

Defining normal childhood sexuality: An anthropological approach

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From the outset, the concept "normal childhood sexuality" raises questions of meaning: What is normal? What is childhood? and What is sexuality? Beyond questions of conceptual precision and theory are those about empirical research on the topic: What is the nature of available data on normal childhood sexuality? How reliable and valid are the empirical findings? To what populations do these data apply? To what extent can the array of findings be generalized? In addition, the very notion of normal childhood sexuality may arouse strong emotions in professionals and laypeople alike, based on their personal experiences of sexuality during childhood within the social and cultural context within which they were raised. (Ryan et al., 1988, found that among 87 professionals who worked with abused children and their abusers, 43% reported instances of childhood sexual abuse, almost twice the 22% rate reported for the general population.)

However, relative to other research on child development and human sexuality, there is a paucity of *systematic* data on normal childhood sexuality. The available theory and research are scattered over a wide range of fields (e.g., biology, history, anthropology, psychology, psychiatry, sociology, social work, ethology, and law), and much of it is dated. The paucity of data alone raises questions of why so little recent research is available on this topic, particularly in light of the current proliferation of claims about the deleterious long-term effects of child sexual abuse. Because definitions of abnormality and abuse usually relate to baselines of what is normal, data on normal childhood sexuality are conspicuous because of their scarcity.

Regardless of their discipline, investigators who have focused on sexual normality in childhood comment on this gap in empirical research. In his recent overview of childhood sexuality, Martinson concluded that "rational discussions of age-appropriate sexual behavior and research on human sexual development have scarcely begun" (1994a, p. 115). Goldman and Goldman, in their review of the theoretical background for their cross-cultural study of children's sexual thinking remarked,

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"Sexuality in children is comparatively unresearched largely due to the cult of childhood innocence, usually defined as meaning sexual innocence, and a reluctance to admit sexuality as part of child development before the pubertal phase" (1982, p. 22). In Rutter's (1971) review of the literature on normal sexual development, reference was made to studies that were anecdotal or based on small samples. Often, potentially useful information is ignored, perhaps because it is scattered in so many fields. Gadpaille (1975) attempted to synthesize a wide range of information relevant to normal psychosexual development in *The Cycles of Sex*. In his preface to that book he commented, "There is not a single book for the professional or lay reader that attempts to correlate the vast interdisciplinary knowledge on psychosexual development" (p. xii). Few works approach the scale of Gadpaille's interdisciplinary effort, published almost 20 years ago.

Nevertheless, there have been and are notable exceptions to this trend. In the late 19th century, Albert Moll, a German physician, was the first sexologist to specialize in childhood sexuality (Money, 1990). He published his concept of normal libidinal development in childhood in 1897 in *Libido Sexualis* (Moll, 1897). More well-known is his 1909 monograph on childhood sexuality, *Das Sexualleben des Kindes*, which was translated into English as *The Sexual Life of the Child* and published in 1912

(Moll, 1912). Freud, who was familiar with Moll's work but was more theoretically creative than his colleague, shocked his contemporaries by proposing his theory of infantile sexuality (Freud, 1905/1975). In this and later publications (e.g., "The Sexual Enlightenment of Children" [1907/1963], "On the Sexual Theories of Children" [1908/1963]), he challenged the sentimental view of children's innocence with the assertion that infantile and childhood sexuality "in all its polymorphously perverse impulsiveness" is normal and universal (Marcus, 1975, p. xx). In so doing, he drew attention to the complexity of children's experiences. (Refer to Money's article "Historical and Current Concepts of Pediatric and Ephebatic Sexology" [Money, 1990] for a more detailed historical overview of concepts relevant to childhood sexuality.) Many psychoanalysts (e.g., Gadpaille, 1975; Roiphe & Galenson, 1981) have continued in Freud's tradition by emphasizing the significance of the interface between the mind, the body, and sexuality in child development. Physicians and psychiatrists (e.g., Constantine, 1981; Rosenfeld & Wasserman, 1993; Yates, 1978, 1993) have examined healthy sexual development in children, and there is ongoing, large-scale, community-based research on sexual behaviors in normal preadolescent children (Friedrich et al., 1991, 1992). Historians (e.g., Bullough, 1990; Jackson, 1982, 1990) have pointed out the relevance of social and

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cultural context to understanding the sexual activities of children. Anthropologists (e.g., Ford & Beach, 1951; Frayser, 1993, 1994a; Gregor, 1985; Herdt, 1981, 1982, 1987, 1990) have emphasized how cultural context affects the meaning of childhood sexuality. And sociologists (e.g., Martinson, 1973, 1980, 1981, 1991, 1994a; 1994b) have urged other social scientists to confront the consequences of not assessing the role of normal sexual development in children. Sex educators, (e.g., Calderone & Johnson, 1981; Calderone & Ramey, 1982; Cassell & Wilson, 1989; Gordon & Gordon, 1983; Snyder & Gordon, 1984) have pointed out the importance of adults, particularly parents, confronting child sexuality in an informed way. Professionals whose expertise focuses on child sexual abuse and its prevention (e.g., Ennew, 1986; Finkelhor, 1979, 1984; Finkelhor et al., 1986; Gil & Johnson, 1993; Korbin, 1981, 1987; Krivacska, 1990, 1991; Ryan, 1990; Ryan & Lane, 1991) have emphasized the need for recognizing the difference between normal childhood sexual activity and abnormal or abusive activities, although these professionals differ about definitions of normality and where to draw the line. Money's research on the development of gender identity/role has brought attention to the complex components of sexuality, including prenatal phases of sexual differentiation and the differing roles of anatomy, physiology, and learning in postnatal psychosexual development (Money, 1968, 1980, 1986a, 1986b, 1988, 1990; Money & Ehrhardt, 1972; Money & Lamacz, 1990). And, professionals can now refer to a few recent edited volumes of research on childhood sexuality to guide them (e.g., Feierman, 1990; Perry, 1990; Yates, 1993). Despite what may appear to be considerable research on the topic in many different fields, the voices speaking up for investigations of normal childhood sexuality remain relatively few, as are the organizations willing to support such research. Given the scattered pockets of research on normal childhood sexuality, it is difficult to find them, much less, to develop a sense of coherence among the different studies.

My goal in this article is to present an anthropological analysis of the scattered empirical data and theory on normal childhood sexuality and to integrate it into a coherent framework that researchers can use to guide their search for and assessment of relevant information on normal childhood sexuality. The essence of this approach is to place normal childhood sexuality in context—biologically, socially, culturally, and psychologically. This holistic approach, true to the ideals of anthropological analysis, is particularly useful in systematizing and gaining perspective on a field that appears fragmented.

In the first section information about the evolution of human sexuality that is relevant to understanding how aspects of our human

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heritage are likely to influence the nature of sexual experiences in childhood is reviewed. In the second section, I link features of human sexuality that are part of our evolutionary heritage to empirical

research on sexual development in childhood, paying particular attention to social and psychological aspects. In the third part, I examine the significance of children's sexual behavior in cross-cultural perspective, and, in the last part, I discuss the current status of interpretations of normal childhood sexuality in the United States. I conclude with some thoughts on the implications of this overview for future research. This review is indicative of the kind of approach and the sorts of data that researchers can use in more meticulous, in-depth investigations of normal childhood sexuality. It is suggestive rather than exhaustive in its attempt to provide a framework for understanding this complex and important part of human life.

The Evolutionary Context

Based on cross-species comparisons and the prehistoric record, the evolutionary context of human sexuality facilitates answering general questions about definitions of normalcy, children, and sexuality. (Refer to Daly & Wilson, 1978; Fisher, 1983, 1992; Hrdy, 1981; Lancaster, 1979; Rancour-Laferriere, 1985; Smuts, 1985; and Symons, 1979 for interpretations of the evolution of human sexuality.) Within this broad context, the contours of normalcy emerge as characteristics (anatomy, physiology, behavior) that improve fitness (the ability to produce offspring that survive and who, in turn, are able to produce offspring that survive). Childhood appears as a period of development prior to puberty when reproductive maturity begins, and human sexuality takes on its distinctive attributes. When linked together, evolutionary trends in normalcy, childhood, and sexuality provide indicators of what is likely to be normal in the sexual development of a human child. They provide the parameters within which all humans behave. In addition, they provide bridges to cross-species research on sexuality, which is useful in interpreting human patterns of sexuality.

What is human about human sexuality is part of a long evolutionary process, much of which humans share with other animals, because humans are sexually reproducing, terrestrial, mammalian primates. At its foundation, sex refers to reproductively incomplete organisms—males, who provide spermatozoa, and females, who provide ova. A minimal form of courtship is basic to this reproductive arrangement, because the sperm and egg have to unite to begin the formation of a new organism. Like other terrestrial animals, humans

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engage in internal fertilization, which requires specific forms of attracting members of the same species and greater interaction between males and females. Mammalian reproductive specialization includes viviparity, an ovarian cycle, breastfeeding, and parenting of relatively helpless infants. All of these specializations involve an intensification of social links between mammals, at least during mating and parenting.

Primates (prosimians, monkeys, apes, and humans) have fewer offspring than most mammals, investing their energy in a longer gestation period, a longer dependency period of offspring, and greater attention to parenting, particularly by the female. Social life plays a more important role in primates' survival. Females lick and groom their infants after birth and maintain close contact with them as infants and juveniles. Members of a troop may show interest in others' offspring, and some monkeys and apes may inspect the genitals of an infant (Konner, 1982). Among bonobo chimpanzees (*pan paniscus*) juveniles and adults engage in a wide range of sexual activity as a way to reduce tension (de Waal, 1990). Some primates show individual preferences for others and may engage in nonreproductive sex (Anderson & Bielert, 1990). Nonhuman primates may avoid copulation with close relatives (Pusey, 1990); mothers may push young males away or sexually mature young males may join another troop.

In addition to social life, learning plays an important role in primate adaptations. Well-developed senses of vision and touch and an increased brain size allow primates to gain knowledge of their environment by learning about it and communicating this to others. Because they pass this information from one generation to another, higher primates are said to have proto-culture, including the ability to use symbols and communicate via a rudimentary language. Harlow's famous experiments with rhesus monkeys have shown that sexual behaviors (e.g., mounting, presenting) as well as par-

enting skills (e.g., paying attention to an infant, holding it, not harming it) are learned within a social context (Harlow, 1973; Harlow & Harlow, 1962). Harlow also demonstrated that juvenile play is an important route for learning behaviors that are adaptive as an adult; peer interactions may compensate for the absence of or deficits in parenting.

Human evolution is an accentuation of many primate trends in adaptation but has some distinctive characteristics because of two major changes—bipedal locomotion and increased brain size—which significantly affected the nature of child development and human sexuality. Infants are born at an earlier stage of neurological development in order to accommodate the passage of a larger-brained child

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through the bony ring of the pelvis, which had changed in shape to facilitate bipedal locomotion (Fisher, 1983). This means that human infants are more dependent at birth than most other mammals and primates. Infancy lasts twice as long in humans than in apes, and the length of the juvenile phase is much longer (Jolly, 1972). The brain is only 25% of its adult size at birth; at 1 year 60%; at 2 years 70%; at 4 years 80%; at 8 or 9 years 95%; only at puberty is the brain fully grown (White & Brown, 1973). It is tempting to speculate that the coincidence of full brain growth with the onset of reproductive maturity is no accident, thus placing a premium on learning about sex and parenting during childhood in preparation for mature reproductive roles. At the very least, it means that learning within a social context plays a critical role in the child development of humans. Given the longer dependency period of human children, parenting has a more crucial role in ensuring the survival of offspring. And, because humans generally bear only one child at a time, survival of a child affects the survival of the species.

Like other primates, humans rely on social life as a way to adapt to their environment. The long dependency period of children has brought with it new social forms—sharing of food, greater participation of males in ensuring the survival of their offspring, a sexual division of labor, and male/female pair bonding, at least long enough for children to survive (Fisher, 1992). Because human infants cannot walk on their own or cling to their mothers as they move around, they need to be carried, intensifying the need for caretaking. As Harlow demonstrated in his research with nonhuman primates (Harlow & Harlow, 1962), mothers have to learn how to care for their infants, and touch plays a significant role in that process (Montagu, 1986). Learning becomes even more important as a way for infants to adapt. Nonverbal communication with the mother and other caretakers, and then play (exploring and trying out new behaviors in a safe context), particularly with peers, are major ways that infants and children become acquainted with their social context and learn the skills to survive.

Just as the link between parents and children intensified in humans, so too did the ties between males and females (Buss, 1994). The nature of sexual interaction changed and with it emerged the distinctive aspects of human sexuality. The ovarian cycle was no longer marked by obvious alterations in female anatomy (e.g., a swollen sex skin around the genitals) during ovulation. Upright posture meant that the genitals shifted forward, assuming an anterior rather than posterior position. Males' genitals were more exposed

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and vulnerable, but females' genitals were less exposed and less easily observed. Consequently, males had to rely more on females' behavioral cues of readiness for sexual interaction than on visual inspection of genitals. There is some evidence to support the idea that females have a higher level of proceptivity (i.e., body movements, visual signs, nonverbal communication with gestures to elicit sexual behavior) than males (Perper, 1985; Remoff, 1984). Hrdy hypothesized that a female who is passive and uninterested in sex is *The Woman That Never Evolved* (1981).

Learning began to play a larger role in sexual interaction, both in terms of partner recognition and variety of sources of sexual stimulation. Placement of the genitals on the anterior part of the body made face-to-face copulation easier than rear entry and facilitated the recognition of sexual partners.

Partners could explore each other's body and stimulate skin and genitals with the sensitive tips of their fingers. Apocrine glands, sweat glands that occur only around hairy parts of the body (arm pits, groin, navel, behind the ears), produce odors that can be stimulating during sexual excitement and may have been an added inducement to body exploration (Doty, 1981). Human males rely on physical or psychological stimulation to obtain a penile erection, which can be facilitated by females who know how to enhance this stimulation. Females are able to have orgasms, providing a means for reinforcing the link to a partner. (Rancour-Laferriere [1985] argued for the adaptive role of female orgasm; Symons [1979] suggested that female orgasm has no real adaptive value, but only exists because of its adaptive role in males). During the process of human evolution, nonreproductive sexual activity increased to the extent that humans are sometimes called "the sexiest of the primates" (Ford & Beach, 1951). The disjunction between sex and reproduction is a particularly notable aspect of the human species. Unlike other primates, that go through a period of anestrus after offspring are born, human females retain an interest in sex after the birth of a child and are able to conceive again. This allows infants to be born in closer succession and increases the need for a male to participate in contributing to the survival of his children.

Two other characteristics complete the picture of the development of human childhood and human sexuality: culture and psychology. Cultural development went hand in hand with changes in anatomy and physiology—like the intertwined strands of a rope. Culture is a pattern of ideas and beliefs that give meaning to behavior; is shared; is learned; is passed down from one generation to the next (i.e., is traditional); is transmitted through symbols, particularly language; and

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can be explicit or implicit (Kroeber & Kluckhohn, 1963). Traditional ideas and beliefs, shared and communicated between individuals, provided another source of nonphysical adaptation for humans, one that could be learned by large-brained infants and children. Because culture itself has been so advantageous in the survival of humans, its transmission to children is a potential advantage to them. In addition, symbolic communication expanded the range of meanings that could be applied to behavior. This means that cultural ideas and beliefs can shape the meaning of sexual behavior and define the participants in and limits to that behavior. Finally, because humans are able to think about and reflect about their own experiences, individuals have the capacity to learn from themselves, not just from others. As Rancour-Laferriere (1985) put it, "somehow in the course of hominid evolution enormously complex systems of signs ... have managed to make the space between genes and behavior much larger than in any other creature on the planet" (p. 62).

All of these broad trends in human evolution have shaped what we can expect to happen during normal childhood sexual development. Based on the foregoing evidence, we can define childhood as a relatively long period of dependency on caretakers, characterized by an initial period of helplessness followed by an intensive period of learning in a social group. Normal learning includes how to interact with others in a group, how to love, how to be sexual, how to be a caretaker, how to follow social rules, and how to interpret behavior through cultural beliefs. The definition of sexuality includes biological, social, cultural, and psychological aspects, all of which are developing in a social context. An interpretation of a behavior as sexual does not depend upon its contributing to reproduction, since humans engage in a wide range of nonreproductive sexual activity.

The Developmental Context

Given the evolution of human sexuality, it would be surprising if children did not have an interest in or express sexual behavior, particularly because humans rely on learning to such a great extent and engage in so much nonreproductive sexual behavior. In this section, I review some of the available theory and empirical evidence about sexual development in prenatal development, infancy, and childhood, based primarily upon research in Western society.

There are a number of major theories of child development that contain concepts that could be applied to sexuality in infancy and childhood (e.g., Erikson, 1968; Kohlberg, 1981; Piaget, 1932). They are not, however, specific to sexual development per se but rather

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involve considerations of sociality (Erikson), cognition, intellect, and reasoning (Piaget), or moral development (Kohlberg). In contrast to what she regards as male-oriented views of child development, Gilligan offered the view that there are differences in male and female gender development that involve different world views and forms of decision-making (Gilligan, 1982).

Freud and many adherents of the psychoanalytic school of psychiatry (e.g., Gadpaille, 1975; Roiphe & Galensen, 1981; Rosenfeld & Wasserman, 1993; Yates, 1978) offered more direct considerations of the role of sexuality in development, confronting the roles of emotion (e.g., desire) and the body (e.g., oral, anal, and genital aspects) in shaping psychological attributes. In *The Cycles of Sex*, Gadpaille (1975) presented one of the few attempts to integrate evolutionary, psychoanalytic, and cognitive theory as they apply to sexual development.

Money's (1988) most recent synthesis of the current state of knowledge regarding the developmental sequence and differentiation of gender identity/role provides a rich reservoir of concepts and hypotheses to guide and to foster an integrated approach to normal childhood sexuality. The power of this approach lies in the use of concepts and data from psychology, biology, sociology, and anthropology to explain variations in gender and eroticism. Money's impressive body of research, much of it conducted while he was the director of the Office of Psychohormonal Research at the Johns Hopkins Hospital and School of Medicine, is based on longitudinal and group studies of individuals assembled since 1951 and takes into account the complex intersection of variables that affect human sexual development from conception to puberty.

In the preface to their classic *Man and Woman, Boy and Girl: The Differentiation and Dimorphism of Gender Identity from Conception to Maturity*, Money and Ehrhardt (1972) stated that they "organize old and new knowledge into a theoretical formulation of the behavioral dimorphism and differentiation of male and female—into a theory not simply of psychosexual development but also of psychosexual differentiation, and into a theory encompassing all the determinants of human sexual behavior more comprehensively than is done by traditional developmental theories of masculinity and femininity" (p. ix). Human sexual development is conceived as a process, begun at conception and continuing through adulthood; it is the result of an interaction between nature and nurture, prenatally and postnatally, influenced by biological, social, cultural, and psychological processes, inherent in the human organism. Of prime importance are the links

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between cultural meaning, social behavior, psychological significance, and the appearance of one's body. Therefore, "sex" is not adequate to describe a person's sexuality.

In 1955, Money introduced the term "gender" to refer to the complex definition of a person's social, legal, and personal status as a male or female. The four dimensions of human sexuality that intersect in the prepubertal child are anatomy and physiology, social behavior, body image and gender identity, and cultural beliefs about how to behave in terms of gender and sexual behavior. Money (1988) hypothesized that the "building blocks of sexual identity become available for development in a relatively fixed, biologically innate, maturational sequence and that each increment has a separate (though perhaps overlapping) critical period" (p. 137). Inadequate learning during a critical period or the relative inability of the person to accomplish the tasks of the critical period may result in the person's failure to engage in sexually normal behavior in the future. Martinson (1973, 1980, 1981, 1991, 1994a, 1994b), Money (1980, 1986a, 1988), and Money and Ehrhardt (1972) have provided particularly useful syntheses of information relating to the development of infant and child sexuality, and much of the information that follows was drawn from these sources.

Prenatal Development

It is important to begin a consideration of prepubertal sexual development with prenatal events, because subsequent, postnatal development relates to the biological parameters established prenatally. The extent of biological influences on such attributes as gender orientation, gender identity, and gender-specific abilities remains controversial. What is clear is that the appearance of the body at

birth and the responses of others (e.g., caretakers and individuals in the person's community) to the body influence the definition of appropriate gender roles and identity, and they also influence the cultural interpretation of sexual behaviors during childhood. Prenatal development demonstrates that sexuality is not a unitary phenomenon but rather a complex sequence of dynamic events that shapes the nature of sexual experience at different phases of the life cycle.

Six prenatal sequences of sexual development are (a) chromosomal/genetic, (b) gonadal, (c) hormonal, (d) internal genitalia, (e) external genitalia, and (f) neurological. The process of sexual development begins with fertilization, the union of the gametes (i.e., reproductive cells, the ovum from the female and sperm from the male), and then conception, the implantation of the zygote (i.e., the fertilized

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egg) in the endometrium (i.e., the inner lining of the uterus) (Money, 1988). The combination of 23 chromosomes from the mother and 23 from the father results in the unique genetic make-up of the child. The patterning of the 23rd pair determines how the gonads (i.e., sex glands) will develop during the 2nd and 3rd months of gestation. If the pattern is XX (or female), the gonads will become ovaries by the 12th week of gestation, and if it is XY (or male) the gonads will become testes by the 6th week.

Whether the pattern is XX or XY, the gonads and adrenal glands secrete estrogens, androgens, and the Mullerian Inhibiting Hormone (MIH), but in different amounts. It is the proportion of these hormones and the response of the fetus to them that affects not only the formation of the internal and external genitalia but also neural development and postnatal release of hormones. The ovaries of a fetus with XX chromosomes and no Y produce mainly estrogens, and the ovaries and adrenals produce smaller amounts of androgens and a bit of MIH.

In contrast, the testes and adrenals of a fetus with XY chromosomes produce large amounts of androgens and MIH and smaller levels of estrogens. The amount of MIH affects the differentiation of the internal genitalia. Without much MIH, the Mullerian ducts become the vagina, the uterus, and the Fallopian tubes, typical of a female pattern, and an alternate duct system, the Wolffian ducts, degenerates. In contrast, large amounts of MIH inhibit the development of the Mullerian ducts, which degenerate, and androgens, primarily testosterone, cause the Wolffian ducts to develop into the vasa deferentia, the prostate, and the seminal vesicles, typical of the male pattern.

During the 3rd fetal month, the Mullerian or the Wolffian duct systems have differentiated into the internal genitalia of the female or male, respectively. Concomitantly and into the 4th month, the amount of androgen affects the differentiation of one set of fetal structures—the genital tubercle, folds, and swellings—into recognizably male or female external genitalia. Large amounts of androgen result in the genital tubercle becoming the penis, and the folds and swellings fuse to become the underside of the penis and scrotum. Relatively small amounts of androgen result in the genital tubercle becoming a clitoris, the folds become the labia minora, and the swellings become the labia majora. By the end of the 4th month of gestation, the external genitalia are fully developed. In sum, major anatomical sex differences are in place by the 4th month of gestation.

Changes in one of the steps of this process, however, may lead to "sex errors" of the body (Money, 1968) affecting postnatal development. For example, a chromosomally male fetus (XY) may be insensitive to

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androgen, not develop the external genitalia of the male, and be labeled and thus treated as a female at birth. The occurrence of these errors, even though relatively rare, is a dramatic illustration of the processual nature of sexual development, which is not fixed but relies on a series of prenatal events that affect the form and function of the body of the newborn.

More controversial is the interpretation of evidence about neural differentiation, which is established by the 5th prenatal month. Mechanisms that contribute to the cyclical or acyclical pattern of

hormone release develop during this time, including the hypothalamic/pituitary circuit, as well as the negative sex steroid feedback mechanisms. Significant levels of gonadotropins (hormones that act on the ovaries or testes to produce sex hormones and sperm or eggs) and sex steroids (androgens, estrogens, progesterone) circulate in measurable quantities in the fetus (Reiter, 1986); and the follicle stimulating hormone (FSH) and the luteinizing hormone (LH) are sporadically secreted by the 80th day of gestation. Although speculative, Money's (1986a, 1988) conceptualization of the development of lovemaps and Feierman's (1990) ethological interpretation of prenatal sexual differentiation of the brain provide intriguing paths for future research. The origin of lovemaps ("a developmental representation or template in the mind and in the brain depicting the idealized lover, the idealized love affair, and the idealized program of sexueroetic activity projected in imagery or actually engaged in with that lover" [Money, 1988, pp. 209-210; Money, 1986a]) may occur at this time.

Feierman (1990) hypothesized that the types of sexual stimuli to which males and females are likely to respond may also be encoded in the brain at this point. A male's lovemap may be coded and stored more according to structure (e.g., shape, texture, color, movement, and odor), whereas a female's may be primarily coded and stored through processes that require higher levels of neural integration. Consequently, males are more likely to develop paraphilias (i.e., "an eroto-sexual condition of being recurrently responsive to, and obsessively dependent on, an unusual or unacceptable stimulus, perceptual or in fantasy, in order to have a state of erotic arousal initiated or maintained, and in order to achieve or facilitate orgasm" [Money, 1986a, p. 290]), including pedophilia, because "their lovemap comprises structurally coded and stored attributes . . . [and in them resides] the capacity for the conditioning of an array of previously neutral, animate, inanimate, and contextual, structurally codeable and storable stimuli to sexually evocative status" (Feierman, 1990, p. 33).

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Martinson (1991) gathered evidence that points to the emergence of the embryo's and fetus's "sensory capacity for erotic experience" (p. 58). He notes that one of the first sensory systems to function in the system is the skin, which is the main way that the embryo, as early as 6 weeks, experiences its life; it is responsive to pressure and touch and is stimulated by massage from the mother's movements. In addition to sucking and grasping reflexes, the fetus may engage in "purposeful autostimulation before birth" (p. 59) and is capable of genital erection and genital play.

Newborns and Infants (0-12/18 Months)

All of these prenatal developmental processes prime the fetus for sexual development after birth. External genitalia provide distinct insignia to label the bodies of males and females as different. Newborn females, perhaps still reacting to maternal estrogen, have prominent labia and a dull-pink vaginal lining, which change in size and color as the influence of the mother's estrogen subsides. Their labia become smaller, and the vaginal lining becomes bright red during the prepubertal periods of childhood (Blake, 1994). An imperforate hymen may be evident at birth as a "thin, bulging membrane" (Blake, 1994, p. 594). Furthermore, the external genitalia are functional: Male erections and female vaginal lubrication are present from birth and may continue as spontaneous activities every 80 to 90 minutes during sleep throughout life (Martinson, 1991).

Newborns are prosocial, not passive, even though they are dependent on their caretakers. They may even take the initiative in forming attachments with others (Ainsworth, 1964; Martinson, 1991), a behavior that may be adaptive in ensuring that someone will protect them from danger and harm (Bowlby, 1969). The interface between sensuality, sexual potential, and social interaction is aptly illustrated by what is likely to be the child's first experience of social reciprocity—between the child and his/her mother during breastfeeding.

During breastfeeding, there is a pattern of interaction between the infant and the mother that facilitates nursing. The infant's sucking on the mother's nipple stimulates the pituitary to release oxytocin, which triggers the release of milk. The intense bodily involvement of the infant seems to be very sensual. At the very least, it includes auditory, tactile, visual, and olfactory senses. The infant relaxes after an ardent period of nursing. The bodily contact as well as the giving and receiving of milk can be

a sensual and possibly sexual experience for both mother and child (Martinson, 1991). Penile erections as well as "oral orgasmic convulsions" (Baker, 1969) are seen in response to

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sucking, although it is not clear whether the sucking causes these responses. Conservatively speaking, the experience seems to be a pleasurable one for the infant. However, mothers are not likely to attribute the genital responses of the infant to eroticism, nor are they likely to interpret them as sexual (Roberts et al., 1978).

It is tempting to speculate that the mother may derive sexual pleasure from breastfeeding because the neural pathways of sexual response to breast stimulation are the same whether the stimulation derives from a sexual partner or a breastfeeding infant. The release of oxytocin during breastfeeding also stimulates the uterus to contract, an attribute of sexual response. The refusal to acknowledge or frame the mother's experience of nursing in sexual terms may derive from the cultural distinction between the breast as an erotic organ and the breast as a nutritive organ for an infant. A scan of the medical literature indicates that the information about the breast during breastfeeding is focused on the nutritive properties of the milk for the infant, not on its potential as a source of erotic stimulation during breastfeeding (Fraser, 1984). This separation between sexual and reproductive functions of the breast may also derive from the incest taboo, which prohibits sexual interaction between mother and child.

During the period of infancy, from 0-18 months, termed by Freud the "oral phase," by Erikson, a period of "trust/mistrust," and by Piaget, "sensori-motor," infants become acquainted with their bodies, add to their sensual and erotic capacities, acquire a sense of others' responses to them, and learn to love (Harlow, 1973). In addition to the mother-infant bond, reinforced by breastfeeding, there are other attachments that relate to the child's "need for protection and nurturance, as it is centered around the feeding experience and other bodily care situations" (Colonna & Solnit, 1981, p. 1). Infants engage in attributes of adult sensory/erotic intimacy by hugging, kissing, clutching, gazing, vocalizing, stroking, sucking, and biting (Martinson, 1991). Colonna and Solnit (1981) commented on the meaning of infant sexuality in analytic terms:

Conceptually, infant sexuality refers to the psychological role that the child's erotic experiences play in organizing the infant's dawning awareness of his/her body and certain of its functions. This takes place in the context of the infant's being helpless and dependent upon the life-sustaining care of the parent. Thus, sensuous gratifications are associated with the organization of personal relationships that are developed as the affectionate parent feeds, bathes, cleans, comforts, and plays with the child, (p. 1)

This context also becomes the basis for the infant to acquire a sense of others' attitudes toward his or her body, primarily through bodily

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rather than verbal communication. This may be the first step toward bodily acceptance or rejection, which affects body image.

In *Sexual Images of the Self*, Fisher (1989) discussed the "slow, zigzag process" of constructing a body map, which begins when children try to make sense of their body and give it meaning. Parents, reluctant to provide information about the genitals, unwittingly initiate a process of body distortion in their infants, who are "usually elaborately deceived and put off as they seek to define their genitality; ... most children find it a formidable and puzzling task to decode what their genitals are about." (Fisher, 1989, p. 11)—a conclusion supported by ample research (Bernstein & Cowan, 1975; Cohen & Parker, 1977; Conn & Kanner, 1947; Goldman & Goldman, 1982; Kreidler & Kreidler, 1966; Moore & Kendall, 1971; Roberts et al., 1978). Gadpaille asserted, "Sexual development does not occur separately from all other aspects of human growth and maturation. To treat it separately is to some degree a distortion" (Gadpaille, 1975, p. 46). Yet many caretakers in the United States have done just that—obfuscated the significance of sexual development by ignoring or denying genitalia as important parts of the body.

Infants experience a variety of sensations from their body (Galenson & Roiphe, 1974). This is a continuation of the process begun prenatally, when the fetus experiences changes in pressure, movement, sound, and touch, much of it through the skin. Martinson (1994a) suggested that "the cutaneous stage" might appropriately capture the significance of this period. In exploring the body, the infant casually touches his/her body parts, including the genitals. Boys begin genital play (i.e., fingering or touching the genitals) at 6-7 months, girls at 10-11 months (Martinson, 1991). The rhythmic manipulation of the genitals characteristic of masturbation does not occur until 2 ½ to 3 years when small muscle control is more well developed (Martinson, 1994a). Rocking behavior at 6 months is an indirect source of genital sensation that precedes the child's ability to masturbate (Levine, 1957). Kinsey, Pomeroy, and Martin (1948) reported that infants less than 1 year are able to experience orgasms; an infant female at 4 months and 7 males from 5 to 11 months of age were observed to have orgasms (Kinsey et al., 1948). They commented:

The orgasm in an infant or other young male is, except for the lack of an ejaculation, a striking duplicate of orgasm in an older adult. ... The behavior involves a series of gradual physiologic changes, the development of rhythmic body movements with distinct penis throbs and pelvic thrusts, an obvious change in sensory capacities, a final tension of muscles, especially of the abdomen, hips, and back, a sudden release

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with convulsions, including rhythmic anal contractions—followed by the disappearance of all symptoms, (p. 177)

Rutter also reported orgasm in infant boys as young as 5 months (Rutter, 1971). Other researchers (e.g., Halverson, 1938), however, have suggested that such responses are reflexive, resulting from mechanical stimulation; they may also result from a full bladder or bowel, strong sucking during breastfeeding, or frustration in not receiving adequate nourishment (Sears et al., 1957).

During the first 18 months, when the infant is exploring his/her own body and developing social relationships and attachments, the brain continues to grow to over 60% of its size, a 35% increase since birth (White & Brown, 1973). This underscores the significance of learning for the sexual development of human infants and the impact of caretaking during these early months of life outside of the womb. Martinson commented, "The highly emotional and physiologically charged interaction of parents and infants is an important phase in a child's sexual development" (Martinson, 1994a, p. 112). The connection between the infant's awareness of his/her body and how adults respond to him/her and his/her body lays the foundation for the symbolic significance of the body in a social context and its psychological importance to the individual. Social anthropologist Turner suggested that much of the power of symbols stems from multiple layers of meaning, which derive from sensory and ideological poles of interpretation, which, in turn, have their sources in the body and the mind (Turner, 1969). The nonverbal communication of these early months may become a critical component of a child's attitude toward his/her body, his/her gender, and his/her sexuality.

Toddlers (12/18 Months-3 Years)

Identified by Freud as the "anal phase"; by Erikson, "a period of autonomy" and "doubt/shame"; and by Piaget as a "symbolic" period, when language and labeling occur, toddlerhood is a significant period of bodily exploration, developing relationships, and psychological awareness. Gadpaille said that the most significant experience of this period is the development of body autonomy—to be and to explore (Gadpaille, 1975). Toddlers are curious about their own bodies and those of others (Martinson, 1991). Roiphe and Galenson described an endogenously rooted "genital phase" that emerges early in the second year of life. It is characterized by psychological awareness of the genitals and reflects deliberate attempts to masturbate which are accompanied by signs of pleasure (e.g., giggling, smiling, affectionate gestures toward others) (Roiphe & Galenson, 1981). In addition to

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manual manipulation of their penis, boys may lie on their stomachs or rub their genitals on an object to stimulate their penis; girls may place a soft toy or a blanket between their legs, wiggle their pelvis, or place an object in the vagina (Levine, 1957). Progressive nerve myelination in the sphincters of the bowel and bladder that occurs from 15-18 months significantly demarcates toddlers from infants and may result in pleasurable sensations from the enervation of the mucosa. All the while, specific reproductive development is proceeding slowly; secretions of FSH, LH, and sex steroids are low (Reiter, 1986). The low level of activity in the pituitary allows the ovaries of girls to develop slowly and gradually through childhood (Blake, 1994).

Toddlers are interested in interacting with both peers and adults. There may be no major gender differences in playing with peers (Ilg & Ames, 1955), although there may be sporadic sexual interactions. Spiro found that when children up to 3 years old played with each other, heterosexual behavior ranged from a simple embrace, to stroking, caressing, kissing, and touching the genitals—in that order (Spiro, 1958). Toddlers like to look at and touch adults, particularly mothers and babies (Martinson, 1991), and continue to engage in prosocial activities like helping or comforting peers, siblings, and parents (Johnson, 1982).

Despite their rapid acquisition of language, children learn early that they should not talk about sex (Ames, 1966; Pitcher & Prelinger, 1963); parents often sidestep accurate identification of genitals (Fisher, 1989). Therefore, the nature of children's fantasy life about sex is difficult to ascertain, because they do not have nor are they encouraged to have the language to describe such experiences. Because children do not have as much experience to draw from as adults, their fantasy life may not be very rich (Martinson, 1991). However, it is possible that enculturation may limit rather than expand the thoughts of children; if this is so, then children may have more creative and expansive fantasies than adults. At the very least, there is curiosity and thought about the body in conjunction with perceptions about adults' responses to it (Goldman & Goldman, 1982); both of these factors are integral to the development of gender identity (Money & Ehrhardt, 1972).

Early Childhood I. Preschool I. Kindergarten (3-5)

Labeled "genital/Oedipal" by Freud, "initiative/guilt" by Erikson, "intuition/representational" by Piaget, and the beginning of "preconventional morality" by Kohlberg, early childhood is a time when

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children articulate their interest in sex by asking about physical differences between the sexes (e.g., the origin and function of body parts), reproduction (e.g., the role of the father, the origin of babies, the process of birth, pregnancy and the growth of the baby), and relationships (e.g., marriage) (Hattendorf, 1932). Concomitantly, they are learning limits to touching their bodies and those of others. Lewis reports that 3- and 4-year-old children are socialized away from contact with their own bodies and those of others (Lewis, 1965), particularly the bodies of their parents (Blackman, 1980). Therefore, this time of intense interest about bodies is also a time when parents define and limit body parts that can or cannot be touched in interaction—verbally and nonverbally communicating a body map with acceptable and unacceptable areas of touch. In addition, children are learning more than rules about touch. They are learning about the symbolic limits on intimacy and affectionate relationships as expressed by touch. Parents may experience discomfort from too much touching and therefore curb it in their children (Roberts et al., 1978). Yet the "absence of infantile and childhood sex activity, principally masturbation, disrupts ... aspects of essential ego formation" (Gadpaille, 1975. p. 115). Parents may also continue to restrict conversation about sex even though both boys and girls are asking about sex by age 5 (Rutter, 1971). This accentuates the discomfort communicated nonverbally during infancy and the verbal reticence about sex acquired as a toddler. Negative labeling (e.g., the parent labels his/her perception of sexual parts or behaviors as bad), nonlabeling (e.g., the parent gives the child no vocabulary for sexuality that allows him/her to develop concepts and values), and mislabeling (e.g., the parent warns the child of a harmful effect of sexuality that is unrelated to sex) can deprive the child of a way to evaluate his/her own development because he/she is not able to accurately label and discuss it (Gadpaille, 1975).

Nevertheless, young children continue to engage in sexual activity and express an interest in it. Money and Ehrhardt (1972) said that between ages 3 and 6 is the "developmental stage when children can be outrageously flirtatious and seductive, impersonating mannerisms of parents, older siblings, television actors, or whoever" (p. 192). Rutter (1971) reported that female preschoolers are involved in thigh rubbing and that boys and girls engage in undressing or sexual exploration games by age 4. Genital interest and play continue to be common in the 2-4-year-old group. Parental attitudes and children's experience of sex may be in conflict, adding to a child's confusion about how to deal with body parts and what attitude to have about

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them and him/herself for having them. Money and Lamacz (1989) have pointed to the potential damage that can result from a caretaker's denial, inhibition, or punishment of sexual behavior: vandalized lovemaps. Like other primates, children engage in sex play as a safe rehearsal for adult activities. Experiences between the ages of 5 to 7 may be critical periods of learning that are incorporated into one's lovemap. If the learning is distorted, then paraphilias may develop, which are resistant to change later in life.

Middle Childhood (6-12)

Termed "latency" by Freud, "industry/inferiority" by Erikson, "concrete operational" by Piaget, and "conventional morality" (from 10-13) by Kohlberg, this is a period of physical and mental growth. There are increases in the secretion of FSH and LH, in the responsiveness of the gonads to FSH and LH, and in the secretion of gonadal hormones (Reiter, 1986). These hormonal changes may result in menarche in girls and the capacity for boys to ejaculate (Martinson, 1991). The timing of these events, however, may vary according to the individual. Most girls do not menstruate until they are 12 or 13, and boys are not usually capable of ejaculation until 13 or 14 (Goldman & Goldman, 1982).

The sexual repertoire increases for these children. Boys are able to have erections quickly and in response to a variety of erotic (e.g., talk about sex, pictures of nude females, films, nude art) or non-erotic (e.g., fear, excitement) stimuli (Ramsey, 1943). Masturbation is more common among boys as their age increases: Ramsey reported that 14% of the 8-year-olds he studied masturbated, and 73% of the 12-year-olds. However, this seems to be less common among girls.

Children experiment with partnered sex. They prefer sex play with peers rather than people older than they (Constantine, 1981). Rutter said that 25-30% of 13-year-old boys reported at least one instance of same-sex play in the few years before then (Rutter, 1971). Kinsey et al. (1948) reported that by 12, one boy in every four or five had at least tried to have intercourse with a female, and that only one girl for every seven boys was having heterosexual sex play as they neared adolescence (Kinsey et al., 1953). Broderick and Fowler (1961) reported that preadolescent boys engage in more sex play of every kind than girls.

In addition to more physical changes and experimentation with partners, children may become aware of themselves as sexual beings and of their peers as potential partners—erotic or affectional (Martinson, 1991). As Martinson pointed out, "sexual-erotic responses and

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encounters occur more commonly than previously thought," and the "sexual, psychological, and social changes that begin during these years and mature later are essential to the transition to full adult sexual functioning" (p. 74). The capacity for abstract thought, however, does not develop until age 11 or 12 (Gadpaille, 1978). Thought may be more focused on concretely experienced objects (Gadpaille, 1978).

Emotional involvement with peers may develop in the form of crushes and attachments outside of the family. It is interesting that this coincides with the development of reproductive maturity and complete brain growth. Yet children learn to conceal their interest in their bodies and in sex according to cultural standards (Friedrich et al., 1991) Even though they have many names for the genitals, children may not use them because they regard them as dirty (Conn & Kanner, 1947).

Conclusion

Martinson pointed out in his important 1991 article, "Normal Sexual Development in Infancy and Early Childhood," that infants and small children have the physiological capacity for sexual response, that they are curious about their bodies and the bodies of others, and that they are attracted to intimate interaction with others have been established. With modeling, encouragement, and education there appears to be no need for a cessation of sensory/sexual activity from first discovery through childhood. The capacity for sexual response is very much shaped by experience" (p. 79). Friedrich et al.'s (1991) study of the relative frequency of a variety of sexual behaviors among a sample of apparently healthy 2- to 12-year-old North American children with no history of sexual abuse confirmed the variety of sexual behaviors in which children are engaged.

The preceding data uphold the conclusion that human sexuality includes a process of development that begins with prenatal development and continues through infancy and childhood. As Moll pointed out decades ago, sexuality does not begin with reproduction (Moll, 1912), but in childhood, shortly after birth. Martinson's research, as well as Money's, bolsters this early finding by documenting the ways in which sexual development occurs before birth. The question remains as to whether the preceding developmental findings apply across cultures. Cross-cultural evidence is needed to compose an answer.

The Cross-Cultural Context

Developmental theories, like other scientific theories, are generated by scientists who are influenced by the cultural context in which they operate. Likewise, the selection of research issues, definition of

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concepts, and collection of data relevant to research topics is filtered through a cultural lens. Consequently, theory and research that purport to be universal in their applications may relate to a specific cultural context rather than generalize to human development—despite the best intentions and "objective" measures of the researchers.

Cross-cultural research provides checks and balances to culture-bound research and conclusions. It presses us to define and to operationalize concepts so that they can be identified in a variety of social and cultural contexts, to consider the range of variation in behavior and its meaning, to examine the effect of the investigator's point of view on the conceptualization of an issue and relevant data, and to question whether current theories are really applicable to all humans. These considerations are crucial in investigations of normal childhood sexuality.

Bullough (1990) pointed out that "there are a variety of differing definitions of what might constitute sexual behavior and what constitutes children" (p. 72). Not only do these definitions change over time and vary across cultures, but also they are evaluated differently. In the United States, it is difficult for researchers to investigate "forbidden" topics, such as normal childhood sexuality (Goldman & Goldman, 1982) or pedophilia (Bullough, 1990). Consequently, research is confined to "safe" topics, like child sexual abuse and convicted pedophiles but omits a large range of relevant data (Bullough, 1990). Overall, the juxtaposition of cross-cultural variations with contemporary views allows us to put our own beliefs into perspective and evaluate their utility. It also allows us to evaluate whether the developmental data presented in the last section apply to all human beings.

Cross-Cultural Research and the Study of Sexuality

The goal of cross-cultural research is to examine the variation and constancy of behavior and its meaning within and across different social and cultural contexts. Are there consistent patterns of human behavior and beliefs across all societies? To what extent can we generalize about human development? Central to cross-cultural inquiry is the concept of culture, which refers to explicit and implicit patterns of beliefs and ideas shared by members of a group, and is passed down from one generation to the next, primarily through symbols (e.g., language). In essence, culture relates to shared meanings of and for social behavior. It is closely related to patterns of behavior because it

infuses behavior with significance. Consequently, the study of culture goes hand in hand with the study of society (i.e., patterns of social interaction) because they mutually reinforce each other.

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Case studies, comparative studies, and cross-cultural surveys are the main forms of systematic cross-cultural research. Much of this work has been done by social and cultural anthropologists as well as by cross-cultural psychologists. However, in a recent review article of anthropological perspectives on childhood sexuality Frayser (1993) concluded, "There is no extensive body of cross-cultural research on childhood sexuality. What is available derives from research centering on five main themes: (1) the overall social and cultural context, (2) socialization and enculturation of gender roles, (3) development of gender identity, (4) cognitive processing of information about sex, and (5) incest taboos" (pp. 371-372). In other words, available cross-cultural data on childhood sexuality are usually by-products of research on other topics. There are some plausible cultural explanations for this inattention to childhood sexuality.

Like research on childhood sexuality in other fields, anthropological research is heir to the beliefs of the Western culture from which it derives. Jackson pointed out that by the 19th century in the West, childhood sexuality was defined as a period of sexual innocence (Jackson, 1990). This in itself may explain why there has been so little research on childhood sexuality—whatever the field. If childhood is characterized by asexuality, there is nothing to study except aberrations from this trend. By definition, there is no normal childhood sexuality.

Other reasons for the lack of anthropological research on the topic may stem from aspects of the profession itself, which implicitly discourages research on sexuality. As Vance (1991) put it in her article "Anthropology Rediscovered Sexuality: A Theoretical Comment,"

Anthropology as a field has been far from courageous or even adequate in its investigation of sexuality. Rather, the discipline often appears to share the prevailing cultural view that sexuality is not an entirely legitimate area of study, and that such study necessarily casts doubt not only on the research but on the motives and character of the researchers. In this, we have been no worse but also no better than other social science disciplines, (p. 875)

In a more epistemological examination of the link between anthropology and sex, anthropologist Herdt and psychiatrist Stoller suggested that anthropologists are more well-versed in the study of public beliefs and behavior than subjective realms, which are the essence of understanding sexuality (Herdt & Stoller, 1990). This may explain why there is "impoverished material on erotics in anthropology, whereas data on normative gender codes and roles are now voluminous" (Herdt & Stoller, 1990, p. 360). In addition, they argued that

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participant observation, the dominant anthropological method of studying other cultures, is "an intellectual/scientific ideology" that inherently distances the investigator from the individual. "For anthropology to establish itself at the center of studies on erotics and gender in humans requires our reclaiming the whole person as a source of intrapsychic and interpersonal meanings" (Herdt & Stoller, 1990, p. 361).

Cross-Cultural Findings on Childhood Sexuality

Because cross-cultural research on normal childhood sexuality generally has been ancillary to the investigation of other topics, much of the information about it is anecdotal, embedded in other discussions, or inferred from data about aspects of child development. Attention given to different aspects of childhood sexuality seems to be selective, possibly a result of the cultural orientation of the investigator and the ease with which behavior can be observed. For example, cross-cultural accounts contain more information about sexual permissiveness than restrictiveness because "anthropologists find permissiveness more unusual, and thus more interesting to write about" (Werner, 1986, p. 10). However, "no one has attempted to explain why some societies restrict the sexual activities of prepubescent children while others do not" (Werner, 1986, p. 12). And, despite profuse media attention to

public concerns about adult/child sexual interaction, "it is surprising ... that anthropologists have carried out so little research on the topic" (Werner, 1986, p. 18).

In this section, I will piece together cross-cultural research primarily conducted by social and cultural anthropologists to indicate the major themes and findings that pertain to childhood sexuality. Particularly in the area of childhood sexuality, the researcher's selection of data to describe and explain is often as revealing as the description of the behavior itself. Gaps in research are informative, because they can indicate the cultural orientation of the researcher as well as fruitful avenues for investigators to pursue in the future.

Infancy and early childhood. Prominent sex researchers have pointed out the importance of an individual's body image to his/her developing sense of gender identity (Money, 1988; Money & Ehrhardt, 1972) and adequate sexual functioning during adulthood (Fisher, 1989). Developmental theories emphasize the significance of early social contacts and nonverbal communication, particularly touch, to later psychological development. Rohner (1986) highlighted the active role of the infant and child in perceiving events around him/her—the phenomenological experience—and assessing whether another is

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being accepting or rejecting toward him/her. Therefore, the "objective" behavioral indications of warmth may not be construed as affection by all children. Like Herdt and Stoller, Rohner suggested that scientists include subjective aspects of human behavior in their accounts. Noting that humans engage in "near universal" behaviors, which always have exceptions, he postulates that "children everywhere have a phylogenetically acquired tendency to respond in specific ways when warmth, affection, love, or other forms of positive response are withdrawn from them by the people most important to them" (Rohner, 1986, p. 30). Harlow's research reinforced the assertion that humans learn to love, beginning at a very early age (Harlow, 1973).

Systematic cross-cultural data on infancy and early childhood (Barry & Paxson, 1971), traits inculcated in childhood (Barry et al., 1976), agents and techniques for child training (Barry et al., 1977), and sociocultural aspects of the sexual and reproductive cycles (Frayser, 1985) provide information pointing to some general trends in behavior that can affect a child's experience of his/her body. (All of the studies by Barry apply to a worldwide, standard cross-cultural sample [SCCS] of 186 cultural groups. Frayser's study applies to a subsample of 62 cultural groups from the SCCS.)

Among mammals in general and humans in particular, the first social interaction of an infant is usually with the mother—shortly after birth and during breastfeeding. Most societies (77% of 47) provide a special place where the woman will give birth, often in a partitioned area of the dwelling where she usually lives (23% of 47); other arrangements include going to a place near where she lives or to a place removed from most social activity (13% of 47), to a special structure for giving birth (23% of 47), or to the home of a kinsperson (17% of 47), usually a consanguineal relative (Frayser, 1985). It is not unusual for other relatives to be present, including the husband and/or maternal kin. For example, female attendants accompany a Nicobarese woman to a birth house outside of the village area and help provide for her. Her husband also shares responsibility for caring for her (Frayser, 1985). When a Palauan woman gives birth, one of her close relatives—a mother, sister, mother's sister—attends her in their home. Her 5 to 10 day confinement includes daily bathing and rubs with tumeric and coconut oil by a midwife, as well as a steambath on her final day of seclusion. (See Jordan, 1993 for a cross-cultural investigation of birth in Yucatan, Holland, Sweden, and the United States.) Raphael (1976) claimed that "mothering" the mother facilitates breastfeeding by lowering anxiety about how to proceed. Psychological stress can inhibit the release of prolactin and

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oxytocin from the pituitary gland, thus hampering the production and release of milk. Social support also allows the mother to devote more relaxed attention to her infant.

Several other practices demonstrate the priority given to the mother/infant relationship. An analysis of Barry and Paxson's data (1971) shows that weaning occurs between 24 and 36 months in most

societies (45% of 166 societies). In many (35%), it occurs after 3 years of nursing but only in some (20%) does it take place before 24 months (Frayser, 1985). In addition to the body contact entailed by several years of breastfeeding is the contact between the infant and the mother while they sleep. Of 126 societies surveyed by Barry and Paxson (1971), *none* separated the sleeping area of the infant from that of the caretakers. Infants always slept in the same room with their mothers, often in the same bed (65% of 126 societies) (Frayser, 1985). Fathers often slept in the same room as their infants (67% of 119), but not usually in the same bed (19% of 119) (Frayser, 1985). Sleeping with the infant not only provides further body contact with him/her but also makes it easier to breastfeed during the night without the mother losing much sleep. Finally, an analysis of Barry and Paxson's data (1971) on body contact (a measure of the proportion of the day when the baby is held or carried by any caretakers) shows that few societies limit body contact with the child to routine and precautionary care or to only occasional contact, either during the first few months (15% of 129) or during the period when the infant can crawl, at about nine months (14% of 124) (Frayser, 1994b). More typical is for caretakers to hold or carry the infant up to half of the time (28% of 129 in early infancy; 36% of 124 in later infancy) or more (39% of 129 in early infancy, 36% of 124 in later infancy) (Frayser, 1994b). In some societies (18% of 129 in early infancy; 14% of 124 in later infancy), caretakers hold or carry the child almost constantly.

Attitudes toward the infant's body may be reflected in practices of covering the genitals. An analysis of Barry and Paxson's data (1971) shows that caretakers in most societies do not cover the child's genitals until very late in the transition from infancy to childhood (59% of 155). Some do it late (e.g., after the child can walk well [10% of 155]), but some do not do it at all, in instances where adults are naked or uncovered (7% of 155) (Frayser, 1994b). Most of these societies are in the insular Pacific, sub-Saharan Africa, and South America. Nevertheless, almost a quarter of the societies (23% of 155) cover the genitals at or shortly after birth. Most of these groups are in the Circum-Mediterranean, Asia, and the northwest coast of North America (Frayser, 1994b).

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There is little systematic documented evidence about the attention given to the sexual behavior of infants and young children. This may indicate an absence of the behavior or an investigator's omission in reporting it. The latter possibility is more likely, given Western biases about childhood sexuality. However, such information may be found scattered in ethnographies or in sections of edited volumes dealing with broader topics. For example, in his overview of adult and nonadult sexual behavior in traditional Hawaii, Diamond (1990) described social attention to the sexuality of infants and small children. Nudity of children was common, and genitals were covered only when pubic hair began to show. Rather than a gesture of modesty, this was regarded as a sign of respect for the genitals and protection for the organs that would produce children. Entire families would bathe or swim together nude, often several times a day. Diamond commented that nudity did not have sexual significance. Rather, it was a convenient adaptation to the warm climate.

The genitals and sexuality were held in high regard by the traditional Hawaiians. Stone carvings or formations resembling genitals were thought to enhance fertility or sexual ability. An infant's genitals were named, and respectful, affectionate songs and stories were composed about them to highlight social pride in their role in life. To prepare for subincision of the penis when he was 6 or 7, a boy's aunt or grandmother blew into the foreskin of his penis every day from the day he was born. This practice was thought to ensure good health, satisfactory intercourse, and facilitate subincision by making the foreskin easier to slit. Female relatives of girls (e.g., a mother, grandmother, or aunt) began to prepare them at birth for sexual relations later in life. The mother squirted her breast milk into her infant's vagina and pressed the labia together, a practice that continued through infancy. The infant's female relatives would also try to flatten the vulva with the palm of their hand and mold it so that the labia did not separate. Suggs reported a variation of this practice in the Marquesas, where female caretakers stretch the labia minora of a young female to make them longer (Suggs, 1966). Buttocks of infant males and females, which were regarded as related to sexuality, and the genitals were molded so that they were rounded, not flat. Diamond commented that "all of the practices dis-

cussed in relation to the preparation of the genitals exemplified adult/nonadult behavior that was not seen as being erotic, sexual, or abusive. It was seen as being an appropriate aspect of adult care of nonadults, a necessary chore" (Diamond, 1990, p. 431).

Restrictions on other activities channel more attention to the interaction between the mother, the infant, and sometimes the

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father. Postpartum restrictions, which variably apply to the mother, the child, and the father, structure the period after birth and may aid in psychological adjustments of the parents to the baby and the baby to the parents. Usually postpartum restrictions emphasize the welfare of the child (35% of 37 societies) or the child and the mother (38% of 37) rather than the mother alone (8% of 37) (Frayser, 1985). Extension of the restrictions to include the father occurs in many societies (59% of 47) (Frayser, 1985). Restrictions may include spatial separation from others, cessation of domestic duties, and rules about food intake and other behavior. Usually these postpartum restrictions do not last long. In most societies (41% of 50 societies), a woman resumes her domestic and economic duties within a week after birth, but many societies extend the postpartum restrictions longer (2 to 4 weeks in 12% of 50; 1 to 2 months in 12% of 50; more than 2 months in 6% of 50) (Frayser, 1985).

Of major significance may be the postpartum sex taboos prohibiting the new mother from engaging in sexual relations for a specified period after the birth of a child. This can have the effect of focusing attention on the child rather than the husband. It may also serve to structure the potential conflict between sexual and reproductive behavior, and it may function as a form of birth control to space births. Analysis of Barry and Paxson's data (1971) shows that most societies (93% of 41) have postpartum sex taboos, and the period of abstinence lasts less than a year (68% of 41). Usually the taboo is in force for 1 to 5 months (34% of 41) (Frayser, 1994b). However, many societies (32% of 41) extend the taboo beyond a year, and some extend it beyond 2 years (15% of 41).

The overall theme that emerges from these data is that caretakers are concerned with nurturing infants. Body contact with the mother is likely to be frequent—during sleep, during breastfeeding, and during the daily routine. The baby's genitals are not likely to be covered up. Analysis of Barry and Paxson's 1971 data on general indulgence (a measure of all relevant aspects of treatment and care, in particular, expressions of affection and permissiveness, and the consistency and effectiveness of nurturance and care) supports this conclusion (Frayser, 1994b). Caretakers in most societies (92% of 120 societies) treat infants with gentle, affectionate concern, although this theme persists to a lesser degree into early childhood (up to the ages of 4 or 5), when caretakers in quite a few societies (20% of 136) display harsh treatment toward their children.

Korbin (1981), however, suggested caution in interpreting cross-cultural information on child maltreatment or neglect because most

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cross-cultural researchers have not focused their research on these topics. Like information on childhood sexuality, data on parental mistreatment or neglect are sparse and are derived from descriptions of other topics. Concentration of researchers, particularly anthropologists, on acceptable, normative behavior rather than deviations from norms may account for the paucity of information (Korbin, 1981). Korbin's *Child Abuse and Neglect: Cross-Cultural Perspectives* (1981) demonstrates the importance of articulating useful definitions of child abuse and neglect and of identifying social and cultural factors that increase or decrease the likelihood that maltreatment of children will occur. These factors include the cultural value of children, beliefs about specific categories of children, beliefs about age capabilities and developmental stages of children, and embeddedness of child rearing in kin and community networks (Korbin, 1981, 1987).

The importance of structuring the treatment of children according to cultural beliefs is highlighted by the existence of incest taboos in every human society about which we have information, although the strength and extent of their application to specific people varies. Since the 19th century, many

social and behavioral scientists (e.g., Arens, 1986; Darwin, 1871/1981; Durkheim, 1898/1963; Engels, 1884/1942; Finkelhor, 1984; Fox, 1980; Frazer, 1910; Freud, 1913/1950; Malinowski, 1927/1955; Meiselman, 1978; Morgan, 1877/1964; Parker, 1976; Russell, 1986; Scheper, 1983; Twitchell, 1987; Westermarck, 1925; Wolf, 1966, 1993) have turned their attention to an explanation of the origin and persistence of incest taboos in human societies. Until recently, few investigators have concentrated on descriptions of the incestuous behavior itself. Furthermore, current information about incest in the United States is skewed toward its harmful effects, because inferences about its consequences are inferred primarily from clinical populations rather than representative samples of the population at large. Cross-cultural data about the existence of incest taboos and social responses to incest demonstrate that incest is not regarded as normal childhood sexual behavior in most societies (Cohen, 1964; Frayser, 1985; Murdock, 1949/1965). Therefore, its relevance to this discussion is confined to understanding the significance of specifically avoiding certain types of sexual behavior and relationships with relatives.

Definitions of incest vary and have expanded over the last 100 years in the United States to include a wide range of sexual activities between relatives, regardless of whether intercourse has occurred. It is important to keep in mind that the incest taboo is a prohibition on sexual relations between kin of a specified category; it is a *sexual*

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taboo, not a reproductive one, although it can have reproductive consequences if violated during the reproductive life of one of the participants. Concentration on its biological effects draws attention away from its cultural power and psychological impact. For example, rarely do investigators mention the possibility of same-gender incest, concentrating instead on heterosexual relations that conform more readily to a reproductive model of sexual relations. Such a conceptual framework ignores the consequences of sexual relations between same-gender kin. Incest taboos are the earliest cultural edicts about appropriate sexual partnerships and behavior that apply to a child, and they are unique in their lifetime application to the specified kin, including nonreproductive phases of life such as childhood.

The social significance of incest taboos is indicated by the types of punishments that different societies mete out for violation of the taboo. In most societies (62% of 29), punishments are severe (e.g., death, mutilation, expulsion from the community) or are thought to extend beyond the individuals involved and affect the well-being of their kin, children, or community as a whole (Frayser, 1985). Yet some groups only confer mild (e.g., temporary disapproval, mild ostracism in 28% of 29) or moderate (e.g., whipping, extended ostracism in 10% of 29) punishments when taboos are violated (Frayser, 1985). In general, the punishments are either very mild or very severe, demonstrating the great variability of social involvement in these behaviors.

Cohen (1964) distinguished two aspects of incest taboos—the core taboo, which applies to all individuals in the nuclear family (mother, father, their children) with the exception of husband and wife, and the extended taboo, which includes any relatives beyond the nuclear family. Not all core taboos are applied with equal force to all individuals within the family (Frayser, 1985), and all societies extend core taboos to include other relatives. The patterning of extended taboos indicates the significance of having incest taboos.

The cross-cultural studies of Murdock (1949/1965), Cohen (1965) and Frayser (1985) confirm an extremely high association between the type of extended incest taboo and the form of kinship organization (i.e., the way in which the group organizes the definition of people as relatives). Only rarely (1 of 41 societies studied by Frayser) are nonkinship extensions (e.g., household members, communities) a basis for extensions of the incest taboo. Matrilineal extensions (i.e., those on the mother's side) occur most often (7 of 9 societies or 39%) in matrilineal societies. Patrilineal extensions (i.e., those on the father's side) occur most often (6 of 7 societies or 86%) in patrilineal

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societies. Nonlinear extensions are present most often in societies with bilateral, ambilineal, or double descent (19 or 25 societies or 76%) (Frayser, 1985). Because the definition of kinship is a purely cultural matter, biological explanations do not suffice to explain extended incest taboos. More likely is an explanation relating to the social, cultural, and psychological anchoring of the individual within a group, regardless of his/her gender orientation or reproductive capabilities.

Cohen's (1964) cross-cultural research on the prevalence and patterning of incest taboos led him to generate hypotheses centering on the social and psychological implications of incest taboos, all of which are relevant to understanding cross-cultural variations in childhood sexuality. His interpretations focus on two main themes: (a) the individual need for privacy and (b) the nature of boundary-maintaining groups. Individuals establish their social and psychological identity within social networks, the earliest and most immediate of which are their family and kinship groups. These boundary-maintaining groups foster close social ties between individuals, regardless of how they feel about each other. Societies depend upon these groups for a variety of social functions, particularly socialization of children into the rules of the society and culture. Because the social ties are so close, these bonds could threaten an individual's privacy, which is needed to maintain a psychological boundary from others and buffer the individual from extreme emotional and physical stimulation. Incest taboos apply directly to members of the boundary-maintaining group and prohibit the added intimacy of specific kinds of sexual relations to the ties already in existence. Therefore, they serve to maintain psychological boundaries of the individual and social boundaries within the group. Overall, Cohen's conclusions point to the significance of incest taboos in maintaining the child's bodily integrity, free from intrusion by adults. This allows the child to differentiate himself/herself from others and to develop a sense of gender identity, apart from caretakers who already occupy a major role in his/her life.

What is defined as acceptable sexual behavior between relatives and what is not, however, varies a great deal across societies. Likewise, what is defined as incestuous is likely to vary as well. The previously described cross-cultural findings on infancy and early childhood show that infants are likely to receive nurturance, close and extended body contact with relatives, and acceptance of their bodies. In the section on evolution, I noted the importance of play as a significant aspect of child development (i.e., the ability of the child to explore the environment, whether physical or social, in a context of

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safety). Cohen's (1964) hypotheses suggest that incest taboos define a context of social and psychological safety for the child, within which he/she can explore social roles and psychological identity. This cultural safety net probably also includes the option to safely explore a variety of sexual behaviors during childhood, depending upon the overall degree of sexual and reproductive restraint in the society.

Middle and late childhood. There are few monographs that focus on normal sexual practices during childhood. (See Gregor, 1985; Herdt, 1987; Malinowski, 1929; Marshall & Suggs, 1971; Mead, 1928, 1930, 1935, 1949; Messenger, 1969; Suggs, 1966 for some extensive descriptions of sex during childhood within a single social context.) Herdt commented that "ethnographic studies suggest, above all, an urgent need for new research on sexual development in children and adolescents across cultures" (Herdt, 1990, p. 61). However, there are systematic descriptions of different sexual practices during childhood drawn from a wide range of ethnographic sources. They are usually included in monographs focused on cross-cultural aspects of sexuality (e.g., Ford & Beach, 1951; Frayser, 1985; Gregersen, 1983; Marshall & Suggs, 1971; Werner, 1986); in books dealing with broader topics, such as child training (e.g., Whiting, 1963; Whiting & Whiting, 1975), adolescence (e.g., Schlegel & Barry, 1991), masculinity (e.g., Gilmore, 1990), homosexuality (e.g., Blackwood, 1986; Herdt, 1982; Williams, 1986), sex roles (e.g., Munroe & Munroe, 1975), or gender (e.g., Nanda, 1990; Roscoe, 1991), or in works related to sexuality with individual chapters on childhood sexuality in different cultures (e.g., Constantine & Martinson, 1981; Feierman, 1990; Gadpaille, 1975; Perry, 1990; Yates, 1978,

1993). It is from these sources that the following specific examples of sexuality in middle and later childhood are derived.

As discussed in the section on the evolution of human sexuality, sex is not reproduction, and the identification of the two as one kind of behavior is a matter of cultural definition, not biological fact. Humans engage in a wide range of nonreproductive sexual activities, and many of these occur during childhood. Ford and Beach (1951) generalized, "Where permitted to do so, children gradually increase their sexual activities both as they approach puberty and during adolescence" (p. 190). They concluded from their review of the cross-species and cross-cultural evidence that

tendencies toward sexual behavior before maturity and even before puberty are genetically determined in many primates, including human beings. The degree to which such tendencies find overt expression is in part a function of the rules of the society in which the individual

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grows up, but some expression is very likely to occur under any circumstances. (p. 198)

The developmental information in the last section confirms this assertion, as does the cross-cultural evidence pertaining to middle and later childhood, when groups pay more overt attention to sex differences and rules regarding specific sexual behaviors in which children may engage.

According to an analysis of data from Barry et al. (1976) on traits inculcated in childhood, it is more usual (67% of 157 for boys, 58% of 157 for girls) for societies to establish sexual restraint mildly (measure of taboo or restrictions on heterosexual play, masturbation, or other erotic activity) during early childhood than to impose strong restrictions then (Frayser, 1994b). The emphasis shifts, however, during later childhood to moderately strong (50% of 164 for boys; 47% of 166 for girls) or very strong (4 % of 164 for boys; 22% of 166 for girls) training in sexual restraint (Frayser, 1994b). Overall, girls are more subject to this training than boys. Differences in ratings on sexual restraint are either the same for boys and girls or showed that girls were trained more strongly in sexual restraint, whether during early or late childhood. These findings are consistent with restrictions placed on men and women after puberty. Generally, sexual restrictions apply with equal force to men and women, but when there is a double standard, women's sexuality is restricted whereas a man's is not (Frayser, 1985). Preparation for restrictions later in life may be related to the pattern of restraint found in childhood. If we assume that there is some coherence in human social organization and that human development dovetails with its social organization and culture, this makes sense. Ford and Beach (1951) noted that

a double standard during late childhood and adolescence is characteristic of many societies, but not of human beings in general. ... most other societies that discourage infantile and childhood sex play also attempt to control premarital experimentation in sexual matters on the part of adolescents or young adults, (p. 185)

There is wide variation in parents' attitudes toward children expressing sexual interest or engaging in sexual behavior. In some societies, parents encourage children's sexual activities. Hopi men masturbate boys while singing them to sleep as a way of giving the boys pleasure (Werner, 1986). Children among the Aymara in Bolivia and Peru have prepubertal sexual experiences that adults regard with "amused tolerance" (Werner, 1986). Among the Polynesian Pukapukans, boys and girls freely engage in masturbation in public, without adult censure (Ford & Beach, 1951). Young Trobriand boys

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and girls may participate in a variety of sexual activities—from oral stimulation of the genitals to simulations of intercourse—if adults don't control their behavior (Ford & Beach, 1951). And on Easter Island, children from 6 years on imitate adult sexual behavior with impunity (Ford & Beach, 1951). In Mangaia, daughters may engage in intercourse with their suitors in the hut where they reside with other family members (Suggs, 1966).

Parents may actively encourage their children to engage in sexual behavior. The Chewa of Africa believe that their children will never have progeny later in life if they do not involve themselves in

sexual activities early (Ford & Beach, 1951). Therefore, older boys and girls, with their parents' approval, play at being husband and wife in little huts built away from the village. Playing husband and wife is also allowed among the Maori and the Ila-speaking people of Africa (Ford & Beach, 1951). The Lepcha of India do not believe that girls will mature without having intercourse (Ford & Beach, 1951). Therefore, they allow early sex play among boys and girls, which may result in attempts at intercourse. By the time they are 11 or 12, most girls have engaged in intercourse. Explicit instruction about sexual activity begins between 6 and 8 for Trobriand girls and boys; their older companions inform them about types of sex play in which they engage—masturbation, oral stimulation of the genitals of same- or opposite-gendered persons, and heterosexual intercourse (Ford & Beach, 1951). Parents fully approve of their youngsters going to a convenient place (e.g., the bush, a bachelor's hut, or a yam house) to participate in extended sex play. They believe that testing sexual compatibility and depth of affection are important preliminaries to marriage.

Children in many cultures not only talk with adults about sex but also have opportunities for observing adults engage in it. Alorese and Ponapean adults describe the details of sexual intercourse to children by the time they are 5, and Trukese children learn about sexual matters by watching adults at night or by asking adults (Ford & Beach, 1951). Because many adults and children may reside together in one dwelling in many societies, children have the opportunity to hear and observe sexual activities among adults. For example, Gregor (1985) said that Mehinaku children in central Brazil grow up in an "erotically charged atmosphere" (p. 29) and experience "a lush* period of physically intimate contact with the mother" (pp. 177-178), who breastfeeds and sleeps with them during their first years. Later, the hammocks of adults and children hang together in the communal dwelling, where children can hear and observe the sexual activity of

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adults. In traditional Hawaii, children could observe their parents having intercourse in the family house, where all members slept in the same room. Likewise, there was little privacy in the homes of rural Europeans before the 18th century. Separate rooms for special purposes gradually developed in the 18th century, but even then privacy was not easy to attain (Bullough, 1990). Children, adults, and sometimes animals would share the same living space; children heard bawdy talk and learned about sex and reproduction from an early age (Bullough, 1990).

Sexual activities may take the form of games with other children. For example, lower class Goajiro children as well as Amhara children in Ethiopia play games in which they imitate the sexual activities of various animals (Werner, 1986). In other societies, children seem to imitate adult activities in their games. Among the Toba of Argentina, boys and girls as young as 5 years may spend hours every day engaging in "violent sexual games" that include snatching the genitals of each other, thrusting their fingers up another's anus, or rubbing penises together. Boys chase and throw girls down in attempts to touch their vaginas, and 5-year-old girls may attempt intercourse with little boys whom they take to bed with them (Werner, 1986). In their cross-cultural research on male homosexuality in four societies (Brazil, Guatemala, the Philippines, and the United States), Whitam and Mathy (1986) suggested that a preference for same-gender sex play during early childhood may indicate same-gender sexual orientation in later development.

However, rather than imitating adult sexual activity, children may engage in sexual activities with them. Xokleng children of southern Brazil often sleep with adults who engage in sexual activities with them; such relations are regarded as amusing and playful (Werner, 1986). Siriono women in Bolivia often had sex with the prepubescent brothers of their husbands, and older Tupinamba women in Brazil who did not have the favor of older men might constantly accompany young boys, to whom they gave presents and instruction in sexual matters (Werner, 1986). Unmarried adult Aranda men in Australia might take young boys of 10 or so to engage in sexual activities with them until the adult men married (Werner, 1986).

Sometimes the reason given for sexual relations with adults is to hasten the advent of maturity. The Etoro of New Guinea require boys to ingest the semen of older men so that they will physically mature into men (Werner, 1986). A similar practice occurs among the Sambia (Herdt, 1987). The

Azande of Zaire, the Lepcha of the Himalayas, and the Bororo of Brazil think that intercourse with a mature man

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causes menstruation to occur (Werner, 1986). Another reason for sexual relations with adults is to receive training in sexual relations from the adults. In Polynesia, older Marquesan women initiated and served as sexual partners for young boys, and older Manganian women gave boys their first training in sex (Werner, 1986).

Sexual relations with adults might also occur in the context of marriage. In some societies, girls might be married and have intercourse before they reached puberty. In Mongo, Zaire, it is legal for men to have intercourse with their child-brides; husbands try not to hurt their brides and insert progressively larger plant shoots in the vagina to prepare it for intercourse (Werner, 1986). However, it is not likely that this practice was widespread in traditional societies. Although most women married when they were 17 or younger, they were usually past puberty, often between the ages of 12 and 15 (Frayser, 1985). Bullough (1990) commented on the extent of adult/child sexual behavior in Western societies:

The evidence, scanty as it is, would indicate that it was not very widespread and that probably most such behavior took place within the family, although the answer has to be dependent upon how sexual behavior is defined. ... there are very few historically documented incidents [of adult sexual behavior with children under 9-years old] that this author has found, (p. 77)

In general, cultures have looked with disfavor upon adult/child sexual behavior, although adult/adolescent sexual behavior "has been accepted as the norm throughout much of humankind's documented past" (Bullough, 1990, p. 85).

Most of the foregoing descriptions relate to societies in which there is adult acceptance of a range of sexual behavior in children— whether during play, daily activities, rituals, or training for adult life. The sources indicate that acceptance rather than censure of childhood sexual behavior from adults has been much more common in traditional societies. Ford and Beach (1951) concluded that only a minority of societies are very restrictive about sexual expression during childhood, subjecting boys and girls to severe restrictions and punishments and allowing them few, if any, sexual options.

Attempts at denying children sexual expression include explicit verbal prohibitions, physical punishment when sexual behavior is observed, avoidance of conversations about sex with children or when children are nearby, surveillance of children's behavior, and prevention of young children from observing sexual behavior (Ford & Beach, 1951). Cuna adults prohibit children from engaging in heterosexual or homosexual play, and Ashanti fathers warn their young children

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not to engage in any form of sex play or to masturbate (Ford & Beach, 1951). The prohibition on touching the genitals is so strong among the Kwoma of New Guinea that a woman will beat a boy's penis with a stick if she sees him with an erect penis, and boys learn how to urinate without touching their penis at all (Ford & Beach, 1951). The Chiricahua and the Apinaye whip children for engaging in activities such as masturbation or sex play (Ford & Beach, 1951). Among the Cuna, children are not permitted to watch animals giving birth and receive no instruction about sex from adults until the last stages of the marriage ceremony (Ford & Beach, 1951). Murngin adults in Australia cluster boys of 4 or 5 years of age in a bachelor's hut to prevent them from observing sexual behavior in the family dwelling (Ford & Beach, 1951). At the end of their discussion of societies highly restrictive of children's sexual expression, Ford and Beach concluded, "Such adult attitudes toward children's sexuality may prevent youngsters from engaging in sexual practices in the presence of their elders, but whether they successfully suppress sexual activity in secret is another matter. There is some evidence that in some of these societies children do engage in a certain amount of sexual behavior despite strong adult disapproval" (p. 181).

Overall, Ford and Beach (1951) categorized societies as restrictive, semi-restrictive, and permissive in their attitudes and responses to childhood sexual expression. This categorization is consistent with adult patterns of sexual expression in traditional societies worldwide (Frayser, 1985). Frayser's cross-cultural research demonstrates that sexual attitudes and behavior are systematically patterned into clusters of components ranging from more restriction to more acceptance of varieties of adult sexual behaviors. The factors underlying these patterns relate to the degree to which sexual behavior is confined to a reproductive context (i.e., marriage). Societies that stress the importance of confining sexual behavior to a reproductive context are more restrictive about sexual behavior, particularly women's sexual behavior. Those that do not emphasize the importance of confining sexual behavior to a reproductive context are more accepting of a range of sexual expression. Restrictive cultural beliefs about sexuality center on ideas that sexual behavior is and should be reproductive behavior. Therefore, nonproductive sexual activities (e.g., sexual behavior in childhood, oral sex, masturbation, homosexuality, premarital sex, and extramarital sex) are prohibited and punished. The most sexually restrictive societies are in the Circum-Mediterranean area, and the most sexually accepting societies are in the insular Pacific (Frayser, 1985). Broude's (1981) overview of the cultural management of sexuality, combined with other large-

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scale cross-cultural surveys of sexual behavior (Ford & Beach, 1951; Frayser, 1985; Gregersen, 1983; Reiss 1986, Werner, 1986), and intensive studies of child development in specific social groups (Whiting, 1963; Whiting & Whiting, 1975) should provide rich resources for developing sound hypotheses about human childhood sexuality. It would not be surprising if further research shows that societies restrictive of children's sexuality are also those that are restrictive of adult sexual expression.

Whether or not sexual behavior is expressed in childhood, the results of a recent cross-cultural study of boys and girls from 5 to 15 years demonstrate that children think about sex long before puberty. Goldman and Goldman's (1982) research on children's sexual thinking in four societies—the United States, England, Sweden, and Australia—led to the conclusion that there is no latency period in sexual development, as Freud hypothesized, and that children construct theories about such issues as marriage, parents' sex roles, pregnancy, birth, abortion, sexual vocabulary, nakedness, and sexual identity.

Conclusion: The Contemporary Context in the United States

Several researchers (Bullough, 1990; Ford & Beach, 1951; Frayser, 1985, 1993, 1994a; Jackson, 1990) have concluded that sexual attitudes in the United States are relatively restrictive, particularly in regard to children's sexual behavior. Not only does the paucity of substantive research on normal sexuality support this conclusion, but also the breadth of historical developments that have shaped cultural beliefs about sexuality in the West.

"Historical research shows that interest in and speculation about childhood sexuality is historically specific" (Frayser, 1993, p. 370). Different historical periods can be interpreted as different cultural periods, because beliefs and attitudes change over time. Jackson's historical research on children and sexuality in the West (Jackson, 1982, 1990, 1993) is particularly enlightening about the social basis for cultural changes in attitudes about childhood and sexuality. Jackson pointed out that the concept of childhood sexuality is relatively recent, as the idea of children as a special group of people did not emerge until the 16th and 17th centuries and the interpretation of sexuality as a distinctive aspect of life did not develop until the 19th century. The development of a market economy led to changes in family and community structure, leading to the importance of privacy, family households without nonkin residents, and children. By the end of the 19th century, childhood was regarded as a period of innocence, particularly sexual innocence. Bullough (1990) pointed out

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that "children as a group are much more naive about sex than they once were" (p. 90), because they don't grow up in rural areas, have fewer siblings with whom they can explore, engage in more struc-

tured play, have parents who fear genital exploration, and are constrained by diapers from exploring their bodies during infancy and early childhood as they once did. He concluded that "it is necessary to find ways of giving developmentally appropriate sex education to children and adolescents to make up for the lack of the knowledge that their counterparts gained in the past as part of the process of growing up" (p. 86).

During the last 100 years, however, in the United States sex education materials for young people have emphasized fearful and dangerous aspects of sexuality (e.g., disease, pregnancy, behavioral aberrations) (Campbell, 1986). Krivacska (1990) suggested that current child sexual abuse prevention programs are educating children to prevent childhood sexuality altogether. The current emphasis on allegations of child sexual abuse leads to questions about the basis for the increase in such reports (Ennew, 1986; Frayser, 1994a; Okami, 1990; Scheper-Hughes, 1987) and whether harm to the child is more likely to stem from the sexual behavior itself or from intervention by the courts, social services, and "helping" professionals (Konker, 1994). As stated in the introduction to SIECUS's Guidelines for Comprehensive Sexuality Education, fewer than 10% of children in the United States receive comprehensive sex education that includes a discussion of sexual behaviors, "although two-thirds of the curricula [for sex education programs] affirm that sexuality is a natural part of life" (National Guidelines Task Force, 1991, p. 1). I agree with Bullough that "the priorities in the value system in Western society are changing, and the job of empirical researchers is to look at this change, pointing out the benefits as well as the disadvantages" (Bullough, 1990, p. 87). It is clear that the current cultural emphasis on child sexual abuse and the paucity of balanced, comprehensive programs of sex education for children reveal a culture at odds with the bulk of evolutionary, developmental, and cross-cultural evidence demonstrating that children are sexual beings, whose exploration of sexual knowledge and play, is an integral part of their development as fully functioning human beings.

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