Childhood Sexual Development
(draft)

> *Just think what would happen if we were brought up in a society in which attitudes about food were as negative as our attitudes are about sex! What would happen to you if your mother's face reflected painful discomfort each time you took a bite of food; if you had to eat by yourself in the dark; if you were given the message that your mouth is repulsive; if you were not allowed to talk about food or admit you were hungry; if you heard sermons about the evil of eating and the sins of yearning for meat or sweets; if you could never share a meal with another person until you were in your mid-20s and married; if even fantasies about food were laden with guilt! It is safe to guess that in such a society stomach ulcers, appetite disturbances, bizarre oral desires, diarrhea, and constipation would be quite as common as sexual problems are today.*
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> *Guilty, fearful, emotional attitudes about sex are instilled by caring, loving parents with the best of intentions.*
>
> —*Helen Singer Kaplan*[1]

Several years ago on public radio I heard a report about a native African culture in which unwanted teenage pregnancies are unknown. Many Americans assume that teenage pregnancy is caused by children having sex when they are too young. If that were true, we would expect that in this African society, children completely avoid sex until adulthood. But the anthropologist who studied this culture reported that the opposite is true. These African children engage in sex play, including simulated intercourse, from a very young age, and with full approval of the adults. By the time they reach puberty, they know what they are doing, and they avoid vaginal intercourse until marriage.

Although the radio report did not draw any conclusions about American culture, it implicitly raised some radical questions: What if our cultural assumptions about childhood sexuality are wrong? Could American children be initiating sexual activity too late rather than too early? Or is the problem simply that our children are not receiving adequate guidance for their early sexual explorations? Anyone who takes an introductory psychology course learns about Freud's discovery that young children have powerful sexual feelings, and every scientific introduction to human sexuality advises that childhood sexual experimentation is normal. Yet our morality and social policies treat childhood sexual activity as something that must be prevented and discouraged at all costs—as if normality were immoral and dangerous to society.

There are multiple contradictions in our society's attitudes toward childhood sexuality. Scientific findings are ignored in the formulation of morality and public policy. And, as John Money points out, even our pre-scientific ideas on childhood sexuality are contradictory:

> Our cultural tradition is at odds with itself regarding the erotic sexualism of infancy and childhood. It declares that childhood is the age of erotic and sexual innocence and that the innocence must be guarded from being contaminated or destroyed by the serpent that brought about the downfall of Adam and Eve. Contradicting itself, our cultural tradition also declares that children, all having been born in original sin, have a disposition to wickedness, especially wickedness in the guise of sexual pleasure. To ensure righteousness, signs of sexual wickedness must be watched for, prohibited, and punished.

> The unanimous verdict of the two doctrines, original innocence and original sin, is that sex is wicked in childhood, whether the wickedness is a transmitted pollution from without, or a self-generated pollution from within.[2]

With so many contradictions and so much confusion among adults, is it any wonder that children are confused about their developing sexuality?

Negligent abuse as social policy

Children need to learn the facts about human sexual anatomy and physiology, reproduction, and related health issues, and these facts are the focus of current sex education programs. But as a society we neglect—that is, we leave to chance—the equally important *experiential* component of sex education. Experiential sex education involves children exploring each others' bodies by sight and touch, experimenting with the pleasures and pains of physical and emotional intimacy, making and breaking emotional bonds, learning how to satisfy their own and others' physical and emotional needs. If children could engage in these activities with appropriate adult guidance, they would begin developing the skills necessary for selecting compatible sexual/emotional partners, initiating and sustaining intimate relationships, and choosing responsible and mutually satisfying sexual activities—and they might develop the rudiments of these skills before puberty, when these skills are critically needed.

But in America, we treat sex education exclusively as a matter of learning facts and rules, not developing social skills. Instead of teaching our children how to touch each other with love and respect, and sharing what we have learned about the art and etiquette of physical and emotional intimacy, we leave children to fend for themselves in a culture that bombards them with confusing and contradictory messages about sex and love. By promoting sexual abstinence rather than age-appropriate experiential learning, American social policy seems to be retarding children's socio-sexual maturity, as if the goal were to keep children sexually incompetent for as long as possible. Many individuals remain socio-sexually incompetent well into adulthood—we met some of them in earlier chapters on child sexual abuse and rape. The possible results of compulsory sexual incompetence in the U.S. include widespread sexual harassment among children; acceptance of sexual aggression as normal; a pregnancy rate for girls under 15 that is five times higher than in other developed countries, even though the rate of sexual activity is about the same;[3] and high rates of sexually transmitted diseases, rape, child sexual abuse, and divorce.

According to Austrian sexologist Ernest Borneman, "The sexual maturity of children is determined by the attitudes toward sexuality held by those in charge of the children's upbringing."[4] By this standard, the sexual immaturity of American children reflects the sexual immaturity of their parents and other caretakers. The sexual attitudes of too many adults are based on shame, fear, and ignorance rather than knowledge, pride, and competence. Many adults cling to the traditional but erroneous idea that children are asexual; that sexual feel-

ings begin at puberty, when teenagers begin acquiring the social skills necessary for sexual relationships; and that sexual skills are instinctive and can be developed after marriage. This belief ignores the fact that humans do less by instinct, and rely more on education, more than any other animal. Human sexual instinct guarantees that penises will ejaculate into vaginas often enough to keep the species alive. But instinct does not program humans to treat their sexual partners in a civilized and loving manner; that has to be learned.

Even loving and progressive parents who give their children every opportunity to learn the skills necessary for success in life often leave the development of socio-sexual skills entirely up to chance. I contend that this constitutes negligent sexual abuse. Parents and society share an obligation to educate children. Sexuality is too important to be exempted from this obligation.

Breaking the silence of science

Science has made little progress in dispelling cultural myths about sexuality—not just because churches and other social institutions are resistant to change, but because relatively few scientists engage in basic research on human sexuality, and even fewer have made any effort to influence public opinion. Religion and organized medicine are rarely challenged when they disguise moral judgments about sexual behavior with psychological terms such as *abnormal, immature, neurotic,* or *unhealthy,* even though there is often no scientific research to support such judgments.[5] The American Medical Association's 1972 book *Human Sexuality* unapologetically states, "What is 'healthy' or 'unhealthy' is usually decided on social and moral rather than on scientific grounds."[6] Can you imagine the AMA applying that statement to physical health rather than sexual health? There would be public outrage from the scientific community. But when scientific methods are abandoned or ignored on issues of sexual health, the scientific community quietly acquiesces.

Why does public discussion of sexuality turn so many scientists into cowards? There are historical, sociological, and psychological reasons, which I will discuss further in Chapters 8 and 10, but here is the answer in a nutshell. The Victorian sexual purity ethic is still alive and well in our culture; it no longer monopolizes public discourse, but its influence is still strong, as the political success of the Religious Right shows. This ethic is associated with social respectability and nationalism as well as religious piety. Publicly challenging the purity ethic makes a scientist vulnerable to charges of immorality and can ruin his social respectability, in the same way that sexual indiscretions can hurt a politician's electability. The purity ethic demands continuous dishonesty about sexuality—those who follow it not only have to hide most of their sexual thoughts and feelings, they even have to pretend that they would never think about deviating from the narrow norm. For many scientists, the sexual shame imposed on them during childhood prevents them from undertaking research that might challenge the social order. A scientist who honestly discusses behaviors that deviate from the social norm without condemning them is considered a danger to society by many people. His position or funding may be endangered.

These combined pressures have resulted in a shortage of basic scientific research into human sexuality. Here's one glaring example: Psychotherapists take it for granted that having a positive attitude toward one's own sexuality is a prerequisite for optimal mental health. Decades of experience have convinced therapists that this axiom is true. But when I searched for empirical studies that tested this fundamental axiom, I was shocked to find none. As far as I know, no one has ever done a statistical study to see whether there are correlations between basic attitudes toward sexuality and psychological health or illness. If such studies were done, they might provide objective evidence that the negative attitudes underlying the traditional sexual ethic are harmful. That is why the research has never been done—society would rather not know the truth if it contradicts cherished beliefs.

Nevertheless, there has been some research that is relevant to the issues of childhood sexuality and premarital sex.

Baby monkeys at the age of two or three months begin engaging in sexual rehearsal play with their peers. [7] But monkeys who are raised with no playmates of their own age, and therefore have no opportunity for sexual play, are unable to mate as adults. Partial sexual deprivation produces less severe and sometimes partially reversible sexual dysfunctions. When baby monkeys are deprived of tactile contact with their mothers, they also grow up unable to mate. These findings suggest that sexual learning in primates is a continuous process that begins in infancy. According to John Money, "Sexual rehearsal play, so far as is known, occurs in all primates that live in social troops. Human primates are no exception."[8]

Fifty percent of human intellectual growth occurs before age five, 30 percent between ages five and eight, and the remaining 20 percent between eight and seventeen. After that, we continuing acquiring experience, but intelligence itself no longer increases.[9] The earliest years are the most crucial years for learning in general, and sexual learning follows the same pattern as general intellectual development—the earliest years are the most important.

Sonograms have shown that boys have erections even in the womb.[10] Baby boys can have erections and baby girls can experience vaginal lubrication right after birth. Newborns regularly experience sexual arousal during sleep, as they will for the rest of their lives.[11] Even at this early age, sexual feelings seem to make important contributions to the infant's sense of self and relationships. During diaper changing, some baby boys less than a year old look directly at their mother, smile, and develop an erection.[12] Sexual fantasies may begin before the age of two.[13] Masturbation to orgasm is possible for at least some children by age five.[14] The old idea that sexual feelings begin at puberty is no longer tenable. Puberty simply intensifies the already existing sexual drive.

For humans, as for monkeys, sexual learning is a lifelong process. Most children engage in some form of sex play as part of their learning process. The content of sex play is culturally determined; but the fact that some form of sex play occurs everywhere, even in cultures like ours that strongly discourage it, leads scientists to

conclude that this behavior is natural and normal. Whether it is *moral* depends on whether you equate nature with morality. Christianity contradicts itself on this issue. One line of Christian thinking, based on Aristotelian and Stoic philosophy, equates the natural with the moral. But the doctrine of original sin holds that human nature is corrupted, and what is natural in our "fallen" state may be immoral. So, for some theologians, "natural" human sexuality is a purely speculative condition that doesn't actually exist. The resulting confusion about the relationship between nature and morality may contribute to our society's confusion about childhood sexuality.

As we saw in earlier chapters, several studies have found that sex offenders generally had fewer than average childhood and premarital sexual experiences,[15] which suggests that deprivation of sexual play may be a factor in sexual aggression. On the basis of his clinical experience, John Money concluded that sexual deprivation from ages five through eight is a major cause of paraphilias.[16] So, there is some evidence that prevention of childhood sexual play may be detrimental to some individuals.

There are other studies that support the idea that early sexual experience has beneficial effects for some people. For example, several studies have found that people who had premarital sexual experience have more sexual satisfaction in marriage.[17] The most recent of these studies found that 55.5 percent of those who had premarital sex enjoy sex almost every time, compared with only 31.4 percent of those who did not have premarital sex.[18] Kinsey's 1953 study found that of those women who had not experienced premarital orgasm, 44 percent failed to experience orgasm during the first year of marriage. Twenty-one percent of devout Catholic women did not reach orgasm by age 35, even though most were married and had intercourse regularly, whereas only 2 percent of nominal, non-religious Catholic women failed to achieve orgasm by age 35. According to Kinsey's data, only 53 percent of American women had experienced orgasm by age 20, and a woman who has not had an orgasm by age 35 will probably never have one.[19]

Kinsey's data have usually been interpreted as showing that early sexual experience improves sexual functioning, and that religious teachings can induce psychological inhibitions that lead to sexual dysfunctions. Those who wish to avoid this conclusion have claimed that good sexual functioning is hereditary, and that there is no causal relationship between childhood and adult sexual experiences. Kinsey himself endorsed this interpretation, perhaps in an attempt to ward off the moral outrage he knew would greet his study.

But it seems implausible to say that experience is irrelevant. Most human abilities are influenced by early experience; why should sexual responsiveness be any different? We know that children benefit from early experience in muscular coordination, socializing, language, art, and music; why don't we assume that they will benefit from age-appropriate erotic experiences? Personally, I do not see premarital sex as a simple cause of post-marital satisfaction; I think both are results of positive erotic experiences in early childhood. In other words, if a child's erotic life is not inhibited in infancy and toddlerhood, the child is more likely to engage in premarital sex and have a high degree of sexual satisfaction as an adult. Some children who do not engage in

sex play still grow up to achieve adult sexual satisfaction; perhaps in these cases non-sexual social interactions accompanied by sexual fantasies substitute for actual experience.

When discussing the sex lives of children or adults, it's important to remember that the strength of the sex drive varies widely among individuals, and normal sexuality covers a very broad range. We should be careful not to force everyone into the same mold. Psychiatrist Donald Nathanson illustrates this point very well:

> I have interviewed women who began to masturbate to orgasm when five years old and who (when involved in a relationship they felt appropriate) enjoy intercourse several times a day. I have spoken at length with women who felt no urge to masturbate or to participate in intercourse until their early twenties, after which they entered a phase of adult sexuality indistinguishable from that of women whose sexual history had been quite different. All of these patterns of sexual activity are "normal."…
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> Similarly, I have spoken with men who evinced no interest in sexual activity until late adolescence, and others who felt they were deeply involved in sexual fantasy accompanied by masturbation from earliest childhood. One 30-year-old man of my acquaintance is happily capable of intercourse or masturbation to ejaculation three times a day.… Other men his age tell me they find intercourse or masturbation similarly pleasurable, but at a frequency approaching once or twice a month.[20]

In the remainder of this chapter, I'm going to discuss scientific findings on childhood sexual development in more detail. First, I will present psychiatrist Stanislav Grof's findings on birth trauma and sexual disorders. Then I will summarize sexologist Ernest Borneman's discoveries about the stages of childhood sexual development. Throughout the discussion, I will show how misguided moral inhibitions can cause sexual and psychological problems.

Birth trauma and sexual disorders

The birth experience, which stimulates all the erogenous zones of both mother and infant,[21] has a profound effect on the infant's future sexual development. Many sexual problems and perversions can be traced to birth trauma. Cross-cultural studies show that in societies with relaxed sexual attitudes, pregnancy is easier and the birth process is remarkably short and painless.[22] Taken together, these facts suggest that sexually inhibited mothers tend to have more difficulties in giving birth, and that the resulting trauma can inhibit or distort the infant's sexual development.

Important information on birth trauma has been collected by Stanislav Grof, a pioneer in experiential psychotherapy. By inducing an altered state of consciousness in his patients, Grof allows them to directly experience how their emotional and psychosomatic energy is blocked, to break through the blockage, and to integrate the released energies into their lives.[23] Grof's therapy enables many patients to re-experience their birth process, sometimes in great detail. Treating thousands of patients over more than three decades, Grof has discovered that a wide range of clinical problems, including sexual disorders, have roots in the birth process. Unresolved conflicts that originate during birth are amplified and shaped by life experiences in complex ways to produce specific psychological and psychosomatic symptoms and syndromes.

A fetus's life in the uterus, under normal circumstances, is blissful and secure. All of the fetus's needs are satisfied, and it feels at one with the universe. Fetal life is the prototype of paradise. Later in life, sexual satisfaction is one of many experiences that may recall this original bliss. Because the fetus shares the mother's bloodstream, it also shares her emotional states. Borneman suggests that a mother's enjoyment of sex—or lack of it—during pregnancy may affect the child's sexual destiny.[24] In any case, when the birth process begins, the fetus's paradise is lost and a traumatic life-or-death struggle ensues.

At the onset of labor, the chemical environment in the womb changes drastically and the fetus is squeezed and constricted by uterine spasms, but the cervix is closed and there is no way out. The fetus experiences this pressure as an overwhelming threat. This stage of birth is the prototype of hell—the fetus is trapped and tortured in a claustrophobic, nightmarish world; the situation is unbearable and seems to be endless and hopeless. Physical or emotional trauma later in life may subconsciously trigger memories of being trapped in the womb, and the associated feeling of futility may come to dominate a person's life. People with unresolved feelings of this type may suffer from depression, addictions, inhibition or absence of sexual appetite, or a variety of other problems. The association of sexuality with guilt, shame, disgust, and sin rather than pleasure and fulfillment may reflect a fixation on this early stage of the birth process.

In the next stage of birth, uterine contractions continue, but the cervix dilates and the fetus is gradually pushed through the birth canal. The fetus struggles for survival as it experiences crushing pressure and suffocation. The fetus's entire skin surface and all of its erogenous zones are intensely stimulated—the fetus chews and bites, its urination and defecation reflexes are activated, and the suffocation and pain unleash violent sexual energy. As the fetus emerges, it may come into contact with biological materials such as blood, mucus, urine, and even feces. These associations, according to Grof,

> represent a natural basis for the development of all clinical conditions in which sexuality is intimately liked with, and contaminated by, anxiety, aggression, suffering, guilt, or preoccupation with such biological material as urine, feces, blood, or genital excretions.[25]

The sexual component of the birth experience is difficult but crucial to understand. There is a strange physiological mechanism in humans that allows extreme pain, especially when associated with suffocation, to produce intense sexual arousal and feelings of ecstasy. The purpose of this mechanism is a mystery, but its existence is indisputable. Men who are hanged may have erections and even ejaculate while they are dying; self-strangulation is a well-documented and sometimes fatal form of paraphilia; torture (including self-torture) can lead to erotic rapture and religious ecstasy; and soldiers in battle sometimes find themselves inexplicably sexually aroused. All of these phenomena have roots in the birth struggle, where intense sexual energy is combined with agony and aggressive feelings. Birth trauma is the source of sadomasochism, and it may be the ultimate source of much of the violence in human life.[26] Politicians preparing a nation for war unconsciously fill their speeches with birth metaphors.[27]

The delivery stage of birth is the prototype for all death-rebirth struggles. Its symbols include cosmic mythological battles, the Last Judgment, raging elements of nature (volcanoes, thunderstorms, earthquakes, tidal waves), wars and revolutions, explosions, and dangerous adventures. The association of sex with birth and death is the common denominator of many myths and religious rituals. The sadomasochistic aspects of birth may be the source of bloody sacrifices, violent suicide, torture, execution, sadistic murder, necrophilia, and rape, as well as paraphilic sadomasochism.[28] Contact with biological materials during birth may contribute to paraphilias such as coprophilia and urophilia (sexual attraction to feces and urine).

Among Grof's most startling discoveries are the archetypal dimensions of birth. Many of his patients associated their birth experiences with religious sacrifices, orgies, and even demonic or satanic rituals.[29] Grof's book *Beyond the Brain* includes illustrations, many drawn or painted by his patients, combining birth imagery with demonic, scatological, sexual, religious, and/or sadomasochistic elements. All of these seem to represent innate possibilities of the human psyche. Therefore, we should not dismiss as impossible, reports of ritual sexual abuse involving excrement, torture, mutilation, sacrifice, and cannibalism. One need not believe in the literal existence of a devil or a worldwide satanic conspiracy to acknowledge the reality of ritual abuse. All of the elements that researchers have found regularly in sadistic rituals are symbolic reenactments of birth traumas.[30] It appears that adults who participate in ritual abuse were traumatized at birth and re-traumatized throughout their childhood; they now abuse children to overcome their own chronic fear of annihilation.

While sadistic ritual abuse is the most dramatic sexual expression of birth trauma, there are many more common and mundane effects, such as the contamination of sexuality by a desire for domination or submission, the use of sex for nonsexual goals, sexual competitiveness and manipulation, lack of respect for sexual partners, and mechanical and unemotional sex. Without denying the influence of life experiences on these attitudes, Grof found their roots in unconscious feelings from birth. When his patients worked through and integrated the contents of their birth experiences, they automatically adopted a more complementary view of sex, involving the mutual satisfaction of both partners' needs. Many also experienced a surprising increase in the power of their orgasms, reflecting a new willingness to trust and surrender to the process of life.

Birth trauma can produce a surprising variety of sexual problems, ranging from satyriasis, nymphomania, and promiscuity to impotence and frigidity. A fixation on the explosive, unsatisfied erotic energy of the delivery stage of birth can result in an insatiable sexual appetite. Paradoxically, this tremendous sexual energy can be so overwhelming that a person may unconsciously fear losing control and dying, and so may become impotent or frigid. Because birth is sometimes literally a life-or-death crisis, some people unconsciously see the vagina as an organ of torture and murder rather than pleasure—a concept traditionally called the *vagina dentata,* or toothed vagina. A man suffering from *vagina dentata* complex has difficulty feeling sexual attraction to

women; a woman with this complex has difficulty accepting her own femininity, sexuality, and reproductive functions.[31]

When the infant emerges completely from the vagina, its agonizing and painful struggle is suddenly replaced by relief and relaxation. The resolution of this struggle is the prototype of spiritual rebirth, salvation, and enlightenment. The newborn's feelings of fulfillment will come to be associated with every satisfaction of libidinal tension, including eating, urinating, defecating, and orgasm, as well as satisfying interpersonal relationships and humanitarian feelings. Grof's discoveries support the natural childbirth movement's insistence that the newborn feel comfortable, welcomed, and reconnected with its parents. A complete and satisfying resolution to the trauma of birth can prevent many future psychological problems.

Having discussed birth and sex from the infant's viewpoint, we should now consider the mother's experience. Undrugged childbirth and female sexual excitement share many common characteristics, including similarities in breathing, vocalization, facial expression, uterine reactions, cervical reactions, abdominal muscle reactions, central nervous system reactions, engorgement of the clitoris, strength and flexibility, sensory perception, and emotional response.[32] Considering the physiological similarities between childbirth and sex, we should not be surprised to learn that undrugged women sometimes experience sexual arousal and orgasm while giving birth.[33]

The image of the virgin madonna has deeply affected our traditional sexual ethic. Despite the obvious biological connection between sex and motherhood, our culture tends to see erotic sexuality and motherhood as incompatible—a woman has to choose between being a madonna or a whore. But does the repression of sexuality really help motherhood? As we have already seen, cross-cultural studies suggest that women who enjoy their bodies and who can surrender enthusiastically to sexual pleasure and orgasm are better able to relax and surrender to the birth process, resulting in shorter and less painful labor—and less trauma for the infant. Conversely, women who are alienated from or afraid of their bodies, or who are not accustomed to full-powered orgasms, are likely to be more tense and fearful while giving birth. If they resist the birth process, they will make it longer, more difficult, and more painful for themselves, as well as more traumatic for the infant.

It's not far-fetched to suggest that the mother's pleasure or pain in giving birth could affect her relationship with her child. As a child, which would you rather hear: "You were such a pain to bring into the world" or "You were such a joy to bring into the world"? A woman who was taught not to enjoy her sexual feelings is less likely to make the second statement. Thus, even from the time of birth, a mother's sexual inhibitions can create a predisposition for psychological and sexual problems in the child.

But it's important to remember that a traumatic birth by itself does not necessarily result in any of the problems discussed above. Good nurturing during infancy and childhood can heal the emotional wounds of a difficult birth. It is only when life experiences reinforce certain aspects of the birth trauma that problems emerge. The

new information about birth trauma does not invalidate earlier discoveries about the origins of psychological problems, but it allows us to understand them in a new context. Traumatic life experiences can now be seen as conditions that allow birth traumas to develop into emotional or psychosomatic illnesses.

The erotic life of the newborn

The most detailed studies of childhood sexual development to date have been conducted by Ernest Borneman. Over a twenty-year period, his team of researchers observed, tested, and collected data on 4,000 children in Austria, Germany, and Switzerland. His book *Childhood Phases of Maturity*[34] summarizes his findings about sexuality during the first eight years of life. That book is my primary source for the rest of this chapter; other sources will be noted as appropriate.

Borneman emphasizes that rates of sexual maturity vary between individuals, cultures, and even social classes. His findings apply only to contemporary Europe and, presumably, North America. When he talks about any specific age, he's talking about a range of plus or minus 20 percent—so when he says age 8, he means the range from ages 6½ to 9½. He notes that puberty is occurring earlier from generation to generation, while psychological sexual maturity is occurring progressively later—a widening gap that contributes to many social problems.

Newborn age—the first month after birth—is a time when the infant cannot distinguish between self and others. Newborns love their mother's face, breast, and milk, but do not realize that these things are part of another person. For the newborn, everything is "myself."

Borneman describes newborn sexuality as *cutaneous,* because babies receive erotic satisfaction from skin contact on every part of their body. Erogenous zones have not yet developed. Babies can stimulate themselves erotically by sucking their thumb or touching any part of their body. Babies are also stimulated by physical contact with their parents or caretakers. The daily stimulation of the genital and anal regions during washing and diaper changing eventually transforms these parts of the body into erogenous zones.

Body language is the natural vocabulary of newborns, and children up to age three are much more skillful than adults in reading body language. Newborns eagerly explore their mother's body, primarily through touch, taste, and smell. The parents' stroking, kissing, and cuddling encourages newborns to continue exploring their world. Borneman says that skin contact stimulates intellectual development:

> Breast-fed children make eye contact with the mother or caregiver much earlier than bottle-fed children. Most breast-fed children do not stare at the breast, but at the mother's face, until they fall asleep at the breast. Therefore, bottle-fed children first recognize their attendant later than breast-fed children, so they mature more slowly.[35]

Newborns have a high level of muscular tension—*hypertonicity*—which is relaxed by loving touch. Tactile delight and the resulting relaxation make voluntary muscular activity possible. Raising the head, sitting up,

holding objects, and walking are not possible until postnatal hypertonicity disappears. So sensory gratification is essential to the infant's physical and intellectual development. Depriving a newborn of affection can slow down or even stop the baby's development.

Breast-feeding involves intimate sensuality and stimulates erotic feelings in both mother and infant. During breast-feeding, newborns move their hands, arms, and legs in the same way they will as adults during sexual intercourse. Thus breast-feeding is more than eating—it is the first rehearsal of sexual activity. The child's physical and emotional bonding to the mother is the foundation of healthy social and sexual development. But sexually inhibited mothers sometimes have an aversion to breast feeding and intimate contact with the baby. The baby experiences the mother's inhibitions as rejection, and may become sexually and socially handicapped for life.

From the mother's viewpoint, nursing, like sexual arousal, involves breast stroking, nipple stimulation, nipple erection, and uterine contractions. Some women experience orgasm during nursing. Emotions aroused by both sexual contact and breast-feeding cause vascular changes in the skin and raise the body temperature; there is a high correlation between milk supply and mammary skin temperature during nursing. The milk-ejection reflex in lactating women can be triggered by sexual arousal as well as breast-feeding. One study found a correlation between physical affection and nursing: 71 percent of nursing mothers sometimes or often slept or rested in bed with the baby; only 26 percent of non-nursing mothers did the same.[36]

There are other correlations between breast feeding and enjoyment of sexuality. Mothers who had breast-fed are more tolerant of their children's masturbation and sex play.[37] And during the three months after childbirth, nursing mothers are more interested in having sex with their husbands than non-nursing mothers are.[38] Aversion to breast-feeding seems to be related to an aversion to nudity and sexuality. Mothers who do not breast-feed sometimes cite modesty, embarrassment, and disgust as reasons.[39] Since milk ejection can be inhibited by embarrassment, it may be just as well that these mothers did not attempt to breast-feed. On the other hand, there is a strong correlation between the degree of sexual arousal and the amount of milk ejected, which suggests that societies which do not separate motherhood from sexuality may have mothers who easily produce more milk.[40]

Borneman reassures mothers that sexual arousal and orgasm are natural during nursing and have nothing to do with incest. The baby feels the mother's sensual pleasure as love. If the mother resists the pleasure, the baby feels rejected.

Sociologist Alice Rossi finds a clear pattern in the evidence we have been discussing:

> There is now cumulative evidence of the interrelatedness of the components of female reproductive experience. Good sexual adjustment, positive enjoyment of pregnancy, low profiles of nausea during pregnancy, easier and shorter labor, desire for and success at breast feeding, preference for a natural or minimal-drug childbirth, all seem to form a coherent syndrome.[41]

The evidence cited above suggests that the suppression of maternal sexual gratification may be harmful to the bond between mother and child. It may seem strange to say this, but a sexy mother is likely to be a better mother. Isn't that why nature has programmed men to be attracted to sexy women in the first place? Borneman summarizes the importance of the parents' attitudes toward sexuality:

> Children's future attitude toward their sex partner arises neither by *instinct* nor by *drive,* but is determined by the parents' and caregivers' attitudes toward sexuality. If the child receives love, then it will later be in the position to give love. If it receives tenderness, it will later be able to give tenderness. The drive for body contact with a later sex partner is imprinted from the parents' drive for body contact with each other and with their child. A morally divided attitude on the part of the parents toward their own bodies, those of their spouses, and those of their child conceals great danger for all three, but especially for the child.
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> If the mother does not fulfill her marital "duties" out of love, but begrudgingly and without love, the child takes in this lovelessness even at the newborn stage and brings in into later life. If the father feels his sexuality is a curse and vacillates between compulsive drive and deep regret, he can never develop unconditional love and give it to his child. The children of such parents as these form no stable, resistant, independent personality and never in their lives learn to offer another person unconditional love, not physically or emotionally.…
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> On the other hand, children have to disengage themselves from their parents, attendant, or caregiver to find their own sex partner, and this process of detaching does not first begin at puberty or upon leaving the parents' home, but a birth. Just as learning to love occurs in stages, learning to separate is accomplished in a number of phases. If the first one fails, then all later ones will most likely fail. But if, on the other hand, the first one is successful, learning later lessons will become easier with each phase.…
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> The more lovingly the mother or caregiver treats the children at the newborn age, the easier the children make the separation from the attendants.
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> It is impossible to "overindulge" a newborn. Gentle skin contact is indispensable. If a child at this age is treated unkindly, it develops behavioral disorders. They do not begin immediately, but appear after a delay of weeks, months, or even years.[42]

In addition to later relationship problems, lack of skin contact at the newborn age can result in infant eczema or even adult psychosomatic skin disorders.

Sexuality in early infancy: the second to sixth months

"Early infancy age," Borneman says, "is a time of rest and consolidation." The birth trauma is over, and the child begins stabilizing her relationship with her caregivers and environment.

The mouth is the erogenous zone of early infancy. Sucking is pleasurable in itself, even when it does not involve drinking and physical nourishment. Babies suck on everything they can get into their mouth. This phase of oral exploration lasts until the middle of the second year. Breast-feeding continues to be psychologically important. But bottle feeding will not harm the child if the parent holds him so that they can maintain body and eye contact during feeding.

Infants who are fed often enough and receive frequent affection develop a trust in their environment that usually lasts into adulthood. But if the mother has too little milk, is inept at feeding, or ignores the infant's cries of hunger, the child may become mistrustful and suspicious for the rest of his life, making life difficult for his sex

partners. Either lack of affection or smothering attention can make it difficult for children to separate from their parents and find their own identity, leading to codependency or inability to make commitments. Excessive finger or thumb sucking can be a sign of insufficient feeding or insufficient affection.

Near the end of the second month, babies interrupt their sucking to smile at their mother. Now sucking provides not only nourishment and oral gratification, but also the beginnings of interpersonal emotional pleasure. Borneman observes, "The facial expressions and body language of infants while sucking in ecstasy are similar to adults' during sexual intercourse." If children are strapped down and fed through a bottle holder, they are likely to become hostile toward sensuality and affection in adulthood.

Under ideal conditions, early infancy can be the happiest time of life. All of the child's needs are taken care of. But since infants still cannot distinguish between themselves and their environment, they usually have an illusion of absolute power—psychoanalyst Sandor Ferenczi called this the *stage of hallucinatory omnipotence.*

Infants whose needs are not satisfied adequately may become fixated at the oral stage. Orally fixated adults want to swallow up their sex partners; they cannot get enough love and are always hungry for more. Fear of losing the mother's breast may be expressed as fear of losing love or affection. Oral frustrations may also result in speech disorders or in perversions such as obscene phone calling.

People who successfully grow beyond the oral stage may still regress to it, especially if their parents prolonged the oral stage. Mothers can prolong the oral stage by delaying weaning and continuing to nurse for their own satisfaction rather than the child's need. Parents can also prolong the oral stage by ignoring their own needs and becoming slaves to their babies, satisfying their every whim without delay, and thus failing to dispel the infants' illusions of omnipotence. There are many manifestations of oral regression:

- Teenagers may regress from the genital to the oral stage, resulting in overeating, anorexia, or bulimia.
- Adults who had a very satisfying infancy may expect their sex partner to gratify them totally like a mother. These adults can exploit other people and suck them dry with a clean conscience. They feel betrayed and abandoned if their partner refuses to play this game.
- Oral-regressive adults may expect the entire world to be their mother, meeting all their needs automatically and effortlessly. They may suffer from a lack of sexual initiative and passion, or a general paralysis of the will to live, to strive, and to succeed.
- Men who want only to be fed, caressed, and coddled may repress their desire for sexual passivity and overcompensate by becoming sexually hyperactive.

Although oral eroticism is primary during early infancy, cutaneous eroticism continues and becomes more active. At first, as infants begin to inspect their fingers, hands, feet, and the rest of their body parts, they do not recognizing them as parts of their own body that they can move themselves. There are no boundaries between

self and other in early infants' undifferentiated awareness; just as they fail to see others as separate, they fail to recognize what is part of the self. But as awareness grows, infants take great delight in movement and tactile exploration. Pleasurable skin sensations help infants define the physical boundaries between self and others.

> From the third or fourth month on most infants clearly show libidinous skin reactions. They giggle, laugh, and radiate sensual gratification when you tickle, bathe, or caress them. At this age children also begin to rub toys and other objects against their own body with an unmistakable expression of joy.[43]

Infants explore their genitals without giving them any more importance than any other body part. It is the parents who make the genitals more significant by bypassing them when caressing the baby or by overreacting when the baby touches his own genitals. Borneman regards infant masturbation as simply another form of learning:

> Infant masturbation is obviously good for the acquisition of sensory experience. In this sense it does not differ measurably from the earlier ecstasy of sucking or from later rocking, hopping, jumping, or tickling.…
>
> We repeatedly confirmed that children who had shown themselves to be especially agile as infant masturbators developed all other motor abilities, especially manipulation, earlier and more efficiently than nonmasturbators. Now, we do not know whether it is so that motor-intelligent children masturbate earlier and more efficiently than less intelligent ones, or whether masturbation developmentally and biologically is good for the training of manual dexterity. However, the one probably furthers the other.[44]

Borneman found relationships between masturbation and motor learning, thinking, and a general sense of reality:

> Autistic children masturbate only rarely or not at all.… If parents out of misunderstood morality forbid children sensual gratification, they also prevent thinking and learning processes that are tied to the gratification.…
>
> Children whose hands are restrained to prevent masturbation sometimes suffer from diminished motility their whole life long.… Every human organ that is one day supposed to function efficiently must be exercised as early as possible. That goes for our genitals as well as for our brain and our nervous system.[45]

Sensory deprivation during crucial developmental stages can be neurologically damaging. In animal experiments, complete light deprivation during infancy has resulted in permanent blindness; similar damage from deprivation has been found in other sensory systems such as hearing and touch. We don't know for certain whether sexual deprivation during childhood causes neurological damage,[46] but it does seem to cause psychological damage in many cases. Borneman comments:

> Nature did not shape us as sexual beings without reason. Our sexual needs are useful to the acquisition of physical abilities. The satisfaction of these needs assists the production of harmonious relationships in psychical life. Every interference in this healthy process results in health disorders and leads to retardation of all related maturity processes.[47]

Around the end of the fourth month, the infant begins to perceive the mother or caregiver as an extension of his own body and loves her as a part of himself. To put it another way, the infant draws the mother into his self-love. This is what psychologists refer to as *narcissistic love,* because it does not recognize the other as a

separate person. Later the infant will perceive mother as a separate being and enter into *object love,* which is love of another person perceived as other.

If the parents' love for their infants is narcissistic—that is, if they see the children as extensions of themselves rather than as separate, potentially independent beings—then the children will be unable to learn object love and will grow up to be narcissists themselves. Narcissists are unable to feel empathy or to see things from another person's point of view. Their is no mutuality in their relationships; they manipulate people as objects for satisfying their own needs. But intelligent narcissists can often hide their selfishness by skillfully acting out socially expected roles; using their manipulative skills, they may become leaders in business, politics, or even religion. But inwardly, they suffer from profound feelings of inferiority and loneliness, for they have no truly intimate relationships.

Sexually, narcissistic adults are fixated at the autoerotic stage. They may regard their own sexual pleasure as primary and their partner's pleasure as secondary or irrelevant; they may satisfy their partner out of egotism rather than love, demonstrating their own sexual prowess; or they may simply prefer masturbation over sex with a partner.

Moralists miss the point when they condemn narcissists' selfishness. No one chooses to be a narcissist. It is the result of being raised by seriously immature parents. Adult narcissism can be cured, but it is difficult and takes many years. Perhaps the best way to break the cycle of narcissism is to discourage narcissists from having children in the first place.

Narcissism is a failure of both bonding and separation:

> For a separation can occur only when a bond has been made in the first place, and the bond can occur only after the child has recognized the mother or caregiver as an independent, autonomous, and self-reliant personality.
>
> To recognize these characteristics, children at this age [fourth month] begin to systematically explore the mother's face and body carefully and systematically, and certainly all the more carefully the less clothing she is wearing. Mothers and caregivers who are free of sexual scruples confirm that, when allowed, children between the fourth and seventh months will visually and manually inspect every part of the attendant's body—with special curiosity about their genitals.
>
> As soon as children have discovered with their five senses what kind of body it is that has taken care of them until now, they are prepared to undertake their initial steps into independence. The more the parents behave with hostility toward and denial of the body, the later the process of separation begins and the longer it takes.[48]

It should be self-evident that a child first distinguishes self from others by discovering the differences between its own body and its parents' bodies. Yet many children in our culture are prevented from completing that learning process because of their parents' moral inhibitions regarding nudity. Not all of these children will become narcissists, but they are likely to suffer from a diminished sense of self. Without a secure sensory awareness of its own body and its parents' bodies, the infant's boundaries between self and others may remain

somewhat blurred, resulting in a lifelong inability to bond completely or separate completely. Some children from sexually restrictive families live with their parents well into adulthood, unable to separate from them, create an independent life, or bond sexually with an age-mate. Other manifestations of bonding/separation problems include the inability to make long-term commitments, and codependency, which is characterized by the inability to distinguish your own from other people's thoughts, desires, and needs.

Traditional morality advises people to make commitments and to love unconditionally, but it takes a strong sense of self to do those things. Traditional morality defeats itself, because by discouraging nudity and masturbation, it impedes the development of a strong sense of self. Unconditional love begins with unconditional love of the body.

Puritanical parents think that masturbation and nudity will make the child obsessed with sex, but they have it backwards—obsession is caused by prohibition, not permission. Children who are free to satisfy their sexual curiosity will do so and then move on to something else. Children's short attention span applies to sex as much as anything else. It is the children who are not allowed to satisfy their curiosity who become obsessed with sex. Nothing arouses interest as much as secrecy.

I have often observed children's behavior at clothing-optional beaches and spas in northern California. Young children rarely spend any time looking at the naked people—they're too busy playing; and besides, they've seen their parents naked at home, so what else is new? Older children, if it's their first time at a nude beach, may spend more time looking around, but they return to their play when their curiosity is satisfied. Only once have I seen a child obsessed by looking at the nudes—it was a young teenage boy who had come to the beach alone. From his facial expression and body language, he seemed to be suffering from inner turmoil and guilt, but he couldn't keep his eyes off the naked bodies. The boy looked Irish, and I guessed that he came from a conservative Catholic family. If my guess was correct, this boy was living proof that the prohibition creates the obsession.

Sexuality in late infancy: the seventh to twelfth month

Late infancy, according to Borneman,

> the time of teething, weaning, crawling, learning to walk, and separating in stages from the mother, is a period of serious crisis and a high degree of emotional stress.[49]

Crawling and walking give the infant a new ability to separate from mother and become more independent. Physical separation makes the boundaries between self and others clearer. Mobility exposes children to more risks, so parents must impose prohibitions for the first time, shattering the infant's illusions of omnipotence. Often the first word children learn after "mama" and "papa" is "no." The end of the first year can be a time of

rage, but it can also be a time of love, tenderness, joy, and pride, as children enthusiastically return their parents' affection.

Affection and emotional availability breed independence.

> Those children who have the best relationship with their attendants are also those who dare to go farthest from them. So, it is in no way true that children who are treated tenderly turn out "spoiled" and do not develop any enterprising spirit, but exactly the opposite: The more stable the relationship between caregivers and children, the earlier they find their independence; the more inconsistent the relationship, the greater the children's fear of the unfamiliar world of adults.[50]

By the eighth month, children can clearly distinguish their own body from other people's bodies. This results in both fear of and curiosity about strangers.

> If children lose their initial surprise at an unfamiliar body by being initiated into the mysteries of the bodies of other people by their mother or caregiver, their curiosity triumphs over their fear.… They inspect the other persons dutifully and methodically from head to toe … becoming more secure and satisfied by the minute.[51]

Once, at a clothing-optional spa, I was the object of a healthy infant's curiosity:

> I was sitting and reading at the shady end of the sun deck when a young mother and son sat down a few feet away. The boy, who was at the early walking stage, was quite comfortable hugging and caressing his mother's nude body, and even sucked at her nipple briefly, but he was more interested in playing with his toys. After playing for a while, he accidentally rolled one of his toys toward me, and I rolled it back to him. He looked at me for the first time, and I smiled and said hello. The boy waddled over to give me a closer look, with just the right combination of self-confidence and caution. After examining my face at close range, he investigated my tote bag. He then dropped his toy into my bag and retrieved it a few times. "He's learning the concept of *in and out,*" his mother explained. When the boy tried to tip my bag over, I gently stopped him, and his mother called him back to her side.

This simple example of a young boy's curiosity and willingness to separate from his mother to meet someone new demonstrates how healthy sensuality and bonding contribute to independence, active learning, and openness toward other people. A child who is not allowed to explore her parents' bodies may develop a long-lasting fear of strangers or fear and hostility toward the body. The child's intellectual curiosity may even be impaired:

> Children's ability to distinguish objects from each other first develops a couple of months after they have learned to perceive their mother or caregiver as an individual. So it is the love for the attendant that delivers the thrust of energy to think.… The ability to distinguish people from each other in this phase of life is also a side product of the development of oral sensuality. For orality is not only the acquisition of food and drink, but also the incorporation of knowledge. The Latin word for understanding, wisdom, science, and philosophy, *sapientia,* is derived from *sapiere* (to taste).[52]

Many children in late infancy, from the new perspective of their standing position, consciously look at their genitals for the first time. Boys become more conscious of their penis and testicles as they begin walking and feel their genitals bobbing and rubbing against their thighs. Masturbation, which previously had been unconscious, may now become a deliberate act of self-gratification.

Separation from the mother is more difficult for boys than for girls, because boys must adopt a new sexual identity. If the father or another male role model spends plenty of time with the boy, the separation is easier to

accomplish—the boy has a positive model of masculinity, and does not have to define masculinity as a negative reaction to the feminine. Unfortunately, our society does not place a high priority on fathering, and many children have little contact with their father. This inequality in parenting places an unfair burden on both mother and son. Without having a first-hand understanding of what masculinity feels like, the mother has to gently encourage her son to separate from her and develop his own masculine identity. Without close contact with positive male role models, the boy is likely to define masculinity in negative terms, as the non-feminine.

But a negative identity does not give a male a secure sense of self, and so the non-feminine male has to spend the rest of his life proving his masculinity. This phenomenon is one of the root causes of misogyny and male aggression in our society; and as we have seen, misogyny and male aggression are among the primary causes of sexual abuse. Failure to separate from the mother and establish a male identity can also result in fear of women, fear of sex with women, transsexuality, and a few cases of homosexuality, which generally has other origins.

Masculinity is mostly a social construct that means different things in different societies. Ideally, if both mother and father are secure in their gender identity, spend time with their son, and allow him to develop according to his innate inclinations, he will appropriate whatever qualities he needs from a variety of role models and will consider those qualities masculine.

Because oral sensuality still predominates during late infancy, weaning is a major crisis. In our culture, weaning usually takes place during the fifth or sixth month, when the baby teeth appear. These two events, weaning and teething, mark the separation between the *first oral phase,* characterized by sucking, and the *second oral phase,* characterized by biting. Children now take delight in biting every object within reach, sometimes attempting to destroy them. Feelings of ambivalence are normal at this age—the child wants to bite his mother and the things he loves. This phase, sometimes called the *oral-sadistic phase,* is the origin of the satisfaction we get from destroying things. Psychoanalysts have observed that both boys and girls desire to bite and penetrate the mother's body; in heterosexual males, this paves the way for the man's desire to penetrate the body of the substitute mother.

Infantile ambivalence combines love and aggression. Children who alternate between voracious hunger and refusal to eat are expressing typical ambivalence. Children at this age are flexing their aggressive abilities, and they need parents who are willing to be available as objects of both love and hate—including willingness to be bitten. If the parents insist on only being loved and refuse their child's aggression, the child will turn the aggression inward in self-destructive behavior, such as eating and sleeping problems, hitting herself, or pulling out her hair. Since the child cannot yet separate love and aggression, the parents who reject aggression are also rejecting the child's love. If this continues, the child may lose the capacity for both aggression and love, and may even lose the will to live.

Weaning—the loss of the mother's breast—can be traumatic for the infant. If weaning is imposed too early or too suddenly, or if the mother does not provide enough affection to restore the infant's sense of security, the trauma

> can lead to acute depression or a state of mourning that lasts the whole life through. When mothers react to the children's first teeth by immediate weaning, children feel that as a vengeful act and react with lifelong bitterness against all things motherly and womanly. Many of these orally damaged persons in adulthood can no longer find the courage to strive for satisfaction. Since they had already been discouraged in their earliest childhood, they no longer find the courage to court a sex partner.[53]

Even girls can develop hostility toward women as a result of infantile oral frustration. Men may feel that all women must satisfy them to make up for their mother's denial. We saw this attitude in the chapter on rape: "Women's only purpose is to [sexually] gratify men, and if they won't give it willingly, men have a right to take it." What these rapists are really after is not sex but oral gratification, which is why some find rape to be emotionally satisfying (for a short time) but sexually unsatisfying. Oral frustration can also be seen in men who are nurtured by their wives, and even live off their money, but still feel wronged by them. Groveling submission or reacting to disappointments with force can also be symptoms of oral fixations.

Allow me to digress for a moment to explain the concept of *fixation,* which can happen at any stage of development. Fixation consists of clinging to a familiar developmental stage and fearfully resisting the next stage. The movement from one stage to the next succeeds only when there is a decreasing interest in one erogenous zone and an increasing interest in another. So, children can move from the oral stage to the anal stage only when their joy in eating and biting wanes and their joy in defecating increases. Interest in the earlier stage decreases only when the needs of that stage have been adequately satisfied. Interest in the new stage increases only when the child's independence and development are not discouraged. If the child's development is blocked from either direction, age-specific pleasures turn into regressive fears. In oral fixation, the oral desire for fusion with the mother becomes oral fear of fusion.

The fear of fusion can be seen in the avoidance of sex, in sexual dysfunctions, and in many men's need to control and dominate women. Some orally fixated adults identify with the frustrating mother and take revenge on their sex partners for the frustration they suffered during weaning. They do this—unconsciously, of course—by denying their partner sexual gratification through impotence, premature ejaculation, or frigidity. Still other orally fixated adults, as soon as they are sexually satisfied, want their partner to disappear—because food disappears when you eat it. Kissing and oral sex are, technically, regressions from genital to oral eroticism, but they are not considered pathological unless they overshadow the genital impulse.

Perhaps the most bizarre form of oral fixation is *autopedophilia*—sexual gratification from being treated like an infant. Some prostitutes specialize in serving autopedophiles. They undress, diaper, and bottle-feed their clients, who sometimes achieve orgasm with no other stimulation; other clients are masturbated while being bottle-fed.

The insatiable emotional craving that results from inadequate nursing puts the child at risk for later addiction. The type of addiction will depend on hereditary and social factors. Overeating, smoking, and alcoholism are obviously oral addictions, but so are drug and sex addictions.

Children who do not develop a successful relationship with their caregivers in the first year of life may be severely handicapped in their social and sexual lives. Psychosexual development cannot continue from one phase to another until the earlier phase has been mastered. Psychosexual fixations are one reason why psychological maturity lags so far behind sexual maturity in our society. Borneman contends that few adults in our society have completely overcome their infantile ambivalence, which dominates our sex lives, resulting in unstable love-hate relationships. Another expression of ambivalence is smothering one's partner with love—smothering, after all, is an aggressive activity.

The disorders resulting from oral fixation are not found in cultures where children are nursed longer—for example, in some Bantu tribes, where children are nursed for three or four years. But Borneman warns that a child nursed that long in our culture would probably be harmed more than helped: "Culture-specific forms of behavior can be changed and corrected only socially and not individually." In Western culture, the key to successful weaning is to provide the infant with plenty of love and security.

Toddler sexuality: the second year

Toddler age is characterized by a burst of individuality and new skills, yet toddlers are still emotionally dependent on their parents. It is a time of transition with a high level of ambivalence. Toddlers take great pride in doing things for themselves. They begin to experience their body as personal property, and may resist being held, kissed, hugged, or otherwise handled. They are less afraid of being alone, but they need the security of having their parents or caregiver nearby. Toddlers learn to defer some of their needs, tolerate frustrations, endure prohibitions, and influence people around them. Identity, self-understanding, and conscience begin to form. But around the middle of the second year,

> children also begin to recognize the *limitations* of their autonomy and of their abilities. With deep depression they discover that the world does not belong to them, that they are small and powerless, that their parents are not there to help fulfill their every wish, but rather are independent individuals with their own interests, and that these interests only rarely coincide with their own. Almost all children react to this awareness with blind rage, feeble beating of the parents or caregivers, and desperate destruction of those things with which the parents are preoccupied.[54]

Toward the end of the second year, toddlers' resistance wears down and they accept their situation. Whether they accept it with sad resignation or relative self-satisfaction depends on how much their parents have encouraged their independence. Such encouragement also leads to the consolidation of sex-specific behavior and the awareness of sexual identity.

For both boys and girls in our culture, the father and other males become more significant at this age. Masculinity represents independence from the mother and entry into the larger world. In a male-dominated society like ours, children see men as more "adult" than women. Yet boys as well as girls will play with dolls if this behavior is not discouraged. If, as a society, we want to encourage males to develop more empathy and parenting skills, we should begin by encouraging boys who show an interest in playing with dolls or stuffed animals. If we reward this behavior as boys' sexual identity is forming, letting them know that they can be daddies when they grow up, nurturing will automatically become part of their definition of masculinity.

Just as gender is central to our identity, for many one-year-olds the genitals are the center of the body, or even represent the body as a whole. When researchers asked one girl to point to her eyes, ears, arms, and legs, she responded correctly, "but at the question of where her 'body' was, she spread her legs and pointed to her genitals."[55] Both girls and boys begin consciously exploring their genitals between the sixteenth and twentieth months. Boys discover that they can voluntarily stimulate an erection.

Even at age one, children are aware of the favored position males hold in our society. For toddler girls in male-dominated cultures, the discovery of sex differences is the discovery that they are missing a limb. This discovery creates anxiety and anger, especially if the girl has a younger brother. Freud called this phenomenon *penis envy* and erroneously claimed that it is universal; in fact, it is culture specific. Girls sometimes masturbate aggressively, desperately trying to eliminate the gender difference. Girls almost always blame their mother for the loss or absence of the penis, even if they do not know that they came from their mother's body. Unless both parents demonstrate that they value their daughter's individuality and femininity, envy may become a dominant emotion in her life.

Toddler age is the time when most children begin asking questions about sexual intercourse and procreation. They want to know what mommy and daddy do in their bedroom at night, and where babies come from. Borneman warns, "If parents do not answer their questions and do not take their sexuality seriously enough, children feel offended." Sexual curiosity is one of the first manifestations of intellectual curiosity. Parents who do not respect and satisfy their children's sexual curiosity may harm their intellectual development.

An important rule of thumb for understanding children's sexual behavior is that what might be considered perverse behavior for adults is normal for children. Or, looking at it from the other direction, a perversion is a failure to master and move beyond one of the childhood stages of sexual development. For example, having discovered their sexual identity, many one-year-olds proudly display their genitals. This is not "exhibitionism" but an expression of new-found self-esteem; it represents pride in their body, sexuality, and identity. Toddlers need the freedom to spend time naked in their house or back yard. When nudity or self-exposure is met with rejection and blame instead of admiration, the children's whole world is shaken. They no longer feel loved

unconditionally; they can no longer trust their parents completely; their sense of security disappears; and they feel shamed to the core of their being.

Sex play begins toward the end of the second year as boys and girls inspect each other's genitals and play mommy and daddy. They may make a bed for themselves, kiss and embrace, and even fondle each other's genitals. Among one-year-olds, boys usually initiate the activity; among two-year-olds, girls usually take the lead. They are not consciously seeking genital gratification, but simply imitating adults.

This play serves an important function—it allows children to learn that their newly discovered sexual identity can be the basis of a loving relationship. Parents who disapprove of or punish such behavior may build a permanent wall between love and sex; their children may never learn to combine love and sex in the same relationship. Toddlers who are taught to associate sex with shame, fear, and guilt may suffer from those feelings for the rest of their lives. Their sexual desires may be repressed; they may suffer from severe inhibitions; or they may grow up to find marital sex unexciting and enjoy only sexual activities that are forbidden. What moralists condemn as sexual immorality is often the result of faulty education by puritanical parents.

However, the principal erogenous zone for toddlers is not the genitals but the anal region. Because we are taught to feel disgust for feces and the anal region, some of us may wonder how the anus could be the focal point of ecstatic pleasure. If we have repressed the intense pleasure that originally accompanied defecation, we may experience it simply as the release of uncomfortable tension. The difference between pain and pleasure is not in the stimulation of nerve endings but in the way the brain interprets that stimulation. To understand anal eroticism, we need to reimagine ourselves as one-year-olds. The childhood transition from liquid to solid food causes new pressure in the colon that would be extremely painful if nature had not equipped us to experience it as pleasurable. So anal eroticism helps toddlers adjust to the excretion process that accompanies a mature diet.

The product of excretion, feces, is an erotic fetish for toddlers. Playing with feces is one of the most gratifying activities of the second year. Children may proudly present their feces to their parents as the first thing they have made themselves. Borneman warns parents,

> Those who prevent children from this gratification rob them of a great measure of their growing self-confidence and of their emerging creativity.… If the parents or attendants reject it with disgust, the child is confused and frightened. This rejection can traumatize the child for life.[56]

Allowing children to take pride in their developmental accomplishments must take priority over teaching them about society's rules of cleanliness and politeness. Society's rules do need to be taught, but only after the child's developmental needs are taken care of. If parents shatter the child's pride by teaching that bodily functions and products are shameful and disgusting, the child's self-esteem may be permanently damaged.

Another common anal erotic activity is placing small objects into the anus. When warning children about the dangers of placing foreign objects into the body, parents should acknowledge the pleasurable aspects of the

activity and not contaminate their warning with shame and disgust. That way, the warning will be compatible with the child's experience, and the child will be able to accept the new information without taking personal offense.

When defecation is treated as a source of pride, it can be a source of social bonding. Children enjoy watching adults and other children defecating; this shared pleasure gives them a sense of belonging. Psychoanalyst Alice Balint observed that when toddlers went to the toilet together,

> children who are indifferent or even hostile toward each other came closer … and for the first time embraced and kissed each other of their own initiative and without the urging of their parents.[57]

This surprising observation reminds us that sharing pleasures—eating, drinking, caressing, enjoying sexual pleasure, and even relieving ourselves together—is perhaps the most fundamental form of social bonding. This insight helps explain why societies that welcome the sharing of sexual pleasure are generally less violent than societies that severely limit sexual pleasure.

Borneman points out that age one is a critically sensitive time in personality development:

> From the end of the first to the middle of the second year of life the apparently insignificant events in the children's life and that of their parents or attendant can have traumatic effects. For in this period of life the children's somatic development ensues so resolutely and unstoppably that even the slightest psychical setback can lead to schizophrenia-like disorders—disorders that [Margaret] Mahler has called *differentiation* and *fragmentation.* They express themselves above all in the inability to bear even the slightest separation from the mother or caregiver.
>
> So this is also a very inopportune time for children or their caregivers to be separated because of hospitalization. A separate vacation at this time can also have a traumatic effect, not to speak of the parents' separation or divorce. During the last war it became evident that the psychical effects of the separation of evacuated children from their parents were more persistent than those fears created by bomb attacks.[58]

One-year-olds can be seriously harmed by parental instability and ambivalence. When parents swing back and forth between pampering and neglect, love and hostility, children may regress to the oral stage. One sign of this regression is habitual eating of feces. Most children try eating feces, but stop because of the bad taste. But when children enjoy eating feces, that's a sign that their parents are having difficulty coping with parenthood. Such children are sometimes injured or even killed through parental carelessness or hostility.

Parents who are insecure, indecisive, immature, or frustrated have difficulty encouraging their children's independence. These parents may be overly strict or inconsistent in their treatment of the children. In either case, they may trap their children in the ambivalence of the anal period, straddling the fence between dependence and independence. If these children continue to be frustrated in their striving for independence throughout childhood, as adults they may suffer from what are called *borderline illnesses,* because they are on the borderline between neurosis and psychosis. Nathanson describes borderline illnesses as

> a cluster of clinical conditions characterized by severe emotional instability, terrible intolerance for loneliness, crippling difficulties in forming close personal relationships, a deep sense of emptiness, and

> a chronic incapacity to develop a solid sense of self.… "Borderlines" are shame-bound people loaded with self-dissmell and self-disgust.[59]

Children whose toilet training is too strict or too lenient may remain infantile for life, never turning their libido toward cultural activities, and exerting a negative influence on their own children. They turn the aggression they once felt against their parents toward their children. Anal-aggressive parents often describe their children in negative or scatological terms such as "little stinker," "little shit bag," "pain-in-the-ass," "piggy," or "pest."

Parents tend to transfer their own neuroses to their children. Borneman comments that "regressive persons tend to raise their own regressions to the level of educational maxims."[60] Thus anal-neurotic parents tend to begin toilet training too early or too late. Some are too permissive with regard to dirt and disorder, while others train their children for "cleanliness" too early and too drastically, pushing the children prematurely into the second anal phase (typical of age three), in which feces are withheld. *Anal conversion neuroses,* rooted in childhood, may cause psychosomatic digestive disorders, such as "nervous" constipation or diarrhea, in adulthood.

Explicitly sexual expressions of adult anal fixation or regression include anal intercourse, anal licking ("rimming"), anal masturbation, fecal fetishism (coprophilia), and compulsive obscenity. On the other hand, extreme disgust or fear of anal eroticism may also be a sign of anal neurosis. Anal eroticism, like cutaneous and oral eroticism, can be part of a healthy sex life if one is not overly dependent on it or disturbed by it, and if it does not interfere with emotional bonding.

Since feces are children's first creation, they are also their first possession. Extreme possessiveness, including jealous possessiveness of a sex partner, is a sign of anal fixation or regression. The anal period is a time of separation from the mother, and as I mentioned before, fixation may turn a desire into a fear. So, in anal fixation, "The anal desire for separation from the love objects becomes the fear of being abandoned by, rejected by, and separated from them."[61] This fear may turn into paranoia; just as fecal fetishists defecate on their beloved, paranoiacs project their hallucinations onto their social surroundings.

People who value material possessions more than personal relationships are fixated on a symbolic form of anal eroticism. Thus materialism is, at least in part, a result of poor parenting. Religious leaders who preach against materialism are wasting their time unless they also advise parents to respect their toddlers' anal pleasures and not frustrate them. Toddlers who receive adequate cutaneous and anal gratification move on to more mature forms of love; those who are frustrated may stay stuck in toddler selfishness for the rest of their lives.

Toilet training should be about the socialization of pleasure, not the denial of pleasure; it should give toddlers pride in their growing self-control, not shame imposed by parental control. Toilet training sets the tone for moral development. Good toilet training promotes morality based on inner convictions; poor toilet training promotes morality based on obedience to, or rebellion against, external norms. Toddlers need to be taught with love, not punishment:

> At no stage of childhood must parents so urgently be dissuaded from any kind of punishment, especially of physical punishment, as in the second year. Because of the predominant libidinization of the gluteal region at this time, children should not be spanked on the rear under any circumstance because this can lead to lifelong masochistic tendencies. Sadism and masochism are effects of an ambivalent and painful love that is created when a beloved individual (for example, a father or mother) inflicts pain on the child. If this infliction of pain occurs in the highly ambivalent stage of the anal phase, the effects can hardly ever be remedied.
>
> Instead, children in this phase of life need special tenderness. If in their second year they receive neither cutane gratification nor fulfillment of their anal needs, they develop a psychical insatiability that in adulthood can lead to serious neuroses. The premature attempt to discipline small children and to harden their character by refusing their wishes does not lead to the ability to master their environment, but rather turns the children into lifelong slaves to their contemporaries by the premature breaking of their still-fragile ego. Children such as these develop neither the ability to succeed nor the capability to love because both abilities are products of parental love or the love given by other adults. Independence cannot be created either by prohibitions nor through privation or denial.
>
> It is absolutely wrong to forbid children at this age to masturbate or to let them know by word, gesture, or facial expression that you disapprove of their autoerotic behavior, because most of the masturbatory dream desires in the second year relate to their own parents or caregivers, and children release their emotions not over their genitals, but rather over the anal zone. Paradoxically, the anal pleasure intensifies when the parents or caregivers deprive the children emotionally. For then the masturbatory activities become attempts at consolation and combine with a pleasurable defiance toward the parents or attendants. So the anal zone is libidinized even more intensively, but also invested with highly aggressive emotions, which later precipitate into aggressive, defiant behavior toward their own sex partner.[62]

The second year of life is a psychological mine field from which few in our society emerge unscathed. Parents will never again have so much influence over a child's character, future happiness, ability to love, and ability to contribute to society. Yet few parents understand the significance of their behavior toward their toddlers and how much damage even well-intentioned parents can do. Any attempt to improve morality, family life, or sexual relations has to begin with educating parents about the needs of children during the earliest years of their sexual development.

The beginning of toddler puberty: the "terrible twos"

Age two is often called the "terrible twos" or the "age of defiance," but these terms express more about our educational methods than about children's natural development. Borneman says the "age of defiance" depends on the behavior of parents and caregivers; it may appear anywhere from ages one-and-a-half to four, or may not appear at all. He refers to ages two to four as toddler puberty because of similarities to adolescent puberty.[63] Two-year-old girls reach a biological milestone—their ovaries have completed production of their lifetime supply of eggs.

During the third year, children's physical and psychological independence grows as they develop a stronger sense of self. They now act on their own perceptions and feelings, making their own decisions and exerting their own will. They may express defiance not only toward their parents but also toward pets, toys, and other children. There is no hormonal basis for the adolescent-like rebelliousness and aggressiveness of this age in our culture. In "primitive" cultures, children's desire to act independently and to join the adult world is chan-

neled into playful yet productive work; thus "primitive" children have no toddler adolescence. But in our culture, children are socially segregated and forced to remain dependent, and they rebel against these conditions.

Two-year-olds' affection for their parents diminishes, partly out of their growing independence and partly as a reaction to their parents' failure to encourage their independence. The more the parents try to treat them like babies, the more the children resist. Children now show more interest in and affection for other adults, such as nursery school teachers or even strangers.

As two-year-olds become more talkative, their interest in forbidden words grows. They probably don't know what many of these words mean, but from the body language of adults and other children, they know that they are significant. Children use "swear words" to provoke emotional reactions from adults. The less emotionally adults react, the less children use these words. Prohibition intensifies interest.

Our culture's secrecy about sex and other bodily functions creates a multitude of problems for both children and parents. For most of human history, privacy was rare or non-existent. Urinating, defecating, bathing, copulating, and birthing were done more or less in public or in a one-room dwelling. From a young age, children learned about all the bodily functions by simple observation. But for several centuries in the Western world, a feeling of shame about the body has resulted in more privacy and more restrictive norms of behavior.[64] As a result, modern children are more ignorant of their bodies than any other children in history, and this ignorance contributes to a wide range of problems, from neuroses to teenage pregnancies.

The majority of two-year-olds in our culture have never seen their parents having sexual intercourse or their mother giving birth, and they desperately try to fill in these gaps in their knowledge by asking questions or invading their parents' privacy. They want to know where babies come from and what their parents do at night in the dark. The closing of bathroom doors also provokes children's curiosity. The result of all this secrecy is a fear of nudity that appears for the first time at age two. Children now lock the bathroom door to keep their parents out. This new desire for privacy is an act of defiance and protest against parental behavior. "If adults have a right to privacy, I want that right too." In this respect, the desire for privacy is a healthy sign of independence and ego development. But the fear of nudity has a dangerous side, because it shows that children have absorbed their parents' attitude that the body itself, or certain bodily organs and functions, are intrinsically shameful, dirty, and disgusting. As we saw in the last chapter, chronic shame is always harmful, and sometimes has disastrous consequences.

Nevertheless, parents should not indulge in utopian fantasies by letting their children watch them having sex. In Chapter 1, I labeled "sexual activity in the presence of a child" as abusive exhibitionism, because in our culture it could be traumatic to the child. Children who learn about human bodies and sexual activities early and gradually, in small doses, would probably not be harmed by seeing sexual intercourse. But children who are "protected" from sexual knowledge cannot imagine intercourse, and they could be shocked and disturbed

to see it with no preparation. They would probably regard the adults' sexual behavior as shameful, and they would feel ashamed for having seen it. They could even mistake erotic passion for violent aggression. Paradoxically, the more parents "protect" their children by keeping them ignorant about sex, the more likely it is that the children will be harmed by exposure to sexual activities or materials, because the new information will be difficult to assimilate and see in the context of an everyday, loving relationship.

Even in sexually enlightened families, strong social taboos cannot be flouted with impunity. Parents have to prepare their children for the society in which they will actually live. The children of progressive, non-shaming parents may not be harmed by seeing sexual activity itself; but if there are no privacy boundaries in their home, they may have difficulty learning to respect privacy boundaries outside the home or to establish their own boundaries. Another possible consequence of breaking taboos is that as the children grow older and absorb society's standards, they may overreact by rejecting their parents' permissiveness and adopting a puritanical, shame-based attitude toward sex. Parents who recognize the need for changes in sexual norms must also recognize that deviating too far from established norms can create adjustment problems for their children.

Western children's unsatisfied curiosity about human genitals creates a fascination with genitals and masturbation that is not found in more "permissive" cultures. In those cultures, by age two infantile masturbation is more or less replaced by sex play with peers of both sexes. When it is allowed, explicit sex play occurs in our culture too—most often simply the display and examination of genitals. But our sex play is usually more discreet, involving staring at other children, sharing toys, hesitant touching of the face and body, or hugging and kissing. Sexual curiosity in our culture is satisfied mostly by masturbation.

While masturbation is not dangerous from a physical standpoint, the fantasies that accompany it may pose problems, especially for children who have inaccurate or distorted ideas about sex. The combination of parental secrecy and prohibition of sex play with peers may focus children's sexual fantasies on their parents rather than other children. Or, children's fantasies may be dominated by age-specific obsessions with feces and anal stimulation instead of loving, tender sexual relationships. If distorted fantasies are not replaced by images of healthier sexual activities, they may eventually grow into paraphilias.

Borneman says parents should be concerned when their toddlers *don't* try to engage in sex play with other children:

> Sexual disorders in childhood almost never originate in children's excessive sexual behavior, but are caused by insufficient sexual contact with other children and in difficulties in making contacts.[65]

Throughout toddler puberty, children may express a desire to marry one of their parents. Freud termed this desire the Oedipus complex (or the Electra complex in the case of girls). The Oedipus complex is not a worldwide phenomenon, but occurs only in nuclear families. It represents a serious danger to the child's individuation—that is, the child's development of a self separate from the parents. If the parents reciprocate the child's

desire through physical or emotional incest, serious psychological damage will result. Parents need to satisfy their own sexual and emotional needs with other adults, and they need to encourage their children to satisfy their needs with other children.

Just as toddler girls in male-dominated cultures experience penis envy, a growing number of boys in the last few decades have experienced envy of breasts and child-bearing. Borneman attributes this phenomenon to the solidarity between feminist mothers and daughters in defense against the domination of men.[66] Boys live in a world of home and school dominated by women, and when those women exert their power in the absence of male influence, it is understandable that boys would envy female power. If these boys are to develop a positive masculine identity, they need to identify with the world of their fathers, and that will happen only if their fathers take a more active role in their children's lives.

Children's sexual identity is fixed by the third year and can never be changed from that point on. Sexual identity should not be confused with sexual orientation. Identity refers to feeling and behaving like a male or female; it is one's relationship with one's sexual self. Orientation refers to sexual attraction to others of the opposite or same sexual identity. Transsexuals are people whose sexual identity does not match their anatomy; as adults they often seek sex change operations. Transsexuals may be either heterosexual or homosexual, based not on their anatomy but on their sexual identity. Most transsexuals are heterosexual—for example, male-to-female transsexuals who were born with a penis but perceive themselves as women and are attracted to men. A male-to-female transsexual who is attracted to women is a lesbian, despite the fact that she was born with a penis.

For two-year-olds, anal eroticism is still stronger than genital eroticism. In the second anal phase, children express defiance by holding back feces and later squeezing them out with orgasmic delight:

> Children now learn to enrage that big person who up until now had dominated them by retaining their feces when they are placed on the potty, and then go[ing] in their diaper, or on the carpet, or in the bed, as soon as the adult is gone. In this way children experience for the first time the extent of their power. On the other hand, they thereby also learn to identify power with defiance and resistance.[67]

Holding back is an important skill to learn in our anal-retentive culture. To get ahead, we have to learn to think before we speak or act—that is, hold back our thoughts, feelings, and impulses. Holding back is an important element in such socially desirable traits as perseverance, will power, diligence, and industriousness.

But holding back has a powerful dark side. It is the source of greed and hoarding, including the need to collect as many sex partners as possible. Holding back information is an expression of power, which is why secrets proliferate even in "democratic" governments. Holding back orgasm can prolong sexual pleasure, but fearful anal-retentive individuals may have difficulty ever letting go enough to experience orgasm; some fear that in sexual orgasm they will lose control of their anal sphincter. The inability to let go of held-back emotions is the

source of many psychological problems. Anal retention is highly ambivalent, involving desires to retain the feces and to evacuate them. Anal-erotic adults may show the same ambivalence toward their sex partners.

It's important to recognize that the sadistic element in anal retention—holding back feces to make mother angry—is also present in our anal-retentive "virtues." We get ahead in the world by leaving others behind; we get to the top by pushing others to the bottom; we win by making others lose. Anal-sadistic people measure success more by the degradation and suffering of others than by their own accomplishments and satisfaction. Politics is full of anal sadism—the left "dumps on" big corporations and rich people, while the right "dumps on" welfare mothers, illegal immigrants, and "moral degenerates."

Anal-sadistic moralism is based on the condemnation of others. Anal-sadistic sexual moralists condemn homosexuals, pornography users, and others who enjoy sex outside the socially approved container (toilet) of marriage. For anal-sadistic moralists, marriage is not the sacred institution of their rhetoric but a toilet on which sexual urges can be satisfied with a minimum of shame. To suggest that sexual pleasure can be enjoyed for its own sake shakes anal sadists to their core—how can they feel moral if they don't have someone to condemn? Anal sadists fail to realize that the objects of their aggression are substitutes for their parents; their own toilet training and their parents' sexual restrictions are important sources of their anger.

Voluntary defecation is a difficult skill to learn. It involves not just control of the anal sphincter, but voluntary control of the involuntary contractions of the rectum—in other words, it involves the intellectual development of the whole organism. It's not just a matter of "practice makes perfect." Up to age 2½, half of all children have an occasional accidental bowel movement, usually at night. If parents are patient and loving, children will succeed in mastering their bowels out of love for their parents. As adults, these children will be able to make sacrifices for their sex partner without losing their self-respect. On the other hand, parents who try to impose control on their children's bowel functions slow down their children's total development. They may force a certain amount of obedience, but at the cost of breaking the child's fragile will, perhaps for life:

> If parents and caregivers conduct themselves badly in this phase of children's development, children learn to identify "good" or "nice" with "passive"; "bad" or "angry" with "active": they become passive, lethargic, apathetic, or even begin to garnish their passivity with pleasure—they become masochistic.[68]

For these unfortunate children, morality and relationships will be a matter of submission to domination rather than freedom, equality, and love.

The anal stage is the foundation of moral development. Just as the oral stage is based on taking, the anal stage is based on giving. If the toddler's gift of feces is accepted with love by the parent, the toddler can go on to present the feces when and where the parents wants it—in the potty and not in the diaper. This is the child's first act of genuine object love, "selfless and ready to sacrifice for the love of another person. Becoming an adult begins with that."[69]

Notice that in successful toilet training, love comes first; children's acquisition of self-control is an expression of their love for their parents. For these children, love will forever be the foundation of their relationships and morality. They have learned to integrate physical/erotic pleasure with social pleasure. On the other hand, if parents make self-control a *precondition* of love, the children will base their relationships and morality on control rather than love. They will base social pleasure on the *denial* of physical/erotic pleasure. Control freaks "treat people like shit"—they cling to them, throw them away, or manipulate them just as feces can be retained, evacuated, or manipulated. Self-control freaks, or "ass kissers," are too eager to please, too submissive, and may suffer from premature ejaculation. When parents substitute strictness for love, their children often grow up unable to love as equals, either dominating or submitting to their sex partners. Thus anal neurotics tend toward sexual sadomasochism.

Thus a sexual morality that focuses on self-control and social controls rather than love is unconsciously confusing sex with defecation. This distorted morality says, never do it (shit/have sex) except in the proper place (toilet/marriage). This false equation explains the bizarre belief that the continued existence of civilization depends on people not having sex outside of marriage. This belief is, quite frankly, a hallucination—there is not a shred of evidence to support it. It *is* true that civilization depends on shitting in the toilet—in the sense that until you learn to shit in the toilet, you're not going to be accepted as a member of civilization. But, as we are seeing throughout this chapter, success in marriage depends on age-appropriate sexual activity and learning before—and thus outside of—marriage.

If controlling parents suppress their toddlers' sexual activity during toilet training, the children may come to associate sex with shitting, regarding both as "dirty." This confusion is easy to fall into, since the genitals and the anus are physically close together. As adults, they may elevate their neurosis to the level of a "moral principle." People who regard sex as dirty react with feelings of shame and disgust to nonmarital sex, as if it were the equivalent of defecating without a toilet. They even organize social and political movements to restrict other people's sexual pleasures, under the guise of cleaning up "moral filth." When anal moralists warn about the dangers of illicit sexual pleasure, they're talking exclusively about the *physical* pleasure of sex; it never seems to occur to them that sex can be a *social* pleasure too. Apparently, in their own childhood, these moralists never learned to integrate physical/erotic with social pleasures.

"At no time in life is the self identified with the body to such a high degree as during the anal phase," Borneman observes.[70] When parents suffer from sexual or anal neuroses, they may produce psychosomatic illnesses in children as young as two. These illnesses include asthma, nervous breathing syndrome, eczema, hives, colic, gastric ulcers, colitis, headaches, dizziness, and fainting. Children who suddenly wake up in terror in the middle of the night may be reacting to the unresolved marital problems of their parents, which the children uncon-

sciously interpret as life threatening. Eating disorders and behavioral disorders such as nervous tics can also be reactions to parental marital problems.

Overlapping the anal erotic phase of toddlerhood is the urethral erotic phase, which begins a little earlier and ends a little later. There is a close association between urethral and genital eroticism; many boys have an erection when they urinate. Just as anal eroticism focuses on controlling the bowels, urethral eroticism focus on controlling the bladder. And as we saw before, "The less parents exert their own will, the more quickly and easily children learn."[71]

Toddlers enjoy watching people and animals urinate. The fact that boys urinate standing up and girls do it sitting down is an important discovery. To understand this difference, girls try urinating standing up, and boys try it sitting down.

Between the third and fourth years, boys who have never seen a woman or girl naked develop two interesting theories: that women urinate from their anus, and that children are made by the father urinating into the mother's stomach.

At this age, boys enjoy urinating in public to display their genitals. They display their prowess by "writing" with urine on walls or the ground, or by drinking large quantities of liquid to see who can pee the highest or farthest. Girls tend to gratify themselves by pressing their legs together and holding their urine as long as possible.

Some children engage in urethral masturbation by inserting objects such as plant stems or toothpicks into their urethra. Children rarely masturbate genitally during the erotic urination phase, but return to genital masturbation when they have mastered bladder control. If parents prohibit masturbation, the children may relapse into bedwetting.

As with every other erotic phase, it is important for parents to accept their children's urethral eroticism. Parents may need to warn children of the dangers of inserting foreign objects into the body, and they may have to ask boys to conduct their pissing games in a less public place, but they should be careful not to humiliate the children in the process. If children are shamed for their urethral eroticism, they may become afraid to use public restrooms, and, as a result, may wet their pants in public. Or, they may become fixated and grow up to be *urophiles* —people who achieve sexual arousal and orgasm by urinating on their sex partners, or by being urinated on. Borneman comments on the common origin of paraphilias:

> Many later "perversions" are results of parental offenses against the children's striving for sexual autonomy. The hatred resulting from it can be overcome in later life only by a compensatory behavior—behavior we call "perverse": behavior with the help of which children who have reached mature adulthood take revenge on their parents by carrying out joyfully and defiantly what was then forbidden or not acknowledged….

> If the "perversion" is a behavior prohibited by law, then it has an especially stimulating effect because it creates a tension between the hope that prohibitions in those days can be successfully acted out today, and the risk of failure and getting caught.…
>
> The resulting orgasm is intense, because it is not only an explosive release of lifelong hatred, but also a triumph … over punishment.[72]

The tragedy of paraphilias, beyond the social disapproval, is that they often preclude emotional bonding with sex partners. If two people with matching paraphilias come together—for example, a sadist and a masochist—they might be able to form an emotional bond. But frequently the goal of their sex is not to express mutual love but to overcome the hurt they suffered as children and to get revenge on their parents. The sex partner's role in this revenge is to play the part of the punitive mother or father. Borneman claims that this revenge dynamic exists not just in paraphilias, but in the majority of "normal" sexual relationships in our society. At first, this claim sounds exaggerated; but considering the immaturity and lack of emotional intimacy in so many sexual relationships, he may be right.

It makes no difference to the children whether their parents hurt them consciously or unconsciously. Most often, parents hurt their children because of their own ignorance and immaturity. They have no idea that events they regard as trivial may be traumatic to a child. For example, two-year-olds who see a dead animal or relative equate motionlessness and silence with death. When their parents then say, "Sit still and be quiet," the children may conclude, "My parents want me to die!" Children who accept such an imaginary death wish may become catatonic or actually develop a fatal illness.

The middle of toddler puberty: age three

Age three is a relatively relaxed age when children's learning ability and interest in their environment increase. Three-year-olds have a rich fantasy life, and their conversations with imaginary friends reveal a great deal about their sexual desires and fears. If they are allowed, they ask their parents many questions about human bodies, sexual identity, and reproduction. If parents discourage such questions, children try to figure out the answers among themselves, and develop ingenious but erroneous ideas about human sexuality. In cultures that do not hide sexual activity and childbirth, children learn by observation and do not need to ask so many questions.

As they identify more with their parents, three-year-olds become intensely interested in sexual relationships and ask lots of questions about marriage. They also ask questions about their parents' childhood and about when and how they can have children of their own. By the end of age three, most children know that their parents have sex, but they don't know *how* they do it. They may know that the father puts his penis inside the mother's "stomach," but they don't know about the movement involved in sexual intercourse. They know that babies grow "under the heart" of the mother, but they don't know how and where a baby comes out.

Three-year-olds tend to eroticize their navel, exposing it to other children and adults. The navel might be a substitute for the anus and a precursor of the genital phase of sexual development. Children's "dirty talk" at this age turns from scatological to genital themes. Children make the transition from the anal phase to the *phallic* or *first genital phase* when fascination with feces and urine is replaced by fascination with genitals. The drawings of three-year-olds include breasts and male genitals—both often oversized—but never female genitals, suggesting that when children see a naked female, they only notice the absence of a penis.

This new phallic phase can be seen symbolically in boys' heightened interest in toy guns, knives, and other phallic objects, and in their *poking into* things, both literally, with their fingers, and metaphorically, with their curiosity. Girls at this age often dream or fantasize about being penetrated, taken apart, or explored from the inside. Boys' erections, which formerly occurred most often in connection with bowel movements, now occur independently. Boys begin boasting about the size of their penis, while girls boast about how many friends they have.

Boys' boasting about their penis covers up their fear that their penis is abnormally small, a fear based on comparison with their father's penis. In our society, this fear commonly continues into adulthood, as evidenced by the popularity of jokes about penis size—one of the functions of humor is to relieve fear, anxiety, and shame. When asked the size of the average penis, most men overestimate, suggesting that they erroneously believe their own penis is smaller than average. Even handsome, sexually successful men can be ashamed of the size of their perfectly normal penis.

I think there is something wrong with a society in which a toddler-age fear persists through adulthood in the majority of the population. This fear might disappear if boys were allowed to examine each other's penises and openly observe the variations in penis size among adult men. But homophobia and the lack of opportunities for social nudity make this basic visual information difficult or impossible to obtain. Males who openly look at other males' genitals are quickly labeled "fags." The only place men can easily look at other men's genitals is in pornography, but they find no reassurance there, because porn actors and models are chosen for their larger than average penises. Of course, most males steal furtive glances at penises in locker rooms or showers, but furtive glances do not yield accurate observations. Homophobia hurts many heterosexual men by prolonging penis anxiety, which makes men insecure in their masculinity. And, as we have seen, sexual insecurity is a contributing factor in sexual abuse and violence in general.

Among three-year-olds, boys again take the initiative in sexual learning games such as "playing doctor" or pretending to be daddy and mommy. As twosomes, a boy and a girl will still play together; but in larger groups, the boys and girls usually separate, reflecting growing tension between the sexes. At the same time, the first sexual interest in a favorite boy or girl may occur. If parents forbid sexual play and express hostility toward the body, children may become excessively shy.

In our culture, most three-year-olds begin engaging in seductive behavior toward the parent of the opposite sex and expressing jealousy toward the same-sex parent. Girls propose to marry their father, and boys propose to their mother. Freud called this erotic attraction to a parent the *Oedipus complex.* Borneman thinks it should more accurately be called the "small family complex," because it occurs only where children are raised in nuclear families. Children raised communally—for example, in an Israeli kibbutz—seldom exhibit Oedipal feelings. Nathanson describes the Oedipal phase as "nothing more than a child's attempt to explain its experience of lust in terms of what it has already learned about human relatedness."[73] Absence of a father or male role model during the Oedipal phase can result in psychological feminization of a boy; absence of a mother can result in masculinization of a girl.

Adults who regress to the Oedipal phase and treat sex partners as substitute parents can react to sexual competition in two ways: either by giving up immediately, because the desire for a (substitute) parent's sexual love is doomed to failure; or by eroticizing rivalry and jealousy. Adults fixated in Oedipal rivalry are motivated more by jealousy than by love or the desire to be loved. Their interest in their sex partner depends on rivals also being interested; when no rivals are around, their interest wanes.

It is particularly dangerous when the parents act out their own Oedipal fantasies through physical or emotional incest. One common example is a parent being jealous of the amount of attention a child is giving to the other parent, or the parent to the child. Jealous parents often beat their children out of the frustrated unconscious expectation that the child behave like an adult love partner; this beating promotes sadomasochism in the children. If a parent acts seductively toward a child, then suddenly realizes what is happening and pushes the child away, the child is confused, not knowing what the parent wants. These children may grow up to treat their own sex partners ambivalently, alternating between seduction and rejection. To avoid "acting out" with their children, parents should be sure that their sexual and emotional needs are being satisfied by another adult.

Dangerous fantasies can arise when children's anal-sadistic fears and aggression are combined with parental secrecy about sex. Children who hear moaning and panting when their parents are having sex might conclude that sex is painful. They may see bloody tampons in the toilet and conclude that the vulva is a wound, and that the father once cut off the mother's penis. In short, they may conclude that sex is an act of hatred, not of love. This fantasy could result in a lifelong fear of sex. To make matters worse, in some religious families fear of sex might be interpreted as a sign of virtue rather than a symptom of pathology.

Children's fears of the new genital phase may result in psychosomatic and behavioral symptoms of regression: skin disorders for regression to the cutaneous phase; throat diseases, speech disorders, chronic lying, loss of appetite, nausea, vomiting, or stomach cramps for the oral phase; digestive disorders, constipation, diarrhea, or loss of bowel control for the anal phase; bladder problems or bedwetting for the urethral phase. Bedwetting and loss of bowel control are often unconscious protests against the parents' sexual behavior—children wet the

bed exactly at the time when their parents are having sex, or after the parents have rejected the children's love or made fun of them. Parents of such children should validate their sexuality but direct their sexual interest toward other children.

Because the penis is a symbol of male power, many girls in male-dominated societies feel penis envy, which they may express by crossing out the genitals of nude male pictures or smashing the genitals of male statues. Both boys and girls envy the breast, the symbol of female power, which remains erotically stimulating for both adult men and women. Boys may suffer "castration anxiety"—fear of losing the penis—while girls may fear losing their nipples. These fears are not found in cultures that allow masturbation; they appear to be fears that parents will punish masturbation by cutting off the source of pleasure, the penis or nipples (girls often masturbate by playing with their nipples). Boys may also fear that they have damaged their penis by masturbation if, when erect, it rises higher than a right angle—an example of how an erroneous belief (that the erect penis should always form a right angle with the abdomen) can exacerbate a neurotic fear.

It is dangerous for parents to punish children for masturbating, but it is also dangerous for adults to joke about castration in the presence of children. Adults sometimes relieve their own castration fears by joking about kicking each other in the balls or cutting off the balls or penis. Three-year-olds who are struggling with castration anxiety may take these jokes as literal threats, confirming and intensifying their own worst fears. Castration anxiety often causes sleeping disorders, because children are afraid of being castrated during their sleep, when they are helpless. It can also result in unexplainable illnesses, such as fever at a time when there are no colds or flu going around. The conflict between oedipal desires and fear of castration may cause regression to the anal-sadistic phase, resulting in neurotic compulsions in later life.

Parents can castrate their children symbolically by constantly criticizing them, treating them as inferior, complaining that their son is not "masculine" enough or their daughter not "feminine" enough, or refusing to allow their son to act like other boys or their daughter to act like other girls. Mothers who use their daughters as garbage cans for their own anger, teaching them that womanhood means unending suffering, turn their own castration fears into active castration of their daughters.

Emotionally castrated children may take refuge in compulsive masturbation, bedwetting, loss of bowel control, gluttony, or refusal to eat. Introverted children may become mistrustful and withdrawn. Extroverted children may begin to lie, boast, and steal. Some children anticipate parental castration or loyally carry it out by falling, cutting, burning, or otherwise hurting themselves.

Men who suffer from castration complex may try to prove their masculinity through sexual promiscuity, violence, or rape. Women who suffer from castration complex may become strippers or sex show performers to prove their femininity. Other adults of both sexes surrender to their feelings of inferiority and suffer sexual dysfunctions. Some women use motherhood to compensate for castration, especially if they have a son, who

becomes the mother's source of power or penis substitute; eventually the boy realizes that he is not being loved for himself.

Castration complex also affects sexual relationships. To avoid castration by her father, a woman castrates her husband. To avoid castration by his mother, a man castrates his wife. These people are not relating to each other at all, but using each other as parent substitutes. This problem is so common that it may be the result not so much of individual parental failure but of the collective failure of society to honor both sexes and treat them as equals.

The end of toddler puberty: age four

Age four is a time of accelerated physical growth and psychological stress. Four-year-olds often become emotionally unstable:

> Children oscillate between yearning for independence and the awareness of their dependence on their parents, between pride in newly acquired abilities and disillusion by their own inadequacy, between the discovery of a new maturity and regressions into infantilism. That also shows up in the games … where aggressive demands of leadership and unconditional submissiveness can be observed inside of a few minutes in the same children.[74]

Four-year-olds become aware of their physical vulnerability and begin to recognize dangers they were previously unaware of, such as accidents, operations, wars, and crimes.

The tension between children and adults, especially same-sex parents, increases dramatically. Children want to be loved as sexual adults, and when they are frustrated, they may hit their parents. Borneman quotes psychologists L. J. Stone and J. Church as saying, "If their psychical strength were as strong as their feelings, a preschooler in a fit of anger would think nothing about killing."[75]

At the same time, four-year-olds have an increasing need for skin contact and tenderness. Sex games turn from anatomical exploration to genuine sexual behavior, including hugging, kissing, undressing, and caressing each other. Either sex may take the initiative in this erotic exploration. Both boys and girls fear the difference of the opposite sex, but boys have the greater fear, because the womb is hidden and mysterious. The penis, in contrast, is both desirable and fearful to girls, but because it can be clearly seen, it is not as mysterious as the womb. Homoerotic activity is common and does not necessarily influence the child's future sexual orientation; it might be regarded as part of the child's experimental discovery of his or her sexual orientation.

When girls are absent, groups of boys often engage in competitive pissing. Boys' games and conversation become bloodthirsty and sadistic. They fight frequently, using any object as a weapon. They play with fire, destroy toys, and torment animals. Sex play with animals is not unusual. Boys try to masturbate dogs and cats or stick their penis between the animal's legs or into its anus.

The emotional pleasure children derive from masturbation is an important ego-building tool—it shows that they are self-reliant and are no longer completely dependent on their parents for satisfaction of their emotional needs. Masturbation is a source of great joy and pride for children, both pride in their sexuality and pride in their independent identity. When parents show their disapproval of masturbation, either verbally or nonverbally, that pride is transformed into shame. The children become shamed to their core, ashamed of the independent sexual identity that they have worked so hard to achieve. Their whole sense of self and their understanding of the world collapse. They correctly recognize their parents' disapproval as an act of aggression, and they start looking on their parents as bad people who want to hurt them and can no longer be trusted. The only consolation children can find from this profound shame and guilt is, paradoxically, in masturbation, which now may become desperate and compulsive rather than joyful. The masturbation fantasies of deeply shamed children often involve sadistic infliction of pain on the parents—revenge for the pain the parents have inflicted on the children.

What parents and moralists fail to understand is that the significance of masturbation is not so much in the physical pleasure as in the emotional pleasure of the fantasies that accompany it. To survive the difficulties of the oedipal phase, children need to be able to comfort themselves with masturbation fantasies of erotic fulfillment. Masturbation fantasies are both a source and expression of self-love. They give children the self-esteem and strength needed to continue growing toward independence and mature sexuality. But parental disapproval and punishment of masturbation shatters children's fantasies of loving fulfillment and replaces them with sadistic or masochistic fantasies of aggression and pain. The prohibition of masturbation may be the beginning of the separation of sex from love and the starting point of sexual aggression or perversion.

Parents should pay no attention to children's masturbation when it is done in private. But when children masturbate provocatively in the presence of adults, they are making a statement: "You're not taking care of me emotionally, so I have to take care of myself." Exhibitionistic masturbation is a sign that the parents are not giving the child enough emotional support.

When four-year-olds have been allowed to learn the fundamentals of sex, their questions now involve the details:

> "When girls go to pee, where does it come out of?" "Why do you have balls down there?" "When the baby comes out of there, does it hurt?" "How often do you do that, every night?"[76]

Four-year-olds can understand the father's role in procreation, and they know that in the future they can become parents themselves. As a result, they consider themselves equal to their parents and can imagine themselves having sexual intercourse with their parents. This new awareness is a source of tension, because children become sexually stimulated when they see their parents hugging and kissing, and their oedipal jealousy is

aroused. The transition from mother to father as primary love object is difficult for girls, who often alternate between love and hatred toward their mother.

Children at this age also show homoerotic feelings toward their parents, with boys acting like girls toward their father and girls acting like boys toward their mother. This phenomenon is called the *negative Oedipus complex.* The positive Oedipus complex represents children's desire to *conquer* the opposite-sex parent, while the negative Oedipus complex represents the desire to be *conquered by* the same-sex parent. It seems that children are programmed to explore every erotic possibility.

Children's turbulent and ambivalent erotic feelings pose a tremendous problem for parents who have not completely come to terms with their own sexuality—in other words, most parents.

> They refuse to acknowledge the children's difficulties, because such knowledge would force them to a confrontation with their own carefully repressed childhood sexual problems. For parents who have imagined throughout their entire adult life that they never had any such problems in their own childhood, that would be an unbearable glimpse into the mirror of truth.[77]

Sexually repressed parents can deny their children's most explicit expressions of erotic intent. Even if a boy tells his mother, "I hope Daddy dies so I can marry you," the mother usually does not believe that he meant what he said. Parents who laugh at such statements as examples of children's ignorance are revealing their own ignorance. Children's erotic feeling are usually expressed playfully, but the feelings are very real. The dreams of four-year-olds contain incestuous longings and vengeful violence that go beyond what most adult incest perpetrators and jealous murderers are capable of. But childhood lust is indispensable for sexual development. Children who do not lust after a parent or another child grow up ashamed of their body and never struggle to achieve a mature sexuality.

Nevertheless, as they approach age five, children must voluntarily overcome the Oedipus complex to avoid serious problems in the future. Boys need to give up the battle with their father for the affection of their mother, recognizing that their desire is unrealistic, and turning their desire toward someone their own age. This adjustment is easier when the parents have allowed the boy to express his desires and rivalry openly, without criticizing him, and when the father presents himself as someone the boy can identify with, so that identification eventually outweighs rivalry. The mother can help by gently insisting on her relationship with her husband, and telling her son to find his own wife. This response is actually flattering to the boy, because it both assumes and challenges his independence and initiative. Boys who successfully resolve their Oedipus complex then spontaneously enter the *latency period,* a time of reduced sexual interest and activities, which I will discuss later.

Boys also need to give up their negative oedipal attachment to their father, which involves submission based on a fear of castration. The danger is not that the boy will become homosexual, but that he will not withdraw his interest from his parents and turn it toward his peers, and thus will not become independent. By encourag-

ing a boy to develop relationships with other boys and girls, and by allowing sexual play, parents help him prepare for an independent future. Parents who discourage sexual play with peers create a neurotic bond with their children that may last into adulthood, disrupting their identity formation and their sexual relationships.

In the Catholic Church, a negative oedipal fixation sometimes supplies the motivation for entering the priesthood, accepting celibacy and renouncing of a life of one's own, and submitting to male superiors called "Father"—yet another example of pathology masquerading as virtue. Mandatory celibacy is a form of emotional castration. Older members of the church hierarchy relieve their own castration anxiety by castrating their younger colleagues, who identify with the aggressors and actively support the system. The celibate priesthood is a perfect social system for men who want to avoid dealing with their sexual problems. It seems to me that the least healthy priests are the ones who most tenaciously resist changing the system.

Girls' Oedipus complex runs its course less dramatically. They usually give up their rivalry with their mother without completely surrendering their attraction to their father. But in a way, the oedipal task is more difficult for girls, because they have to shift their desire not only from an adult love object to a peer, but also from a female (mother) to males (father, then same-age boys).

Girls who remain oedipally attached to their father may grow up to feel that every man except their father is their enemy, because the men supposedly want only sex or power over the woman. Similarly, boys who stay oedipally attached to their mother may grow up unable to take the initiative with a woman, and often feel victimized by women. Many rapists exhibit these tendencies.

With the successful resolution of the oedipal conflict, children have established themselves as members of their own sex and their own generation. They have acquired clear ego boundaries and have largely overcome their narcissism. Age four is the age of character building. But it is also the age of neurosis formation for children who do not resolve their oedipal conflict on time. Children who recognize that their own growth toward independence lags behind their peers develop inferiority complexes, which may impair their ability to learn, both in school and in life. The guilt resulting from an oedipal fixation may give rise to any number of compulsive behaviors, which may not seem serious until later in life.

Overcoming the Oedipus complex requires accepting limits on one's desires and making reality-based choices—in other words, it requires conscience, the internalized authority of the parents. Conscience is created not so much by threats and punishments as by the security parents provide for their children. Without that security, no conscience can develop. Conscience is a step away from parental authority insofar as it represents internal rather than external authority. Obeying their conscience gives children feelings of relief and joy similar to the feelings they received from their parents' physical love. Disobeying conscience, of course, results in guilt feelings.

Because conscience develops later than the ego, it remains more closely tied to the external world, and often judges by what other people think more than by what one thinks oneself. Conscience also has close ties to the irrationality of the unconscious. Children's relationship with their parents determines the quality of their conscience. If parents respect their children's oedipal desires and allow the children to transfer them to age-mates, the children will learn to love and will develop a healthy conscience. But if parents force the children to suppress their oedipal desires rather than redirect them, the children will remain suspended in the oedipal phase for life and may never learn to love another person sexually. They will also develop a weak yet rigid conscience, morally demanding but unable to recognize and control their own libidinous and aggressive impulses. We have seen this type of conscience in the many sex offenders who profess conservative moral values. Borneman describes the formation of the two types of conscience:

> Children who are unaware that they hate their parents also unconsciously fear reprisal and so, without ever being aware of the whole process, experience their conscience as hounding them with fear. The greater the children's fear of their parents, the "stricter"—and therefore more irrational—the conscience is. But also the opposite: The better the children's relationship with their parents, the more trustworthy and more rational their conscience is, too. The more loving the relationship, the easier the success of the conscience in its task to sublimate genital libido.[78]

When children are secure and independent enough to love their parents with "object love," they develop a rational and flexible conscience. But when children are neurotically bound to their parents, they identify with them in a stubborn and conservative way, and may cling to their parents' opinions for the rest of their life. The wrong kind of identification is dangerous at this age because children do not understand the motivations behind parental prohibitions but internalize the effects, such as emotional pain. Identification leads some children to believe that in order to be considered "adults," they have to cause other children pain. Because identification distorts and amplifies emotions, children who are emotionally hurt, although not treated with obvious cruelty, may treat other children with extreme cruelty. Children feel with such intensity that it's easy for adults to underestimate the impact of childhood emotional pain.

Why don't we remember this crucial period in our life? The repression of early memories is called *infantile amnesia,* and it's a by-product of conscience formation. Conscience incorporates not only the parents' opinions and values but also the opinions and values of society, which children absorb quite unconsciously and come to regard as their own. Because our society regards children as non-sexual, our conscience represses our experiences of childhood sexuality so that our self-image conforms better to society's expectations. And because early childhood is so intensely and pervasively erotic, the repression of sexual memories involves the repression of virtually all memories before age five. Infantile amnesia is an act of heavy-handed self-censorship.

Repressed childhood sexual memories can be recovered in psychotherapy or under hypnosis, but a simpler method is to examine a person's sexual fears:

> If adults feel any kind of human sexual inclination or sexual behavior as especially disgusting, diagnostically that means they imagined this tendency or activity with especial passion in their oedipal masturbation fantasies.[79]

Thus, by paying attention to your sexual aversions, you can figure out what you fantasized about when you masturbated as a four-year-old.

As difficult as the oedipal phase can be, many members of today's younger generation of adults suffer from never having entered the oedipal phase at all, "because the relationships between parents and children are so weak from the beginning … that they can engender neither love nor hatred, but only indifference."[80] As a result, children develop weak egos that reflect the parenting style they were raised under:

> fragile, inconsistent, [and] uncertain. Since the children have never developed a stable relationship to their parents, they also do not learn to develop stable relationships to others. Since their own ego is fragile, their relationships to the ego of others remain brittle.[81]

These young people are unable to make commitments or accept responsibilities. Their indecision and apathy is sometimes rationalized as "sensitivity," but it's actually numbness. They suffer from "post-classical" neuroses not described by the founders of psychoanalysis, neuroses characterized by lack of emotion rather than emotional pain.

Borneman describes these neuroses as "pluralistic," and blames them on the uncertainty of today's parents on how they should raise their children in a pluralistic society. On this issue, however, I find Borneman's explanation unconvincing. From his own description of the problem, it seems more likely that the cause is parental inattention and lack of interest in the children rather than confusion. Even confused parents can have strong relationships with their children if they communicate with them, pay attention to them, love them, and treat them with respect and empathy. The parents' confusion will subside as the children themselves demonstrate what works and what doesn't work. In contrast, the parents of the "post-classical" neurotics seem to have met their children's minimal needs but without developing a deep relationship with them. Emotional intimacy is what these children were deprived of; it's something that can be supplied only by adults, because young children have not yet learned it.

Age five: the beginning of lovemap development, sublimation, and entry into school

Freud describes the middle years of childhood as the *latency period* because he thought sexual development came to a standstill during those years, as evidenced by the reduced frequency of masturbation. Like many of Freud's discoveries, the concept of latency has been modified by further research. We now know that latency is a cultural, not a biological, phenomenon. In cultures that do not forbid children's sexual activities, sexuality unfolds continuously; the oedipal phase, latency, and the psychological crisis of adolescence are all unknown.

In our culture, some "latent" children engage in sexual activity infrequently, while others are quite active sexually, and both patterns are within the range of normalcy. Some sexologists think latency is simply a time of increased prudery, not decreased interest in sex. In this view, latency is a misperception on the part of adults—the children do not become less sexual at this age, but become more skillful at hiding their sexual interests and activities.

John Money, one of the pioneers of pediatric sexology, considers latency an illusion.[82] In his lovemap hypothesis, middle childhood (ages five to eight) is one of the most critical phases of sexual development, for it is the time when our fundamental images of ideal sexual partners and erotic activities are set for life. It is the phase in which our erotic desires, which in early childhood had been relatively unfocused, come into focus, and, if all goes well, adapt to normal cultural patterns; however, if sexual learning is obstructed, erotic desire may become fixated in paraphilia. Money considers sexual rehearsal play with peers to be a prerequisite for the development of normal sexual desires. Paraphilias may develop when children are deprived of sexual play; when they are traumatized by punishment, humiliation, or guilt for their sexual play; or when they are physically sexually abused. From his extensive work with adult paraphiles, Money has identified six categories of paraphilias: sacrificial/expiatory, marauding/predatory, mercantile/venal, fetishistic/talismanic, stigmatic/eligibilic, and solicitational/allurative.

Parents can induce a sacrificial/expiatory paraphilia by punishing or making children feel guilty for sexual activity. Religious teachings, especially the belief that erotic pleasure is sinful, often play a role in the development of sacrificial paraphilias. Because these children believe that lust must be punished, they incorporate both lust and punishment into their lovemap—that is, their sexual arousal and orgasm depend on someone being punished. If the punishment is accepted from a sex partner, it takes the form of masochism. If the punishment is imposed on the partner, it takes the form of sadism or sex murder. If the punishment is self-imposed, it takes the form of self-flagellation, self-mutilation, or self-strangulation. Children who are taught that sex is dirty, like excretion, may come to depend on ingesting or playing with feces or urine for sexual arousal. Incidentally, not all sex murderers have sex with their victims—some achieve orgasm from the killing itself, while others wait and masturbate to their homicidal memories.

Punishment for sex play can also lead to marauding/predatory paraphilias. When a boy is punished for mutually consenting sexual play and told that good boys and girls do not agree to do such shameful things, he may conclude that the only way to obtain sexual satisfaction is to steal it or impose it by force. In paraphilic rape, the victim's terror, suffering, and resistance are essential for the rapist's satisfaction, because his lovemap excludes the possibility of consent. Kleptophiles gratify themselves by stealing erotic fetishes, such as shoes or underwear. Somnophiles break into bedrooms to steal sexual intimacy from sleeping victims. Necrophilia in-

volves stealing sex from corpses; it may be combined with sex murder, as in the famous case of Jeffrey Dahmer.

Childhood sexual experimentation involves affection and emotional bonding as well as the free exchange of sexual pleasure. Prohibition of such activity may result in a mercantile/venal paraphilia, in which lust is divorced from affection and must be purchased rather than given freely. Mercantile paraphilia can be found among some workers and customers in the sex industry—prostitution, pornography, sex shows, and telephone sex—for whom this is the preferred form of sexual activity. However, not everyone involved in the sex trade is motivated by paraphilia. The criterion for this paraphilia is that sexual satisfaction depends on making or receiving payment.

Children who are denied access to other children's bodies may compensate by eroticizing symbolic objects and developing a fetishistic/talismanic paraphilia. Fetishes can be visual, tactile, olfactory, or any combination. Fetishists may enjoy touching, looking at, smelling, wearing, sucking, or chewing their favored fetish. Common fetishes include underwear (dirty underwear in some cases), shoes, stockings, sensual fabrics, fur, hair, leather, rubber, and latex. Small animals and even babies can be used as fetishes. Particular types of women's clothing are fetishes for some, but not all, male transvestites. Klismaphilia is an enema fetish in which the pressure of the enema water is erotically arousing—another reason not to give children unnecessary enemas.

In the stigmatic/eligibilic paraphilias, the range of people to whom one can respond erotically is narrowed down to a single characteristic, which may be related to body morphology, chronological age, or psychosexual age. Any physical characteristic—hair color, breast size, body shape, etc.—that is an absolute prerequisite for sexual performance constitutes a paraphilia; in effect, a single body part becomes a fetish. Other paraphilic fixations include amputations, tattoos, scars, and body piercing. Chronological age paraphilias include nepiophilia (infants), pedophilia (children), and ephebophilia (adolescents). Psychosexual age paraphilias require that an adult (or adult partner) act as if he or she were an infant, child, or adolescent.

Although I am generalizing in my discussion of paraphilias, their origins are always idiosyncratic, and that is especially true for the stigmatic/eligibilic paraphilias. As we saw in the case of the man attracted to amputee women in Chapter 1, many factors in a person's life converge to produce a particular paraphilia. In general, we could say that normal sexual play teaches children to respond erotically to a variety of people, whereas sexual deprivation allows a person to fixate on a single characteristic. Sexual deprivation also prevents children from maturing along with their peers, and this may induce an age-related fixation.

Money includes zoophilia, an erotic preference for animals, in the stigmatic/eligibilic category, but notes that it is rare. Human sexual contact with animals is not uncommon, but it is usually playful or experimental rather than paraphilic. However, it is easy to image how a child could become a zoophile if he or she were deprived of contact with other children but had easy access to animals.

Children who are forbidden to have consensual genital contact with other children sometimes settle for watching other children engage in sexual play, spying on other children's nudity, exposing themselves to unwilling viewers, or intimately touching others in ways that appear to be accidental. A fixation on such activities leads to one of the solicitational/allurative paraphilias, of which voyeurism and exhibitionism are the most common. In this type of paraphilia, some aspect of foreplay becomes the main focus of erotic desire and a prerequisite for orgasm. The power of their fixation is so strong that some exhibitionists can achieve orgasm simply by exposing themselves, without masturbating. Another characteristic of solicitational/allurative paraphilias is physical and/or emotional distancing from the object of desire, who often must be a stranger, and whose lack of consent may be essential for the paraphile's arousal and orgasm.

Other solicitational/allurative paraphilias include compulsive obscene phone calling, pornography addiction, frotteurism and toucherism (rubbing up against or touching strangers in a crowd), compulsive promiscuity or sex with strangers, and Clérambault-Kandinsky syndrome, a compulsive fixation on an unattainable lover that may lead to murder or suicide.

From this overview of the paraphilias, it should be clear that the religious/cultural dogma that children should not engage in sexual activity is not only incorrect but dangerous. Prohibition and punishment of sex play can result in paraphilias ranging from the kinky to the homicidal. The serial sex murderers who horrify us so much are simply taking traditional religious teachings to an extreme conclusion: "Lust equals sin; sin is punished by death; therefore, the people who arouse my lust must be killed." This is irrational thinking; but if the adults who prohibit children's sex play understood their own true motives, they would find them just as irrational: "My child is acting sexual; it reminds me of my own unresolved childhood sexual problems, which I don't want to deal with; therefore, I will forbid my child to act sexual."

Paraphilias are not the only possible results of forbidding childhood sexual activity; neuroses are more common results. Neuroses are symptoms of an inhibited ability to act. Children, like adults, have sexual fantasies. Healthy fantasies are grounded in reality and in some way prepare us for action. Sexual fantasies prepare us for sexual activity—at the very least, masturbation. But when sexual activity is forbidden, fantasies can become disconnected from reality, and neuroses can develop. In *hysteria* or *conversion reaction,* the neurotic regresses from action to daydreaming, and fantasies expresses themselves symbolically in psychosomatic symptoms, which become a substitute for action. In *obsessive-compulsive neurosis,* a person regresses from action to incessant preparation for actions that are never carried out.

Borneman has this to say on the necessity of childhood sex play:

> Nature did not give children strong sexual desires for nothing. They serve as practice for that precoital tenderness that in adulthood enables the foreplay before coitus. If parents forbid their children the age-specific games and practices that serve this purpose, they condemn the children in their later years to cold, loveless, unprepared sexual intercourse, one that can give neither them for their sex partner emotional satisfaction.…

> Today we know that morality is built on experienced sensuality and that all intellectual faculties are sublimated forms of sexual abilities. Parents who cut their children off from the joy of sensuality rob them of access to moral judgment. Children whose access to sexual satisfaction has been walled shut often as adults can no longer find the access to intellectual satisfaction. Children traumatized in this way often "fail" even in the first year of school.[83]

Pleasure is our natural guide to what is good. When pleasure is denied, morality loses its grounding in reality and becomes irrational.

At the end of childhood puberty, children are ready to begin school. Borneman explains that there is a close relationship between sexual learning and intellectual learning:

> Intellectual curiosity is sublimated sexual curiosity. It is no coincidence that we place our children into schools just when their childhood sexual investigation has passed its high point and so can be sublimated. Even the best teachers can inspire no desire for learning in their children if their underlying sexual curiosity is too little or too great, i.e., when sexual curiosity is still not present or when it is too intense to be able to be sublimated. If the children's sexual curiosity has already been disparaged or choked off at home, not even the best teachers can ever instill the desire for learning.
>
> All teachers know the type of dull pupils lost in daydreams whose intellectual poverty does not originate in inherited stupidity, as it were, but rather is the result of questions about the mystery of life being stifled at home. The "moral" opposition to childhood sexual investigation has in this case led to the children's intellectual stunting.[84]

However, success in school is not necessarily a sign of good sexual adjustment. Bright students who are sexually repressed may achieve good grades without developing a passionate interest in any subject or actively developing their talents—they just passively learn whatever is placed before them. These gifted underachievers never take the initiative in learning anything, because they were shamed when they took the initiative in learning about sex. So, in spite of their good grades, their intellectual growth is stunted.

Borneman makes an important point when he says that intellectual curiosity is sublimated sexual curiosity. Sublimation is one of the few ideas of Freud that appeals to moralists, who sometimes suggest that unmarried people should sublimate their sexual desires instead of engaging in sexual activity. But sublimation is not the same as repression or suppression. In fact, Borneman's research makes it clear that repressed sexual energy cannot be sublimated. Blocked energy cannot be channeled; only freely flowing energy can be directed one way or another. Children who feel loved and respected by their parents want to become part of their parents' world, so they freely and enthusiastically sublimate some of their sexual energy into cultural activities such as intellectual learning. On the other hand, children whose sexuality is repressed often have difficulty learning, and those who learn easily do so without enthusiasm.

Even among adults, the inability to sublimate, due to blocked sexual energy, is sometimes the root cause of chronic failure or underachievement in the workplace. There are various degrees of blockage, and some people who repress a portion of their sexual energy are able to sublimate another portion and achieve success in their career. But in my experience, sexually satisfied people are generally more creative, more productive, and more

satisfied with their work than sexually frustrated people. Abraham Maslow's studies of self-actualized people support this observation.[85]

At age five, tension between the sexes is reduced as boys and girls play together. However, aggression of the group against the individual begins. Minorities of all kinds and nonconformists are persecuted, leading to isolation and traumatization of the excluded children. The children who have the greatest sexual guilt feelings are the most likely to try transferring their shame to others by persecuting scapegoats. Repressed sexuality is a major source of aggression.

While early childhood is a crucial time for experiential learning about sex, school is the place for intellectual learning about sex. Successful teaching about sex, like any other subject, depends on the child's stage of readiness to learn. Since it is impossible to pinpoint for each child his or her exact level of readiness for a particular topic, Borneman recommends that schools present a wide variety of information so that children can select what they need. In the case of sex education, he recommends allowing the students to determine the rate of progress and the amount of information they desire. He emphasizes that children cannot be harmed by receiving sex information "too early," but they can be harmed by the way the information is presented:

> At worst, premature information creates boredom, but never alarm. When children show alarm, the information has come too late or was expressed incorrectly, for example, in an anxious or provocative form. In such cases children are not reacting to the content of the information, but rather to the adults' conduct.[86]

When adults present sex information with uncertainty, anxiety, or shame, their presentation creates uncertainty, anxiety, or shame in the children. In contrast, adults who are secure and confident in their own sexuality and their sexual knowledge can present even the most explicit and detailed information without disturbing healthy children. Sex education may arouse painful emotions in children who are already sexually disturbed, but it also provides opportunities for teachers and counselors to refer these children for treatment at an early age before the psychological damage becomes permanent. Sex education in the earliest grades allows psychosexual problems to be uncovered when they are most treatable.

Parents typically interpret their children's psychosexual problems in one of three ways:

1. My child is abnormal: She/He *does* not behave normally.
2. My child is sick: He/She *cannot* behave normally.
3. My child is stubborn: She/He does not *want* to behave normally.[87]

In all three cases, Borneman says, the parents are probably the cause of the children's problems, not so much because of what they have done intentionally in raising their children, but because of the unconscious influence of the parents' own unresolved sexual problems. Parents with satisfying sex lives allow their children to have satisfying sex lives. Parents with sexual problems tend to pass the same problems on to their children. The more sexually frustrated the parents are, the more they will sexually frustrate their children. So, rather than

focusing their attention on their children, these parents need a better understanding of their own sexual desires and fears. They cannot solve their children's problems until they become aware of their own problems.

Age six: sexual differentiation and identity formation

The sexual differentiation of body shapes begins at age six. As girls begin secreting estrogen, their hips become more rounded and their pelvis broader. As boys begin secreting testosterone, their shoulders become broader and their shape more angular. It is a mistake to believe that sex hormones are absent before puberty; puberty marks an increase in the production of sex hormones, but not their introduction.

The stress of psychological differentiation and identity formation makes age six a time of contradictory behaviors. Six-year-olds can rapidly alternate between extroversion and introversion, euphoria and depression, enthusiasm and indifference, ambition and apathy, modesty and exhibitionism, innocence and guilt, affection and rejection, silliness and seriousness, laughing and crying, courage and timidity, bragging and self-doubt, openness and secrecy, sociability and isolation, and so on.

Burgeoning identity formation demands distancing from parents. Children begin to see their parents more objectively, but their behavior toward their parents swings back and forth. They may be ashamed of their parents, make fun of them, reject their affection, shock them with vulgar words or dirty jokes, and provoke them whenever possible. But at other times the same children will be loyal, obedient, and affectionate, and demand that their parents take them seriously.

It's an age of experimentation and reality testing. But today children have very little reality to test, because they are isolated from the adult world and have no family and social responsibilities. Borneman believes that our society stunts children's mental, psychological, and social growth by giving them no responsibilities except schoolwork. Modern childhood is a time of artificially prolonged immaturity. Having little contact with adults, six-year-olds take older children as roles models, giving them more authority than adults and obeying them unconditionally.

Six-year-olds hide their anxiety by showing off. Boys show off by boasting, fighting, and competing with each other in a variety of ways. Borneman sees genital symbolism in boys attacking girls with water balloons and water pistols. Girls typically show off by trying to be smarter and get better grades than boys.

Psychosomatic and behavioral problems of age six often have roots in infancy and toddlerhood. Children who have not experienced satisfactory bonding with and separation from their mother have difficulty achieving the independence required at school. Symptoms of dependency conflicts may include colitis, asthma, wetting or soiling oneself, thinness or obesity, eating or sleeping disorders, stealing, lying, or running away. Resolution of these problems often requires recognition that the more fundamental problem is in the child's relationship with the parents.

From this age on, explicitly sexual activities occur in school restrooms and anywhere else that children can escape adult supervision. These activities include making up or repeating sexual stories and jokes; exchanging information (often erroneous) and opinions about sex; and exposing, looking at, and touching genitals. The purpose of these activities is not sexual gratification as adults experience it, but identity formation. Identity is rooted in the body. Children find their own identity by discovering the similarities and differences between their own body and other children's bodies. Adults tend to think of personal identity in abstract terms, but for a child it's a physical issue—"I am me because my body is different from yours." Children who are not allowed to see other children's bodies often have difficulty developing a strong ego; they do not know who they are because they are not allowed complete knowledge of others. Physical intimacy is a powerful kind of knowledge, as attested by "the biblical sense" of the verb *to know*.

Of course, feelings are as much a part of our identity as our body is. Through sexual conversation and play, children develop their sexual identity by discovering and experimenting with their feelings about physical, emotional, and sexual intimacy. Folklore researchers have found that children often make up stories that include romantic and/or explicitly erotic elements.[88] As we have already seen, John Money found evidence that lovemaps—lifelong patterns of erotic/romantic desire—are established during the middle years of childhood. Conversation, play, and fantasy serve as rehearsals for future sexual activity.

What role do adults play during this critical phase of childhood sexual identity formation? The usual role is abandonment and abdication of responsibility, which takes the outward form of denying children's sexuality and forbidding sexual activities. Adults who claim they are protecting their children from sexuality are in fact protecting themselves from dealing with the painful memories and unresolved issues of their own sexual development. When they tell their children to avoid sex, what they are saying in practice is, "You're on your own, fend for yourself." Looking at our society, we can see the results of allowing children to fend for themselves: high rates of teenage pregnancy, sexually transmitted diseases, and sexual abuse. These problems are not caused by children having sex too early, but by adults offering education and guidance too late. This is what I call negligent abuse.

Children cannot be molded to fit adult ideologies, even when those ideologies are sanctioned by centuries of political and religious correctness. Human evolution has determined that children of all ages are and will continue to be sexual beings, whether adults like it or not. We can continue denying reality and abandoning our children emotionally and intellectually, or we can face reality, learn about childhood sexuality, and offer children information, guidance, and emotional support as they discover their sexual identity.

Conservatives often claim that sex education promotes premature and excessive sexual activity. Borneman found the opposite to be true. When children are allowed to ask questions about sex and openly discuss it at home and in school, and their questions are taken seriously and answered, they have less need to "act out"

sexually. But when family and school forbid any interest in the body and sexuality, children compensate by trying harder to learn about sexuality on their own, spending more time in sexual conversations and activities with their peers. In such an atmosphere, their chances of learning to express love and respect through sexuality are minimal.

How can children learn to respect their own sexuality and the sexuality of their peers if adults do not respect children's sexuality? How can children learn to use sexuality to express love and affection when their parents teach them domination and humiliation? How can children learn that sexual coercion is immoral if adults coerce children into denying their own sexual needs? How can children talk about their sexual feelings and experiences or ask questions about the appropriateness of specific sexual behaviors if adults decree that *all* sexual behavior is inappropriate and refuse any further discussion? With a childhood like this, it's no wonder that so many adults have no realistic concept of sexual morality.

The importance of the adolescent phase of sexual development may be vastly overrated. Borneman contends that a child's ability to meet the challenges of adolescence is already determined by the age of five or six. If a six-year-old is encouraged to develop a strong ego, including a strong sexual identity, a degree of independence from parents, and close bonds with peers, the child is well prepared to meet the intellectual and social demands of school and, later, the emotional demands of adolescence. Children who are offered freedom and choices at home and in school, and who are expected to be responsible and creative, have fewer problems during adolescence. On the other hand, children who are kept dependent in an authoritarian atmosphere have more problems as adolescents. Domineering or overprotective parents can do as much harm as unloving or neglectful parents. Children swing back and forth between dependence and independence, gradually becoming more independent with each swing. Wise parents respect this rhythm, providing support and freedom as needed.

Age seven: self-confidence and curiosity

Age seven is a time of relative emotional peace and consolidation of earlier developmental achievements. Children's agility, self-confidence, curiosity, and learning ability increase. With a stronger sense of self, seven-year-olds no longer feel the need to share every thought and experience. They can keep secrets and weigh their words carefully. Their power of concentration increases, and they can sit for hours working at a hobby or reading.

Seven-year-olds are explorers, riding their bicycles far from home, inspecting their neighborhoods and cities, sometimes getting to know street people and the homeless. They spend most of their time away from home, and strangers can become more important to them than their own family. Groups of children form cliques with their own customs and rules. They learn to trust and depend on their friends. While they ration their affection

for their parents, their love of friends is limitless and libidinous. Affection sometimes slips into sexual attraction without the children noticing the difference.

The emotional content of sex play at this age is camaraderie more than romance. By getting naked together, touching each other, masturbating with others or masturbating each other, children find the social acceptance of their sexuality that is typically withheld by adults; this acceptance helps children overcome anxiety and accept their own sexual feelings. Overt sexual expression helps them learn to differentiate sexual feelings from more general feelings of affection. This kind of play contributes to normal lovemap development by teaching children to associate erotic pleasure with emotional bonding and by providing opportunities for each child to find out what attributes he or she finds sexually attractive.

Children who are deprived of affectionate sex play may become adults who separate eros from affection. Examples include people for whom sex is mechanical and loveless; people who judge potential sex partners solely on the basis of physical attractiveness; men who love their wives but need prostitutes or mistresses for erotic satisfaction; and paraphiles such as fetishists. Sex play helps ground erotic/romantic fantasies in reality; one of its important lessons is that we can create erotic desire. People who have not practiced creating desire become completely dependent on the unconscious psychological mechanisms of "falling in love." They may pass up a well-matched potential partner with whom they share mutual affection because he or she is not sexy or romantic enough, then fall in love with someone who is totally unsuitable as a life partner. The unrealism of many adults' sex lives can be traced to a lack of erotic reality testing in childhood.

Sex play, including exposing, looking, touching, and masturbating, is just as likely to be homoerotic as heteroerotic during pre-adolescence. Again, this should be considered part of children's experimentation and identity formation. When boys feel free to share experiences of sexual arousal and gratification with each other, it helps them consolidate their identity as sexual males. Likewise, girls who share sexual experiences strengthen their female identity. For heterosexual children, homoerotic play is a relatively safe way to begin learning about explicitly erotic activities. It sensitizes their bodies and prepares them emotionally for heterosexual activities. Borneman found that the earlier this homoerotic phase starts for heterosexual children, the earlier it ends—usually before the teen years.

For bisexual and homosexual children, of course, homoerotic play is not just a phase; it's their first taste of a lifelong orientation. There is no evidence that either permission or prohibition of homoerotic play can change anyone's sexual orientation. Permission increases everyone's security in their own sexual identity and orientation. Prohibition increases everyone's sexual insecurity as well as interpersonal tensions.

Heterosexual children who can act out their homoerotic desires without guilt and shame seem to get these desires "out of their system" at an early age. Later, if they experience a passing homoerotic desire or fantasy as adolescents or adults, it will not threaten their heterosexual identity. Nor will they feel threatened by homo-

sexuals, because they know the pleasures of homoeroticism from personal experience, even though they now find heterosexuality more compelling.

But children who are not allowed to pass through their homoerotic stage naturally—who experience strong guilt and shame for acting on their desires or even for having such desires—remain insecure in their sexual identity as teenagers and adults. They experience their own homoerotic desires and the presence of homosexuals in their environment as a threat to their sexual identity. They often become homophobic, and if they are inclined toward violence, they may become gay bashers. Homophobic men have to spend their lives proving their masculinity, while men who are secure in their identity have nothing to prove. Homophobia hurts homosexuals socially, economically, psychologically, and sometimes physically, but it also hurts its perpetrators emotionally. Homophobia is caused by aversive sexual abuse—making children ashamed of their natural and necessary homoerotic desires and play.

There is a more popular alternative to overt acceptance or rejection of childhood homoeroticism—denial. There are plenty of macho men who would insist—in spite of the strip poker games and circle jerks of their childhood, the locker room butt slapping and towel snapping of their adolescence, and the nude wrestling and bare ass paddling of their fraternity initiation—that they had never engaged in homoerotic activities. If radical gay activists ever finish outing closeted gays, they could spend the rest of their lives outing heterosexual men who had normal childhoods. If even half of these men could talk about these experiences with their sons, and acknowledge their enjoyment of them, we would see a dramatic decline of homophobia in the next generation.

Some children, of course, are too inhibited to play sexually in pairs or groups. For these children, masturbation is the most important sexual outlet, sometimes remaining so into adolescence and adulthood. Children who play sexually with others tend to masturbate less frequently than children who don't play.

In Borneman's study, the earliest instances of sexual intercourse occurred among immature seven-year-olds; their partner was most often a friend's sister or brother. This evidence suggests that parents who try to delay their children's sexual development in the hope of preventing premature sexual activity are defeating their own purpose—it's the immature children who go too far too soon.

In general, Borneman found that the children of conservative parents are more sexually active, while the children of liberal parents sublimate more of their sexual energy into other activities. It seems that children act out their parents' fantasies, not their instructions. Conservative parents warn their children to avoid sex completely because they fantasize about their children losing control, and losing control is exactly what many of their children do. Liberal parents fantasize about their children experimenting with sex, satisfying their curiosity, and having fun while staying in control, and that's what their children tend to do.

Natural desires have natural limitations; when the desire is satisfied, it disappears. But prohibiting something that's naturally attractive makes it irresistible; people want it, not just for its own sake, but because it's forbid-

den. Because the object of desire remains forbidden even when acquired, the desire is never satisfied. That is how prohibition creates obsession. When conservative moralists complain about our culture's obsession with sex, they can find the guilty parties by looking in the mirror.

Conclusions

Human beings are sexual beings for our entire lives. The idea that children are not sexual falsely equates sexuality with intercourse. For children (as well as sexually healthy adults), the whole body is erotic. And human sex life consists mainly of desires, fantasies, and mental images, some of which are unconscious. The large part of children's sex life that occurs in fantasy is available for direct observation only when it is expressed in stories, jokes, drawings, dreams, etc. Sexual communication involves much more than genital contact; it includes looking, talking, hugging, kissing, and many forms of touching. Telling children "Say no to sex" is equivalent to saying "Say no to being human." The key moral issue for children as well as adults is not *whether* to behave sexually but *how* to behave sexually. When sexuality cannot be expressed in any way, serious problems arise.

If you're still asking "At what age is it OK for children to start having sexual intercourse?" you've missed the whole point of this chapter. Adults cannot schedule or control children's sexual development. But there's a lot we can do that we typically haven't done for our children:

- respecting their sexual needs, desires, and individuality
- encouraging their independence while providing security and emotional support
- trusting them to know what they need and when they need it
- encouraging them to talk openly with us about sex
- taking their questions seriously and answering them completely and accurately, even at a very young age
- teaching them to say yes when they mean yes and no when they mean no, and to respect other children's choices
- paying more attention to children, and watching for clues as to whether their sexual development is heading in the right direction
- acting as role models of loving and respectful physical and emotional intimacy
- treating sexuality in general as a subject for wonder, enjoyment, and gratitude, rather than shame, fear, and guilt.

We can't do children's developmental work for them, but it's clear that we adults have plenty to work on.

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[1]Kaplan (source unknown).

[2]Money 1980:44.

[3]Reiss 1990:18.

[4]Borneman 1994:22.

[5]Myers 1981.

[6]Quoted in Myers 1981.

[7]Money 1980:52–53.

[8]Money 1986:16.

[9]Borneman 1994:182.

[10]Money 1986:16.

[11]Ibid.; Borneman 1994:52.

[12]Nathanson 1992:275.

[13]Tabin 1985; Nathanson 1992:274–75.

[14]Reiss 1990:41–42; Nathanson 1992:273.

[15]Gebhard et al. 1965; Thorne and Haupt 1966; Brittain 1970; Cook, Fosen, and Pacht 1971; Goldstein 1973.

[16]Money 1986.

[17]Kinsey et al. 1953:385–91; Kanin and Howard 1958; Klassen et al. 1989:155–56.

[18]Klassen et al. 1989:155.

[19]Kinsey et al. 1953:385–91.

[20]Nathanson 1992:273.

[21]Newton 1973; Grof 1985:203.

[22]Rossi 1973; Newton and Newton 1970; Mead and Newton 1967.

[23]Grof began his research by using LSD to relax patients' defense mechanisms and quickly access their unconscious mental processes. When it became politically impossible to continue using LSD, despite unprecedented therapeutic results, Grof and his wife Christina developed Holotropic Breathwork, a non-drug method that uses controlled hyperventilation and music to induce altered states of consciousness. For an overview of his therapeutic research and its theoretical implications, see *Beyond the Brain* (Grof 1985).

[24]Borneman 1994:41.

[25]Grof 1985:203.

[26]Ibid., 236–238.

[27]In July 1990, during his weekly fantasy analysis of the American media, psychohistorian Lloyd deMause was puzzled by the number of editorial cartoons and headlines using images of birth pains. He knew these images were subliminal desires for war, but he saw no enemy on the horizon. Then Iraq invaded Kuwait—the kind of event that usually evokes a yawn from Americans when they're feeling good about themselves. But in that summer of discontent—when, according to deMause's fantasy analysis, Americans were eager to sacrifice their children—Saddam Hussein's aggression against a feudal neighbor galvanized Americans, who joyfully sent their youths into battle against Iraq's youths. DeMause concluded: "Saddam Hussein—not us—wanted to kill our children. America felt good again." (deMause 1990)

[28]Grof 1985:116–122, 200–242.

[29]Ibid.

[30]DeMause 1994. The entire Spring 1994 issue of *The Journal of Psychohistory* (vol. 21, no. 4) is devoted to discussions of ritual abuse.

[31]Grof found this complex in some cases of homosexuals who suffered inner conflicts about their homosexuality, but he emphasizes that there are many types of homosexuality with various origins, and this complex should not be generalized into a universal explanation. See Grof 1985:219–221.

[32]Newton 1973.

[33]Masters and Johnson 1966.

[34]Borneman 1994.

[35]Ibid., 58.

[36]Newton 1973.

[37]Ibid.

[38]Masters and Johnson 1966.

[39]Newton 1973.

[40]Rossi 1973.

[41]Ibid., 169.

[42]Borneman 1994:61–63.

[43]Ibid., 69.

[44]Ibid., 70.

[45]Ibid., 81–82.

[46]K. E. Money (1978) presents indirect evidence supporting the hypothesis that childhood sexual deprivation may cause neurological damage in girls.

[47]Borneman 1994:82.

[48]Ibid., 84–85.

[49]Ibid., 89.

[50]Ibid., 99.

[51]Ibid., 104.

[52]Ibid., 107.

[53]Ibid., 113.

[54]Ibid., 125.

[55]Ibid., 126.

[56]Ibid., 130.

[57]Quoted in Borneman 1994:131.

[58]Ibid., 138.

[59]Nathanson 1992:183.

[60]Borneman 1994: 133.

[61]Ibid., 132.

[62]Ibid., 138–39.

[63]Ibid., 143–44.

[64]See Chapter 8 for more discussion of shame and the history of manners.

[65]Borneman 1994:152.

[66]Ibid., 151.

[67]Ibid., 154.

[68]Ibid., 157.

[69]Ibid., 158.

[70]Ibid., 167.

[71]Ibid., 160.

[72]Ibid., 176–78.

[73]Nathanson 1992:276.

[74]Borneman 1994:207.

[75]Ibid.

[76]Ibid., 209.

[77]Ibid., 210.

[78]Ibid., 215.

[79]Ibid., 217.

[80]Ibid., 226.

[81]Ibid.

[82]Money 1980:54; 1986:19.

[83]Borneman 1994:248–49.

[84]Ibid., 237.

[85]Maslow ???.

[86]Ibid., 242.

[87]Ibid., 245.

[88]Sutton-Smith and Abrams 1978.

