

November 1970

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Recommended Citation

Pole, K.F.M. (1970) "The Doctor's Role in Sex Education," *The Linacre Quarterly*: Vol. 37 : No. 4 , Article 23.
Available at: <http://epublications.marquette.edu/lnq/vol37/iss4/23>

The Doctor's Role In Sex Education

Dr. K. F. M. POLE*

"No generation has talked more about sex, seemed to enjoy it less and been so ignorant about it" said the Bishop of Guildford a few years ago, speaking to his Diocesan Council for Social Work. There is much truth in this. Of course it is always dangerous to generalise and to treat a group as if it were homogenous. Particularly careful we must be concerning the adolescents, since with the wider social spread of their articulate members the term now covers a greater variety of individuals than ever before. Even so, the word "sex" as it is bandied about nowadays — understandably loudest but certainly not exclusively by the adolescents — shows a tendency to

view the sex act as the end-all and end-all of the relationship between man and woman, which has thus degraded to the physical level with some emotional overtones. But emotions evoked by physical urges are blind and blinding, as are all passions, and so the sex act becomes the desired end and object rather than being an instrument of love, the language of love, which incidentally rests on a great deal more than sexuality.

Sex information is almost universal, even among the very young. Much of it is spread by word of mouth or shady literature, and is mainly concerned with the physical aspect in its technicalities. Even official sex education is all too frequently purely scientific, presenting the subject merely as a biological problem. The "facts of life" are given simply as facts with little, if any encouragement to resist the pres-

ures of a materialistic world. Knowledge, of course, is essential but it should be broadly based and therefore integrated into a true character forming education. Parents, teachers, welfare officers and counsellors all have their parts to play and so has the Christian doctor. Indeed, his contribution may be essential.

The problem of sex relations is a sociological one, and the doctor's experience is with individuals. But is it now to the individual that we must look if we want to discover motives? Is it not the individual we must help if we want to help society? It therefore seems right for the doctor to make a contribution to this problem, particularly for the family doctor who has the opportunity of observing them all: the adults as they age, the young as they become adults and the new generation coming along; who sees the rifts in the home, smugness and apathy, frustration and rebellion, struggle and victory. All this leaves no doubt that there is a problem here, and one which seems further and further from being solved, as it gets intertwined with other problems like violence and drug addiction. All these phenomena are but symptoms of some wrong in our society, and every attempt to eradicate any of those ills is therefore bound to fail so long as the root cause is not attacked.

Legislation and social services are failing because they deal only with the symptoms. This is true even where the psychiatrist penetrates to the individual's subconscious mind and motives. What is needed is a much more profound diagnosis of the common factor which forms the minds of the individuals who are involved in those problems, and then to educate them to a way of life which will overcome it.

Such education must be directed at the individual — many such individuals of course — who will then be ready to go out as pioneers — dare we call them apostles — to educate others. Alcoholics Anonymous is a group which works on these lines.

The problem is most glaringly obvious in adolescence, a transitional period of relative freedom from economic and social responsibilities. But this period is one of tension as well as of privilege. Young people mature physically at an even earlier age and learn the facts of life earlier, a good thing in itself (as innocence and ignorance are by no means the same), but they are in need of guidance which often is sadly missing. Parents frequently fail to provide the stability their children look for and so the young are affected not only by the world's general insecurity and social pressures, but also by the loosened family structure. This might have various reasons, but whatever they are, father and mother are often not available or too tired to listen and talk to their children. Thus are missed opportunities to guide them, to discuss their ideas and to correct them in the early stages while the children still look to the parents for a lead. Once disappointed the children will not turn to them again. "Adults are not interested in the ideas of young people, they might be if they listened" is a typical reaction.

The natural discontent and impatience of youth with the established values of society is frequently expressed in symbols of dress or as opposition to organised religion and the moral code established by it. In some cases estrangement in the family results in an early and hasty marriage entered into in order to escape from the parental home; in others the young

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look for security in the combined strength of those who are individually insecure. Sometimes they link up in gangs which might lead them to violence and crime, to drug taking and, in mixed groups, to sexual relationships intentionally without marriage. Such relationships may be stable or at least as semi-stable as many so-called marriages are today, but there may be frank promiscuity in which partners are deliberately shared and, even on the same evening and in each other's presence, such exchanges may be going on. If girls under the age of consent get involved, the Police and the Police Surgeon enter the picture. I know it, as I am a Police Surgeon.

The problem of sexuality thus becomes most glaring obvious, most disturbing and most threatening to our social structure where adolescents are concerned, and it is here that immediate remedies must be tried. However, sex education in the true sense, that is as part of a general character-forming education, must start in early childhood. If Mary was never taught to be unselfish she had no proper sex education whatever facts of life she may have been taught. If John was not brought up to self-discipline, he may know all the biological data about sex but he does not know how to love, and he will miss the beauty of a perfect human relationship.

Sex education means that whenever the child asks a question it must be answered truthfully but with no more detail than appears to be expected and is likely to be understood. In this way — and also from other more dubious sources — each child is likely before puberty to have acquired a fair knowledge of facts, but all the same a full, though informal, discussion should be

brought about by the parents at that time. In this way it will be possible to correct some false ideas and to explain the significance of the various bodily phenomena. It is important that girls should not only know about menstruation but understand its meaning, instead of getting the wrong attitude towards it which has led to its being widely referred to as "the curse". Similarly, most important but often neglected, boys must be told about nocturnal emissions; they are often frightened when they occur and think they are ill or try to wash away the traces as if they were something "shameful". Parents should know that there is much more need to worry if no traces of such nocturnal emissions are found in the bed of a boy who has developed bodily, as they must indicate excessive masturbation.

The natural teachers in early childhood are the parents, but again and again we hear that they do not feel competent, and accordingly there is now a movement to prepare the parents, or prospective parents, for it. There are engaged-couples courses in which to both are explained the responsibilities of man and wife as prospective parents, there are Canada days for the newly-wed, and talks to parents of young school children in which they are advised how to put over the significance of sexual relations and what they mean, rather than technicalities and what they provide in pleasure. Once the early childhood days have been missed there is little hope that parents and children can begin to talk of these things. Time and again school children will say that they can discuss those matters with anybody else rather than their parents, while parents on their part feel embarrassed at the thought that the young people will view them afterwards with

different eyes than hitherto, because they will see them now as sexual partners. Do they really believe this thought has never before occurred to their children?

Teachers can be a great help and it is important that whenever biology is taught the master should refer to human relations as to something different from and above a mere physical act. He should be working in co-ordination with the master in charge of religious education, so that religion is not seen as something divorced from daily life and therefore as unreal.

The doctor who is interested enough to make studies in this field has a special part to play. If he is a true family doctor according to the old concept of being a friend, philosopher and medical adviser, he will counsel his own patients. Better than anyone else he will be able to talk about these matters to engaged couples, to the newly married, and to young parents, giving not only scientific facts but also his comments. As an outsider he too, rather than the regular teacher, can talk to school children and school leavers about sex and various problems of life, and in Britain an increasing number of schools invite a doctor to undertake this task. Until the engaged couples who have attended courses will have married and are parents of school-age children, talks to adolescents themselves must have first priority; it is feared that this will be necessary for some considerable time, as it is only a relatively small number of young couples who avail themselves of the facilities offered by lectures, marriage advisory institutions and some schools.

I myself usually find it best to give a coherent talk presenting facts, illustrated by slides, and commenting on

them in the wide framework of human relations and human attitudes. At the end I invite questions, not necessarily confined to the substance of my talk but on anything that might fit into its context. Sometimes the talk itself is based on anonymous questions written out beforehand by the pupils and handed to the headmaster or -mistress in a sealed envelope, to reach me about a week beforehand; only additional questions have then to be asked and they usually cover a wide variety of subjects. Time does not allow me to go into details here.

Once the young people have left school it is too late to gather them into groups for instructions, but even then the doctor can do a lot of good when he is called upon to treat medically individuals who have become "drop outs" of society, often with sexual problems. Once a proper doctor-patient relationship is established they will listen to and trust him rather than anyone else. The essence of his advice will be the same as for the adolescents, but the details will depend on the circumstances. The all important thing is to listen and in all but the strictly medical questions let the patient under very gentle guidance find his own solution. Never should religion be "rammed down the patient's throat", but where he himself seems to seek for it, the help which religion can give should be put within his reach. Above all, the doctor himself must be inspired by belief and never appear to judge his patient, not try to identify and blame any specific cause which has led to the downfall. There never is one single cause, there are only factors which contribute in varying degrees, and in each case there are several contributing factors which therefore will never add up to a neat 100%.

There is one factor which appears to be common to all cases; it is a social ill which to some degree affects every member of society in any social class. Whatever the details, the causes for failure have been traced again and again to houses that are not homes, to parents who will not act as parents — whether they are frankly neglectful, or autocratic or over-protective, with little understanding for their children's individuality. Thus, with Jean de Fabrègues¹ we must ask: "What has happened to those families that they should be so empty, why are these parents so bankrupt in their parenthood?". Here is his answer, which I would make my own: "There is no room for doubt. The evidence fits

together too neatly. All this springs from the atmosphere of universal meaninglessness which these children breathe. Love is nothing and as no meaning, respect for the home as no meaning, neither faith nor understanding hold any meaning . . . it is possible to kill because nothing matters, nothing exists, that is the point we have reached . . . if the family is impaired man himself is impaired. And there is only one human law that has ever served the family — the Christian ideal of Marriage".

¹"Christian Marriage" by Jean de Fabrègues (A Faith and Fact Book, Burns and Oates, London)

Coming in the NEXT issue of L. Q.

February, 1971

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