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COUNSELOR AWARENESS AND EFFECTIVENESS IN HUMAN SEXUALITY

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy in the Graduate School of The Ohio State University

by

Jill Helene Mushkat, B.A., M.A.T.

* * * * * *

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1978

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UNIVERSITY MICROFILMS.
This dissertation is dedicated to my parents, Edna and Lou, and my brothers, Fred and Mark, for all their love and encouragement throughout my life.
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CHAPTER I

Introduction

Our society is one in which rules governing sexual attitudes and behaviors are often absurd, obscure or contradictory. One of the most common, perhaps, is the puritan ethic that sex before marriage is bad, dirty, evil or any number of such negative descriptions. If this attitude has been impressed, on a regular basis, on the mind of a young person, by the time that person is ready to marry, a legal piece of paper is not going to change it. In addition to these attitudes, we are also taught male and female role stereotypes which may lead to repression of certain sexual feelings or behaviors. There are problems in the ability to communicate feelings and desires. Fears and guilt complicate the ability to deal with these issues.

Society is not expected to function without rules and regulations, myths and taboos within the norms of a culture. Tyler (1971) has stated basically three limitations to the norms of a culture that can be applied on an individual basis:

1) These norms must conform with human anatomical limits or someone will be physically traumatized.

2) These norms must conform to the larger groups' rules or someone will be legally or social traumatized.
3) These norms must conform to the individual's conscience and value system or he will be psychologically traumatized (pp. 2).

The social system that has developed the use of fear and guilt in dealing with sexual behavior has led to considerable psychological trauma for great numbers of people. We are only recently becoming able to discuss sex openly. We have finally reached a point in our society where we are becoming more aware of human sexuality on an overt plane. Sex education now means more than a film on menstruation or the terrors of venereal disease.

"The Kinsey Report" (Kinsey, Pomeroy and Martin, 1948) began research in 1938 and worked through the 1940's and early 1950's to open the field of human sexuality with a shock force. Now as we move through the '70's, the waves of that shock are manifested in greater research than ever before being developed in this area. This research is being published and widely circulated to the public by such names as Wardell Pomeroy, Masters and Johnson and Helen Singer Kaplan. To increase the numbers of people this material reaches, there have been books written interpreting major works in laymen's terms. At the same time, many others are exploiting the popularity of this topic and writing all sorts of misinformation upon which the public is also feeding.

People are recognizing themselves as sexual beings and questioning what that means both in terms of what differentiates one sex from the other and how that applies to sexual
interaction. We are growing away from long held myths such as men are the only ones who are really able to enjoy sex. We see the results of the most widely recognized laboratory study of human sexual interaction done by Masters and Johnson (1966) which established for the first time the actual patterns of physiological responses to sexual stimulation.

As we are confronted with these studies, we become more aware of how little we do know, both about our sexuality and that many of us are not functioning sexually at the level we feel we should. Further studies by Masters and Johnson (1970) deal with these areas of dysfunction or inadequacy. The openness of these studies coupled with the hope they dispatch for amelioration has led people to seek treatment for a wide range of sexual problems. It has also led to the development of the field of sex therapy.

The Need for the Study

The demand for sex therapists is increasing rapidly, but the supply is increasing slowly. There are a great number of charlatans practicing sex therapy to meet these demands. There are not enough trained, qualified practitioners. Even the term "sex therapist" is highly ambiguous as to date there are no guidelines or licensure regulations to protect the public from those not qualified to handle therapy of this type. Treatment ranges from the formal two-week program offered by Masters and Johnson to therapists
watching a nude couple perform sexually while giving instructions, and even to group sex marathons.

Although there is an increasing openness about sexuality, it is still a very difficult topic. Many people who go for treatment by someone who may not be qualified and who find this treatment fails, may have become too embarrassed to continue seeking the help they want, yet there are not enough facilities to train qualified professionals to accelerate the elimination of such occurrences.

The few training programs include those at the Kinsey Institute which is affiliated with Indiana University, Bloomington, Masters' and Johnson's Reproductive Biology Research Foundation affiliated with the Washington University School of Medicine in St. Louis, Missouri and Helen Singer Kaplan's Sex Therapy and Education Program at the Payne Whitney Clinic of Cornell-New York Hospital, Ithaca, New York. In addition, seminars are offered through various professional organizations and teaching facilities.

Universities are just beginning to recognize sex therapy as an independent discipline and are beginning to offer doctoral degrees in sex therapy often working out of the Department of Health Education. Programs are needed in other areas of social, behavioral and medical sciences as well. People are being trained to work as physicians, counselors, social workers and psychologists. They will have contact with a vast variety of human problems. They will come increasingly in contact with sexual problems.
This increased contact creates two professional concerns. One is that those in positions to counsel others with sexual problems will not have the knowledge and training to do so and two is that their own level of comfort with their own sexuality may be so low as to cause them to react with shock or discomfort, and thus, discourage the client from revealing his or her problems.

To develop skilled counselors, it is important to develop training in both the areas of knowledge and self-awareness in human sexuality. Even the most skilled and knowledgeable counselor will be useless if confronted with a topic which creates extreme discomfort to himself or herself. So the counselor who is aware of his or her own sexuality and comfortable with it may be ineffectual if lacking in knowledge and skills for treating sexual problems.

It is the responsibility of the various university departments training the above mentioned people in what are often referred to as the "helping professions" to at least offer training in knowledge, skills, and self-awareness in human sexuality to better prepare for dealing with these situations. This could be initiated on a preliminary level with options available for in-depth training.

This training is possible now that we have conquered the major problem of the past, lack of basic knowledge.

Until recently, the clinician attempting to treat sexual disorders was at a serious disadvantage in not having reliable basic data to draw upon.
Sexual behavior had never been directly and systematically studied in the laboratory and accurate basic data were virtually non-existent. In contrast to the extensive information available regarding other bodily functions such as excretion and respiration, sexuality was terra incognita. The therapists in this field had to work empirically and essentially in the dark... Perhaps the greatest contribution to the long overdue termination of the 'dark ages' of human sexuality came from the pioneering studies of Master's and Johnson. Their monumental efforts have finally made basic data on the long neglected physiology of the human sexual response available to the clinician. Kaplan (1974, p. 2,3)

Statement of the Problem

The purpose of this study is to investigate counselor training programs in human sexuality and their effectiveness. Guidelines for developing a program for counselors have been drawn from those researchers already mentioned as well as many others including Shere Hite (1976), who has researched sexual attitudes and behaviors of women, Ron Pion and Jack Annon (1975), who are involved in brief therapy techniques for sexual problems and John Money (1965), who is involved with the Gender Identity Clinic at Johns Hopkins University, Maryland.

Hypothetical Questions

This investigation will attempt to answer the following hypothetical questions:

1. Will counselors become more functionally aware of attitudes, behaviors and problems in the area of human sexuality if given special training?
2. Will they become more aware of, more accepting and more comfortable with their own sexuality as a result of special training?

3. Will positive results in either or both of these two areas augment their effectiveness as counselors?

Definitions:

Sexual Problems: Any thoughts or behaviors related to sexuality which have created concern or conflict within an individual or group of individuals. This may range from a lack of information, concern over basic myths or misconceptions, to sexual dysfunctions (see that term).


Sexual Dysfunction (or inadequacy): This may vary from actual inability to function in one or more areas of sexual activity to perceived inability to function at an adequate level. Various types of sexual dysfunction dealt with by Masters and Johnson (1970) include the male dysfunctions of premature ejaculation, ejaculatory incompetence, primary and secondary impotence. The female dysfunctions include primary orgasmic dysfunction, situational orgasmic dysfunction, which may be masturbatory, coital or random, and vaginismus. Dyspareunia, painful intercourse, is a condition pertaining to both male and female.

Self Awareness: Those attitudes which indicate a person has achieved some level of insight into his or her own feelings.

Counselor Attitude: For purposes of this study, this is determined by scores earned on the S.K.A.T. and by personal comments written in the journals.

Research Plan

Chapter two will review the literature on human sexuality and the related areas with which this dissertation will be concerned. Chapter three will describe a sex education
course for counselors and various instruments used to evaluate the effectiveness of such a course. Chapter four will describe the results of the evaluation and Chapter five will discuss the strengths and weaknesses of the program, suggested areas for future research and an overall summary of procedures and findings.
CHAPTER II

Part I

Counselor Education

Counseling theories (which are vast) do affect the education of the counselor. However, this dissertation, although acknowledging the importance of various theories, will not attempt to expound upon them individually, but rather will deal more directly with their use in counselor preparation. Readers who are interested in specific theories may investigate the authors listed in reference, all of whom have made a contribution to the theoretical basis for the work that will be discussed in this dissertation.

In 1965, American Personnel and Guidance Association (APGA) (see Appendix D) established goals for counselor education based on the philosophy that "the level of competence required of a counselor is determined by the nature of his counseling responsibilities and not by the proportion of his time devoted to counseling." (APGA, 1965, p. 9) The major focus, both within the classroom and within professional settings was on counselor education programs, providing practical experience with "a core of preparation that should be common to all counselors." (APGA, 1965, p. 9)
A position paper for APGA (1962) outlines four major purposes of a counselor education program:

"Growth in self-understanding and clarification of motives and plans on the part of the counselor education students. Growth in self-understanding and self-evaluation as to their effectiveness in counseling and other guidance functions on the part of the counselor education students. Growth in these understandings and evaluations leads to the candidate's choosing whether or not he should remain in counselor education.

Responsibility on the part of the counselor education staff for the withdrawal of unacceptable candidates if they do not voluntarily withdraw." APGA (1962, p. 41)

Followup procedures in counselor education are also recommended.

With the exception of responsibility for withdrawal of unacceptable candidates, these are the criteria with which this study was undertaken.

APGA (1962) also recommends that counselor education should have a broad background in arts and sciences. Here it would seem it might be advisable to include a section on human sexuality.

In investigating theories of counselor education, there appear to be two major philosophical trends in establishing foundations for the goal of counselor competency. One group links itself with the concept of social conformity while the other is based upon social initiative. The dichotomy is thus formed though both groups deal with issues of self-
awareness as well as the potential conflict between theory
and experience in establishing competencies.

The trend toward social conformity goals in counseling
may be imparted by this central purpose to "promote adjust­
ment or mental health." (Tyler, 1969, p. 10) This purpose
is imparted by the developmental theories of counseling
(Blocker, 1966; Cottle, 1973; Ellis, 1962, 1971; Parker,
1968; Perls, 1969; Cunningham and Peters, 1973; Rogers,
1957; Steiper and Weiner, 1965; Thompson and Super, 1964;
Truax and Carkhuff, 1967; Tyler, 1958, 1969; and Wrenn,
1962) who according to Tyler (1969) view a counselor as
being in need of "an organized set of concepts about life
and human nature" (p. 21) as well as an attitude of accept­
ance, understanding and sincerity. They view development
through choice which is a difficult goal to attain if one
comes from the analytic mold of Freud, Adler, Jung, and
Sullivan, as they developed from studies of abnormality
rather than health as the developmental theories do.

The view of social initiative (Erikson, 1963; Frankl,
1963; Fromm, 1947; Fuller, 1969; Laing, 1960; Maslow, 1966;
May, 1961; Teilhard de Chardin, 1969, Arieti, 1972) is
essentially that of the existentialists and humanists. The
major concept involves self actualization (Maslow, 1966)
or in Erikson's terms identity formation. Erikson feels
identity is composed of the integration of the biological,
social and historical aspects of one's experience. These bases form a universal model whose natural shape Fuller translates as a tetrahedron with the individual at the top. The social initiative viewpoint is viewed in stages or cycles of human growth reaching toward a goal of self actualization. These stages are defined by Quaranta (1975) as: awareness, exploration, commitment, skill development, skill refinement, reaffirmation or redirection, and a return to awareness as the cycle begins again. "New cycles can be picked up or dropped, but adaptations are always made within the natural order of growth" (Quaranta, 1975, p. 2).

The developmental approach helps the counselor become aware of the potential of problems before they arise, while the social initiative approach allows the counselor to become more aware of his/her own potential and limitations. This work attempts to involve both points of view in developing a program of counselor education in human sexuality. Emphasis is placed on counselor awareness and effectiveness. Training incorporates the development of the counselor's awareness of himself/herself especially in terms of his/her own sexuality, as well as acceptance of the attitudes and beliefs of others.

Training of counselors in this project also places emphasis on the developmental approach of dealing with health rather than waiting for the arrival of abnormalities to correct. Counselors are helped to recognize problems before
they start in a therapy paradigm that allows them to deal with problems or potential problems according to the seriousness of the problem and the skills of the individual therapist. The focus is on short term therapy.
CHAPTER II

Part II

Human Sexuality

The area of human sexuality may be looked upon in five perspectives, all of which are necessary for a comprehensive understanding of this field. The first four areas discussed are essential in creating a foundation of knowledge and awareness in the counselor, and contribute to the development of counseling techniques. However, it is the last area that is most pertinent to the training of counselors as pursued in this study. The other four are listed in no particular order of importance:

a. The 'how to' approach
b. Basic information
c. Statistical approach
d. Sexual therapy information
e. Sex education and counseling

The first grouping is the 'how-to' books. These range from highly popular to professional approaches and include the "Playboy philosophy" and such magazines as Playboy, Penthouse, Oui, Playgirl, Hustler, ad infinitum. These magazines instruct in various approaches to sexual interaction and adhere to principles from "try everything" (Hustler, Playboy) to "do what you feel comfortable handling" in terms of your own feelings or potential feelings of guilt.
As one continues through the list, one sees books on positions and various methods of sexual play such as the *Kama Sutra*, and *The Joy of Sex* (Comfort, 1972). Also included in this group would be some works by Albert Ellis, although his pursuits cross several of the categories from how-to books to specific therapy. Some of his books one might include here are: *The Civilized Couple's Guide to Extra-marital Adventure* (1972), *Sex Without Guilt* (1958, 1973), *The Art and Science of Love* (1960), *If This be Sexual Heresy...* (1963), *Sex and the Single Man* (1963), *The Intelligent Woman's Guide to Manhunting* (1963).

This vast assortment of books and magazines which may also reach the hard-core pornography status such as those whose sale is confined to "Adult Book Stores" reaches out to the entire population as they run the gamut from the very simple to understand to the more sophisticated whose terminology may become quite complex.

The second grouping includes the books offering basic information on human sexuality, ranging from anatomy and physiology to human interaction and sexual behavior. These books would include textbooks on human sexuality whose importance in developing a counseling program cannot be overlooked. They afford a basic understanding of the human as a sexual being and how this affects human interaction now as well as in the past. Awareness of sexuality in an historical perspective helps the prospective counselor
to gain a greater understanding of the sexual problems and dysfunctions that are encountered today. Some of the literature in this area has been contributed by the following: Beach (1976), Burt and Meeks (1975), Calderone, M. (1974), Ellis, A. and Abarbanel, A. (1967), Gordon, Sol, Katchadourian and Lunde (1972), Kirkendall and Ogg (1964), Masters and Johnson (1966), McCary (1973), Sadock, Kaplan, and Freedman (1976), Zubin and Money (1973), as well as many journals which may be found in the bibliography and the many works put out by such organizations as SIECUS (Sex Information and Education Council of the United States) and Planned Parenthood. The journals include those specific to human sexuality such as Medical Aspects of Human Sexuality and Medical Tribune: Sexual Medicine Today but are also growing to include professional journals in the areas of health and counseling, some of which are now devoting entire issues to the topic of human sexuality.

A third group of books encompass the survey books. The first of these to make an impact was the "Kinsey Report" (Kinsey, Pomeroy and Martin, 1948) on male sexual behavior and followed by a similar study on females in 1953. The scope of these studies was based on a large sampling of people; however much controversy arose over the choice of population which was entirely Caucasian.

Sorenson (1972) published his findings on the sexual values and behaviors of adolescents aged 13-19. This
broadened the scope of Kinsey's studies; however, it did not have the impact on the public that the "Kinsey Report" had, perhaps because society was becoming more immune to the shock waves of studies on human sexuality in this form.

The most recent book in this third grouping did cause a great deal of excitement among the public. Shere Hite's *The Hite Report* (1976) has been called "the biggest sex study since Masters and Johnson, or even the 'Kinsey Report.'" by the *National Observer*. It deals only with women (she is working on a male survey) and perhaps the greatest contribution of this work is that it allows women to see that sexual behaviors in which they engage are not peculiar to them but these preferential behaviors are shared by numerous other women. The importance of this is that it allows women to perceive their most intimate thoughts and behaviors as normal. As the counseling paradigm developed by Pion and Annon (1975) shows, this is the point at which the development of many sexual problems can be prevented.

The fourth array of material on human sexuality involves the therapy approach. These materials are geared basically to the treatment of sexual dysfunction. Sexual dysfunction is classified by the following categories:

A. Male dysfunction

1. "Premature Ejaculation": To avoid a timed "stopwatch" approach, a man is considered a premature ejaculator "if he cannot control his ejaculation for a sufficient length of
time during intravaginal containment to satisfy his partner in at least 50 percent of their coital connections." The validity of this definition is based upon the lack of orgasmic dysfunction in the female.

2. "Ejaculatory Incompetence": "A man with ejaculatory incompetence rarely has difficulty in achieving or maintaining an erection quality sufficient for successful coital connection. Clinical evidence of sexual dysfunction arises when the afflicted individual cannot ejaculate during intravaginal containment."

3. "Primary Impotence": "...the primarily impotent man arbitrarily has been defined as a male never able to achieve and/or maintain an erection quality sufficient to accomplish successful coital connection."

4. "Secondary Impotence": "If a man is to be judged secondarily impotent, there must be the clinical landmark of at least one instance of successful intromission, either during the initial coital opportunity or in a later episode. The usual pattern of the secondarily impotent male is success with the initial opportunity and continued effective performance with the first fifty, hundred, or even thousand or more coital encounters. Finally, an episode of failure at effective coital connection is recorded." However, one instance of failure is not considered secondary impotence unless it precipitates a pattern of failure to establish and/or maintain an erection.

B. Female dysfunction

1. "Primary Orgasmic Dysfunction": "In order to be diagnosed as primary orgasmic dysfunction, a woman must report lack of orgasmic attainment during her entire lifespan."

2. "Situational Orgasmic Dysfunction": "In order to be considered situationally non-orgasmic, a woman must have experienced at least one instance of orgasmic expression, regardless of whether it was induced by self or by partner manipulation, developed during vaginal or
rectal coital connection, or stimulated by oral-genital exchange." There are three types of situational orgasmic dysfunction:

a) "Masturbatory Orgasmic Inadequacy": "A woman with masturbatory orgasmic inadequacy has not achieved orgasmic release by partner or self-manipulation in either homosexual or heterosexual experience. She can and does reach orgasmic expression during coital connection."

b) "Coital Orgasmic Inadequacy": This term "applies to the great number of women who have never been able to achieve orgasmic return during coition."

c) "Random Orgasmic Inadequacy": "...includes those women with histories of orgasmic return at least once during both manipulative and coital opportunities. These women are rarely orgasmic and usually are aware of little or no physical need for sexual expression."

3. "Vaginismus": "Vaginismus is a psycho-physiological syndrome affecting women's freedom of sexual response by severely, if not totally, impeding coital function. Anatomically, this clinical entity involves all components of the pelvic musculature investing the perineum and outer third of the vagina. Physiologically, these muscle groups contract spastically as opposed to their rhythmic contractual response to orgasmic experience. This spastic contraction of the vaginal outlet is a completely involuntary reflex stimulated by imagined, anticipated, or real attempts at vaginal penetration. Thus, vaginismus is a classic example of a psychosomatic illness."

C. Male and female dysfunction

1. "Dyspareunia": "...difficult or painful coitus."

(Masters and Johnson, 1970, pp. 92, 116, 137, 157, 227, 250, 266)
Most approaches to sex therapy recognize Masters and Johnson's categories of sexual dysfunction (Kaplan, 1974, 1975, Kline-Grabber, Graber, 1975, McIlvenna of the National Sex Forum, Fisher, 1973, Hartman and Fithian, 1972) although they may approach treatment from different perspectives.

McIlvenna in a speech at the 1977 Ohio Osteopathic Association Convention promoted the theory of do whatever works including taking off his clothes and getting in the bathtub with a couple. Masters and Johnson stress the avoidance of physical contact between client and therapist as does Helen Singer Kaplan. Masters and Johnson employ a treatment program involving intense therapy with a male and female team of two therapists for a two-week period. The main complaints about this approach center on expense in both money and time. Thus, Masters and Johnson limit their clientele to those who can afford a base cost of $2000 (this moves up as the couple is encouraged to enjoy the restaurants and various entertainment in the city) and who are able to spend two weeks at the treatment facility. Also, their therapy team consists of a physician plus a counselor (both may be physicians, but at least one must be) so their therapy becomes less easily available to most therapists. On the other hand, Helen Singer Kaplan, who heads the Sex Therapy and Education Program at the Payne Whitney Clinic of New York Hospital, addresses the treatment approach to the individual therapist while also
considering the time and expense to the client involved in the Masters and Johnson treatment clinic. Both, however, deal in the same basic forms of treatment for sexual dysfunction such as use of the squeeze technique for treatment of premature ejaculation.

While all these approaches have been incorporated into the course developed for purposes of this study, both experience and personal preference placed the emphasis on the following approach. A basic structural trajectory to counseling in human sexuality begins with emphasis on education. The approach developed in the numerous works by Sol Gordon is for this project the most desirable. Dr. Gordon, as well as the many people involved in Siecus, promotes the use of sex education to prevent the development of sexual problems. He is most concerned with the healthy individual and takes stress away from the diseased organism. Dr. Gordon is able to open the subject of human sexuality in a context of normalcy while maintaining a moral tone; by recognizing the individual's systems of need versus guilt. As a developmentalist, he also stresses the initiation of early training in human sexuality beginning with books for three year olds (Gordon, 1974). Recognizing the stress often created by the subject of human sexuality, Dr. Gordon has effectively incorporated humor to both relieve stress and draw attention to the subject without dissipating the importance of the topic.
With the basic area of sexual education drawn from Dr. Gordon, this study forms the second half of its approach through the behavioral counseling paradigm developed by Jack Annon (Annon, 1974; Pion and Annon, 1975). This brief therapy approach is called the "plissit" model, diagram for which is as follows:

![Diagram of P-LI-SS-IT Model]

Fig. 2. Application of the P-LI-SS-IT model.

P-LI-SS-IT MODEL

This model is based on the learning and conditioning premise of socio-sexual behavior established by Kinsey and his coworkers in the "Kinsey Report." Annon and Pion contend that as attitudes toward sexuality are learned in terms of "normal" and "abnormal" by a system of rewards and punishments, so can these attitudes be changed.

From this premise, Annon and Pion have developed a flexible and comprehensive model to adhere to individual needs on a declining scale with the intent to save both time and financial expense in therapy. The scale is divided
into four levels whose initials form the anagram PLISSIT. The first, P, stands for PERMISSION. This phase is to let the client know what he/she is experiencing is normal. The therapist is placed in a position of authority wherein his/her reassurance may alleviate or possibly eliminate the problem at the start. Permission may be used for handling concerns about behavior, thought, or fantasy. This is all dealt with within the realm of non-exploitative behavior; one is not "given permission" for any behavior that is physically or psychologically harmful such as child molestation.

If the use of permission does not dissipate the problem, the therapist moves to the second level: LI, LIMITED INFORMATION. Levels P and LI are very closely linked as limited information helps the client make the kind of informed choice that will not lead to adverse consequences as could develop from irresponsible handling of permission. To help formulate appropriate choices, the therapist may choose to combine the P and LI from the beginning which returns to Gordon's theory of education as preventive medicine. This is a good point at which to eliminate myths about sexuality.

The third level of treatment, and the final one constituting brief therapy approaches, is SS, SPECIFIC SUGGESTIONS. This involves taking a sexual history, and, more specifically, a sexual problem history prior to
initiating this third level of therapy. This utilizes specific suggestions for altering sexual behavior and may involve the type of treatment developed by Masters and Johnson (1970).

By following this model, the therapist is able to recognize limitations within the scope of his/her framework of knowledge and skills and refer the person(s), if necessary, at any point along this scale to another therapist. By passing through these levels with the client, the therapist is also able to determine which clients require movement to the fourth, and only long-term level, of treatment, IT, INTENSIVE THERAPY.

This process of elimination is useful in matching clients needs with counselor's skills and in helping the counselor to become more aware of his/her own abilities and limitations, thus giving a point of referral to other resources. Societal attitudes toward human sexuality may cause a person to accept failure and decline talking about a problem with anyone else after an unsuccessful encounter with one therapist. This paradigm attempts to reduce the probability of this type of situation occurring.
CHAPTER II

Part III

Counselor Awareness in Human Sexuality

"...in terms of human sexuality, counselors are trained to function as if living in a Victorian society. This is achieved simply by pretending that sex does not exist." (McConnell, 1975, from the French)

"...counselors must be ready to face their own blocks and difficulties so that they can take these into account or factor them out lest they interfere in a marked way with their assistance to others... It is difficult to know which is more harmful in sexual counseling: embarrassed silence or misinformation... Another important concern for counselors is a frank and honest estimation of what they think they can do for persons with sexual problems." (Kennedy, 1972, p. 2)


"Counselors...must create a climate of being authentically at peace with their own sexuality" (Calderone, 1976, p. 351)
The previous group of statements underlines the importance of the counselor's development of self awareness in human sexuality as a basic tenet for counseling in human sexuality. Yet, despite this recognized importance, it is incredible to note how little attention has been given this area. Resources are extremely few; very little has been published. The following three program studies (AASECT, 1975, Christensen, Norton, Salisch, and Gull, 1977, and Kelly, 1976) offer no statistical data but all report effective results in courses treating self awareness as a vital factor in counselor training in the area of human sexuality.

In 1975, the American Association of Sex Educators, Counselors, and Therapists (AASECT Since this time the word "Therapists" has been dropped and this organization is known as AASEC) developed a model program for training counselors in human sexuality. The goal of the program was stated "to bring together both affective and cognitive methodologies." (ASSECT, 1975, p. 49, likewise Christensen, et al., 1977).

The ASSECT model was instituted into the following six day conference:

Day 1: formation of small group relationships dealing with inclusion, control, and affection exercises "to develop community, small group cohesiveness, and trust" (ASSECT, 1975, p. 50) Each day involved fluctuation between entire group and smaller groups.
Day 2: Use of psycho-social stages of development according to Erikson's model, dispelling of sexual myths, desensitization techniques, personal psycho-social development and fantasy, group discussions.

Day 3: Cognitive information on human sexuality, personal psycho-social development, group discussions.

Day 4: Cognitive information, "fishbowl" activity, role-playing.

Day 5: Film, discussions, life projection activity.

Day 6: Integration and evaluation: cognitive and experiential.

Although no data was given, AASECT reports no negative responses to the conference. "The result was that this was felt to be an effective model for use in advanced training of professionals in human sexuality." (AASECT, 1975, p. 52)

A second program was developed by Christensen et al:

"It is the premise of the program described here that human sexuality modules for counselor preparation should be created and should encompass two major emphases: cognitive and affective... Within the program, sexual awareness refers to an acceptance and awareness of oneself as a sexual being."

(Christensen, et al., 1977, p. 186)

The Christensen program established two essential goals: counselor awareness, and counselor ability to deal with specific sexual concerns. The format involved small group interaction and presentation of brief video vignettes depicting various aspects of sexual interaction. The use of small groups was for the purpose of establishing an ambience of intimacy and trust to facilitate the expression of deep feelings.
This workshop was repeated six times in two years. Positive feedback was reported.

The third program is a university course developed by Gary Kelly for St. Lawrence University in New York. In establishing the need for this course, Kelly refers to a trend of personal embarrassment and professional incompetence in counselors in the area of human sexuality. (Christensen, et al., 1977; Kelly, 1976; Mace, Bannerman and Burton, 1974)

Kelly lists the following areas as essential for a course preparing counselors in human sexuality: desensitization, information, practice through role play, and increased self understanding. Techniques used include self disclosure, audiovisual materials, guest discussants, explicit films, anonymous questionnaires, and self exploring essays at the beginning and end of the course.

The course established for this study also stressed the cognitive and affective development of the counselor but added beyond these the essential ability to integrate these two areas into effective counseling techniques. Many techniques were employed that were also used in the previous three studies. These and others include the use of small groups to facilitate trust and self disclosure, lectures for basic information on human sexuality and counseling skills in human sexuality, group discussions, desensitization, value clarification, audio-visual materials, explicit
films, guest discussants, pre and post tests, and weekly journals. Role playing was not used.

Since the three studies mentioned reported no data, the only way they could be evaluated was through the reports of the participants. This seems to be an effective way of examining the approaches and this current research follows similar lines.
CHAPTER II

Part IV

Instruments

The S.K.A.T. is an instrument developed by Drs. Harold Lief and David Reed of the Center for the Study of Sex Education in Medicine at The University of Pennsylvania.

"The Sex Knowledge and Attitude Test (SKAT) has been developed as a means for gathering information about sexual attitudes, knowledge, degree of experience in sexual encounters, and a diversity of biographical information...(it) is essentially an omnibus instrument designed to be of value both as a teaching aid in courses dealing with human sexuality and as a research instrument for the social sciences."

(Lief; Reed, 1972)

The test is divided into the following content areas as described in the manual:

"A. Part I - Attitudes (35 items)

Topic Areas

a) Sexual activities outside marriage
b) Sexual activities within marriage
c) Sexual activities before marriage
d) Sexual variance, causative agents and remedial or punitive actions.
e) Auto eroticism: male, female, group
f) Abortion: medical-legal aspects, personal freedom

30
B. Part II - Knowledge (71 items)

**Topic Areas**

a) Physiological aspects  
b) Psychological aspects  
c) Social aspects

C. Part III - Basic Information (12 items)

**Topic Areas**

I. Basic Information  
   a. Age  
   b. Sex  
   c. Race  
   d. Marital Status  

II. Personal Background  
   a. Father's occupation  
   b. Parents' educational status  
   c. Religious affiliation  
   d. Earliest sex education  

D. Part IV - Frequency of Sexual Encounters (31 items)

**Topic Areas**

a) Heterosexual encounters  
b) Dating - etc.  
c) Auto-erotic activities "

(Lief, Reed, 1972)

At this time, comparative data for the SKAT has been limited to medical and nursing students although the test was designed for a much broader range of usage.
CHAPTER III

Method

Part I

Curriculum

A. Purpose of course

"Counseling for Human Sexuality" was designed as a course with a two-fold purpose: to help counselors gain increasing awareness of what human sexuality is as it pertains both to themselves and others, and to develop greater levels of comfort and confidence in dealing with this subject. These two purposes cannot function independently of one another to achieve effective counseling. The affective approach when devoid of pragmatism causes the counselor to emphasize so much with the client as to assume the burden of the client's problem. Lack of self awareness and empathy on the counselor's part may lead to overly pragmatic solutions which place too heavy an emotional burden on the client. The intent of this course was to establish an equilibrium between these two aspects.

B. Course Structure

This course was taught in ten 2½ hour sessions (see Appendix A for syllabus) which were divided into
four basic procedures to provide a structure as comprehensive as possible: lecture and discussion, outside resources, awareness activities, pretest and post test and a journal. These four procedures were interspersed in a balanced manner. Weeks one and ten involved pretest and post test. Every third session beginning with week two (weeks 2, 5, 8) involved a film and/or guest speaker(s). Alternate third weeks (3, 6, 9) involved an awareness activity as well as lecture and discussion. The remaining two sessions, also within a three week space (4, 7) were limited to lecture and discussion only.

C. Reasons for 4-part course structure

The purpose of the use of outside resources in the classroom was to minimize instructor treatment interaction effect to achieve the desired results in this study, and thus prevent contamination of this research. The use of films and guest speakers also detracted from any potential bias on behalf of the instructor.

Lectures and discussions were used to impart basic information on the subject matter and to allow students time for questions and concerns which may lead to greater understanding of the topic and of themselves.

One of the two main purposes of this study was to develop awareness of sexuality by the counselor. Therefore, specific awareness activities were included at specific points i
the course and were placed in the order most amenable to developing awarenesses and opening up that awareness to share with the members of the class. These activities and their purposes are discussed in the appendix.

The fourth part of the course was to test for the development of counselor awareness and effectiveness. This was done through administration of two tests (Sexual Knowledge and Attitudes Test or SKAT, and the Counseling Situations Questionnaire or C.S.Q.), the pretesting before anything was discussed in class, and the post test the final week of the course. The journal was also part of the testing for counselor awareness and was kept and reported weekly.

D. Control group

For the purposes of this dissertation, it was found necessary to establish a control group to ensure that the curriculum was the important variable. Dr. Peters' seminar was chosen as the control group because his class was to be involved in the development of self awareness, and would be exposed to some techniques similar to those of the experimental group although within different contexts. Dr. Peters' entire class was assigned a journal similar in structure to the journal assigned as part of the procedure for both experimental and control groups. Journals collected from the control group were xeroxed and returned to Dr.
Peters in fulfillment of his course requirements. (See Appendix B for Dr. Peters' course syllabus and description of the course).

The identical pretest, post test, and journal procedure used with the experimental group was also used by the control group. These procedures were administered to both groups by this author.
CHAPTER III

Part II

Population

Two groups of students were used as the population being studied. Both were formed from graduate students seeking a degree in the area of guidance and counseling, either doctoral students, or about to complete requirements for the master's degree. Students in both the experimental group and the control group were enrolled in one of two seminars in Educational Special Services 925.34, the experimental group in the seminar entitled "Counseling in Human Sexuality" taught by the author, and the control group in the seminar "Experiencing" taught by Dr. Herman J. Peters. Cross enrollment was avoided. Both seminars met from 7:00 - 9:30 p.m. one evening per week winter quarter, 1977.

The control group consisted of 10 volunteers from Dr. Peters' class of approximately 60 students, almost all caucasian, with a near balance of males and females. The 10 volunteers were all caucasian, 5 male, 5 female. This number was chosen to match the anticipated enrollment in the experimental class. Two women were absent from the post test leaving a final sample of eight.
The experimental group began with 10 students but were joined by two more the second week. These two were tested prior to being admitted to class. One of them was absent the final week and his work was dropped for purposes of the study due to the change in timing.

These 12 students were all caucasian and included six males and six females. To create a group equal in size to the control group, it was necessary to eliminate the work of three other students. This was done by eliminating one student outside the department of Educational Special Services, one who was hospitalized toward the end of the course and was unable to complete the post test on time, and one who had audited the course twice when previously taught by this instructor. This left eight students, four male and four female.
CHAPTER III

Part III

Evaluation: Instruments

Two standardized instruments were used for this experiment, both of which were administered as the initial activity of the first session and at the last session of both seminars. The first administration was conducted prior to any introduction to either course.

One instrument, the C.S.Q. (Counselor Situations Questionnaire), consisted of a group of five hypothetical counseling situations and/or questions developed by the author. The situations were "genotypically" the same in both the pretest and the post test, differing only in "phenotypic" circumstances. Both sets of questions and their scoring keys may be found in Appendix C.

The purpose of this instrument was to test the actual counseling responses of the two groups on a five point scale per situation, with the maintenance of genotypic structure to test for consistency or change in types of responses. Scoring was done by one psychology student who was given scoring keys and the following instructions for scoring: Score only 1 point for each of the criteria present in the response - concept used according to the scoring keys.
Do not deduct points for incorrect answers or omission of any criteria.

Situations used for this instrument were developed around a framework of typical sexual concerns. They did not treat problems of sexual dysfunction, as the purpose of this class was not to train students in sex therapy techniques such as those developed by Masters and Johnson, but rather to facilitate them in handling a broad range of sexual concerns, and to distinguish the point at which to refer someone for other types of therapy. It is important to note that this seminar was an introductory course in counseling in human sexuality and that students did not ascertain competency in techniques for treatment of sexual dysfunction.

The second major instrument in this study was the Sexual Knowledge and Attitudes Test (SKAT) (Lief, Reed, 1972). It is described in Chapter II of this dissertation, with further information in Appendix C. The method of administration, which immediately followed administration of the CSQ, was to distribute test booklets (see Appendix C) and a scoring sheet. Instructions may be found in the test booklet. No time limit was set, however, average time was one half hour.

In terms of the reliability and validity of the attitude scales of the SKAT, "no test-retest studies of SKAT item responses have been made (Lief, Reed, 1972)."
Standard error is .05 for sample sizes of 100 based on a fifty-fifty split, and .011 for sample sizes of 200. The construct validity of the attitudinal scales was tested according to the authors (Lief, Reed, 1972), and they were found to be valid. The following chart from the SKAT manual gives the scale mean reliability estimates:

<table>
<thead>
<tr>
<th>Scale Designation</th>
<th>Usable N</th>
<th>Mean</th>
<th>S.D.</th>
<th>SE M</th>
<th>SEM M</th>
<th>Sem M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>420</td>
<td>28.10</td>
<td>6.41</td>
<td>.31</td>
<td>2.39</td>
<td>.11</td>
</tr>
<tr>
<td>Relations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Myths</td>
<td>422</td>
<td>34.72</td>
<td>4.69</td>
<td>.23</td>
<td>2.56</td>
<td>.12</td>
</tr>
<tr>
<td>Abortion</td>
<td>423</td>
<td>29.70</td>
<td>6.08</td>
<td>.29</td>
<td>2.53</td>
<td>.12</td>
</tr>
<tr>
<td>Autoeroticism</td>
<td>424</td>
<td>25.65</td>
<td>4.20</td>
<td>.20</td>
<td>1.68</td>
<td>.08</td>
</tr>
</tbody>
</table>

Scoring for the SKAT used to be by computer. It is now done by hand with the use of overlays on computer scoring sheets. Scoring for these tests was done by a secretary for the OSU School of Medicine who frequently scores the SKAT when administered to medical students.

Two studies were found that had used the SKAT as an instrument for measuring sexual knowledge and attitudes. The first (Miller and Lief, 1976) used only 15 items from the SKAT to test masturbatory attitudes, knowledge, and experience. Results showed that males in high school and college had more liberal attitudes toward masturbation than did their female counterparts. This correlation
reversed itself when placed on the graduate level. Further findings dealt more with the correlation between attitudes and experience in this limited aspect of the SKAT.

A second study (Mims, Brown and Lubow, 1976) involved a three day course developed over concerns that "medical and nursing student populations, in fact, students in all health professions have an unbelievable amount of sexual misinformation." (Mims, et al., 1976, p. 187). The goals of the course were to "help participants increase sexual knowledge, help desensitize against stressful and anxiety reactions to sexual stimuli, and resensitize in the direction of a broader understanding of sexuality of self and others." (IBID, p. 188). This report deals with data gathered in 1973 and 1974.

The results showed that the total population demonstrated "a significant statistical difference between pre- and post test scores on all SKAT items (p < .001) except the abortion attitudinal scale." (IBID, p. 189).

In addition to the two formal instruments, a journal was kept by members of both groups. The instructions for keeping the journals and their purpose as presented to both groups were:

Write a journal entry, to be written and collected at the end of each session. Expand upon your feelings of self awareness and sexual awareness and what feelings you perceive to be changing, and how this will affect your effectiveness as a counselor. Through the course some things may surprise you, some things
may shock you, some may please you, and some may displease you. In your journal, indicate how your values are being affected by this.

The intent of this procedure was to test the function of sexual education in combination with self awareness. It is the contention of this study that openness, or self awareness alone does not create conditions sufficient to effective counseling. The addition of a format of education in the area of human sexuality was important in developing a pragmatic approach to counseling situations and to see if there is a difference in the gestalt.
Three hypothetical questions were presented in Chapter I of this dissertation. The first of these questions was: Will counselors be functionally more aware of attitudes, behaviors, and problems in the area of human sexuality.

The test administered to evaluate this question was the S.K.A.T. The S.K.A.T. tested 5 areas of human sexuality: HR (Heterosexual Relations), SM (Sexual Myths), A (Abortion), M (Autoeroticism), and K (Knowledge). These scales are explained further in Appendix C. Those tests applicable to this first question are SM and K.

As there were a control group and experimental group given both pre and post tests, it was decided that the best approach would be a two-tailed test, F test. The test used was the CANOVA (Component Analysis of Variance, including Multivariant Analysis of Variance). Table 1 and Table 2 show the results of these portions of the SKAT.
Table 1 indicates that the treatment group and the control group started this study at very different points, significant at the .05 level, in their rejection of sexual myths. However, both groups did start at a high point on the SM scale and had little room for change, which helps explain a lack of significant results in the areas of TIME and TRT x TIME.
TABLE 2

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>60.501</td>
<td>1</td>
<td>60.501</td>
<td>1.597</td>
<td>.227</td>
</tr>
<tr>
<td>Subject/Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>21.125</td>
<td>1</td>
<td>21.125</td>
<td>7.440</td>
<td>.016*</td>
</tr>
<tr>
<td>Treatment x Time</td>
<td>6.125</td>
<td>1</td>
<td>6.125</td>
<td>2.157</td>
<td>.164</td>
</tr>
<tr>
<td>Time x Subj/Trt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2 indicates a significant difference at the .05 level over time which suggests that the experimental group learned more during the course of this study, but once again since both groups started with high scores which were close to ceiling out on this test, there was no significant Treatment x Time relationship between the groups. This could be a function of the test (S.K.A.T.).

The second hypothetical question was: Will counselors become more aware of, more accepting, and more comfortable with their own sexuality as a result of special training?

The areas of the S.K.A.T. pertinent to this question are HR, M, and A. Parts of these three sections overlap somewhat with concerns presented in hypothetical question number 1. However, they are being treated here as they involve much more disclosure of personal feelings about
oneself as well as attitudes toward others. Tables 3, 4, and 5 show the results of these portions of the SKAT:

**TABLE 3**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P&lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>45.124</td>
<td>1</td>
<td>45.124</td>
<td>.550</td>
<td>.470</td>
</tr>
<tr>
<td>Subj/Trt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>10.125</td>
<td>1</td>
<td>10.125</td>
<td>1.713</td>
<td>.212</td>
</tr>
<tr>
<td>Treatment x Time</td>
<td>3.125</td>
<td>1</td>
<td>3.125</td>
<td>.529</td>
<td>.479</td>
</tr>
<tr>
<td>Time x Subj/Trt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TABLE 4**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P&lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>2.000</td>
<td>1</td>
<td>2.000</td>
<td>.264</td>
<td>.615</td>
</tr>
<tr>
<td>Subject/Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>1.125</td>
<td>1</td>
<td>1.125</td>
<td>.406</td>
<td>.534</td>
</tr>
<tr>
<td>Treatment x Time</td>
<td>.125</td>
<td>1</td>
<td>.125</td>
<td>.045</td>
<td>.835</td>
</tr>
<tr>
<td>Time x Subj/Trt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3 demonstrates non-significant differences in attitudes toward heterosexual relationships. Both groups maintained a fairly high acceptance of heterosexual encounters.

Table 4 also demonstrates non-significant differences in attitudes toward autoeroticism. Both groups maintained a fairly high acceptance of masturbatory activities.

Table 5 demonstrates a change in attitudes toward abortion, significant at the .005 level, as a result of the treatment program. Scores on this test appear to be more significant than some of the others as these scores did not nearly approach the ceiling point of the implication of abortion as an effective means of birth control. Greater knowledge of abortion procedures and
open discussion of feelings toward abortion seem to have substantially changed personal acceptance of abortion. Figure 1 charts the scores for both groups on the pre and post test scales for abortion.

![Figure 1](image)

The third hypothetical question was: Will positive results in either or both of the areas measured in questions 1 and 2 augment effectiveness as counselors?

The procedure used to evaluate this question was the CSQ. It tested the participants' ability to integrate knowledge and self awareness into effective counseling. Table 6 shows the results of the CSQ:
Table 6 shows that the treatment group and the control group began this study at significantly different points (at the .05 level) of counseling effectiveness and ended significantly different. The treatment x time factor was significant at the .10 level which is indicative of a trend. The small sample population may have hindered more substantial differences in the findings, although significance at .083 is close to the .05 level. Figures 2 and 3 may help demonstrate the importance of the results of this procedure. Figure 2 graphs the mean scores of the two groups from the pretest to the post test. The mean of the experimental group went from 8.875 to 11.625, a difference upwards of 2.875. The mean of the control group started at almost the same place as the experimental group 8.125, but went down to 7.75 on the post test. This
indicates that the increased scores by the experimental group demonstrated an improvement in self confidence, while decreased scores by the control group are indicative of confusion and lowered self confidence.

Figure 2

Figure 3 shows the individual differences in scores from the pretest to the post test. Of the members of the experimental group, seven people improved their scores on the post test, one person decreased his score. Of the members of the control group, only two people improved their scores while four achieved diminished scores and two people remained stationary.
As the component analysis of variance assumes normalcy and the population used for this study was too small to validate such an assumption, it was decided to use other tests to measure the effectiveness of the CSQ. Using the Kruskal-Wallis One-Way Analysis of Variance by Rank it was learned that in comparing the pretest with the post test for the experimental group there was significance at the .03 level. A comparison of the experimental group post test and the control group post test also demonstrated significance at the .03 level. There was no significant difference between the experimental and control groups on the pretest, nor was there significant difference between the control group's pretest and post test.
A second non-parametric test, the **Wilcoxon Matched Pairs Signed-Ranks Test**, which is a one-tailed test, demonstrated a significant change between the pretest and the post test of the experimental group at the .01 level. It also demonstrated no significant difference between the pretest and the post test of the control group.
CHAPTER V

REVIEW OF NON STATISTICAL DATA

It is apparent from the material presented in Chapter IV that the didactic presentation of material about human sexuality plays a major role in counselor effectiveness. However, this author knows of no masters or doctoral program in counseling or psychology which requires a course in human sexuality. This dilemma was also publicized by Dr. Sol Gordon in a recent workshop (June, 1977). Even the availability of these courses to those who want them is often quite limited. The ultimate paradox is that we are expected to know about human sexuality and be sexually well adjusted without ever having been taught what human sexuality is all about.

The course developed for this study has taken this educational void into account. It was a course in human sexuality designed specifically for counselors, giving them basic information, exercises in self awareness, and basic counseling skills for dealing with a wide range of sexually oriented problems. It was not a course in sex therapy. The ultimate goals of this course were to make the counselors more aware of human sexuality in terms of both themselves and others, to enable them to speak more
comfortably about human sexuality, to enable others to do likewise, to help counselors dispel myths which may be a major cause of sexual problems and to help counselors to enable others to ascertain normalcy in sexual behaviors. This final point of normalcy is derived from the perspective that behaviors are abnormal only when they are exploitative, such as an adult engaging a child in a sexual act.

The curriculum was designed to incorporate a sensitization-desensitization process for the counselors to reduce the potential for a shock reaction to a client's disclosure. A slight visual rebuke by a counselor may cause a client to perceive his/her problem as highly abnormal or disturbed which may lead to an unwillingness to mention it again and thus possibly cause the client to relinquish any opportunity to what might be a relatively simple solution.

The effectiveness of the curriculum was measured by the SKAT and the CSQ. Previous studies of this type based their statement of effectiveness solely on participants' feedback. This feedback cannot be measured statistically, but at this point it may offer more subjective proof of the effectiveness of this study.

Before discussing the participants' feedback via the use of journals, it is important to note that a counselor in human sexuality needs to be pragmatic. It is impossible to be totally objective when dealing with subjective
information, therefore it becomes necessary to be pragmatic. On one hand, the counselor has to be aware of his/her own feelings, but on the other hand able to separate oneself enough from one's own feelings to be able to accept the client as objectively as possible and to be able to pragmatically handle the situations that are presented.

The control group and the experimental group in this study were both checked for their ability to open up their own feelings because self awareness is important, and in essence, both groups did this. However, this study also wanted to determine if both groups were able to integrate real knowledge into self awareness. The experimental group more typically integrated the information they were being given in class into their expanding consciousness to demonstrate expanding consciousness with a down-to-earth conceptualization of the information, while the control group remained at a more cliché ridden, poetically hypothetical level of expanded consciousness, thus demonstrating that the sex education approach that was utilized permitted the development of both real knowledge and self awareness, producing shifting values and self confidence.

The following excerpts from the journals demonstrate this last point. The rules for writing the journal may be found in Chapter III. The presented journal entries demonstrate a progression on the part of several students from each group over the ten week period. Students from
the control group were arbitrarily assigned a Roman numeral prefixed by the letter C, those in the experimental group a Roman numeral preceded by the letter E. The week is preceded by an Arabic numeral.

Journal Excerpts - Control Group

Week CI #4 "...time to relate to others in such a meaningful way." The use of clichés avoids dealing with issues with any depth. It is a defense mechanism.

#5 "I believe that when an individual takes the opportunity to experience their insight develops and pervades thought their entire life." Again, he avoids dealing with personal feelings by working with abstract terminology.

#7 "I think that is perhaps (SIC) the most important aspect (SIC), that of empathy understanding, when it comes to relating to human beings." By the seventh week, he is still saying nothing.

CII #2 "Feeling of wanting to change and being able to take off my mask... I am wondering what is really important in my life to me." She too, begins the course with cliché ridden concepts.

#4 "If I can experience and not be afraid of giving my love to significant others and sharing and caring in a truly meaningful relationship than (SIC) I will be part of the living." She still avoids personal depth by clinging to clichés.

#5 "...not afraid to tell you who I am." Yet she does not tell.

#7 "Everyone needs to be loved and cared for, but most important, they need to feel this love." She has not broken from the pattern with which she started.

#10 "I would like to be able to relate better to others with variable experiences. Being able to do this would enable me to understand and help others more." She has maintained her clichés and has still not taken this to a more personal level preferring to stay with the safe responses.
Week

CIII #4  "...I see that every experience is new when you are with someone you care for. I hope to put this into practice in the coming days." More clichés.

#5  "...I am coming to know myself and others better..." But he does not say how or even where to begin.

CIV #1  "I am beginning to realize that I will face people and problems in counseling that I will not know how to help. I see my values as coming from without - not from within due to a lack of experiences." He appears to be more open than the others and more genuine in the concerns with which he begins the course.

#4  "Also the fact that had not hand the courage to show his feelings in front of the class showed great courage, the kind of courage I am trying to cultivate." Again, he attempts to open up on a more personal level, but he is not quite there yet.

#10  "The lecture on opportunities made me aware of the ones I've had, missed, and the ones in the future I'm going to create." He took the class content into his own sense of self awareness, yet still dealt with it on a superficial level.

CV #2  "The discussion on trust made me see that it could have limits in terms of reality. Idealistic trust is just that, as seen today, idealistic." He indulges himself in rhetoric rather than personal treatment of the issue.

#10  "We need to be more of 'fighters'. To do so, we must see that the 'real' world is not fair to all. We are in different worlds, but they are very 'real' worlds." Here he seems to be much like Cervantes' Don Quijote dealing in the idealistic quite unbalanced by the pragmatism of Sancho Panza.

The journals for the control group also made frequent reference to the material discussed in class without integrating it to their own self structure in specific,
substantial ways. It was presented more as a review of the evening's work than as a personal response.

Journal Excerpts - Experimental Group

Week
EI #1 "I definitely do not want to translate my values to clients, and yet it is so hard not to." At this point, no values are expressed on a personal level. Basic concerns are present.

#3 "I also felt better about counseling for abortions. I had an abortion... and it was a cold, impersonal, unfeeling experience... I think that I will be able to approach abortion counseling with a much better reference now." By the 3rd week, self disclosure reaches a very personal level and yet is also tied to counseling.

#4 "I feel that human sexual problems are quite unique for that individual and hope that the counseling is unique and caring too. Tonight I also realized the potential seriousness and responsibility of sexual counseling." She is recognizing not only sexual concerns on an individual level but her responsibility as a counselor.

#7 (Concerning sexual dysfunction) "I had read a bit of one of Master's and Johnson's books, but hadn't really gotten into it since neither my husband or I had any of the problems. Kind of selfish attitude I guess. I now realize that these dysfunctions are real and create monstrous problems for others and I can better relate to those with problems." At this point, she recognizes what problems are relevant to her personal life and is able to respect the fact that problems she has never faced may be very serious to someone else.

EII #1 "I don't know much factual data, but I do feel quite liberal in my attitudes toward all kinds of sexual behavior." Most students felt very liberal at first. It is interesting to see how this progresses.
"I learned that it is not enough to simply explain facts to a client, but that sex can be a touchy topic for most and a counselor must be together on this subject and have the facility to openly discuss sexual matters with clients." This supports the curriculum's need for sensitization/desensitization.

"It's good to talk factually first and then subjectively... I'm glad to know that many of my feelings/fantasies are experienced by others. I reaffirm myself as normal!" This person is incorporating knowledge to a more personal level and beginning to feel better about herself although she had described herself as already being quite liberal at the onset of the course.

"I absolutely learned many new things that I had never heard or read about before, and here I thought I knew it all!... I would very much enjoy doing sex counseling at least at the 1st level (Plissit Model)." She is feeling confident at this point about integrating her knowledge into practice while at the same time recognizing and respecting her limitations.

"I'm more aware of the amount of knowledge about sexuality necessary to counsel effectively." After taking pretest, he was more aware of what he didn't know.

"I am seeing the role of counselor (SIC) as more of an educator... This puts me in a role different from what I expected, but one that seems very important and necessary." He is beginning to open himself to various aspects involved in sexual counseling.

"I feel better about sex therapy. It is more private and less forced than I expected." His attitude is changing in a way that could help him become more comfortable with sexual counseling.

"I found myself really questioning... what I value. I think I need to get more in touch with my feelings and attitudes... it (the class) has given me a starting point and some guidelines to follow in counseling." He does not have all the answers, he is just beginning to question by the end of the course. This is a start.
"I guess I find myself being rather apprehensive about this course as I know that I would like to benefit from it but I'm not sure how I will. Hopefully if I am open to myself and to the content of the course, then growth will be an inevitable result." He is beginning the course with a mature recognition of his limitations and what demands he feels he will need to make of himself to benefit from the course rather than merely waiting to see what the course has to offer.

"...I began to have feelings of guilt because of some of the past experiences and irresponsibility in my life. I feel that I am developing a greater and deeper awareness that birth control and abortion are not just issues that lie with women, it also belongs to men - me. Not only am I developing an awareness - but I am also discovering the methods of birth control and abortion. Truly these will be valuable assets in a counseling situation." He has dealt with all three hypothetical questions upon which this dissertation is based. He is integrating knowledge with a genuine development of self awareness to create greater self confidence to apply to counseling situations.

"All in all, I think I could say this class has helped me to be more comfortable in my own individual sexual identity. It has also aided me in becoming more aware and accepting of other people's sexual identification." He has become aware and accepting of both his own sexuality and that of other people. Applying this to counseling situations should facilitate counseling.

In summary, the journals demonstrated greater depth of responses, growth, and maturity by the experimental group in the areas dealt with by the hypothetical questions upon which this work was based. However, people in the experimental group responded more maturely in their journals from the very first week than did the control group. This may indicate that it may take a more mature person to enroll in a course in counseling in "human sexuality" than to
enroll in a course in "experiencing." Attitudes still prevalent in this society toward sex education may preclude that less mature people would enroll in such a course.

This author is satisfied that the use of journals, although not statistically measurable, is an effective means to evaluate this type of course. The Counseling Situation Questionnaire (CSQ) also appears to be a useful tool. However, there is some concern as to the value of the SKAT as an instrument. Much of the material appeared to be outdated or unimportant to the goals of the curriculum developed for this study. As both groups also scored near the upper baseline on the SKAT, they further emphasize the ineffectiveness of the SKAT as an evaluative tool. Perhaps results of the SKAT would have been more significant through the use of non-parametric statistics due to the very small population size. However, this was not done as disillusion with the SKAT as an evaluative tool created questionable value in the pursuit of further statistical analysis.
CHAPTER VI

SUMMARY AND CONCLUSIONS

This study was developed to establish a possible prototypic method for the training of counselors to be more effective in working with their clients in problems relating to human sexuality. The following hypothetical questions were raised:

1. Will counselors become more functionally aware of attitudes, behaviors and problems in the area of human sexuality if given special training?

2. Will they become more aware of more accepting and more comfortable with their own sexuality as a result of special training?

3. Will positive results in either or both of these two areas augment their effectiveness as counselors?

These questions were raised because it was felt that this was the information that had to be known if we were to develop an appropriate program relating to improving counselor attitudes and increasing effectiveness. I found in relationship to the first question that there didn't seem to be in general, measurable attitude changes although there were some changes in specialized areas. Part of this lack of observable change was probably due to the relatively low ceiling on the S.K.A.T., but part
also seemed, as based on the journal entries, to indicate a fairly flexible group of attitudes to start with. Therefore, one might conclude that the level of counselor trainee used in this study may have had some effect on the non differential outcome. However, when one examines the journal entries closely, the noted difference between the "cliché approach" and the more genuine introspective approach found between the experimental and control groups would seem to indicate that specific information does produce attitudinal differences even between groups that appear equally open minded in the beginning. The apparently open minded attitude of the control group thus seemed to be based primarily on an effort to respond as expected.

The second hypothetical question, while supported in the literature as being an important aspect of counseling in human sexuality, did not emerge as a relevant variable in this study. This would seem to be a logical conclusion as well from real life situations. Thus, the religious orientation of the counselor is not necessarily a variable; the marital status of the counselor is not necessarily a variable; nor, for that matter, is the sexual status of the counselor necessarily a variable. All or any of these may be important if they give rise to rigid, non understanding, destructive forms of counselling, but given to the level of open minded individuals participating in this study from both the experimental and control groups, the subjects' satisfaction with their own sexuality is not a relevant issue.
In response to question three, it seems clearly indicated by both the statistical and non statistical data that the most effective counselor is an open minded, introspective, somewhat self-aware individual who has also received specific training in human sexuality. I recognize, however, that the manner in which the material is presented is also important, and the most effective seems to be this combination of direct presentation, open class discussion, exercises in value awareness, and through the use of a journal, exercises in synthesizing.

Recommendations

While there are a large number of areas and questions still unanswered by this study, there seem to be two salient issues which emerge on a major basis. One, Is there any measurable or observable relationship between sexual experience and counselor effectiveness? Two, What role, if any, do sexual attitudes play in the efficient counselor management of sexual problems? Since both of these areas have a potential empirical base, it would seem that they would be fruitful areas for further research.

In addition, after reviewing the practical application of the curriculum design, it was found that the course prepared for this study had to spend considerable time dealing with basic sex education. This approach has demonstrated its utility, but, there seems to be a need to also deal with the questions in greater depth. Therefore,
I would recommend that the experimental course become a required introductory program for all counseling students. And further, that a second, more advanced course be developed to train counseling skills and greater sexual self awareness for those students expecting to work specifically with clients in this problem area, possibly through the use of a practicum oriented situation.

Summary

This experiment reveals the importance of structuring the presentation of material and information in a way that encourages the integration of these factors into a functionally pragmatic counseling approach. In addition, it is felt that the limited class size is conducive to the kind of group interaction that enhances this integration process.

The most important findings were that although helpful, it is not absolutely necessary that a counselor be completely in touch with his own feelings in order to be effective in his work.
APPENDIX A

CLASS SYLLABUS AND AWARENESS ACTIVITIES FOR EDSPSV 925 D 34, WINTER 1977

"COUNSELING FOR HUMAN SEXUALITY"
WEEK

I. Pretests, Explanation of Journals, Introduction

II. Anatomy and Physiology: film - Wylie's "Achieving Sexual Maturity" discussion

III. Birth Control, Abortion: lecture and discussion
   Awareness Activity: use of slang words for formal sexual terminology for purpose of sensitizing/desensitizing (See Appendix A)

IV. Venereal Disease, Marriage, Divorce, Alternative Life Styles: lecture and discussion

V. Homosexuality, Transexuality: Speakers from Gay Activist Alliance (G.A.A.), Central Ohio Lesbians (COL), and a transexual who has undergone hormone therapy and is living as member of opposite sex while awaiting sexual reassignment surgery

VI. Masters and Johnson Human Sexual Response: lecture and discussion Awareness Activity: Sexual Attitudes (See Appendix A)

VII. Masters and Johnson Human Sexual Inadequacy: lecture and discussion on dysfunction and therapy, worksheet on this topic - done and discussed in class

VIII. Films on Sex Therapy: Dr. Malcolm Gardner, guest speaker

IX. PLISSIT model for sexual counseling: lecture and discussion. Awareness Activity: The Value Auction I: Human Sexuality (Mushkat, 1977) (see Appendix A)

X. Post tests
Awareness Activity
Sexual Terminology/Slang Terminology

Purpose of Activity: Counselors are confronted by clients using widely varied means of expression. This activity is designed to acquaint the counselor with a wide range of terminology, both formal and slang, and to enable him/her to feel more comfortable with those terms. This is an exercise in sensitization and desensitization.

Instructions: The class is divided into four groups of three people. Each group is given two formal terms on human sexuality and told to work together to list as many slang expressions as they can for those terms. After ten minutes, the groups alternate turns placing a formal term on the chalk board and writing then saying aloud each slang expression for that term. When they have completed their list, the rest of the class is invited to add any other appropriate slang to the list. The terms used are:

Breasts
Masturbation
Homosexual/Lesbian
Penis
Vagina
Condom/Birth Control
Sexual Intercourse
Orgasm
SEXUAL BEHAVIOR INVENTORY

OBJECTIVES: TO FACILITATE STUDENT IDENTIFICATION AND VERBALIZATION OF HOW THEY FEEL ABOUT SPECIFIC SEXUAL BEHAVIORS TO IDENTIFY AND CLARIFY INDIVIDUAL AND GROUP DIFFERENCES IN ATTITUDES AND BEHAVIOR RELATING TO SEXUALITY

PROCEDURE: FORM INTO GROUPS OF FOUR
HAND OUT SEXUAL INVENTORY

(PART I) REVIEW DIRECTIONS WITH CLASS
ALLOW 15 MINUTES TO COMPLETE THE INVENTORY - DISCUSS IN GROUP (BRIEFLY) HAVE GROUP OR PAPER PROVIDED CONSTRUCT A GROUP SEXUAL BEHAVIOR CHART OR A CONTINUUM CONSTRUCT USING APPROPRIATE MATERIAL (SIGNS, CARDS)
FIVE (5) STATIONS REPRESENTING THE FIVE VALUE CHOICES CALL OUT THE BEHAVIOR

(PART II) HAVE STUDENT TO STATION WHICH REPRESENTS THEIR CHOICE PICK A PARTNER WHO AGREES WITH YOUR CHOICE AND CLARIFY WHY YOU HAVE CHOSSEN THIS POSITION
RETURN TO YOUR PLACES
CONTINUE CHOOSING AT RANDOM OR IN ORDER EACH OR ALL OR THE BEHAVIORS ALTERNATE WITH SAME CHOICE PARTNER OR DIFFERENT PARTNER

SEXUAL PRACTICES AND THE LAW

OBJECTIVES: TO FACILITATE STUDENT CLARIFICATION OF SEXUAL VALUES TO FACILITATE STUDENT COMMUNICATIONS AND DISCUSSION OF SEXUAL VALUES

PROCEDURES: FORM INTO GROUPS OF FOUR
HAND OUT INVENTORY

REVIEW DIRECTIONS WITH CLASS
ALLOW APPROXIMATELY 15 MINUTES TO COMPLETE
CALL OUT THE SPECIFIC CATEGORY TO CLASS
HAVE AT LEAST TWO STUDENTS OR MORE IF TIME PERMITS DISCUSS THEIR POINT OF VIEW RELATING TO SPECIFIC CATEGORY
CLASS MAY ASK QUESTIONS
RESTRICT EACH DISCUSSION TO 5 MINUTES
DISCUSS IN GROUP ANY OR ALL OF TOPICS AND YOUR FEELINGS ABOUT THEM
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## SEXUAL PRACTICES AND THE LAW

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1. DIVORCE
2. RAPE
3. CHILD MOLESTATION
4. PUBLICATION OF PORNOGRAPHY
5. DISPLAY OF PORNOGRAPHY
6. DISSEMINATION OF BIRTH CONTROL INFO
7. DISTRIBUTION OF BIRTH CONTROL DEVICES
8. DISPLAY OF BIRTH CONTROL DEVICES
9. MARRITAL SEXUAL BEHAVIOR
10. COMMUNITARIAL LIVING
11. PROSTITUTION
12. SOLICITATION
13. ORAL-GENITAL SEX
14. VICEURISM
15. EXHIBITIONISM
16. ABORTION
17. STERILIZATION
18. ADULTERY
19. INTERRACIAL SEX
20. MASTURBATION
21. INCEST
22. OBSCENE CALLERS
23. NUDITY
24. HOMOSEXUAL COHABITATION
25. ANAL INTERCOURSE
The purpose of this activity is to involve participants in decision making and self understanding through confrontation with a broad range of values. It may be used with any size group, but is generally most effective when the number of participants ranges between 10 and 30.

PROCEDURE:

1. Explain the rules, but do not discuss the activity.
2. Select an auctioneer. This person will conduct the activity as an actual auction, and should be able to employ rapid-fire techniques; the fast pace at which an auction is conducted promotes rapid decision making by the participants.
3. Lay out cards to be auctioned for participants to view. The cards are numbered in a suggested sequence, but this may be varied.
4. Paper money is distributed, or participants may be told to keep a tabulation of one's own expenditures.
5. Conduct the auction. Read each card as it is held up for bids.
6. Upon completion of the auction have a group discussion. (See suggested topics and questions.)

RULES:

1. Each participant has a limited amount of money to spend, $100,000.
2. Limits are set on bids. There is a minimum of $1000 to start bidding and a minimum of the same amount between bids.
3. The group may choose to rule that the entire $100,000 may not be spent on any single item.
4. Whatever money remains after the auction, is forfeited; one does not gain wealth by not bidding.
6. Each person should view the cards and keep in mind several items for which he/she would like to bid.

6. Participants should express bids aloud.

7. No one is to discuss the activity or reasons for purchases until the auction has been completed.

**DISCUSSION:**

The group leader's position in the discussion will be to reinforce voluntary statements from the group as the discussion drifts. He/she should recognize comments from other people and try to pull them into the discussion.

The activity should conclude with remarks concerning how they have dealt with each other's attitudes, how values have been clarified, and how they have learned something about each other.

If someone starts to use this as therapy, you should be alert to this possibility and prepare a group debriefing at the end. Perhaps you may want to indicate how laughter and sarcasm often are used either to release tensions or to cover personal fears.

**SUGGESTIONS FOR DISCUSSION:**

Group discussion may center on placing purchases into the following categories: Active vs. Passive, Selfish vs. Unselfish, Realistic vs. Fantasy, Healthy vs. Unhealthy Sexual Attitudes, Acceptance vs. Avoidance of Sexuality.

The discussion may also focus on the use of questions to illicit voluntary responses from participants. Suggested questions include:

1. Why did you choose what you did?
2. What do you really want and what is fantasy?
3. How did you feel when you did not get what you wanted?
4. What other items would you have liked to bid on?
5. Did the presence of other people influence the way you participated?
b. If you had to do over, would you make any changes?

c. Did you bid on items you already have, or on those you do not have, but would like? Why?

d. What did you learn about yourself from this experience?

e. What did you discover about other members of the group? Choose someone and tell what you learned about that person.
THE VALUE AUCTION II

Human Sexuality

CARDS:

1. Be rich
2. Have self awareness
3. Be omniscient
4. Have a close friend of the opposite sex
5. Have a lover
6. Have a close friend of the same sex
7. See a pornographic movie
8. Have a casual affair
9. Have a husband or a wife
10. Get a divorce
11. Be the opposite sex
12. Be immortal
13. Have a good sex life
14. Know a great variety of positions
15. Be a magazine centerfold
16. Give and receive love
17. Be the aggressor in a relationship
18. Be trustworthy
19. Feel no guilt about your sexual feelings and behaviors
20. Have a single homosexual encounter
21. Be omnipotent
22. Have intercourse for the first time
23. Reach a deep level of communication with others
24. Be independent
25. Live with your lover
26. Experience oral sex
27. Enjoy masturbation to orgasm
28. Be able to reach orgasm during intercourse
29. Be benevolent
30. Experience group sex
31. Be popular
32. Have a happy family relationship
33. Experience childbirth
34. Be physically attractive
35. Be famous
36. Make someone else happy
APPENDIX B

COURSE SYLLABUS AND GOALS
FOR ED SPSV 925 B 34 WINTER 1977

"EXPERIENCING"
1. An up-to-date syllabus which covers the course.

Experiencing is the topic of this seminar. Actual and vicarious experiencing in truly varied forms, situations, places and relating with persons from "the human condition" foundation for effective teaching, counseling and guidance administering. Experiencing is a liberating process to release the shackles of pseudo-values which severely limit one's capacities for being "Fully Human - Fully Alive" and effective in human relating, working, and leisure time activities. Ideally conceived, experiencing would be a participatory adventure rather than an adventure viewed from afar.

2. Be sure the syllabus clearly communicates course objectives and your expectations.

There are many possible objectives to this seminar. A few key ones are:

1) To examine each experience you have in this seminar to test it against the dimensions of your living and whether you need to re-organize your dimensions.

2) To participate in offering our seminar members opportunities for truly different experiences. Then examine them as to how they relate to our behavior.

3) To examine how and why we omit experiences consciously and subconsciously.

4) To examine the experiencing of this seminar in terms of our defaulting to supposedly significant others -- and why?
5) To analyze any genuine behavioral changes in each of us.

Expectations -

1. Class attendance 7 PM - 9:30 PM. In some cases it may be later. Every effort will be made to announce time change and place.

2. At the end of each class session, a one page "insight" paper on the evening's experiencing in terms of the points above and the content of the texts (be specific).

Texts:

Dreyfus, E. Youth - Search for Meaning
Aubrey, R. Experimenting with Living Pro and Con
Gutsch and Peters Youth - Search for Identity
Gendlin, E. Experiencing: Creation of Meaning
Powell, J. Fully Human - Fully Alive

3. A term paper due no later than Tuesday, March 1, 1977. Please indicate if you wish to pick up your paper no later than two (2) weeks of the beginning of Spring Quarter.

4. Participation in an "Experiencing Project."
3. Clearly write each requirement for the course and the weight each will have in determination of the final grade.

   a) attendance for the full class period is essential.
   
   b) Insight papers
   
   c) Term papers
   
   d) Use of texts
   
   e) Experiencing Project

    Each will carry equal weight in your final grade.

4. Communicate clearly, preferably in writing, your expectations for papers and projects. Discuss grading criteria where evaluation may be considered subjective on your part.

    All papers and projects will be done in a scholarly manner, preferably typed. Please edit your papers. I suggest using Turahian as your guide.

    Please confer with me about the nature of your class experiencing project.
5. Announce, both orally and in writing, field trips and other special meetings. If these may require activity on holidays and/or weekends, state this clearly. Discuss student responsibility in the course, as you perceive it.

Students are responsible for special assignments, initiative in learning, discussing the texts and the experiencing. Certainly students are responsible for "on time" class attendance and to the final conclusion of each class.

6. Be as clear as possible about your grading criteria and invite students to discuss questions with you early in the course.

The grading will be in accordance with traditional grading which is being given new emphasis. See all of the above.
7. State your examination schedule and your adherence to stated policies. Communicate your policy as to make-up examinations.

Obviously in an "Experiencing" course, there is not provision for make-up.

8. If attendance is critical to the course, state this early and discuss your rationale. Attendance policy should be clear.

Attendance is essential because of the experiencing to take place in the learning setting 7 - 9:30 PM or longer as may be announced.
9. Have a definite policy stating your position on time extensions for paper and project completion. You may want to have a written policy available to hand to concerned students.

All papers are due as scheduled

10. Make sure you have a system for evaluative feedback to the student before the end of the seventh Saturday of the Quarter.

Every effort will be given to give you feedback. Of course, you should use initiative with me in requesting it if you wish.
11. If you have a policy about a grade of Incomplete "I", make this known. You may want to have a written document, signed by both you and the student, as to the specific reason for an "I" grade and what will be required to complete the course.

Due to the nature of this seminar, there can be no "incompletes."

12. Locate your office and mail box for the students. If you have an office phone, provide the number. Announce your office hours or post them at your office door. Encourage student conferences; they can prevent a great many problems.

Office: 354 Arps Hall
Mail: 353 Arps Hall
Telephone: 1-614-422-6335
Office hours: 1/2 to 1 hour before each class and at times mutually convenient for both of us

13. Retain all of your grading materials for timely review with students both during the quarter and after final grades. Students have a right to see the grading materials and hear your evaluation. Your evaluation and grading should be defensible to both the student and a third party, should there be a dispute. As a professional, you should take pride in professional and responsible evaluation techniques.

The evaluation will be based on all of the above.
EXPERIENCING
Herman J. Peters

Experiencing is the goal of this class. To be sure intellect is the pristine foundation of scholarship and consequent behavior. Also some would say "manual skills" or more recently "hands on experience" would be experiencing. In the sense of developing skills, I think this is true and necessary. However, the experiencing needed to be an exciting, fulfilling human being is so guarded that most often we refer to experience rather than express experience. There are so many experiences which have us culturally bound or blocked. To me, reference to experience too often is an indirect form of frustration at the distance between the idea of doing and the direct kinship of doing. Probably this is due because we have learned that so much of doing is risk-taking, except for experiencing a lark, a party, ungovernable behavior. Each one of us starts the very spirits that would truly make us more human in an ever dehumanizing world. The poetic aspect of living is too often placed in the locus of "the establishment." Again, too often, this fierce independence is pseudo independence because it is a sub-conscious denial of relating warmly to others. The widening expression of human experiencing is a haunting quality that reverberates repeatedly in daily living — but it is found in so few persons.

The meaning of experiencing is not only about persons and things and it is not only a certain logical structure, but — and this is the key — it is a felt experiencing and often a mutuality of experiencing with persons and things. How exhilarating, how risk taking, how committing! It is a felt experience that may change and can change our lives. The powerfully felt dimensions of experiencing are so often touched by the mutuality of loneliness, and yet in other totally unrelated ways have powerful positive impact on all those that surround us. What greater beauty! What more exhilarating celebration of living. Experiencing plays basic roles in ever developing behavior, developing in Teilhard de Chardin's convergence to oneness of being or in more mundane terms, Derek Sanderson's "I've Got To Be Me." Experiencing provides a continuing basis for physical, intellectual and emotional activity. This reduces the danger of the many guilt complexes foisted upon each of us under the rubric of "being good."

Experiencing must be referred to directly — here and now, if this is the time. The greatest blockage is the historical pattern each one of us develops and carries with us — often as a millstone around our person. When an opportunity, a new or different one appears, a slight one or one of magnificent dimensions, each of us finds ourselves at the crossroad of time, either the firm reimplantation of transplanted values and schemes or tasks or specific forms of behavior never before attempted, in fact violently denied. And again, our blurred view of independence denies us the great joy of giving to others — to be truly human.

Too often, you and I symbolize rather than experience the direct felt affect: we encompassing joy of being human, that is that we can both

intellectualize and emotionalize this rare privilege of living. We do think with felt meaning. Concepts are not meaningful at all, except in relation to experiencing. Yet we have learned that there are only certain concepts we should experience. Who defined these? What is needed to define our freedom — without devastation to others or property? Yet, the capacity for one to fuse his identity with that of another in the deepest sense, is rarely done because we fear the loss or guilt of something in the process. What do we do? We so diffuse our relationships that one is really an escape from one to the other — and we keep running. What each of us needs is that capacity for intimacy with several who extend beyond our immediate families and those who always are giving to us but we rarely give back in return with any dependable continuity.

To be sure the locus of behavioral control must be within us, but it must not be used as a punitive weapon e.g., through permissibly omitting to open us to one close to us as to why we are so irregular in our dependability of intimate experiencing. To be sure, "value stretch" runs counter to most of our rearing which has so locked us in the prison of "rugged individualism": better term loneliness. Often the loneliness is disguised because our work and leisure demands keep us on the run from ever having to truly experience human relationships in dependable, continuing, giving, sensitive ways.

I use the word "experiencing" to denote experience, because the phenomenon I refer to is the raw, present, on-going functioning of behaviors each one of us thinks, believes, needs, feels that will enhance us in our daily challenge of living. Our backgrounds have delimited what each thinks, believes, needs, and feels. The delimitation is underscored with guilt — guilt is the devil of control often where control is not necessary.

The flowing of feeling you have and I have is constantly being checked, blocked, redirected, or denied. Thus far, some of us are exhausted from psychic energy which has its physiological insults. We battle between what we want to be and the confinement of our surrounding ecology — human and physical.

I am sure that some of us at this very moment are attending inwardly to some aspect of feeling. Oh, like me, some will say "I was just thinking about it — whatever it is." What I really mean is that I am attending to certain inward feelings aroused by this setting — feelings — oh, a thousand of them. And if I let go of this "inner sense," I learned long ago on an ever increasing burden of awareness, that I must hold back, behave in "this" way, not admit it and of course never do it. But the feelings are always there for you and me. Why do we deny them?

Rigid people (often confused with "I am my own person") cannot live comfortably with the doubt and challenge of experiencing, what they call "experiencing" is subtlety pre-determined by the well of values so deeply dug in their formative years. They need to complete their pictures of experiencing in a hurry. They put together

only a few of the pieces in small and tight patterns. More pieces would confuse them. They choose a living "rigor mortis" rather than the expansiveness of exhilarating "learning by doing" -- be it experimenting or a life pattern.

Unafraid, unashamed each of us can pay attention to the fullness, the completeness of experiencing each need. Each can differentiate not out of the blockage of the past or normative data. Each can have the courage to be -- courage that does not insult others or encapsulate us by others who do not understand experiencing. I can only be a great counselor or teacher if somehow I can convey to you that we have and would like to travel similar pathways.

I know by this time you are saying "Hey man, this doesn't sound like a rule for a loop -- you will be saying as Fletcher said, "No limits." Well, then, the times not distant when I'm going to appear out of thin air and show you a theory or two -- not too many -- about living. No limits. When will you and I initiate both thinking and acting to learn and experience a new beginning for renewal as a full person.

In this renewal, I feel, really not think, all my motions and desired motions focalized not on the pretending to be as that guileless student did who had nothing more wearying to think about than mid-term exams and grades — plus and minus now. Strangely enough, I very nearly caught the essence of being as I tried hard to play roles for which I could not believe -- humanistic actions. I could not deny to myself that those who seemed to be lacked experiencing (not symbolic experiencing) and were getting only the materialistic benefits of life.

And then with some great teachers, school recovered its lost image. For the first time since I buried myself into studying, searching, selecting, I found delight in experiencing wherever possible that which I had so long intellectualized. Then I knew "why the caged bird sings." And I thought let us begin an experiencing together -- now -- or anytime you wish -- the next hour, tomorrow, but soon.

Within experiencing lies the mysteries of all that each one of us is. For the sake of our experiential sense of what we observe, we react as we do. From out of it we create and create -- but too often we create in the subtle awareness of the values imposed by others in their efforts to do good, forgetting that each of us comes close to being a magnificent, singularly unique Pieta if only given the sculpture unique to us.

Something in me wants to live, not merely exist, but live — some years ago significant others allowed me the struggle to come alive. Before that my life felt like a prison. I wanted to be free but I was trapped by my obligations -- now called value clarification. If I'm not real, what am I? You see me here before you, don't you? You can touch me. You can hear my voice -- and there is more — if that isn't real, what is?

New, truly different experiences reflect and affect the quality of our living, yet because of our fears and sureness of the past we have an uncertain understanding of the phenomena of unique experiencing and therefore choose not to engage in except with the defensive postures of "vicariousness" and "talkitiveness." 

When I get in touch with experiencing life — I know it, because it's a thingless, egoless, strivingless place — and I'm no longer lonely, no longer yearning or grasping. I'm just there to care in many ways with you who wish to care — without fear or guilt or anxiety or the need for power.

Touching this new life is experiencing hoped for in my joys with you in this class. What is your thinking, feeling, initiating, committing, continuing dependability?

At any moment now, we can individually and privately direct our attention inwardly and find how we are "permissibly omitting" better relating with significant others. Permissibly omitting means that we validate our behavior through rationalization which to us appears to be rational.

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APPENDIX C

INSTRUMENTS:
S.K.A.T. AND MEANING OF THE ATTITUDINAL
SCALES OF THE SKAT TAKEN FROM THE SKAT
MANUAL (LIEF, REED, 1972)

COUNSELING SITUATION QUESTIONNAIRES AND
SCORING KEYS - PRETEST AND POST TEST
CODING AND GENERAL INSTRUCTIONS

1. Pencils — Use any type of soft lead pencil. Do not use an ink or ballpoint pen.
2. All answers are to be recorded on the separate answer sheet. Please make no marks on this booklet.
3. Regardless of the number of alternatives provided, please mark only one answer per question.

IDENTIFICATION INFORMATION

I. We strive to maintain complete confidentiality. Some identifying number is necessary simply for the processing of this material. If there is some concern about using your Social Security or Student I.D. number, make up your own unique number and retain the key. Identifying numbers are used only for matching information for pre-and post-test comparisons.

II. Please select the one alternative that best describes yourself:
   A. High School Student
   B. College Student
   C. Graduate Student
   D. Non-Student (Skip to VI)

III. Which one of the following alternatives best describes your present occupation or field of study:
   A. Medicine
   B. Theology
   C. Psychology
   D. Education
   E. Social Work
   F. Sociology/Anthropology
   G. Humanities
   H. Nursing
   I. Law
   J. Other

IV. If you are a medical student, intern or resident, please indicate your status:
   A. 1st year student
   B. 2nd year student
   C. 3rd year student
   D. 4th year student or above
   E. Intern
   F. Resident

V. If you are a medical student or a physician, please indicate proposed or present area of specialization:
   A. General Practice
   B. Family Medicine
   C. Internal Medicine
   D. Obstetrics-Gynecology
   E. Psychiatry
   F. Pediatrics
   G. Surgery
   H. Urology
   I. Community Medicine
   J. Other

VI. Are you completing this questionnaire before or after a specific course in sex education?
   A. Pre-instruction
   B. Post-instruction
   C. Neither

VII. Please mark block A (to identify this as the 1972 version of SKAT).
PART I: ATTITUDES

Please indicate your reaction to each of the following statements on sexual behavior in our culture, using the following alternatives:

A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

Please be sure to answer every question.

1. The spread of sex education is causing a rise in premarital intercourse.
2. Mutual masturbation among boys is often a precursor of homosexual behavior.
3. Extramarital relations are almost always harmful to a marriage.
4. Abortion should be permitted whenever desired by the mother.
5. The possession of contraceptive information is often an incitement to promiscuity.
6. Relieving tension by masturbation is a healthy practice.
7. Premarital intercourse is morally undesirable.
8. Oral-genital sex play is indicative of an excessive desire for physical pleasure.
9. Parents should stop their children from masturbating.
10. Women should have coital experience prior to marriage.
11. Abortion is murder.
12. Girls should be prohibited from engaging in sexual self-stimulation.
13. All abortion laws should be repealed.
14. Strong legal measures should be taken against homosexuals.
15. Laws requiring a committee of physicians to approve an abortion should be abolished.
16.
16. Sexual intercourse should occur only between married partners.

17. The lower-class male has a higher sex drive than others.

18. Society should offer abortion as an acceptable form of birth control.

19. Masturbation is generally unhealthy.

20. A physician has the responsibility to inform the husband or parents of any female he aborts.

21. Promiscuity is widespread on college campuses today.

22. Abortion should be disapproved of under all circumstances.

23. Men should have coital experience prior to marriage.

24. Boys should be encouraged to masturbate.

25. Abortions should not be permitted after the twentieth week of pregnancy.

26. Experiences of seeing family members in the nude arouse undue curiosity in children.

27. Premarital intercourse between consenting adults should be socially acceptable.

28. Legal abortions should be restricted to hospitals.

29. Masturbation among girls is a frequent cause of frigidity.

30. Lower-class women are typically quite sexually responsive.

31. Abortion is a greater evil than bringing an unwanted child into the world.

32. Mutual masturbation in childhood should be prohibited.

33. Virginity among unmarried girls should be encouraged in our society.

34. Extramarital sexual relations may result in a strengthening of the marriage relationship of the persons involved.

35. Masturbation is acceptable when the objective is simply the attainment of sensory enjoyment.
PART II: KNOWLEDGE

Each of the following statements can be answered either true or false. Please indicate your position on each statement using the following alternatives:

T. True  F. False

Be sure to answer every question.

1. Pregnancy can occur during natural menopause (gradual cessation of menstruation).
2. Most religious and moral systems throughout the world condemn premarital intercourse.
3. Anxiety differentially affects the timing of orgasm in men and women.
4. A woman does not have the physiological capacity to have as intense an orgasm as a man.
5. There is no difference between men and women with regard to the age of maximal sex drive.
6. Social class is directly correlated with the frequency of incest.
7. The use of the condom is the most reliable of the various contraceptive methods.
8. The incidence of premarital intercourse is constant for males between the ages of 21 and 60.
9. Nearly half of all unwed girls in America have sexual intercourse by age 19.
10. There are two kinds of physiological orgasmic responses in women, one clitoral and the other vaginal.
11. Impotence is almost always a psychogenic disorder.
12. Transvestism (a form of cross-dressing) is usually linked to homosexual behavior.
13. There was as much premarital coitus a generation ago as there is now.
14. Sexual attitudes of children are molded by erotic literature.
15. In some successful marriages sex adjustment can be very poor.
16. Homosexuals are more likely to be exceptionally creative than heterosexuals.
17. A woman who has had a hysterectomy (removal of the uterus) can experience orgasm during sexual intercourse.
18. Homosexuality comes from learning and conditioning experiences.
19. In responsive women, non-cortical stimulation tends to produce a more intensive physiological orgasmic response than does coitus.
20. Those convicted of serious sex crimes ordinarily are those who began with minor sex offenses.
21. One of the immediate results of castration in the adult male is impotence.
22. The body build of most homosexuals lacks any distinguishing features.
23. Masturbation by a married person is a sign of poor marital sex adjustment.
24. Exhibitionists are latent homosexuals.
25. A woman's chances of conceiving are greatly enhanced if she has an orgasm.
26. Only a small minority of all married couples ever experience mouth-genital sex play.
27. Impotence is the most frequent cause of sterility.
28. Certain foods render the individual much more susceptible to sexual stimulation.
29. A high percentage of those who commit sexual offenses against children is made up of the child's friends and relatives.
30. A higher percentage of unmarried white teenage girls than unmarried black teenage girls in the United States have had intercourse with four or more partners.
31. The attitude of the average American male towards premarital intercourse is shaped more by his religious devotional than by his social class.
32. In teaching their daughters female sex roles, middle-class mothers are more affected by cultural stereotypes than mothers in other social classes.
33. In most instances, the biological sex will override the sex assigned by the child's parents.
34. The onset of secondary impotence (impotence preceded by a period of potency) is often associated with the influence of alcohol.
35. Nursing a baby usually protects the mother from becoming pregnant.
36. In our culture some homosexual behavior is a normal part of growing up.
37. Direct contact between penis and clitoris is needed to produce female orgasm during intercourse.
38. For a period of time following orgasm, women are not able to respond to further sexual stimulation.
39. In some legal jurisdictions artificial insemination by a donor may make a woman liable to suit for adultery.
40. Habitual sexual promiscuity is the consequence of an above-average sex drive.
41. Approximately one out of three adolescent boys has a homosexual experience leading to orgasm.
42. Impotence in men over 70 is nearly universal.
43. Certain conditions of mental and emotional instability are demonstrably caused by masturbation.
44. Women who have had several sex partners before marriage are more likely than others to be unfaithful after marriage.
45. The emotionally damaging consequences of a sexual offense against a child are more often attributable to the attitudes of the adults who deal with the child than to the experience itself.
46 Sexual maladjustment is the major cause of divorce.

47 Direct stimulation of the clitoris is essential to achieving orgasm in the woman.

48 Age affects the sexual behavior of men more than it does women.

49 The circumcised male has more trouble with ejaculatory control than the uncircumcised male.

50 More than a few people who are middle-aged or older practice masturbation.

51 Varied coital techniques are used most often by people in lower socioeconomic classes.

52 Individuals who commit rape have an unusually strong sex drive.

53 The rhythm method, (refraining from intercourse during the six to eight days midway between menstrual periods), when used properly is just as effective as the pill in preventing conception.

54 Exhibitionists are no more likely than others to commit sexual assaults.

55 The ability to conceive may be significantly delayed after the menarche (onset of menstruation).

56 Many women erroneously consider themselves to be frigid.

57 Menopause in a woman is accompanied by a sharp and lasting reduction in sexual drive and interest.

58 The two most widely used forms of contraception around the world are the condom and withdrawal by the male (coitus interruptus).

59 People in lower socioeconomic classes have sexual intercourse more frequently than those of higher classes.

60 Pornographic materials are responsible for much of today's aberrant sexual behavior.

61 For some women, the arrival of menopause signals the beginning of a more active and satisfying sex life.

62 The sex drive of the male adolescent in our culture is stronger than that of female adolescent.

63 Lower-class couples are generally not interested in limiting the number of children they have.

64 Excessive sex play in childhood and adolescence interferes with later marital adjustment.

65 There is a trend toward more aggressive behavior by women throughout the world in courtship, sexual relations, and coitus itself.

66 Sometimes a child may have cooperated in or even provoked sexual molestation by an adult.

67 LSD usually stimulates the sex drive.

68 Seven out of ten parents desire formal sex education in the schools.

69 For every female that masturbates four males do.

70 Doucheing is an effective form of contraception.

71 Freshmen medical students know more about sex than other college graduates.
PART III: BACKGROUND

This information will be treated as strictly confidential and will be used for research purposes only. In no way will it be used to reveal anyone's identity. Please mark your responses on Part III of the answer sheet.

1. Age
   A. 17 or under   F. 26 - 27
   B. 18 - 19   G. 28 - 30
   C. 20 - 21   H. 31 - 35
   D. 22 - 23   I. 36 or over
   E. 24 - 25

2. Sex
   A. Male   B. Female

3. Race
   A. White   B. Non-white

4. If you have been or are married, age at first marriage?
   A. 17 or under   D. 27 - 35
   B. 18 - 22   E. 36 or over
   C. 22 - 26

5. If you have been or are married, how long?
   A. 1 year   D. 4 years
   B. 2 years   E. 5 or more years
   C. 3 years

6. Are you first born?
   A. yes   B. no

7. Father's Occupation:
   A. Physician   F. Executive
   B. Clergyman   G. Clerical/sales
   C. Lawyer   H. Skilled manual
   D. Teacher   I. Semi-skilled
   E. Other professional   J. Unskilled

8. Number of siblings:
   A. 0   D. 3
   B. 1   E. 4 or more
   C. 2

9. Please indicate the educational status of your father:
   A. Non-high school graduate   D. College graduate
   B. High school graduate   E. Attended graduate or professional
   C. Attended college but did not graduate   F. Holds graduate or professional degree

10. Using the alternatives listed above, please indicate the educational status of your mother.

11. Religion:
   A. Catholic   C. Jewish
   B. Protestant   D. Other

12. What was the earliest Church-affiliated sex education you received?
   A. None   D. Jr. High (10 - 12)
   B. Elementary (K - 6)   E. College
   C. Jr. High (7 - 9)
PART IV: EXPERIENCE

It would be helpful if you would fill in the following questions. They refer to levels of experience with sex, and will aid our understanding of relationships between knowledge and attitudes. Please answer honestly, and feel free to omit any question or questions if you find them too personal.

For questions 1-5 indicate how many times you have had the following sexual encounters:

A. Never  B. Once  C. Two-five  D. Over five

1. Dating

2. Going steady

3. Sexual intercourse

4. Intercourse involving the exchange of money

5. Orgasm with partner of the same sex

For questions 6-9 indicate the number of people with whom you have engaged in the following sexual activities:

A. None  B. One  C. Two-five  D. Over five

6. Dating

7. Going steady

8. Sexual intercourse

9. Orgasm with partner of the same sex

10. How do you rate yourself in comparison with your peer group's experience in sex?

A. Far less experienced than most  D. More experienced than most

B. Less experienced than most  E. Far more experienced than most

C. As experienced as most
11. How do you rate yourself in comparison with your peer group's knowledge about sex?
   A. Far less knowledgeable than most 
   B. Less knowledgeable than most 
   C. As knowledgeable as most 
   D. More knowledgeable than most 
   E. Far more knowledgeable than most 

12. How do you rate yourself in comparison with your peer group's sexual adjustment?
   A. Far less adjusted than most 
   B. Less adjusted than most 
   C. As adjusted as most 
   D. More adjusted than most 
   E. Far more adjusted than most 

13. How would you rate the sexual permissiveness in your home when you were growing up?
   A. Very permissive 
   B. Somewhat permissive 
   C. Neither permissive nor repressive 
   D. Somewhat repressive 
   E. Very repressive 

For questions 14-17, rate your value system with regard to sex:
   A. Not at all 
   B. Somewhat 
   C. Definitely 
   D. Very definitely 

14. Is your value system conservative (in favor of traditional standards)?
15. Is your value system liberal (in favor of changing standards)?
16. Is your value system influenced by religion?
17. Is your value system in conflict with your parents' values?

18. Age at which you first began masturbation.
   A. Never masturbated 
   B. Under 10 
   C. 10 - 12 
   D. 13 - 15 
   E. 16 - 18 
   F. 18 or over 
   G. 19 or over
For questions 19-21 indicate the frequency with which you masturbated during the following time periods: 

A. Less than once/week  C. Four-five times/week
B. Two-three times/week D. Six or more times/week

19. Junior High School
20. High School
21. College

For questions 22-26 indicate if you have ever engaged in sexual intercourse using the following birth prevention methods:

A. Yes  B. No

22. I. U. D.
23. Pill
24. Abortion
25. Sterilization
26. "Morning-after" treatment

27. Which one of the following contraceptive methods do you prefer? 

A. Rhythm  F. I.U.D.
B. Douche  G. Pill
C. Withdrawal  H. Sterilization
D. Condom  I. "Morning-after" treatment
E. Foam and/or Diaphragm  J. Other
CHAPTER III. THE ATTITUdINAL SCALES IN SKAT

GENERAL

Scores on four scales may be obtained from Part I of the SKAT. These four measures are labeled as follows.

HR  Heterosexual Relations
SM  Sexual Myths
M  Autoeroticism
A  Abortion

Definitions for these scales as well as information regarding their development, interrelationships, scoring, and item composition are given in this chapter. Evidence for the reliability and construct validity of these scales is presented in Chapter V.

The SKAT, as noted earlier, is intended as a multi-purpose instrument which may be flexibly used in a variety of research designs. Many, perhaps the majority of the institutional studies with the SKAT, will consist entirely of comparisons among student bodies in terms of responses to individual items. Some institutional researchers, however, will prefer to conduct analyses in part or entirely on the basis of the scale scores.

Assuming the investigator is inclined to think in terms of the somewhat higher level of abstraction implied in a scale total score (in contrast to the content of individual component items), several research advantages accrue from using the scales. Compared to a single question, the finer graduations of measurement afforded by the scales make possible better discriminations and differential descriptions. Compared to single items, the scales better
lend themselves to conventional statistical procedures—group means, correlation, analysis of variance, etc.

**Brief definitions of Scales in the Sex Knowledge & Attitude Test**

**(HR)** The Heterosexual Relations Scale deals with an individual's general attitude towards pre and extramarital heterosexual encounters. Individuals with high HR scores regard premarital intercourse as acceptable (or even desirable for both men and women) and view extramarital relations as potentially benefiting, rather than harming, the marital relationships of the persons involved. Low scores imply a conservative or disapproving attitude toward pre and extramarital relations.

**(SM)** The Sexual Myth Scale deals with an individual's acceptance or rejection of commonly held sexual misconceptions. High SM scores indicate a rejection of misconceptions, (e.g., Lower class men and women have higher sex drives and sexual responsivity than other individual's, the possession of contraceptive information is often an incitement to promiscuity, etc.) Low scores indicate an acceptance of these misconceptions.

**(A)** Autoeroticism Scale deals with general attitudes toward the permissibility of masturbatory activities. Individuals with high scores view autoerotic stimulation as a healthy means of relieving tension and attaining sensory pleasure. Further, high scores imply the feeling that neither boys nor girls should be prohibited by their parents from masturbating. Low scores suggest an orientation which sees masturbation as an unhealthy practice which should be prohibited by parents.
(A) The Abortion Scale deals with an individual's general social, medical, and legal feelings about abortion. High A scores imply an orientation which sees abortion as an acceptable form of birth control which should be permitted whenever desired by the mother. Low scores suggest an orientation which sees abortion as a form of murder which should be kept under strict medical supervision.

The Development of the SKAT Attitudinal Scales

The final form and item composition of the attitudinal section of SKAT (FORM 2) is the direct result of an empirical analysis of the 50 attitudinal items contained in its predecessor, SKAT (FORM 1). Factor analysis of the item responses of 1137 freshman through senior medical students, (olique solution for simple loadings) using the simplest criterion for determining the number of factors to rotate (the number of eigenvalues above unity), identified four factors underlying the attitude section of SKAT (FORM 1): Liberalism (renamed Heterosexual Relations); Acceptance of Sexual Myths; Abortion; and Autoeroticism. Scale scores on these factors were obtained by summing within each scale those items which had factor loadings above .30. Internal consistency reliability was estimated for each of these scales through the calculation of coefficient alpha.

The aforementioned results were cross-validated in a separate sample of 1137 freshmen through senior medical students.
KEY - PRETEST

1. Lisa is a 20 year old college student who comes from a very strict home. She finds that she enjoys frequent sexual encounters which sometimes include both oral and anal sex, yet afterward feels very guilty. How would you counsel her?

1. Present basic information on human sexuality.
2. Permission - let her know she's normal in terms of her drives and behaviors and thoughts.
3. Don't put down her home.
4. Deal with exploitation concept, i.e., do what is comfortable for both partners.
5. Help her find her own comfort levels with her own sexuality.

2. Karen is 28 years old. She has been married for 7 years to Richard. She loves Richard but at this point in her life she feels that she is interested in having sexual relationships with other men. She has come to you to make a decision. How would you counsel her?

1. Deal with exploitation of husband and/or potential lovers.
2. Work on her need satisfaction.
3. Work on communication with her husband.
4. Deal with double standards.
5. Work on her guilt feelings.

3. Bill comes to you very upset. He enjoys masturbation but his mother has told him if he masturbated, he'll go blind. How you you counsel him?

1. Don't call his mother a liar.
2. Give exact information (sex education).
3. Discuss masturbation in terms of release anxiety.
4. Discuss masturbation in terms of pleasurable feelings.
5. Help him in learning about his own sexuality (more personal than basic information).
4. How would you counsel an 18 year old on the use of birth control?

1. Accurate information (be sure the answers involve accurate information).
2. Deal with security - the safety and effectiveness of the method/prevention of VD if applicable.
3. Deal with pleasure - assure that birth control does not interfere with pleasure.
4. Convenience of the various methods.
5. Comfort.

5. How would you counsel someone on the problem of retaining virginity?

1. Deal with reasons: need vs. peer pressure.
2. Talk about birth control.
3. Deal with sex as a means of proving adequacy, i.e., it is not a tool to prove one's masculinity or femininity.
4. Deal with emotional input.
5. Avoid using double standards.
KEY - POST TEST

1. Susan has always been taught that premarital sex is evil and will destroy a relationship. She is 22 years old, engaged to be married and concerned over this issue. She wants to engage in a sexual relationship with her fiancé but is afraid. How would you counsel her?

1. Deal with reasons: need vs. peer pressure.
2. Talk about birth control.
3. Deal with sex as a means of proving adequacy, i.e., it is not a tool to prove one's masculinity or femininity.
4. Deal with emotional input.
5. Avoid using double standards.

2. How would you counsel someone in the pros and cons of having a child? (Similar to pretest #4)

1. Accurate information on pregnancy and birth control/ basic information, possible danger, etc.
2. Deal with positive aspects of raising child.
3. Deal with problems of raising a child.
4. Talk about reasons for wanting child - what needs are being met.
5. Be sure to include both persons' feelings.

3. Sandra and Steven have been married several years. Recently they have been hearing people talk about swapping partners. They come to you for advice.

1. Deal with exploitation of husband and/or potential lovers.
2. Work on their need satisfaction.
3. Work on communication between husband/wife.
4. Deal with double standards.
5. Work on their guilt feelings.
4. Leslie has been having very erotic dreams and fantasies which sometimes involve people other than the one with whom there is presently a strong relationship. These fantasies are creating a great deal of stress as well as guilt over being unfaithful. How would you counsel? (Similar to #1)

1. Present basic information on human sexuality.
2. Permission - let him/her know she's/he's normal in thoughts, drives, and behaviors (thought do not equal being unfaithful).
3. Deal with guilt feelings.
4. Help him/her find his/her own comfort levels with his/her own sexuality.
5. Help him/her use this to enhance the relationship.

5. Renee has been using a vibrator and has been pleased with her ability to reach orgasm in this manner, but now she is afraid that she won't be able to achieve orgasm through intercourse. How would you counsel her? (Similar to #3).

1. Give accurate information (basic sex education).
2. Discuss masturbation in terms of release of anxiety.
3. Discuss masturbation in terms of pleasurable feelings.
4. Help her use this to learn about her own sexuality so that she may use this experience to enhance intercourse (by finding what she most enjoys and responds to).
5. Deal with fears concerning intercourse and interpersonal relationships.
APPENDIX D

"THE COUNSELOR: PROFESSIONAL PREPARATION AND ROLE A STATEMENT OF POLICY"

(APGA 1964)
Appendix A

The Counselor: Professional Preparation and Role

A STATEMENT OF POLICY*

Foreword

The following Statement of Policy was adopted by the American Personnel and Guidance Association at its Annual Convention in March, 1964. It is the product of extensive professional study and discussion.

It should be noted that this statement is concerned with the common elements in the preparation and role of all counselors rather than the total preparation and role of any specific group such as student personnel or guidance workers in colleges and secondary schools.

Its purpose is to set forth broad policies and principles which have general applicability throughout the APGA membership, and to serve as a framework for more specific standards and criteria by each Division. In these Division publications will be found applications of these policies and extensions to include other guidance and personnel functions which are frequently a part of the counselor's role in particular settings.

APGA plans periodic review of these policies and welcomes suggestions concerning any aspect of its responsibility to promote improved procedures and standards related to the preparation and role of our profession.

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April 1, 1964

Introduction

This policy statement of the American Personnel and Guidance Association expresses the concern of the profession for a continually improving quality of counselor preparation and performance. Its major purpose is to set forth goals toward which the counseling profession should move.

1. The profession has an obligation to promote clearer concepts of counselor qualifications and responsibilities and to establish conditions which will make it more likely that counseling services of appropriate quality and type will be available to all school age children and youth as well as to others who have the need for such services. In order to achieve this goal it is necessary that (a) all counselors meet the basic and essential requirements of preparation, (b) programs of preparation attract promising counselor candidates, (c) there be appropriate use of professional counseling services.

2. Meeting the need for excellence in counseling is urgent. Ours is a society in which counseling provides substantial assistance to individuals as they strive to develop and achieve their goals. It is also a society with a concern for the development of a variety of human talent which is used for the common good as well as for the attainment of a satisfying life for...
1. The increasing demand for counseling and a growing realization of its importance in a complex and rapidly changing society.

2. Counseling is an evolving profession which must continually evaluate its standards of preparation and performance to assure the highest level of excellence possible within the limits of professional knowledge and of the society in which we live. The growing body of professional knowledge can increase the effectiveness with which counselors contribute to the welfare of our society and of the individuals whom they serve. To achieve this goal, the profession must take a strong position to assure that the education required of counselors prepares them adequately to use this knowledge and that they work under conditions which enable them to fulfill their professional responsibilities.

3. The role of the counselor is influenced by his professional skills, his professional interests, the environment in which he works, and the definition of function established by the profession. However, there is a core of preparation and a professional role which should be common to all counselors. This Policy Statement is designed to contribute to the clarification of these common elements as well as the conditions which are necessary for their development and implementation. It establishes also a broad frame of reference for statements by Divisional groups within the American Personnel and Guidance Association relative to professional preparation, role, and function in particular settings.

4. This Statement of Policy is expected to (a) serve as a guide to institutions of higher education, professional or governmental agencies, and other groups concerned with counselor preparation and certification; (b) give to the public a clearer understanding of the professional responsibilities and qualifications of counselors; and (c) help employers of counselors to evaluate professional qualifications, establish appropriate job responsibilities, and provide the working conditions necessary for excellence in counselor performance.

The Professional Counselor

Counselor Role. Important aspects of the role of persons who are known professionally as counselors include the following:

1. The major responsibility of the counselor is to assist an individual through the counseling relationship to utilize his own resources and his environmental opportunities in the process of self-understanding, planning, decision making, and coping with problems relative to his developmental needs and to his vocational and educational activities.

2. The counselor also engages in related activities. For example, he makes effective use of the services of other professional personnel through referrals and consultation. He works with other persons in his employment environment in a manner which facilitates the achievement of desirable objectives for the benefit of the counselor. He may perform additional services for which he has the necessary preparation and the nature of which is such that they are logically his professional responsibility within the setting in which he works. However, he should not be expected to perform tasks which are inconsistent with his professional role as a counselor or which are inappropriate for the social institution in which he works.

3. In all of his professional activities, the counselor maintains a high level of ethical practice in accordance with the Code of Ethics of the American Personnel and Guidance Association.

4. The counselor expects that in the employment setting in which he works conditions will be maintained that will enable him to work in a professional manner. These conditions include freedom to exercise his skills on a professional level, time to perform the counseling function, and adequate facilities.

The Counselor as a Person. Among the basic qualities that characterize the effective counselor, the six listed below are believed to be of particular importance.

1. Belief in Each Individual. The counselor believes in the worth inherent in each individual, in his capacity for growth and change, and in his ability to cope with life situations. He has confidence in the individual's capacity to establish appropriate values and goals. He believes that under favorable conditions each individual can develop in directions beneficial to him, self and to society.
2. Commitment to Individual Human Values. The counselor has a primary concern for the individual as a person whose feelings, values, goals, and success are important. The counselor respects and appreciates individuality including the right and need of those whom he counsels to find their own best values, to determine their own goals, and to find ways to achieve these goals. He is concerned with facilitating this process in a manner that is helpful to the individual and to society.

3. Openmindedness. The counselor has respect for a wide range of interests, attitudes, and beliefs. He is willing to question the old and investigate the new. He is receptive to new ideas, achievements, and research findings.

4. Understanding of Self. The counselor has an understanding of himself and the ways in which his personal values, feelings, and needs can affect his work. He is able to handle these aspects of his own life in ways that do not have an adverse effect upon his counseling work. He has a recognition of his own limitations and is able to make judgments as to when his limitations require referral to others better able to assist the counselee.

5. Professional Commitment. The counselor feels a commitment to counseling as a profession and as a means of assisting individuals in the development of their potentials. He has an appreciation of his responsibilities to his counselees and to society, and insists on sound practices to fulfill his responsibilities. He has sufficient personal integrity and professional competence to enable him to cope with pressures inconsistent with a respect for the individual in a democratic society.

Counselor Preparation
Counselor education programs should be planned to promote excellence in counseling by preparing counselors who are able to perform effectively their appropriate role in our society. Programs should be related to the tasks to be performed—to the professional role of the counselor in the setting in which he is likely to work. They should provide the knowledge upon which effective counseling procedures are based and enable the counselor candidate to use this knowledge skillfully.
1. Counselor education should be designed to achieve carefully formulated goals based on a philosophy which reflects the highest level of professional knowledge and social concepts.

2. The counselor education staff should be concerned with the task of continually evaluating the program and searching for more adequate methods of counselor preparation. The curriculum should be sufficiently flexible and dynamic to permit revisions and adjustments as required by increasing professional knowledge or by changes in the professional responsibilities of counselors.

3. The curriculum of the counselor education program should assume that essential content and experiences are included in each candidate's program, should provide increasing integration of learning and avoid duplication of content. Each candidate's program of courses should constitute a planned sequence spiraling toward progressively more advanced work. Programs should recognize individual differences among counselor candidates and should challenge each person individually.

4. Counselor education should provide experiences which are planned to contribute to the counselor candidate's growth in self-understanding.

5. The counselor education program should assure that each counselor candidate has a background in undergraduate or graduate work in the humanities and in the social, behavioral, and biological sciences that help him understand individuals, their behavior and adjustments; the nature of the environment and its impact on the individual, including the forces that affect his personal and vocational life, and the counselor's role in a changing culture.

6. There should be provision to promote the integration of studies in related disciplines with the professional studies in counseling in such a manner that these related studies will make meaningful contributions to the competence of the counselor.

7. The program should provide for such specialized study related to the setting in which the counselor will work as is needed to enable him to function effectively within that employment environment and to perform such duties in addition to counseling as may be an appropriate part of his professional role.

8. There should be a year-round program of counselor preparation that makes possible full-time graduate study. There also should be opportunities for additional continuing education of practicing counselors.

9. A program of counselor preparation which would meet the principles listed above as well as provide the professional studies described below would consist of a minimum of two years of graduate study, a substantial portion of which should be in full-time graduate study.

Selection and Placement of Counselor Candidates. Selection of counselor candidates is the responsibility of the educational institution and counselor educators. Each program should include the minimum of one year's full-time graduate study, and should be supported by a sequence of related courses constituting a program of courses which would meet the principles listed above.

1. Admission and continuation in a counselor education program should be based on evidence that the counselor candidate is a person who is likely to achieve the quality of performance necessary for excellence in counseling. Criteria should include personal qualifications for counseling, as well as the ability necessary to master academic requirements and acquire professional skills.

2. Prerequisites for entry into the counselor education program should be relevant and should be systematically evaluated and revised whenever there is evidence that change is desirable.

3. Procedures and standards for selection should be sufficiently flexible to recognize that there may be alternate ways of demonstrating possession of the qualities of background deemed necessary for admission.

4. Throughout the counselor preparation program, the progress of the counselor candidate should be carefully evaluated. Continuance in the program should be conditional upon satisfactory growth and a continuing expectation that the candidate will achieve necessary levels of performance.

5. The institution faculty has a responsibility to indicate its endorsement to or lack of endorsement of candidates completing the program. Endorsement should signify that the staff judges the counselor candidate competent to function at the level for
which the program prepares professional counselors.

Professional Studies in Counseling: To achieve the quality of professional preparation necessary for counselors, the following are recognized as essential aspects of professional studies in counseling.

1. Professional study in counseling should provide counselors with a knowledge of counseling theory and practice; group procedures, testing and other methods of psychological and educational appraisal; the cognitive and emotional processes of growth, change, and adjustment; the social, educational, and work environment; economic, psychological, and sociological aspects of work and vocational development; statistics; research methodology; legal responsibilities and professional ethics.

2. Essential in the core of counselor preparation is supervised experience such as laboratory work, counseling practicum, and internship. Criteria for practicum and internship settings should include quality of professional supervision and of learning opportunities plus their applicability and adequacy for the employment settings in which the counselor candidate expects to work. The candidate should work with a variety of counselors appropriate to his eventual employment under conditions that protect the interests of the counselor as well as contribute to the competence of the counselor candidate.

Experiences should include related tasks that are judged to be a part of the counselor's role in that setting. There should be provision for assistance to the counselor candidate in integrating theory and practice. The experiences and the time allotment should be sufficient to enable him to grow personally and professionally to develop an appropriate level of counseling skill, and to acquire a more meaningful understanding of the nature of the counseling relationship.

3. Counselor preparation should emphasize philosophy, theory, and scientific knowledge as well as specific techniques and procedures in a manner that assures understanding and mastery of counselor functions and that helps the counselor candidate to learn to adapt his professional self-concept and his professional skills to a variety of work situations. Learning experiences should encourage creative thinking and inquiry; the ability to use research and evaluation as a professional tool; and a recognition of the need for continued professional growth.

Instructional Conditions: Counselor education programs must be part of strong graduate schools or divisions and have appropriate facilities.

1. Courses in counseling should be taught by faculty members who have had relevant experience and whose professional preparation includes an appropriate doctoral degree. Additional criteria should include involvement in research and a relationship of responsibility to the profession. Staff members should have an understanding of the employment settings in which their students will work and of counselor roles in those settings. Faculty members should be adequate in number and have the variety of specializations needed to offer the necessary courses.

2. Faculty members teaching courses in related disciplines to counselor candidates should be well qualified in their respective fields.

3. The counselor education staff should have sufficient time for their professional responsibilities including time for careful supervision and evaluation of each candidate as well as for research and professional leadership. The practicum load should be weighted in recognition of the fact that this is a fully professional form of instruction.

4. Practicum and internship should be provided in settings that offer a competent staff and adequate facilities as well as appropriate counseling and other learning experiences. Supervisory staff in off-campus settings should have a meaningful relationship to the counselor preparation program and its staff.

5. A strong program of counselor education requires adequate facilities including
physical facilities for practicum, testing laboratories, private offices for staff members, seminar rooms, library materials, secretarial assistance, and research aid.

**Financial Support for Counselor Candidates.** Meeting society's need for qualified counselors requires support and subsidization to enable promising students to acquire the necessary preparation. Provisions should be made for support in the form of stipends, graduate assistantships, fellowships, and scholarships in sufficient numbers and amounts to make it possible to attract and hold potentially able persons.

**Concluding Statement.** The maximum development of the potential of all individuals, for their own satisfaction and for the benefit of society, requires that effective and extensive counseling services be provided by qualified, competent counselors. The American Personnel and Guidance Association believes that the policies here outlined will contribute to this objective, and that the concerted efforts of the profession will make possible the realization of the quality of counseling preparation and performance envisioned in this statement.
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