

Adolescent Sexuality: Elements and Genesis

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ABSTRACT. To address the topic of adolescent sexuality and the elements that go into its genesis and evolution, it is necessary to determine when human sexuality, as a body system functioning independently from the human reproductive system, begins to function. In the case of the male, this has been shown by ultrasound technology to be at approximately 17 weeks of gestation, and subsequent developmental stages in both sexes are based on the three primary areas in human development: body, mind, sexuality. Positive aspects of sexual socialization are shown to depend on attitudes of parents, of society, of health and caring professionals, and of the child itself, to whom it is as important a part of its being as are body and mind.

Significant research carried out in different parts of the world on childhood sexuality is cited and discussed with its possible long-term meanings, effects, and possible prevention of the current apparent increase in childhood sexual molestation. The need for a massive paradigm shift on the parts of professionals, parents, and society in viewing, nurturing, and protecting the sexuality of infancy and early childhood is emphasized.

As my part in an effort to unravel and identify the complex and still mysterious elements of adolescent sexuality, I chose to discuss its possible precursors, and thereby found myself in a series of tight places where I kept insisting to myself, "But it stands to reason. . .!"

Thus, it stands to reason that before adolescent sexuality can be understood, we must learn to comprehend the full nature and evolution of preadolescent sexuality in the ages 5 to 11 years. At least there is now general agreement from a variety of reliable sources that, regardless of what it may have been in Freud's time, preadolescent sexuality today is clearly not latent. Rather, for a long time it has appeared as an active but steady state of change and metamorphosis, reminiscent of the caterpillar

similarly preoccupied within the privacy of its chrysalis.

Then, it stands equally to reason that the nature of the sexuality of early childhood, ages 3 to 5 years, the toddler ages, 18 months to 3 years, infancy, from birth to 18 months, and last, but not least, the vital fetal months must be comprehended. It stands to incontrovertibly reason that, to the surprise of many, the fetal months are the clue to all that lies ahead.

To recognize that human sexuality, along with the human body and the human mind, is one of the three elements most basic to being human forces one to acknowledge how very far we are at this moment from treating it with the same acceptance and conscious nurture that have been accorded to the two others. Sexuality remains one vital area of education that has been distorted and refused recognition by our sexually exploitive, poorly educated, overcompetitive, and violent society. Consider the standards for qualification of foster or adoptive parents: everything about them is open to scrutiny as to their worthiness to bring up young human beings—everything, that is, except their sexual attitudes and wisdom which are rarely even questioned. Although the continuum that is human sexuality is growing ever more clear-cut in its outlines, it remains for all health professionals to give it the attention and scientific public relations it must have if future generations are to progress to being whole persons instead of violent, desperate, and self- and other-destructive, which we increasingly see.

SEXUALITY OF THE FETUS

Sexuality of the fetus begins at the moment of fertilization when an X or Y chromosome carries out its one task: to direct certain cells proliferating in the embryo to become either testicles or ovaries. From the eighth week on, it then falls to these still-developing organs to take over, by the hormones they themselves elaborate, the actual processes of

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sex differentiation and functions. Testosterone causes the male sex and reproductive organs to begin their development, and as early as 17 weeks' gestation, erections of the tiny penis have been noted by ultrasound technology, recurring in the same 90-minute cycle as in normal adult men who have been observed in sleep laboratories.

I was fortunate, through the good offices of Dr J. Shelton, to obtain a fine ultrasound picture of erection in a 29-week-old fetus, made by D. Alley, senior ultrasound technician of the Department of Radiology of Norfolk (VA) General Hospital.¹ When I first saw it I felt my scalp prickle, for here was living evidence requiring a paradigm shift of major import: given that the reproductive system per se does not begin functioning until puberty, this picture documents the existence of a distinct and separate, although related body system, that joins all of the others in beginning to function in utero. Until a preferable term comes along I am calling it the sexual response system. Alley reports (personal communication) the cyclicity of the erections and describes the similarly reflex functioning of other body systems (eg, the fetus constantly swallows amniotic fluid which, presumably processed by the digestive system, enters the blood stream and reaches the kidneys, for "We can watch the baby's bladder empty and fill again with a 30-minute interval. . . . We often see the fetus void which presents as a steady stream of echoes flowing out through the penis.")

It stands to reason that the female sexual response system can be presumed to function analogously in utero and—again in contrast to the female reproductive system—has a life-long function; almost immediately after birth the initiation of cyclic vaginal lubrication has been noted by many, as reported by Langfeldt.² Therefore, it would seem highly unreasonable to continue insisting that, because babies and children are nonreproductive, they are also nonsexual. It makes me uncomfortable on behalf of the baby to hear, as I have, mothers exclaim protestingly, "My baby is not sexual, she/he is innocent," as if the two were incompatible. How can babies and children be anything but innocent in all of their body functions? It would appear not only advisable but mandatory for parents and society to learn how to validate and socialize, rather than deny and try to suppress childhood sexuality. Ways toward sexual socialization must begin early in life with correct names for all the sexual organs and their various functions, present and future. They must especially not omit recognition and acceptance of the pleasure factor as belonging to the child, accompanied by consistent and careful socialization for privacy and responsi-

bility, appropriateness of time, place, and person, and continuing education about the nature and purposes of sex. This should be accompanied by careful and repeated instruction on the necessity to keep all sexual activities and "sex games" and explorations to one's own age peer group—never with someone older and stronger than oneself and, just as important and in fairness, never with someone younger or weaker.³ Building self-esteem about the goodness of all of the child's human endowments, including sex, and putting the child "in charge" of its body and all of its functions, including sexual pleasure, are vital steps in maturation. With this new paradigm in place in professional practice, parents will then recognize opportunities for instilling their own family's values in their children. In short, the solid plank afforded by proof of the existence of fetal sexuality provides the base for moving forward through the life stages and, at each one, for examining the elements that affect or mediate the positive evolution of children toward and through adolescence.

SEXUALITY IN INFANCY

From birth to 18 months of age primary concern has always been focused on physical development, with a natural focus on nutrition. Due initially to Erikson, Brazelton, Kagan and a growing group of workers in this area of developmental psychology, we can now profit from the increased recognition of the close interplay between the workings of feelings and mind. Brazelton⁴ has highlighted the eagerness of the unmedicated newborn at term whose quiet calmness for a surprising period following birth seems to be seeking something. That something is contact—by skin, eyes, voice, and breast—with at least one adult human being who will be primary in the baby's life. Once contact has been established and maintained consistently, the baby is freed to turn properly egocentric energies toward his or her own development.

That development must inevitably involve the physical (body), the cognitive (mind), and the emotional (feelings). Timetables of the appearance of the primary human emotions show agreement that, by the end of the first year, the full range of the most basic emotions has appeared (D. Goleman, *The New York Times*, June 19, 1984, Science Times): Positive emotions include interest, pleasure, surprise, and joy; negative ones are distress, disgust, fear, sadness, and anger.

When infants experience the positive emotions more consistently than the negative ones, foundations for a stable and smoothly progressive development and future self-esteem are laid. If the op-

posite happens, or if the negatives are elicited earlier than their normal timetable indicates that they should, then negative effects can later make themselves known at various life stages. For instance, fear and sadness normally appear at approximately 8 to 9 months of age, but infants who have been abused show both by 3 months of age. What does such premature experience portend later on? Fear and sadness are both elements of anxiety, apathy, and depression, and when the abuse has been sexual in nature, even if this is just scolding and slapping the hand when it touches the genitals accidentally, what might be the results of this in later life? In the face of fear, sadness, or apathy in an infant, are there remediable or preventive ways of forestalling possible traumatic effects? Is such trauma, including sexual abuse, ever really remediable? If the infant's own eager sexual interest bursting with life is traumatically interfered with by well-meaning but uninformed adults, is it possible ever to restore it to its pristine vigor? Landreth⁵ found that the apathetic depressed child rarely if ever masturbated, in contrast to the vigorous, confident child, who always did. We are being confronted by many such questions.

One must consider both the teenage mothers and the child abusers who, at this very moment, are working out their own deep problems on defenseless infants at the beginning of their lives, in order to face with realism an undoubtable fact: the number of troubled population groups in US society are increasing geometrically and will generate increasing numbers of troubled trouble-makers. The public health epidemiologic model can serve to explain what seems to be an explosion of child sex abusers—at a geometric rate of increase a critical mass is reached: what formerly was endemic has now reached full-blown epidemic proportions.

SEXUALITY BETWEEN 18 MONTHS AND 3 YEARS

These 18 months are packed with intense developmental activity that takes place during every waking moment, if not during sleep. Language and locomotion skills in great variety increase apace. Speech in phrases will progress through sentences to paragraphs! The happy, secure toddler seems intoxicated by learning, his or her most favored utterances being “(What) ya doing?”, “Why?”, “See me!”, and “I can do it myself!” Mastery of the body becomes of paramount importance and makes toilet training at this time comparatively easy, especially with the girl whose vanity is pleased by lacy training pants! Gender identity as girl or boy solidifies, as do gender roles as laid out by each child's family

beliefs—which can also become ossified, eg, comforting of toddler boys and girls after playground tumbles too often differentiates both by the all-too-common pattern of giving the crying girl the laps and hugs the boy may need even more. As shown by Blackman,⁶ girls receive touching much more than do boys in spite of the equal needs for it.

Among the emotions emerging in these months is capacity for shame. Because the runabout is no longer to be considered a baby, sexual self-pleasuring that might have been forgiven earlier is now punished, so the child begins to add shame to the fear probably already associated with the genital organs. This is a period not often consciously recollected in later life, and in open meetings I have heard men as well as women report that they can remember their mother charging into the room and punishing, “but I could never figure what for.”

The preschool mind is never not actively learning and, as recently reported regarding results of Head Start programs in Ypsilanti, MI (F. Hechinger, *The New York Times*, Sept 11, 1984) high quality preschool education pays off 15 years later—half the teenage pregnancies, 20% fewer school dropouts, 20% fewer brushes with the law as compared to children who began school in kindergarten. Sexually, the preschool age is the period of “playing doctor,” “you show me and I'll show you,” and, from all the above, it stands to reason that it should also be a period for providing clear-cut, accurate, age-specific sex information, geared to today's inescapable facts. It is also a period for early sex abuse. Children who are inarticulate, who have not been prepared to understand what can follow from certain kinds of touching by adults and how to deal with it, and who have been taught never to say no to an adult, become tragic sitting ducks for molesters. Concurrently, 3-year-old children are on the verge of great bursts of intellectual activity when, in the next stage, they begin to discover how their parents have lied to them about many things—in particular about sex.

SEXUALITY BETWEEN 4 AND 5 YEARS

These two years are when the body begins to learn skills, in sports such as skiing or roller skating or dancing, in music by playing an instrument, in the arts by handling brushes and paints or clay, and in manual arts with hammers, planes, and screwdrivers. The mind also begins learning intellectual skills such as reading, writing, number work, creative writing, and memorizing songs and poetry. Not all children have the privilege of having access to all of these modalities for expression, even though by five our great-grandmothers were all

pretty good at knitting, sewing, and crocheting and, in large families, were already watching and caring for toddlers or babies, while in turn being watched and cared for by older children, such as Dr Menninger's mother who was a 15-year-old pioneer Kansas girl in 1878, the eldest of seven children.⁷ Our great-grandfathers were helping with basic barn or outdoor chores or selling papers or shining shoes or holding the horses on the street.

Although our 5-year-old children love being on their own and responsible for themselves, today as never before they must first learn about locking and not answering doors when their own grownups are out and to give no information over the telephone about even short parental absences. Bright 5-year-old children today overhear and may even begin to read in headlines and ask the meanings of words, like rape, abortion, homosexual, pregnancy, birth control, and sex abuse, and, as they stand near their mothers at the checkout counters, may have been told in no uncertain terms that they are not to practice reading by spelling out loud the lurid headlines of the magazines and sensational papers there! They might become quietly familiar with, but still wonder about, "Why So-and-So Prefers Younger Men" or "So-and-So and She-and-She a Threesome with Andy on Yacht." They are almost always familiar with, but puzzled by, the soaps that Mother rests her feet (and mind) with in the afternoons. They know from these, if not from behavior in their own family, that men and women relate only in anguish, hostility, and sex. "Tune in tomorrow and see other ways to do all these things."

Four and five year-old children know they never get a straight answer about sex, so they give up asking. About their own sexual feelings and activities, they are learning to keep silent and go underground. The rift in family communication about serious matters, especially sex, continues into and through adolescence, and whenever parents get panicky about early puberty and try to reopen the conversations that never happened, the frozen silence remains, possibly never to be broken, for "my children never asked me any questions so how could I give them answers?"

SEXUALITY BETWEEN 6 AND 11 YEARS

We come now to what leading child psychiatrists consider to be the prime time for formal education about sex—the upper grades of elementary school, the preadolescent book-learning years when basic facts and academic skills must be acquired in as many areas as possible, in order to build a solid infrastructure for the rest of life. It is equally the best age range for acquiring all of the facts there are about everything connected with human sex-

uality. Dr E. Borneman of Austria has spent more than 30 years in a unique research exploration of the sexual feelings and behaviours of 4,367 children and juveniles from ages 2 through 17 years in Austria, Switzerland, and West Germany, many of them followed throughout the age range. His publications, all in German, number 21 books and more than 1,000 articles. A summary article by him in English, along with a commentary on it by W Gadpaille, appeared in the SIECUS Report in 1983.⁸ His 14 paragraphs included the following:

My team and I have learned to distinguish between generative maturity (the ability to beget and bear children) and sexual maturity (the ability to satisfy another human being and to be sexually satisfied in turn by the other person). Responsible sexual behavior is not governed by generative maturity, but by sexual maturity—and sexual maturity is a wholly psychological process without any counterpart in a physiological matrix. Morphological, endocrinological, and other somatic phases of generative development . . . cannot be proved to exert direct influence on the psychosexual processes of maturation. With the exception of pathological phenomena, physiosexual processes exert no measurable influence on psychosexual ones.

Is it not interesting that his recognition of these two distinct types of maturation processes and my own¹ proposal to recognize as distinct the reproductive and the sexual response systems were without prearrangement made at the same VIth International Congress of Sexology in Washington, DC, June 1983?

To expand and verify broad understanding of childhood sexuality, two social scientists spent 4 years interviewing boys and girls in their odd years between 5 and 15 years of age. Goldman⁹ a developmental psychologist and his wife Juliette, a graduate student doing research in sociology, both at La Trobe University in Melbourne, Australia, interviewed a total of 854 children in Australia, North America on the Canadian-Buffalo border, England, and Sweden. They wanted to learn how much these children and adolescents knew about simple facts relating to human sexual life and how intelligently they could organize and reason about such information about sex as they had been given.

Six major questions in this comprehensive and well-conducted study were combined to make a Biological Realism Scale, yielding a total score showing how realistically children perceived sex differences in newborn babies and at puberty, the origin of babies, the birth exit from the mother, reasons for birth at the end of the gestation period, and what happened during the gestation period itself. Swedish children had the highest score (with earlier understanding), the Australian and English

children had moderate scores, and North American children had the lowest.

The results were statistically significant between countries, the North American results indicating about two years of retardation in these areas of sexual thinking. The results were the same for a vocabulary test of the children's understanding of 10 sexual words: pregnancy, conception, nudity, rape, venereal disease, uterus, puberty, virgin, contraception and abortion. All of the English-speaking children had great difficulty using correct physiological terms, calling them 'dirty,' instead preferring, for instance, 60 euphemisms for penis and 50 for vagina, with the Australians the least inhibited and the North Americans the most inhibited.⁹

Such results are not surprising because, in the authors' view,⁹ our children appear to have the least, and the longest delayed, provision for sex education of all four areas of the study, and the Swedes the earliest and widest provision. And, we should be aware of how aghast are the Swedes at the teenage pregnancy rate in the United States, wondering how we can permit this to go on when their own is so significantly lower.

Dr Mead¹⁰ in 1969 wrote about the school, church, or community group sex education teaching needed by children, "teaching that their parents are no longer able to give them because parents can no longer expect their children to live in the world their own parents lived in." Dr Mead, if she were alive today, would be faced with the present epidemic of child molesters so compulsive that they themselves acknowledge the addictive nature of their behavior. I believe that the wisdom she could provide would point specifically in two directions, one sociomedical and the other legal. First, parents would be required to "immunize" their children with adequate education in sexuality given early and well enough to help protect them, just as do diphtheria or small pox immunizations. Second, the law would have to figure out how to retain in protective isolation those who commit sexual of-

fenses against children, at least until there was solid proof as to the status of their own immunization against the sexual addiction they themselves recognize as irreducible.

Cumulative learning is vital throughout life, and in the case of sexuality it can no longer, in the face of the increasingly grave dangers, be delayed until adolescence. Sexual facts, feelings, behaviors, practices, variations, orientations, side effects, sexually transmitted diseases, no-baby sex, sex changes, sexual compulsions, addictions, pathologies, and VALUES—everything that is true about sex should be grist for the mills of our oversophisticated, underinformed, overimpatient, undermature, preadolescent people. They are our last chance for devising the means by which they can grow up safely into sensible, creative stable adults. How can health professionals in conscience continue to allow parents to avoid capitalizing on this chance?

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