

The Joy of Sex Education

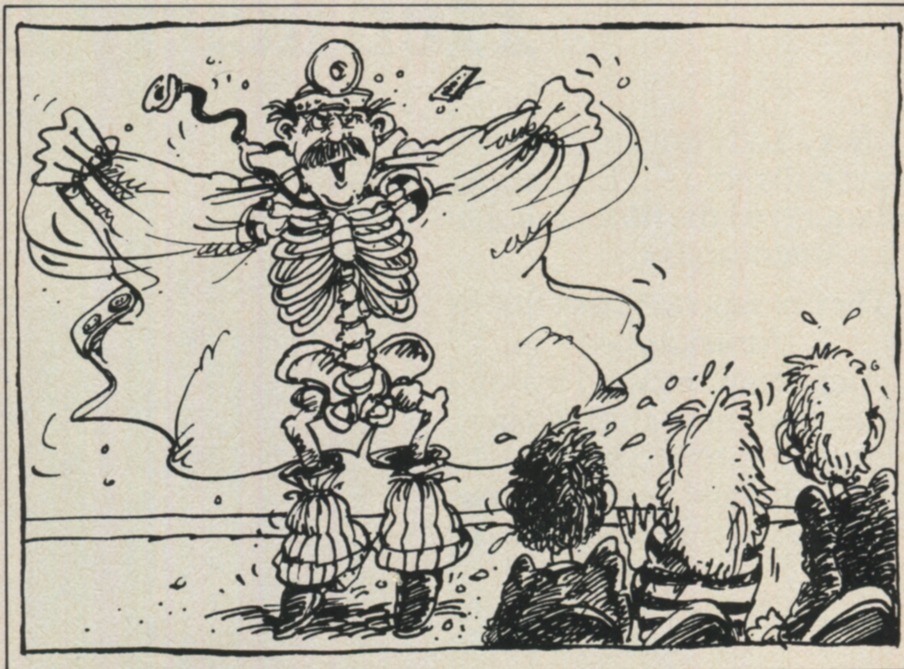
By John Sedgwick

In the most popular seminar offered by the Department of Socio-medicine at Boston University's School of Medicine, a handful of students get together with some instructors for sixteen hours to talk about sex. This is not a birds-and-bees session; the students have that stuff down pretty well by now. The seminar concerns the other side of sex, a side rarely considered in medical school—that of feelings and attitudes. The point is to get these future doctors, who will have to deal with their patients' sexual problems, to face the fact that sexuality is a big part of being human.

Guided by a certified sex educator named Marion Glasgow, her physician husband, and a gay counselor, the students talk about every form of sex under the sun: premarital sex, geriatric sex, interracial sex, sex between different age groups, anal sex, oral sex, masturbation, the works. As a spur to get students more deeply engaged in these topics, the instructors show films that depict a variety of sexual encounters fairly explicitly. That usually gets them talking.

Introduced four years ago in the glow of the women's revolution, Glasgow's seminar was an immediate hit. Although it was one of thirty courses from which first-year students were to pick three (the others being on such subjects as the economics of medicine, medical ethics, and alcoholism), Glasgow didn't have room for all the students who wanted to take the course. She had to give it twice the next year and four times the year after that. Now, about 100 of the 140 first-year students take the sexuality seminar.

Necessary as it may seem, B.U.'s seminar, and others like it across the country, marks a new departure for the medical profession. Medical schools have long regarded sexuality with a professional disdain bordering on Victorian prudery. Besides being considered appropriate demeanor for men of science, this attitude may well have been simply the medical profession's way of handling the extraordinary license that society grants it. After all, what other profession regularly sees its clients naked? Or fingers its clients' genitals? In such intimate circumstances, doctors have made a point of acting with scrupulous dispassion, and rightly so. Just imagine if they didn't.



A spiring doctors in med school learn about more than anatomy when the birds and the bees enter the classroom.

But medical schools push this dispassion to the hilt, making few concessions to the sensitivities of the young medical student. When students enter medical school, they have to leave their feelings behind. This is not so easily done. One female student was utterly traumatized when she walked into the hospital room of a young man whose neck she was supposed to examine. The man was sitting on the side of the bed dressed only in a hospital nightshirt that left him naked from the waist down. He was very handsome besides. In her nervousness, she fumbled with his neck for a few moments and then fled the room, leaving the patient wondering what he'd done wrong. Her medical school had done nothing to prepare her emotionally for this encounter. All it had taught her was to be "professional." Professionalism is a big word in medical school. It seems to mean ignoring one's natural feelings.

Little wonder, then, that medical schools have steered clear of courses in

human sexuality. It's alien to their whole scientific, dispassionate approach. As the thirty-seven-year-old Glasgow puts it, "Medical schools are uptight about teaching sexuality because it's such an emotionally laden subject. It gets you in the gut, and it can be very threatening. What's so threatening about learning about your intestines? Or teaching you how your eyes function? But teaching you about sexuality gets into people's value systems. It's a little scary."

Scary indeed. Although the B.U. School of Medicine had the good sense to hire Marion Glasgow, many professors there still don't know what to make of a sex educator. Glasgow was distressed to discover that some of her colleagues avoid her like the plague. If, for some reason, they *have* to deal with her, they won't look her in the eye. Others, whenever they see her, rush up to tell her a dirty joke. "It's as if I had sex written all over me," she says.

So perhaps it is not surprising that medical schools have for so long either skirted the whole wormy subject or just patched together a series of lectures from urological and gynecological specialists who treat sexuality academically, completely ignoring its emotional aspects, and let it go at that.

Unfortunately, that's not the end of it. Doctors leave medical school to go out

into the world woefully uninformed about sex and—what's worse—prejudiced in their ignorance. And the result, says Glasgow, is a lot of "horror stories."

Some examples she gives:

• A worried mother calls up the family doctor because her two-and-a-half-year-old son is playing with his penis. The doctor tells her that this sort of thing is highly unusual (although it isn't) and that she should force the child to stop before he forms any bad habits. When the son makes his next foray into his trousers, the mother slaps his face.

• A young man comes to his doctor for treatment of a bad case of hemorrhoids. When the doctor asks if the patient has any idea what might have caused them, the man answers that, well, yes, as a matter of fact he does: his homosexual sex life. The doctor pales, slumps back in his chair, and mumbles something about how he can't help but feel shocked.

• A heart-attack victim comes to his doctor's office for a checkup. At the end of the interview, the man looks flustered and finally blurts out that there is something his wife wanted him to ask.

"What's that?" asks the doctor cheerfully.

"Well, can I, er, do *everything* I used to do? Is it safe?"

The doctor replies only that the patient shouldn't exert himself too much. "No heavy lifting, you know."

"Yes, but my wife and I . . . can we . . ."

"Still go out to parties, things like that?" the doctor quickly interrupts. "Not too many. No, I'd try not to overdo it if I were you. There, that should answer your questions. Glad we had a chance for this little talk. Goodbye now." The man leaves, nervous and confused as ever.

As Glasgow says, "Doctors are *always* getting sex-related questions." If the questions aren't about sex itself—children's sex play, frigidity, premature ejaculation, and the like—they are about the sexual aspects of some other problem: sex for heart-attack patients, sexual problems arising out of radical surgery, such as a mastectomy or hysterectomy. Even something as seemingly remote as knee surgery, which would make one less agile during intercourse, has a sexual dimension. Unfortunately, doctors are often slow to perceive this sexual aspect or, if they do perceive it, are commonly too squeamish to talk about it in a way that puts a patient at ease. As for explicit sexual questions, doctors tend to have little sympathy for forms of sexual expression that are outside their experience—like homosexuality or sex between old people. Of course, the problem is more severe in some parts of the country than in others. Boston, because it is blessed with a reasonably educated and liberated citizenry, is somewhat better off than, say, Coon Rapids, Iowa. But, as any of the patients above can tell you, one bad experience is bad enough.

Marion Glasgow's own interest in sex education for doctors began seven years ago when she was thirty years old. Possessing a master's degree in social work, Glasgow went to the introductory meeting of a twelve-week lecture series on sexuality that was being given to health professionals in her hometown of Newton. And she dragged her husband along. To their surprise, the Glasgows found the talk both engrossing and enlightening. In fact, it cleared up some of their own questions about sex. The other participants, however, were not so sanguine. During the discussion that followed, several doctors confessed that they had difficulty talking to even their spouses about sex—let alone their patients. The Glasgows attended the entire series, and Marion went on to take another course with Masters and Johnson in St. Louis, which led to certification by the three-thousand-member American Association of Sex Educators, Counselors, and Therapists. She then set up a practice in Boston, counseling health professionals on how to deal with sexual topics. One of her first clients was her husband. Another was a B.U. administrator, who was so impressed with her work he arranged for her to come teach at the medical school.

Teaching medical students about sex didn't prove to be all that easy. For one thing, medical students everywhere have a reputation for being arrogant and compulsive. B.U. medical students turned out to be no exception. "Their first reaction," says Glasgow, "was, do I need this?" They had trouble coping with a course in which there are no right answers. "The students are geared to getting the facts," says Glasgow. "To them, anything that's feeling-related isn't a fact."

Since only the most studious can get into medical school, those who do often have to devote most of their time to their studies. Medical students tend to be, shall we say, somewhat backward emotionally. One presumably anomalous student labels her classmates "social lunkheads." Several of Glasgow's first-year students—many of whom are only nineteen, since B.U. is a six-year medical school—have never been on a date. Others are so uncomfortable with the idea of talking about sex, particularly with classmates, whom they generally regard as competitors, that they often react to the instructor's suggestions with fierce hostility. One student in the seminar, when asked to practice communication skills by starting up a conversation with a student he didn't know, blurted out: "If I'm not going to talk to him outside of class, I'm not going to talk to him here." Another student was even more extreme: "I'm going to talk to my friends, but I'm *certainly* not going to talk to my enemies!" Gradually, however, Glasgow has been able to win over her charges.

At the introductory one-and-a-half-hour lecture, she commands everyone's

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attention, dressed strikingly in a brown suit, with a silk scarf knotted at her throat. Although quick to smile, she doesn't mince words. In a loud, firm voice that reflects her professional training as a teacher, she begins, "Some of your classmates at another lecture were offended by my language. They didn't think it was proper for a woman to say such things. Well, I'm going to say the same things today."

"Good," says a male voice a few rows back, sotto voce.

The rest of the class seems uneasy. The men in the class sit mostly with men, and the women sit with women. Gradually, though, as Glasgow explains the need for physicians to have a sexual awareness, the students limber up. When she asks for synonyms for various sexual functions—a game she often plays with her students to loosen them up—the crowd responds eagerly, shouting out, "Hard on!," "Boner!," "Getting it up!," to laughter and cheers all around. When it is all over, many students mob her in the corridor to talk some more.

The hard part begins the following Wednesday, when about twenty of the students, together with their "significant others" (as they are referred to in the course), gather at one student's apartment for the first four-hour session. Cautiously at first, since many of the students aren't used to this sort of thing, particularly in mixed company, they talk about their early sexual experiences. One adventurous soul starts the ball rolling by thinking back to when he was four years old and his brother told him that girls didn't have penises. Another recalls, somewhat hesitantly, how he hated to recite in the seventh grade because he was sure everyone could see his erection, which he nearly always had in those days. A woman pipes up to say that she knows just how he felt. She was sure everyone could see the bulge of her sanitary napkin.

That starts a flood of recollections about that first period. One student remembers that her mother was very stern. "Now you're a woman," the mother had said, "and it's about time you learned what it's like. Don't let any of the boys near you. And keep your legs together!" This opens a few male eyes around the room. The young men had never dreamed that mothers would be so harsh on the subject. Another woman adds that when she had her first period, her parents took her out to dinner to celebrate and then called up the girl's grandmother to share the good news. That surprises her classmates too.

They think of all the different names for menstruation: on the rag, my aunt's coming to dinner, the curse, falling off the roof. ("There's never a session that I don't learn a new one," Marion Glasgow later says.) All of the names are pretty negative, someone notes.

Glasgow raises the subject of early ho-

mosexual experiences. (She always assumes that the students have had them.) Women recall playing with their girl friends' nipples in the shower during slumber parties. This fascinates the men, and some of the women, in the group. Men remember that they used to masturbate with other boys—the old circle jerk—to see who could ejaculate the fastest and the farthest. That, in turn, amazes the women, and some of the men. But the rest of the men are relieved: they'd thought they were the only ones who'd done that.

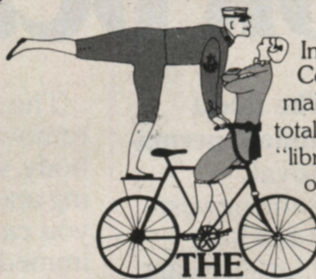
With that, the four-hour Wednesday session comes to a close. The group meets again over the weekend for a marathon eight-hour session to cover the harder stuff—adult behavior. They talk at length about homosexuality. The gay counselor explains what it's like to have a homosexual relationship; students are amazed that it sounds so *normal*. Still, several members of the class find it hard to imagine. The class sees films about homosexual sex and other forms of intercourse they're probably not used to: sex between old people, between couples of different age groups, between people of different races. Although these aren't porno flicks, they are fairly hard-core, showing penises, vaginas, breasts—the whole shebang. A number of the students squirm during the display, their faces flush, or they suddenly find they have to go to the bathroom.

Afterwards, the class talks it all out, discussing just what was so gross about this, or what was so exciting about that. Mostly, everyone is just astonished that so many different people do so many different things in bed.

That's what Marion Glasgow tries to drive home in the final session the following Wednesday. The high point of the four-hour class comes when everyone gets in a circle to pick from a stack of cards. Some highly charged sexual topic is written on each, such as anal intercourse, abortion, homosexuality, nudity. One at a time, each person takes a card and says what he or she feels about the subject selected. Others in the group may offer different points of view, but no arguing is allowed. The instructors never intervene, except to set someone's facts straight—if, for instance, a student says that anal intercourse is physically harmful. The participants are impressed with the variety of attitudes that surface. One man thinks premarital sex is immoral. One woman opposes abortion. For some anal intercourse is disgusting; for others it's delightful. And so on.

At the end of it all, no consensus is reached—except that the course has been a hell of an experience. All the students believe that they will all be better doctors because of it. For they have come to realize that in the anatomy of the medical profession, there's a place for feelings after all. □

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