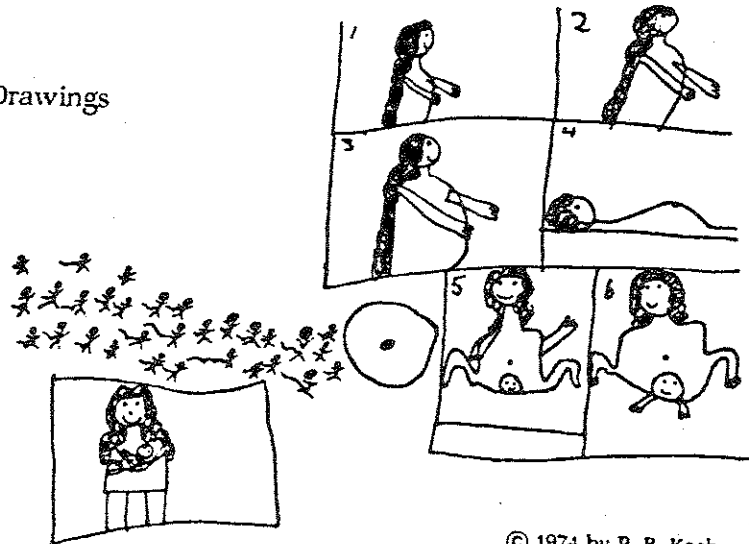


Only one child in the class had any concept of birthing taking place through the mother's vagina. Their pictures reflect this low level of understanding.

In contrast, Swedish children provide quite accurate descriptions of reproduction and draw rather straightforward and accurate representations of the entire process.



Swedish Children's Drawings



system that contains and organizes our knowledge and attitudes about sexuality). Consequently, we do not see the need to educate our children, and we are taken by surprise when they exhibit signs of sexuality. This failure to incorporate the notion of childhood sexuality into our sexual system creates problems for children (see Yates, 1978, 1980), for adolescents (see Abramson, 1980), and probably for adults as well (see Yates, 1978, 1980).

Let me end with an anecdote that typifies what might be a healthier state. In one of our many "Where do babies come from?" discussions, I felt the need to provide my daughter Amy (8 years old) with some contraceptive information. I introduced the idea of the pill as I was explaining that one might want to have intercourse for fun rather than for procreation. She looked up at me and asked, "Are you giving me those pills now?" I said no. To which she replied, without missing a beat, "But you will when I'm 13, right?"