Sexuality Education
Across Cultures

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Working With Differences

Jossey-Bass Publishers
San Francisco
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Library of Congress Cataloging-in-Publication Data

Irvine, Janice M.

Sexuality education across cultures / Janice M. Irvine.

Includes bibliographical references and index.
ISBN 0-7879-0154-7 (alk. paper)
II. Series.
HJ56.3.178 1995
306.7—dc20 95-18042

9 8 7 6 5 4 3 2 1

FIRST EDITION
Our ideas about sexuality—what it is and where it comes from—are critically important to sexuality education. That is because how we think about sexuality shapes how we talk about it. Our ideas and theories guide us in our work, whether it is designing a curriculum, brochure, workshop, or research project. Even if we are not consciously aware of our assumptions about sexuality; they exert a tremendous influence.

As we move toward our goal of effective multicultural sexuality education, our success at designing culturally diverse programs begins at this first stage of ideas. Some beliefs and assumptions about sexuality keep us narrowly focused on the individual while others encourage us to examine the role that different cultures play in making us sexual people. In this chapter, I review the ongoing discussion, and sometimes volatile debate, about two different theoretical perspectives on sexuality: essentialism and social construction theory. For the most part, sexuality educators have been outside, and even unaware of, these debates. Yet we have a high stake in them, for the core assumptions of each perspective lead us to ask different questions about sexuality and result in different educational strategies.

In this chapter, I will describe in detail the central points of both essentialism and social construction theory. My emphasis is on the implications of each perspective for the ways that we approach particular dilemmas and challenges in sexuality education. As I discuss
below, most sexuality education is based on an essentialist view. But I strongly believe it is time to reevaluate the essentialist assumption in light of the exciting research revealing that our social worlds have a greater impact on our sexuality than does our biological makeup.

The Essentialist Assumption

To many in the United States, the word sex has a simple and narrow meaning: sexual intercourse. Most people don’t ask for clarification when a friend talks about “having sex.” They assume, and usually rightly so, that they know what she or he means. “Sex” might be exciting, forbidden, daring, or immoral, but it still usually refers to events that are primarily heterosexual and genital.

This assumption is slowly changing. Over the last two decades, educators have promoted a more comprehensive approach. We encourage a view of sex not just as the capacity for certain physical acts but as an aspect of an individual’s total personality. As well as a physical dimension, sexuality includes emotions, beliefs, attitudes, and values.

This broader definition has been important for teachers and other health and human service professionals since it means that sexuality is not a small and isolated aspect of one’s life but is woven through all aspects of who we are. It is now increasingly obvious to us that when we educate about pregnancy prevention or safer sex we must consider far more than teaching individuals the mechanics of behavior change. We know that individual decisions about sexual activity are related not just to knowledge about options but to such other factors as self-esteem and personal empowerment.

The idea persists, however, that sexuality lies exclusively in the realm of the individual. Even in this new, expanded definition of sexuality as an aspect of the total personality rather than simply genital activities, the emphasis remains on sexuality as a deep and natural individual expression. This perspective is called essentialism, and it is the most common way of thinking about sexuality in our society. In fact, essentialist thinking is so pervasive that we grow up learning essentialist ideas about sexuality without even knowing that this perspective has a name and that there is an alternative view. We simply learn and accept these ideas as truth.

There are two major parts of sexual essentialism. The first is the belief that sexuality is a natural, inherent aspect of the self.

Sexuality as an Internal Drive

The notion of sexuality as a force within the individual finds expression in a number of ways. The idea of the sex drive is one of the most common. Most sex researchers and theorists over the last one hundred years, including Sigmund Freud, Alfred Kinsey, and William Masters and Virginia Johnson, have assumed an inherent sex drive. They may disagree over whether the source of this drive is physical or psychological, whether it comes from genes or hormones or from deep emotional influences. But they are agreed that sexuality is an insistent, internal force.

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Essentialism

- There is an internal, probably biological sex drive or instinct.
- Sexuality is universally expressed throughout different historical times.
- Sexuality is universally expressed across different cultures.

It is important for educators to reexamine the notion of the sex drive because this belief contains such a compelling image—that there is a powerful force that drives our sexuality. Sexual instincts supposedly cannot be ignored; they will push to the surface and demand release. Because these urges and impulses are allegedly located in our bodies, this particular aspect of essentialism is also sometimes called biological determinism. The biological self drives the sexual person.
We live in a society that is suspicious and fearful of sexuality. Not surprisingly, then, many people imagine this powerful, inner force to be uncontrollably dangerous. Although both men and women have been viewed as aggressively sexual in different historical periods, currently this is particularly true of male sexuality. In a 1950s sex education text, *Toward Manhood*, Herman Bundesen wrote that sexuality, "like hunger, is one of the driving forces of life. It will not be denied. . . . There is no primitive impulse that can work more lasting harm on others, if uncontrolled, than the sex urge." In a familiar refrain, he warned that girls should not tempt or seduce a boy, who might simply be unable to control the "lewd devils" that possess him—his sexual drive.

Although it might seem outdated, this particular essentialist myth about the nature of male and female sexuality still exerts a powerful cultural influence. The often repeated idea that men are naturally sexually aggressive while women are sexually passive reinforces myths that it is a woman’s responsibility to tame or control the powerful male sex drive. It has taken decades for the contemporary women’s movement to dislodge the popular idea that rape results from an uncontainable explosion of male sexual drive and to rightfully reframe rape as an abuse of male power, a social rather than an individual problem. Essentialist ideas are so culturally ingrained that this effort has still not completely succeeded. In 1989, for example, a man charged with raping a woman who was wearing a white lace miniskirt without underwear was acquitted because, according to the jury foreman, she “asked for it,” while he reacted like any red-blooded American man.

Since sexuality education reflects dominant ideas in the culture, it is not surprising that essentialist ideas about the sex drive permeate the field. Sexuality texts typically link the sex drive with hormones and suggest that there is a biological basis to the ways in which women and men prefer to be sexual. One contemporary text makes this argument quite boldly: “Within the male the sex drive is more specific and direct. It tends to be isolated from feelings of love and affection and directed more towards orgasm. Within the female the sex drive is more diffuse and is related to feelings of affection. Indirect stimuli such as sexual fantasies and provocative pictures have a much greater effect on the male than the female.”

Embedded in this argument are two common essentialist themes: (1) there are universal differences between male and female sexuality, and (2) these differences are the result of biological factors that constitute the sex drive. Although there has been intense debate and serious challenge to these ideas, they continue to be taught to new generations of students as though they were factual.

Contemporary sex researchers, like Masters and Johnson, have exerted a powerful influence on our ideas about sexuality. They have reinforced essentialist thinking through their insistence that sexuality is a natural force present in all of us at birth. But they have attempted, in many ways quite successfully, to reframe its nature. They cast the sex drive not as the “lewd devils” of an earlier age, but as a positive, healthy instinct. By insisting that sexuality is an inherent and natural drive, researchers like Masters and Johnson hope to convince us to appreciate rather than suffer shame over sexual thoughts, feelings, and behaviors. Don’t feel guilty, sex researchers urge us, because your sexuality is a normal expression of a natural, inner sexual drive.

Essentialist ideas about an internal sexual drive or instinct, therefore, can be expressed as either negative or positive. The sexual force might be viewed as primitive, dangerous, and potentially overpowering. Or it can be seen as natural, normal, and healthy. We see these tensions in contemporary discussions about sexuality.

Some people, for example, believe that sexual orientation is the result of an inner biological or psychological drive (See Chapter Four for more on this subject.) And this essentialist belief, which has been hotly debated over the last twenty years, has been used both to support and condemn homosexuality. One writer who argued on behalf of lesbian and gay rights because it is “normal and natural” said, “From a psychological perspective an action is considered natural if
it originates from an impulse or drive. . . . A substantial minority of human beings have an instinctive tendency to fulfill same-sex desires. . . . If, then, 'natural' is defined as that which is instinctive and freely acted on without restraint, same-sex feelings and attractions do indeed seem to be quite natural for a significant proportion of the human population." But those who condemn homosexuality have used the same argument for their opposition. As one writer claims, we don’t think everything that is “natural” is positive. This parent, who opposes teaching about homosexuality in the public schools, wrote, “Even if researchers like Simon LeVay discover that homosexuality is predestined by our genes, this affords us nothing: many forms of cancer and other autoimmune disorders derive from our genes, as well.”

Rethinking Sexuality

Jacoby has clearly made an essentialist argument here by reducing the complexities of sexual identity to an inherent sex drive or carnal desire. This article is an example of how essentialism can be used to argue that certain groups, identities, or sexual practices are pathological. Jacoby argues (even while denying that he does so) that homosexuality is both an inherent sex drive and one that is inferior by being “coarsening” and “dehumanizing.”


Essentialism in the Media

The media commonly disseminate and reinforce essentialist ideas about sexuality. One example is a column printed in the Boston Globe on Gay Pride Day that drew outraged responses. An excerpt from this article shows how the columnist, Jeff Jacoby, uses essentialist ideas to argue that homosexuality is nothing more than a biological urge. Jacoby wrote:

What unites the gay paraders . . . is a characteristic utterly and consumingly physical: sexual orientation. It is precisely the demands of their bodies that pull together the tens of thousands of Gay Pride marchers who would otherwise have little or nothing in common. . . . The marchers’ unifying attribute, the singular feature without which there would be no Gay Pride parade and no Gay Pride Day, is—being gay. They are defining themselves in terms of something bodily: carnal desire. And not just defining, but acclaiming. . . . Rejoice? In the swerve of their sex drive? That is not ennobling or uplifting. It is coarsening, and a little dehumanizing. The point is not that homosexuality is good, bad or neutral—that’s a different column—but whether the essence of our selves is merely the total of our thirsts and desires.\[1]
as I said earlier, essentialism is our culture's dominant framework for thinking about sexuality. In addition, sexual essentialism is reinforced by a significant development in the area of sexuality—that of medicalization.

Medicalization is a process by which a growing number of social issues are "taken over" by the medical profession and consequently are framed as health problems. Drinking, drug use, teen pregnancy, gambling, and violence are experiences that have been medicalized, so that we now think of them in terms of health and disease. We commonly speak, for example, about an "epidemic" of violence and the "disease" of alcoholism.

Over the last one hundred years, medical professionals have increasingly dominated discussions of sexuality. Whereas earlier, philosophers and religious leaders had been the experts, by the late nineteenth century, doctors began to define sexuality as a health concern. They invented the categories of different sexual experiences that are now so familiar to us, such as homosexuality, heterosexuality, transsexuality, and transvestism. And they created a language of sexual disease, conveying such concepts as impotence, preorgasmia, and sex addiction. It is now common to think of sexuality as a health issue, especially with growing concern over sexually transmitted infections like human immunodeficiency virus (HIV). Sex education is often taught in school health curricula, and nurses are often the instructors.

By framing it as a health issue, medicalization reinforces our tendency to think of sexuality as an internal drive. Although this is not true in many cultures, European-American culture considers health and illness to be an individual, biological experience. Unlike Native American or some Asian cultures in which disease is thought to spring from a lack of social or spiritual harmony, European Americans conceive of illness as an individual problem. Something inside of ourselves has gone wrong. The source of disease is thought to be a "bug" or some other outside invader that penetrates inside the individual person to cause illness, rather than a social problem such as the health impact of toxic wastes, pollution, or food additives. Experts who have medicalized sexual issues—for example, diagnosing frequent sex as "sex addiction" and infrequent sex as "inhibited sexual desire"—often look to the brain or hormones for the source of this "disease" rather than examining how our ideas about appropriate levels of sexual activity come from social norms. It is clear, then, that applying medical ideas about health and sickness to the area of sexuality simply strengthens our already familiar belief that there is an internal and individual sex drive.

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Sexuality and Biology: A Look at the Research

The body is a central focus in sexuality education. Sexuality education texts are filled with information on the roles of hormones and genes in our sexual lives. Moreover, newspapers, magazines, and scientific journals proffer enthusiastic accounts of the relationship between our biological and sexual selves. But how accurate is this information? Does biology play as strong a role in sexuality as many recent studies would claim? How might sexuality educators most accurately teach about biology? There are important resources to help sexuality educators evaluate these questions.

We hear a great deal these days about genes and genetic influences on our behavior. Researchers of late have been arguing that there is a genetic basis for such varied problems as alcoholism, mental illness, violence, and even smoking. Based on twin studies, some scientists have claimed that sexual orientation, specifically homosexuality, is largely genetic.

Harvard biology professor emerita Ruth Hubbard has written a lively and informative evaluation of contemporary genetic research. Hubbard is a knowledgeable critic who explains, in lay terms, how genes operate and then proceeds to criticize current research on a number of grounds. She points out flaws in the design and interpretation of numerous studies and shows how most claims of genetic influence are "a mix of interesting facts, unsupported conjectures,
and wild exaggerations of the importance of genes in our lives." Hubbard is essential reading for sexuality educators because she gives us information and analytic tools that allow us to demystify and evaluate this work for ourselves.

Scientists have made sweeping claims about the role of hormones on our sexuality even since the birth of endocrinology in the early years of this century. In her book Raging Hormones, Gail Vines examines these various claims, including those that allege a hormonal basis for homosexuality and assert that estrogen and testosterone form the basis of female and male sexuality. Like Hubbard, Vines is critical of these overly broad claims about biology. She shows the ways in which the supporting studies are biased and how they play into larger social and political ideas about women and sexual minorities.²

Marianne Whatley's work is critical reading for sexuality educators as they evaluate the implications of biology for teaching about sex. Whatley specifically examines how various texts present ideas about hormones and other physiological factors. She points out how a large number of texts distort information on hormones, and she provides concrete suggestions for educators on how to present physiology more accurately in the classroom.³

All of these many critics show how scientific studies, along with coverage of them in the popular media, mistakenly lead to the view that biology is the major influence on our sexuality. While offering rigorous methodological criticisms of the research, the critics place the studies in a larger historical context to show that, far from being neutral, they are part of a larger political climate in which claims about biology are being used for a range of social purposes.


Sexuality as Stable Across Cultures and Eras

Finally we come to the second major aspect of essentialist thinking, and one that places important limitations on the development of multicultural sexuality education. This is the tendency to think of sexuality not just as an internal force but as one that is predictably stable and similar both across cultures and throughout different historical times. The two essentialist ideas follow logically, for if one believes that sexuality is an inherent, individual drive, then it should unfold in humans in the same way, untouched by historical or social influences except in the most superficial ways. In this second aspect of essentialist thinking, we universalize the meanings, values, and belief systems about sexuality that are specific to our culture in the present.

We assume, usually without even thinking about it, that people in other cultures or in different historical periods think and feel the same way that we do about such practices as same-sex sexual activity or oral-genital practices. One example of this is the common essentialist assumption that the categories of heterosexuality and homosexuality are valid, timeless descriptions of human behavior and that heterosexuality represents the normal and natural development of the sexual drive. Some people, from this essentialist perspective, describe sexual activities between men and boys in ancient Greece as "homosexuality," even though the modern term had not yet been invented and their practices bore little similarity to the set of behaviors and identities we associate today with "homosexuality."

Together, these two assumptions—that there is an internal sex drive that is stable across time and cultures—comprise sexual essentialism. We encounter examples of essentialism almost daily. Newspapers routinely report about scientists searching for a gene or
hormone that causes homosexuality. These searches reflect an essentialist assumption that there is a biological basis, or sex drive, to the wish for same-sex sexual intimacy. Similarly, the notion that men are more sexually aggressive than women because they have a stronger sex drive is an essentialist idea. The presumption in some sexuality and AIDS education books that teenagers are "walking hormones" reflects essentialist thinking in that it assumes a biological sex urge and ignores the fact that widespread sexual experimentation during adolescence is not universal to all cultures and historical periods.

The Social Constructionist Challenge

Over the last two decades, historians and social scientists have developed a new perspective on sexuality that challenges essentialism. Sexuality, they argue, is not a fixed arena of human life that unfolds in a predictable way because of certain biological functions. Instead, the meanings, beliefs, values, and practices that comprise sexuality are often different in different times and cultures. This new perspective on sexuality is called social construction theory. The term suggests that sexuality is a product, or construction, of social and cultural influences during any specific historical time.

While essentialists look to the individual as the most important factor in explaining sexuality, social constructionists look to social and cultural influences. Most social constructionists minimize the role of a biological sex drive or instinct, and some deny that there is such a force. All agree that biology does not determine any particular form of sexual expression as normal or natural. Instead, sexual rules, or sexual scripts (see Chapter Two) shape individual behavior. These cultural rules don't inevitably determine our behavior; for example, one of the most dramatic findings of the Kinsey reports was the enormous gap between how the culture said individuals should act sexually and what people actually did. But culture offers us guidelines; most of us know the sexual rules of our culture even if we sometimes disobey them.

One term for the specific combination of sexual beliefs, practices, and rules is the sex/gender system. The concept of the sex/gender system has been an important one in the study of sexuality because it reminds us that to understand individual sexual behavior we must understand how a particular society organizes and regulates sexuality in a specific period. Although essentialist ideas falsely depict the sexual values and practices of dominant groups as universal to all groups, in fact there is no sexual behavior, identity, or belief system that is universally normal or natural. Cultures may differ considerably.

Social constructionists argue that "sexuality" itself—the very basis of what we consider to be sexual—can vary greatly from culture to culture. We cannot take for granted that cultures share the meanings of sexual acts, or that there is even agreement about whether an act is sexual or not. For example, although most Americans would agree that kissing is an erotic activity, the Mehinaku of the Amazonian rain forests consider it a bizarre and disgusting exchange of saliva. While most people in the U.S. consider oral-genital acts between men to be homosexual practices, such activity is an acceptable, indeed required developmental phase for Sambian males of New Guinea. The Sambia have no concept of, or terminology for, homosexuality and do not explain same-sex activity in this way. These examples represent more than simply the existence of cultural variations; rather they show how the very foundation of what we consider to be sexual may vary widely.

Dramatic differences can also occur within the sex/gender system of a single culture over time. One example from white, middle-class U.S. culture is the dramatic shift in our ideas about female sexuality. While many Americans accept as truth the notion that men have a stronger sex drive than women, in fact our ideas about male and female sexual desire continually change and even reverse
themselves. Popular ideas in the eighteenth century held that women were lustful creatures, almost out of control, who would tempt and seduce men. By the nineteenth century, experts said the opposite: men were supposedly more naturally sexually aggressive and women felt very little desire. This set of beliefs has persisted, although as we move into the twenty-first century, sexologists now say that they find no inherent difference between the sexual capacities of men and women. Social constructionists look at these reversals in expert opinion not as evidence of “real” changes in a female “sex drive” but rather as an example of how ideas change within a sex/gender system and how sexual rules shape our behavior by presenting us with certain sexual possibilities.

Social construction theory is an exciting advance in sex research because it has so many advantages over essentialism. It challenges old assumptions and argues that there are never any “universals” about sexuality. Constructionists question how sexuality is organized and symbolized in different societies. In particular, they stress that to truly understand an individual’s sexuality we must understand the range of meanings he or she attaches to particular behaviors, feelings, and fantasies.

Social Construction Theory

- Sexuality is not universal either throughout history or across cultures.
- It is doubtful that there is an internal, essential sex drive or force.
- Biology plays a small role, if any, in determining our sexuality.
- Sexuality is deeply influenced and constructed by social, political, economic, and cultural factors.
- We must examine the specific meanings attached to sexuality at particular historical moments in particular cultures.

What About the Body?

We all grew up learning essentialist ideas about sexuality. So the social constructionist perspective can seem unfamiliar, abstract, and even irrelevant. In my classes and workshops, I’ve heard a range of responses from teachers, health care professionals, parents, and undergraduates. Many of them are excited by this new way of thinking about sexuality since it seems to fit more closely with their experiences, and they are intrigued by the possibilities social constructionism offers for their work. There is particular excitement about the way social construction theory opens up the area of cultural diversity. Others are skeptical, however, and wary of abandoning ideas that seem to have served them well in the past.

Perhaps there has been no more suspicion and resistance to social construction theory than with respect to biology and the body. Some think the essentialism–social construction debate is simply a variation of the nature-nurture conflict—an argument over the importance of biology versus that of the environment. They wonder why they have to choose a side instead of just staking out the middle ground. Surely, they think, both biology and the social world have an impact on our sexuality. But as we have seen, there is much more to the debate between essentialists and social constructionists than disagreement over a sex drive or the biological basis of sexuality. Moreover, social constructionists go much further than simply challenging the importance of the body’s role in sexuality; as we will see, they raise questions about what we even mean when we talk about “the body.”

In this society we have learned to view our bodies as a source of wisdom. However, this notion of the fundamental truth of biology is a belief that changes in different historical periods. Historians have noticed that these beliefs tend to be strongest during times of great social stress. At the moment, we are in a period of intense interest in finding in the body all the truths about who we are and how we act. An example of this is the Human Genome Project and other
related efforts at tracking particular genes that are supposedly the origins of such practices as alcoholism, gambling, and homosexuality. Despite limited success and much criticism, these research projects receive enormous publicity and reinforce the popular notion that we can explain who we are through an understanding of our bodies.

So given this context, questions about the body are reasonable and important. What is the role of biology, if any, in our sexual lives? What about hormones and genes? What about the sex researchers who discovered that boys have erections at birth while the vaginas of newborn girls lubricate within hours? Doesn’t that prove an inborn sexual drive? These kinds of questions have generated discussion not only among those resistant to social constructionism but among social construction theorists themselves who are debating the most accurate and meaningful way to account for biology.

Unlike essentialists, who look to the body in order to uncover truths about sexuality, social constructionists think the body simply affords us the physical potential for sexual practices. The body is a source of energy and a site of different parts and places, all of which allow the varied thoughts, feelings, and behaviors that we call sexuality to be enacted. But nothing is standard or universal about the way these energies and body parts operate. Instead, our social worlds teach us how to fashion the body’s potential into what the culture considers to be a sexual person.

Some constructionists have compared sexuality to music. Although the ear gives us the capacity to hear, the experience of the rich and varied combination of rhythms and tones that we call music is created by culture. We know that we need the ear to hear, but we don’t think that our experience of music is based on the physiology of the ear, or that a preference for Bach over rap might be located somewhere in the brain. Courses on music don’t focus on physiology, and people who are unmoved by music don’t believe that their indifference stems from a physical problem with their ears. Our need to locate the source of our sexual selves in our bodies says less about any biological truths and more about how cultural anxieties about sexuality have remained focused on the sexual body.

Social constructionists adamantly reject arguments based on a supposedly natural or divine plan for the body—arguments that are no doubt familiar to sexuality educators. For example, some people say that heterosexuality is natural because male and female genitalia were built to fit together (“God made Adam and Eve, not Adam and Steve”). Or they object to anal sex because, supposedly, the anus wasn’t designed for penetration by a penis. Constructionists would counter that these arguments work backwards in attempting to justify cultural biases by claiming a biological rationale for them. Obviously the body is capable of enacting a wide and varied range of practices that we call sexual. These are considered either acceptable or deviant based solely on the social meanings attached to them, not because God or nature had intentions about how the body should be used.

It is useful to recognize that the body itself is neither as stable nor universal as some believe. The body, in some ways, is itself a social construction. This is so in several ways.

First, we have learned that the body comes first; we are born with a fixed anatomy and physiology that then influences everything else. But there is growing evidence that the body is changeable and reacts to aspects of our social world. For example, stress changes body chemistry, and experiences such as severe childhood trauma seem to alter the makeup of the brain in complicated ways. These studies suggest that we each live in a social body, that what happens to us may well affect our body as much if not more than our body affects what happens to us.

Second, our experience of living in our body is profoundly affected by our social worlds. Cultures differ in the importance they attach to such specific body parts as breasts, buttocks, necks, ears, or eyes. Beliefs about beauty, which exist in every culture, can make one feel energetic and exuberant or awkward and uncomfortable in one’s body.
Those who don’t fit our particular culture-bound ideals, such as disabled, obese, or very short people, may feel burdened by their bodies.

Finally, scientific ideas about the body and how it works have often been shaped less through rigorously empirical methods than by social and political influences. For example, in the late nineteenth century, as both women and African Americans were launching movements for equal rights, scientists put forth theories about how both groups were physically different, and inferior to, white men. Some believed that women were developmentally stunted and therefore more suited to domestic roles as wives and mothers. African Americans were said to have smaller brains, less intelligence, and more innate capacity for physical work, making them, of course, ideally suited for hard labor if not slavery. Alleged physical inferiority became a rationale for denying minority groups equal rights.

Political influence on representations of the body continues in the twentieth century. Sex researchers William Masters and Virginia Johnson admitted that their belief in gender equality shaped how they designed and reported their research on the physiological similarities of men and women in the human sexual response cycle. And researcher Simon LeVay has said that he was convinced even before he began to look for the cause of homosexuality in the brain that he would find it. So these scientific portraits of the physical body, supposedly objective and true, are really pictures that fit with particular social and political beliefs of the time. They are constructions that will look as obviously biased to those who look back one hundred years from now as the nineteenth-century depictions of women’s and African Americans’ physical inferiority look to us now.

Questions about the role of the body in sexuality are not easily laid to rest. Indeed, as this section suggests, it is not always clear what “the body” even means—or that it means the same thing to all groups at all different times. Yet social constructionists would likely agree that biology plays a small role in our lives as sexual people. And for sexuality education, a field in which the body has been so central, this suggestion carries important implications.

**Sexuality Education and Social Construction Theory**

Sexuality education has been slow to recognize social constructionist perspectives. In part, this is because the field approaches sexuality as a health issue, and we have already discussed how medicalization reinforces the essentialist claim that sexuality is individual, internal, and timeless. But also, since social construction theory challenges the idea of universal truths, it doesn’t offer its own. Instead, it encourages us to ask questions. As a result, I have heard teachers complain that it seems too abstract or difficult to apply to their work. However, social constructionism can be very concrete and pragmatic with regard to sexuality education.

Social construction theory has an especially important role to play in sexuality education in the area of cultural diversity and awareness. Because essentialists assume a stable sex drive, they can easily ignore culture or, at best, treat differences as simply minor variations on a fairly universal theme. We are all familiar with the kind of educational strategy in which only the beliefs and practices of dominant groups—for example, white heterosexual men—are considered. It is an outgrowth not of malevolence but of an essentialist view that assumes a great deal of sexual consistency. In contrast, a social constructionist approach insists that we target an intervention, such as a class or brochure, to fit the beliefs of specific cultural groups.

Sexuality educators should be particularly aware of this challenge to the idea of sexual universals, because so much underlying research is based on a biomedical, essentialist perspective. Most texts, for example, incorporate the work of scientific researchers. These studies are often based on very homogeneous samples (only white people who, in the case of Masters’ and Johnson’s studies, are mostly middle class and educated), and their conclusions are applied to all groups. So sexuality education materials may present findings as universal that are really specific to a particular group. It is encouraging that the recently released comprehensive study of sexual behavior,
the National Health and Social Life Survey, was conducted by researchers who take a social constructionist approach to sexuality.  

Social construction studies help us understand that there are many areas related to sexuality in which cultural groups differ. Some examples are sexual beliefs and practices (is there acceptance, for example, of teenage pregnancy or anal sex?), the acceptability of sexually explicit language (does the term gay make sense, or should one say, "men who have sex with men"?), ideas about the purpose of sex (is it simply for reproduction, or is pleasure acceptable?), the relationship between sexuality and gender (is there a double standard?), and the role of the family (is there a tradition of an extended, involved family network?). Our educational strategies will be much more effective if our approaches are consistent with our audience’s worldview.

The essentialist assumption of an internal sex drive has shaped sex education for over one hundred years. Here, too, a constructionist approach can improve educational strategies. Nowhere is this clearer than in the area of adolescent sexuality. When we assume that teenagers, especially males, are acting on the basis of sexual urges, our education emphasizes strategies for self-control, ways to channel their drives, or skills to make them safer because they will inevitably act on these impulses. This is the basis for "just say no" or more liberal "just use a condom" approaches. In addition, sexuality education texts that attribute sexuality to hormones often reinforce rigid gender roles by making broad arguments about biological causes for characteristics as diverse as sexual interest and aggressiveness, sexual identity, career interests, and cognitive skills in such areas as math.

Social constructionists don’t assume that adolescents are driven by sexual instincts. Instead, they recognize adolescent sexuality as shaped by a range of factors from gender, race, and ethnicity to social class and sexual identity. The meanings that teenagers attach to sexuality and relationships will vary based on the many messages they receive from their social worlds. Some adolescents, particularly white males, receive powerful cultural messages that encourage frequent and aggressive sexual activity. Others, often European-American middle-class females and first-generation Asian-American males, get messages of sexual restraint. Instead of being driven by hormones, adolescents are operating from a range of sexual scripts. Like all of us, teenagers fashion their sexual ideas, expectations, and willingness to act on the set of cultural options available to them. If we understand those scripts, we can craft educational messages that they can more easily hear.

By now it must be clear that the content and effectiveness of sexuality and AIDS education is profoundly shaped by one’s underlying theoretical perspective on sexuality. Sexuality education is a product of our culture and so has been dominated by essentialist thinking. As we have seen, this paradigm both distorts our ideas about sexuality and limits us in our ability to speak to diverse audiences. Social construction theory, on the other hand, asks that we know about the sex/gender systems of our audiences and that we target our programs for them. This perspective assumes we are social actors and that culture shapes our sexual beliefs and practices.

Sexuality may be complicated, but it does not defy understanding. I hope to demonstrate throughout this book that social construction theory is a tool that can help us develop richer and better programs to understand sexuality more thoroughly.