CHILDHOOD SEXUALITY IN THE PSYCHIATRIC TEXTBOOK

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ABSTRACT: In spite of a marked liberalization in adult attitudes toward sexuality over the past thirty years, there has been little change in cultural attitudes toward childhood sexuality. An analysis of fifteen psychiatric textbooks in current use reflect this bias as these books continue to associate childhood sexuality with various pathologies. Overall, the most positive view is provided by child psychiatric textbooks, those authored by women and those in the area of child psychiatry. The author illustrates these contentions through a statistical analysis and quotes, from various textbooks. She discusses how the negative bias toward childhood sexuality influences other aspects of residency training.

Since Kinsey's data collection,[1,2] 30 years ago, adults and older adolescents have increased their sexual activity, interests, and expectations.[3,4,5] Attitudes toward masturbation have shifted dramatically, suggesting repudiation of the concept "self abuse." In addition, masturbation is now viewed as an important step in the development of the erotic response.[6,7,8,9] In contrast, parents continue to mislabel, avoid, or condemn their children's erotic activities and interests.[11] Parents who have adopted liberal attitudes, still fail to transmit them to their children[12,13] and parenting manuals continue to present sexual behavior as a problem with which the less fortunate parent may need to contend.[9] Most parenting texts,[14] parents,[15] and sex educators[16] selectively omit mention of the clitoris.

Research data, some of which was first published in 1935, does not support the assumption that masturbation and sex play in childhood is unhealthy or abnormal. In her longitudinal study of 70 infants, Galenson[17] found that virtually all of her well-mothered children had

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begun to masturbate within the first two years of life, whereas the poorly-mothered children had not. This replicates Spitz's earlier work[18] which clearly associates genital masturbation with emotional health: Spitz found that genital play was completely absent among fondling home infants, relatively rare in the prison nursery, but generally present in the control group where parenting was advantageous. Infantile masturbation has been portrayed as intentional, highly gratifying, and predictably orgasmic by several authors[17,19,20] Infants move rhythmically, grunt, flush, and are furious when interrupted. Kleeman[20] believes that genital play aids the establishment of the body image as a whole;[20] at the very least it must contribute to the infant's differentiation and understanding of his or her genitalia.[9]

If early masturbation is the norm for healthy infants and parents persist in viewing this and other early erotic behavior as problematic, then a significant discrepancy exists. Ambiguous, absent, or negative responses[10,16] to the child's erotic experience might confuse or discourage the child, perhaps contributing to the substantial and continuing incidence of adult sexual dysfunction. A recent survey by **Frank[21] of happily married, middle class couples reveals that 50% of** the women and 40% of the men were dysfunctional, an incidence that has not diminished in the past 30 years[1,2]—in spite of the "era of sexual enlightenment." The trend toward acceptance of adult sexuality is evident in psychiatric texts and training programs. The second edition of the *Comprehensive Textbook of Psychiatry*[22] registers a five fold increase in material on human sexuality compared to the first edition, published in 1967; curiously enough, the third edition, published in 1980, contains only half the number of pages devoted to human sexuality, relative to the size of the compendium. This may well effect the tenor of our lives as some have connected that sex is "out" in the Reagan administration. Courses on human sexuality for residents and medical students are primarily products of the past decade; in 1963 there was only one medical school that required such instruction, and only one that offered such a course as an elective.[23] The three medical journals devoted to human sexuality have all been published since 1965. If psychiatry has become more interested in and accepting of adult sexuality, does it also support early erotic activity? Although psychiatry necessarily reflects the culture, it is partially derived from Freud's theory of infantile sexuality,[24] which is inherently positive: that the infant is a sexual being, and that sexual energy or libido continues to play a central role in the development and integration of the personality.

Analysis of Psychiatric Tests

Fifteen current psychiatric textbooks are analyzed for the amount of material presented on childhood sexuality and any apparent biases such as naming the penis but not the clitoris, associating early erotic activity (specifically masturbation) with pathology, or the presentation of concepts that are questionable in the light of current knowledge (see Table 1). All texts are in current use, with the latest edition published since 1960 although the date of first publication is as early as 1929. We selected authored rather than edited volumes as we felt they would reflect existing opinion more accurately than compendiums such as the *Comprehensive Textbook of Psychiatry,*[22] the *American Handbook of Psychiatry,*[25] and the *Basic Handbook of Child Psychiatry.*[26] Indeed, a cursory examination of these reference volumes revealed greater attention paid to childhood sexuality, diminished association with pathology, and increased mention of the clitoris compared to the books in our sample; we would hope that this specialized information will find its way into the textbooks of tomorrow. My sample includes six American-published child psychiatric texts (two authored by women) and six that were published in Great Britain but are widely distributed in this country. All volumes were rank ordered according to the year of first publication[27-41] as we expected that the earlier texts would likely retain attitudes characteristic of that era. We anticipated lesser emphasis on pathology over time, as sexuality was becoming more acceptable. We predicted that the results would be skewed by the nature of the psychiatric text with its emphasis on pathology, but we also anticipated a vote of confidence in sections on normal development.

It soon became clear that the texts were considering childhood sexuality in terms of masturbation, Freud's theory of infantile sexuality, gender identity, and the etiology of various perversions. All volumes associated childhood sexuality with pathology, although the seven published first are 2.8 times as likely to associate masturbation with pathology than the seven most recent volumes. When masturbation was examined, rather than simply alluded to, this was uniformly contained in a section on habit disorders, disorders of biological function, or sexual anomalies. One of the compendiums[26] commented that the inclusion of childhood masturbation "in a section on 'habit disorders' stems from the historical definition of masturbation as a pathological activity." In spite of this recognition, the author does include masturbation in a section on habit disorders.

Table One. A Comparative Analysis of Fifteen Psychiatric Textbooks

	# of pgs. devoted to Freudian theory expressed in 1/1000th of total pages	# of pgs. specifically devoted to childhood masturbation expressed in 1/1000th of total pgs.	# of times overall that masturbation is associated with pathology	Name of Chapter in which primary disucssion (if any) of masturbation in childhood occurs/most closely associated subject headings	# of times penis is mentioned	Association with pathology vs. normality	# of times clitoris is mentioned	Association with pathology vs. normality
Batchelor/Henderson[71] & Gillespie 10th ed. 1969 (1929) (E)	.9	2.2	14	Sexual anomalies (scoptophilia and exhibitionism)	0	0/0	0	0/0
Kolb/Noyes[72] 9th ed. 1977 (1934)	28.0	2.2	17	Behavior disorders of childhood and adolescence (thumb sucking/problems of sexual behavior/nail biting	2	0/2	0	0/0
Kanner 4th ed.[73] 1972 (1935) (C)	5.6	7.7	30	Problems of sexual behavior (heterosexual interests and activity (sex curiousity/sex preoccupation)	14	6/8	5	5/0
Slater & Roth/Mayer-Gross[74] 3rd ed. 1969 (1954) (E)	.9	.9	20	Child Psychiatry (disorders of sexual development/disorders of speech	0	0/0	0	0/0
Finch (1960)[75] (C)	15.8	3.2	12	Problems of the early yrs. (rocking & head banging/toilet training problems	12	11/1	0	0/0
Cammeron (1963)[76]	24.8	.0	5	-----	7	6/1	0	0/0
Anderson & Trethowan[77] 3rd ed. 1973 (1964) (E)	.0	.7	10	Child Psychiatry (nail biting & thumb sucking/pica)	0	0/0	1	0/1
Kessler (1966)[78] (C)	11.8	1.3	19	Learning disorders in school age children (learning inhibitions as a neurotic solution)	14	13/1	0	0/0
Redlich & Freedman[79] (1966)	5.3	.0	0	-----	4	4/0	0	0/0
Sim & Gordon[80] 3rd ed. 1976 (1968) (E)	11.8	.8	4	Child Psychiatry (reactive behavior disorders/neurotic	2	2/0	0	0/0
Barker 3rd ed.[81] 1979 (1971) (E) (C)	.9	.5	5	Conduct Disorders (Aggressive Behavior/Juvenile Delinquency)	0	0/0	0	0/0
Detre & Jareki (1971)[82]	.0	.0	5	-----	0	0/0	0	0/0
Gregory & Smeltser[83] (1977)	1.5	.0	0	-----	4	2/2	1	0/1
Chess & Hassibi[84] (1978) (C)	6.2	2.6	11	Disorders of Biological Function (Psychosexual Disorders/Homosexuality)	5	2/3	0	0/0
Connell (1979)[85] (E) (C)	6.8	2.3	10	Bad Habits (pica, nail biting,etc.)	0	0/0	0	0/0
MEANS	8.02	1.63	10.8		4.27	3.07/1.2	.47	.33/.13

Many writers in our sample concede that erotic expression in childhood is "normal," but there is only one who accords it greater promise: Chess[40] states that "sexual competence is learned through practice," although she does not expand on this other than to comment that studies reveal that a large number of adolescents find their first sexual experience unrewarding. Other statements by the same author are less optimistic, such as: "Although there is no rule by which the normal frequency can be judged, a child who engages in repeated daily autostimulation or who prefers sexual games to all other activities is in need of a psychiatric evaluation."

The word "penis" was employed nine times as frequently as "clitoris"; in fact only three books mentioned the clitoris at all. The female apparatus was accorded a less specific label, i.e.; "the genitals," even when the term "penis" had been used to designate the male. Certain authors avoided the clitoris by employing these curious constructs: "The little girl, interpreting her penisless existence as castration and deprivation. . .;"[35] "the boy discovers his penis and the girl is quickly made aware of her deficiences"[25] or, "The girl may become aware that she has no penis. . . ."[28] From these quotations it might be assumed that the clitoris circumvented primarily in the sections of Freud's theory of infantiale sexuality, and that this simply reflects the deficit concept of penis envy. This is not entirely the case, as two of the three books that give specific mention to the clitoris do so in the context of Freud's theory.[34,39]The other text recalls the clitoris in the context of pseudohermaphroditism and in a case of excessive masturbation with a "purulent vaginal discharge."[29] The absence of the clitoris seems as consistent within psychiatric textbooks as it does in sex education materials and parenting materials.

Although the sample is not substantial enough for an elaborate statistical treatment, the British authors devote one-third the space to Freud's theory ($x^2 = 15.00$ $p < .01$) and somewhat less attention to childhood masturbation; however they are more likely to emphasize the pathological ($x^2 = 4.03$, $p <$ than .05). Genital omission is more pronounced in that the clitoris in nonexistent in any British text, but the penis is mentioned more frequently ($x^2 = 6.00$, $p < .01$). Child psychiatry textbooks might be expected to devote proportionately more space to childhood eroticism, as the entire treatise is concerned with the child. In fact, almost four times as much space is allocated to masturbation while there are only one-and-three-quarter times the associations with pathology; in addition, the clitoris is mentioned ten times more frequently, and the penis 2.8 times as often in the general psychiatry texts. This suggests that the child psychiatry textbooks are more likely to deal with the specific and less likely to stress

pathological aspects. Although this may sound impressive, the average number of pages devoted to childhood masturbation throughout the entire sample was less than four-fifths of a page. While Detre,[36] Gregory,[39] Barker,[37] Redlich,[35] and Cameron[32] opted not to discuss masturbation in childhood, others coupled it with "alarm, horror, shame, and fear,"[27] "perversions,"[30] "deprivation of affection and lack of emotional satisfaction,"[33] "sexual infantilism,"[35] and "inadequacy,"[41] The two women who authored textbooks in child psychiatry, Chess[40] and Kessler,[34] together with Finch,[31] another child psychiatrist, provided overall the most positive approach in the sample, while Freedman[22] and Arieti[25] appeared more liberal than Noshpitz[26] among the edited compendiums. These authors deemphasize pathology and state that masturbation per se is normal or acceptable but secondarily associated with guilt, anxiety, and parental intolerance. No author conveyed enthusiasm about early erotic activity. There seemed to be an underlying assumption that growth toward erotic competence would occur without validation or involvement, and that the proper adult role would be to guide children out of, rather than into sexuality.

Certain authors chose an alternative theme: they minimized or split off the erotic component as if early eroticism were a separate state. For instance: "...masturbation may become a source of psychosexual pleasure. The interest is not a sexual one in the adult sense of the term,"[28] or "They infant plays with his genitals as with other parts of his body, unaware of the sophisticated ideas of his elders...,"[30] and "Thus the hedonic effect of masturbation is discovered incidentally, sometimes long before the child is aware of any specifically sexual connotation."[29] Other authors suggest that early erotic interests normally should not exist or should be dispensed with as soon as possible: "It is therefore of importance...to put away childish outlets and habits at as early a date as possible—and strive for more healthy and mature outlets,"[27] or "Thumbsucking, rocking and genital stimulation are all indulged in for a time, then discarded in favor of other interests. Children who are emotionally deprived, lack stimulation, or are intellectually handicapped tend to persist in these habits,"[41] or "consistent and healthy emotional satisfactions ...shorten the autoerotic period and promote a natural sublimation of the instinctive drives—a wholesome progress,"[28] and "If the cause can be found and removed, the habit ceases."[30] The relevance of childhood eroticism may be begged when the author assumes that sex normally begins in adolescence: "It is only when puberty or adolescence is reached that the child becomes conscious of sexual feelings as such...,"[29] or "masturbation is an activity that is not prominent in

the normal preschool child,"[31] or "The overt expression of sexual interest is viewed as normal after puberty, but abnormal before,"[38] and in a compendium, "Erections in boys, for example, often experienced as painful and unwelcome in the four to seven year old, now become constantly pleasurable, exciting, and purposely produced in the ten to thirteen year old."[26] A few dire predictions persist in the literature: "if it [masturbation] has been practiced excessively [several times a day] over a period of years, it may lead to a state of lessened potency,"[27] or "Excessive pregenital stimulation, in adolescent masturbation or foreplay, for instance, may be an important factor [in male sexual dysfunction],"[32] and "The confirmed masturbator often has difficulties in making an easy and successful adjustment to adult heterosexual life."[30] Parents may be cautiously reassured with advice such as: "Tumescence also occurs in times of restlessness, crying and fretting, and if the child handles his genitals it may be interpreted as a mode of relief similar to thumbsucking. There is no need then to be alarmed, or to fear that it will lead to masturbation. Diverting the child's interest to other objects is all that is usually needed,"[30] or ". . . (parents) should be advised not to draw too much attention to the habit; that punishment makes it secretive and therefore more attractive; and to divert the child's interest into other activities."[41]

DISCUSSION

In all, the texts within the sample convey an attitude toward childhood sexuality that ranges from neutral to negative by omitting, isolating, and minimizing the importance while continuing to associate it with pathology; this is true to a lesser extent in the more recent volumes. As yet, there is but a limited attempt to integrate what is known about adult eroticism with what is known about childhood sexuality, as if the two were indeed separate processes. Even within the same volume, there is often a striking discrepancy in attitude toward sexual behavior in the adult versus the child. In part, this is understandable, as many of the definitive studies are recent. On the other hand, the association of masturbation with pathology has little scientific basis and yet it is perpetuated. The rationale for a positive approach to sexual development, suitable for use in teaching residents and medical students has been presented by Gadpaille,[8,42] Yates,[9] Gagnon,[11] Davenport,[43] and Martinson.[44]

Psychiatric textbooks are but one facet of residency training but the bias against early eroticism is pervasive. On the last written child psychiatry board examination, there was not one question on normal

sexual development and indexes of erotic development are generally absent in developmental timetables and child assessment manuals. Psychiatric residents are taught how to take a sexual history from an adult but not from a child. Techniques for speaking with young children about their erotic experiences and perceptions—or the therapists' countertransference problems—have never been delineated. The resident remains unaware of the child's common erotic vocabulary, including names for the male genital such as wienie, puddler, dickie, peetie, and dinky; how is he or she to assess the impact of such diminutive terms on the child's perception of these genitals? Occasionally a resident will ask how boys and girls differ as an index of gender identity discrimination. Would it not be relevant to ask if the child views those "differences" as pleasant or unpleasant, dirty or clean, good or bad? Or to ask if the youngster has distinguished a special place that feels better than the rest?

Questions about the child's sexuality are most often directed to the parent, as one query in a system's review of bad habits such as nail biting, pica, and thumbsucking. If masturbation is indeed an initial step toward erotic competence, the resident might judiciously ask if there were any reason why the child was *not* masturbating: were the diapers always tightly pinned and overalls well buttoned? Was the child's first pleasuring politely discouraged, or the atmosphere at home erotically sterile? Such queries could properly be included with investigations of other developmental competencies: "When did your child learn to tie shoelaces . . . ride a tricycle . . . read . . . masturbate?" An approach such as this would legitimize early eroticism as an expectable, healthy process.

CONCLUSION

The acceptance of adult sexual behavior is increasing more rapidly than the acceptance of children's age-appropriate erotic activity. Current psychiatric texts, as well as the culture, continue to view early eroticism as problematic. This negative attitude could handicap children in their developmental progress toward erotic competence and the fulfillment of adult role expectations. A unified, developmental approach could broaden our understanding of human sexuality and suggest methods of primary prevention.

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