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CONTINUUM *Complete*
International
ENCYCLOPEDIA
OF SEXUALITY

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RAYMOND J. NOONAN, PH.D., CCIES WEBSITE EDITOR

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· THE ·

CONTINUUM *Complete*
International
ENCYCLOPEDIA
OF SEXUALITY

Updated, with More Countries

2004

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Comment by Timothy Perper, Ph.D.; Updates by the Editors

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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

France's position in western central Europe has made it a major cultural force in European history for 2,000 years. France's neighbors are Belgium and Luxembourg on the north, Germany, Switzerland, and Italy on the east, the



(CIA 2002)

Mediterranean Sea on the south, Spain in the southwest, and the Atlantic Ocean and English Channel on the west. With a territory of 211,210 square miles (547,030 km²), France is about 80% of the size of the state of Texas in the United States. A wide plain covers more than half of the country. The northern and western regions of the country are drained to the west by the Seine, Loire, and Garonne Rivers. France's eastern border is marked by the Rhine River. A mountainous plateau, the Central Massif, marks the center of France. The Alps form France's eastern border with Switzerland and Italy, while the Pyrénées mark its border with Spain in the southwest.

In July 2002, France had an estimated population of 60 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: 0-14 years: 18.5% with 1.05 male(s) per female (sex ratio); 15-64 years: 65.2% with 1 male(s) per female; 65 years and over: 16.3%

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***A Note from the Editors:* This chapter came into being after a ten-year frustrating search for a French sexologist to recruit and coordinate a team of experts to write a chapter about sexuality in France. Our breakthrough finally came in late 2001, six months after the Fifteenth World Congress of Sexology was held in Paris. The Congress was widely recognized for its strong therapeutic, psychoanalytic, and medical/pharmacological tenor, a good example of *de le mirage complémentaire* of French culture in general, and French sexology in particular. In early 2002, Dr. Michel Meignant accepted our invitation. Despite a tight editorial schedule, Dr. Meignant managed to recruit a team of France's leading sexologists and therapists.

At the Paris World Congress, Dr. Ludwig Fineltain, a neuropsychiatrist and psychoanalyst, reminded us that:

The history of French sexology has been closely linked with the beginnings of the Société Française de Sexologie Clinique. The idea arose between 1970 and 1974. Where? At La Couple, of course. In Paris, it is well known that great ideas are born in the literary *cafés* between Saint-Germain-des-Près and Montparnasse.

As with all our contributors to *IES* and *CCIES*, Dr. Meignant and his team received our detailed eight-page chapter outline and guidelines, translated into French. The chapter on sexuality in France has its own unique flavor and gourmet accent. It is very different from the other chapters, with a very strong didactic, analytic, and ideological focus. That, in itself, is informative. Several years ago, when Dr. William Prendergast, one of our editorial consultants, analyzed the information on coercive sexual behavior (Section 8A) for the 32 countries in volumes one to three, he ended with an important observation relevant to all the information in the *Complete International Encyclopedia of Sexuality*, and particularly relevant to this chapter: "Often what is not said in these chapters is more informative than what is said."

The French texts provided by the eight creators of this chapter were ably translated by Genevieve Parent, B.A., M.A., a double graduate of the Sexologie Programme at the University of Quebec in Montreal (UQAM). She has held several positions as a sexuality teacher, clinical sexologist, psychotherapist, and certified sexual abuse counselor. Because this chapter is a composite created by eight different French sexologists, R. T. Francoeur, the editor, assumes responsibility of redacting the translation and integrating the different parts of the chapter.

with 0.69 male(s) per female; *Total population sex ratio*: 0.95 male(s) to 1 female

Life Expectancy at Birth: *Total Population*: 79.05 years; *male*: 75.17 years; *female*: 83.14 years

Urban/Rural Distribution: 74% to 26%

Ethnic Distribution: Celtic and Latin, with Teutonic, Slavic, North African, Indochinese, and Basque minorities. Following the breakup of its overseas empire, France received immigrants from its overseas colonies, particularly Vietnam, Morocco, Algeria, and Tunisia, and several Caribbean nations.

Religious Distribution: Roman Catholic: 83% to 88% (at least nominally); Protestant: 2%; Jewish: 1%; Muslim (North African): 3%; unaffiliated: 4%

Birth Rate: 11.94 births per 1,000 population

Death Rate: 9.04 per 1,000 population

Infant Mortality Rate: 4.41 deaths per 1,000 live births

Net Migration Rate: 0.64 migrant(s) per 1,000 population

Total Fertility Rate: 1.74 children born per woman

Population Growth Rate: 0.35%

HIV/AIDS (1999 est.): *Adult prevalence*: 0.44%; *Persons living with HIV/AIDS*: 30,000; *Deaths*: 2,000. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 99%; schooling is free and compulsory from age 6 to 16

Per Capita Gross Domestic Product (*purchasing power parity*): \$25,400 (2001 est.); *Inflation*: 1.7%; *Unemployment*: 8.9%; *Living below the poverty line*: NA

B. A Brief Historical Perspective

Traces of 400,000-year-old covered wood shelters created by Neanderthal-type humans (*Homo erectus*) have been found in Nice, along with stone and ivory sculptures from 25,000 years ago. The remarkable, sophisticated wall paintings in prehistoric caves of southern France and northern Spain, particularly Lascaux and Altamira, date back to the Upper Paleolithic about 18,000 years ago and are evidence of some of the earliest modern-type humans (*Homo sapiens sapiens*). The Celtic tribes of ancient Gaul were conquered by Julius Caesar in 57 to 52 B.C.E., and remained under Roman rule for 500 years. The Franks, a Teutonic tribe, reached the Somme from the east around 250 of the Common Era. By the 5th century, the Merovingian Franks had ousted the Romans and defeated the Huns under Attila. Under Charlemagne (742-814), Frankish rule extended over much of Europe, including what is now France and Germany, as well as parts of Italy, Spain, and Austria. Charlemagne's grandsons fought over the empire, and in the peace of Verdun (843), divided the kingdom with Lothar becoming the Roman emperor. Pepin I became the king of Aquitaine, Louis II took over Germany, and Charles the Bald ruled France. The absolute monarchy reached its apogee in the reign of Louis XIV (1643-1715), the Sun King, whose brilliant court was the center of the Western world. The French Revolution of 1789-1793 overthrew the monarchy and plunged France into a bloodbath that ended with a new absolute rule under Napoléon Bonaparte, who became First Counsel in 1799 and Emperor in 1804. The defeat of Napoléon and the 1815 Congress of Vienna sought to restore the pre-Napoléonic order in the person of Louis XVIII, but industrialization and the middle class fostered under Napoléon pressed for change until a revolution in 1848 drove the last of the Bourbon kings into exile.

Napoléon's nephew, Louis Napoléon, declared the Second Empire in 1852, taking power as Napoléon III. His op-

position to the rising power of Prussia ignited the Franco-Prussian War (1870-1871) and ended in his defeat and abdication.

France emerged from World War I as the continent's dominant power, but political instability and economic chaos stemming from the devastation of the war, plagued the postwar Third Republic. During World War II, northern France was occupied by the Nazi troops while southern France remained free. After World War II, as all the European empires with overseas colonies began to collapse, France withdrew from Indonesia in 1954, from Morocco and Tunisia in 1956, and from most of its African territories, including Algeria, in 1958 to 1962. Today, a few small overseas Departments and Territories remain part of France: the island of Corsica in the Mediterranean off the coast of Italy, French Guiana on the northeast coast of South America, the islands of Guadeloupe and Martinique in the Caribbean, and French Polynesia in the Pacific (see the chapter on French Polynesia in this volume).

1. Basic Sexological Premises

A. Sexology in France

SERGE GINGER and MICHEL MEIGNANT

Sexology was born at the end of the 19th century with the publication of *Psychopathia Sexualis* by Richard von Krafft-Ebing in Suttgart in 1886. Havelock Ellis' work, *Studies in the Psychology of Sex* (1898, Philadelphia, USA), and Sigmund Freud's *Three Essays on Sexuality* (Vienna, Austria, 1905) were published around the same time, but showed very different conceptions of sexuality. This accounts for the hesitations of newborn sexology. In 1919, Magnus Hirschfeld created his famous Institute in Berlin. It was one of the first buildings to be plundered and burnt down by the Nazis in 1933. In the eyes of the Nazis, Magnus Hirschfeld had two reasons to be persecuted: He was Jewish and a homosexual. Pioneers in sexology have always had to confront conservative, racist, and fascist attitudes. In 1926, in the context of the liberal and democratic Netherlands, Theodore Van de Velde published *The Perfect Marriage*, endorsing the replacement of sex as a "conjugal duty" with an emphasis on sexual pleasure and happiness. The book was widely published in many countries, and in translations as recently as 1965, in about 50 editions.

In 1966, William Masters and Virginia Johnson published *Human Sexual Response*, documenting their revolutionary research, which became the foundation for modern scientific sexology. Masters and Johnson were the first to observe the physiology of sexual function, in the same way that Claude Bernard had observed the heart, respiratory, and digestive functions. In their laboratory, transformed into a fortress, 694 men and women masturbated or made love in front of cameras. They were heterosexual or homosexual. The subjects were fitted with electrodes and all sorts of sensors in order to record their heartbeat, rhythm of their breathing, and blood pressure. The erection of the penis, of the clitoris, of the breast and nipple, and the color of the skin were, among other things, also measured. Masters and Johnson then moved to the clinical phase of their work, with their book, *Human Sexual Inadequacy*, published in 1970. Following my experience in supervising the French translation of Masters and Johnson's *Human Sexual Inadequacy*, my own therapeutic methodology moved from experimental and behaviorist sexology into a humanistic sexology and a humanistic analytical sexology, to finally become a modality known as Amorology, with the publication of *L'Amorologie*, in 1992. The resulting methodology replaced the therapy of sexual function with a therapy of the

love relationship. The symptom was thus set in the global context of the subject's relational problems.

In France, sexology is not considered to be a specific method of psychotherapy. Since its creation in 1974, the French Society of Clinical Sexology (Société Française de Sexologie Clinique—SFSC) has chosen an eclectic approach, under the coordination of Charles Gellman, Gérard Vallès, Michel Meignant, Georges Teboul, and others.

Thus, various trainings and specializations have developed in parallel, some inspired by psychoanalysis (Gérard Vallès and Georges Teboul)—enriched by “sexoanalysis” (Claude Crépault, from Montreal); some inspired by cognitive-behavioral therapies, following the work of Masters and Johnson (Mireille Bonierbale, and Robert and Claire Gellman); others inspired by Gestalt Therapy (“Sexo-Gestalt”)—with Charles Gellman, Martine Masson, and Chantal Higy-Lang), and others inspired by hypnotherapy or the systemic approach.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

No information given.

3. Knowledge and Education about Sexuality

The Family Planning Association, France's national branch of Planned Parenthood/World Population, is the nation's main agency in providing sex education. The approach taken is a “preventative” approach, linked with the curricula in biology, health, and/or natural sciences. The model consists of pregnancy and STD prevention, teacher training programs, and lectures to the youth in the context of “Life Education.” In 1994, in terms of public attitudes toward sexuality, using a scale of 1 for “opposed” to 9 for “well accepted,” the Family Planning Association rated France as a 5 (Vilar 1994; Caron 1998, 68).

4. Autoerotic Behaviors and Patterns

No information given.

5. Interpersonal Heterosexual Behaviors

[A. A French/U.S. Comparison: Comment 2003

TIMOTHY PERPER

[This comment briefly describes statistics relating to couple status and sexual partnering among men and women in France and in the United States for four age groups—19- to 29-, 30- to 39-, 40- to 49-, and 50- to 59-year-olds.

[The results are based on two large-scale and representative probability samples, both from 1992. The U.S. sample contained 3,432 adults, ages 18 to 59, from the *National Health and Social Life Survey* (Laumann et al. 1994). The French sample contained 4,580 adults, ages 18 to 59, from the *Analyse des Comportements Sexuels en France* (cf. Spira, et al. 1994). The French sample was obtained by telephone interviews, whereas the U.S. sample was obtained by face-to-face interviews. Readers interested in statistical and methodological details are referred to the original publication (Gagnon, et al. 2001).

[For the French sample, the percentage of men and women living in couples is lowest among 19- to 29-year-olds (38% for men, 46% for women) and then rises to a plateau among older men and women (from 82% to 89% among 30-, 40-, and 50-year-olds). In France, the percentage who are unmarried but living with a partner is largest among 19- to 29-year-olds (22% among men, 21% among women). These percentages drop steadily with age (16% among men, 12%

among women for 30- to 39-year-olds, and then to less than 10% among 40- and 50-year-olds). Comparable data from the United States show similar effects—proportionally more younger people (19- to 29-year-olds) are single or, if coupled, then unmarried, than among older people.

[These differences among age groups may have several causes. One is a cohort (or “generational”) effect that might represent mores having changed in the youngest generation towards a decreased valuation or even avoidance of marriage (or coupling of any kind) among people born after 1970. Another possibility is an effect of age, in which couple formation normally occurs primarily among older rather than younger individuals. If so, then members of the youngest group will begin to marry when they reach their 30s. Both factors may play a role. Further research is needed to clarify these possibilities.

[Concerning sexual activity in these coupled individuals, in the French sample, the percentages reporting no sexual partner within the last year differ among the age groups. For coupled men, the percentage without a sex partner rises steadily from a low of about 2% for 19- to 29-year-olds to a high of 6% for 50- to 59-year-olds. Although small, the increase is statistically significant. For U.S. men living in couples, men reported a similar (and small) increase in living without a sex partner.

[However, the percentages of coupled women in the French sample who report no sexual partner changes very little with age—in fact, the lowest percentage reported (1%) was among the 50- to 59-year-old women. Unlike French women, U.S. women reported a steady increase with age in living without a sex partner. The origin of this national difference is unknown.

[In French men and women, a U-shaped relationship exists between age/cohort and the presence of a sexual partner. For men and women in France, 30- to 39-year-olds most frequently report having a sex partner, with younger and older individuals both less likely to report having a sex partner. This effect may represent two different processes—a tendency for younger people to live singly and to lack partners, plus a tendency for older people to remain coupled but celibate. However, these hypotheses require further study.

[By contrast, in the U.S. sample, the percentages of coupled men and women who report living without a sex partner increases steadily with age for both sexes. It is unknown why the French sample shows a U-shaped form whereas the U.S. sample does not.

[We turn next to sexual activity among coupled and non-coupled men and women of different ages. For the French and U.S. samples, most coupled individuals (more than 90%) report living monogamously with the partner in all four age groups. However, a far more complex pattern emerges for individuals not living in a couple. In the 20-, 30-, and 40-year-old ranges, about 30% of men in the French sample and about 50% of the men in the U.S. sample report having more than one sexual partner within the last year (both percentages decrease among 50- to 59-year-old men). So it seems that in both nations, a fair proportion of the younger non-coupled men tend to have had more than one sex partner within the last year.

[However, both age/cohort and national differences occur among women not living in a couple. In the French sample and across all four age groups, between 10% and 20% of uncoupled French women report having more than one sex partner in the last year. This is about one-half to two-thirds the rate reported by French men. In principle, for heterosexuality within a closed population, the number of partners must be equal for men and for women. It may be that men

exaggerate and women minimize their self-reports about sex partners, or it may be that men and women define sex partner differently. Again, only further research can clarify these possibilities.

[Among uncoupled U.S. women across the age/cohort groups, the youngest women (19- to 29-year-olds) are most likely to report more than one sex partner in the last year (42%). This percentage decreases steadily among 30-, 40-, and 50-year-olds, to a low of 15% among 50- to 59-year-old women. These percentages are less than reported by U.S. men, again raising the question of why the percentages among men and women are not equal. Furthermore, the percentages of uncoupled U.S. women reporting more than one partner in the last year are consistently higher than percentages reported by French women. The origin of this national difference is unknown.]

[The survey results indicate that most coupled respondents in France and in the U.S. report that their primary sexual activity was with their partner. However, complex differences between men and women, between France and the U.S., and among the age groups occur for uncoupled individuals. The most robust finding appears to be that for the youngest men and women in both France and the U.S., sexuality is not limited to marriage or living with a partner. Only further research and time will reveal what these patterns imply for the future of marriage and sexuality. (End of comment by T. Perper)]

B. Heterosexual Behaviors in an Ethological Perspective

CHARLES GELLMAN

This chapter will mainly discuss sexual behaviors, using a behavioral and ethological approach. The study of ethology is done through the observation of animal behaviors, and is based on factors, which lead animals to adopt specific behaviors. The word "ethology" is very similar to ethnology, which is the study of human relations in a given society. Ethnology also provides a better knowledge of a variety of societies and cultures.

In order to write this section, we used a scientific approach without any preconceived ideas. We have been quite surprised to notice that very few French studies have been published on heterosexuality, all authors referring to homosexuality, often in a polemic manner. We consider it is possible to study heterosexuality on its own.

We will discuss later on the contention that homosexuality is not the opposite of heterosexuality. We consider heterophobia as the opposite to heterosexuality.

Also, a common mistake lies in the consideration that heterosexuality is a sexual identity. In fact, *sexual identity* or *gender identity* or *gender* refers to the male or female gender identity and not to sexual orientation. Male or female gender (or a neutral gender) is not an indication of the heterosexual or homosexual orientation, or of any other orientation. Identity and sexual orientation are two different concepts. On the other hand, once the sexual orientation is defined, it may become a part of the person's identity, but surely not of one's gender!

Sexual Behavior

Sexual behavior includes all the actions surrounding sexual attraction (for example, the sexual parade [response]) and leading to the sexual act. In most species, sexual behavior serves reproduction purposes only. The human race and some monkey species are not only reproduction oriented. While the sexual act allows the fertilization of the egg, sexual behavior also includes certain parental roles, such as nest making and care of the newborn. Sexual and parental behaviors are caused by specific physiological states, such as

gonad maturation and certain hormones, all controlled by the nervous system.

Human sexual behavior has three aspects:

- The instinct: sexual urge or libido;
- The attachment bond, which influences interpersonal activities; and
- The passion: love.

Pairing Up (*Intimacy Between the Sexes: "What's Different Comes Together"*)

The search for sexual partners serves the purpose of heredity for both animals and humans. Many different mechanisms are used to facilitate interaction between sexes.

Attraction: the attraction of the male for the female. The female animal signals its interest to the male in an extraordinary variety of ways. Women, on their part, use perfumes, makeup, clothes and underclothing, jewels, tattoos, piercing, singing, and vocalization.

Proceptivity: the female search for the male. Different behaviors demonstrate the active female search for a male partner: closeness (females are more bodily active during estrus), hops, and facial expressions. The female then readjusts according to male signals. This phenomenon can also be noticed in nightclubs, where men and women mainly interact in a nonverbal way, despite the loudness of the music.

Receptivity: when the female accepts copulation, for example, lordosis in the female rat and a woman granting access to her vulva.

Estrus: the period during which mammals look for copulation; the state of being during this same period (female in rut = female in heat, from *rugitus*, roaring). It is the ovulation period.

Heterosexual Orientation

As mentioned earlier, we should differentiate between heterosexual orientation—being sexually attracted by someone of the opposite sex—and one's gender identity. A person who has a male sexual identity can be either homosexual or heterosexual, depending on different factors. The heterosexual orientation can be expressed in different ways:

- Global heterosexual orientation;
- Partial heterosexual orientation, interest for specific body or psychological characteristics of the opposite sex (breast, buttocks, musculature, or personality traits, such as calmness, kindness, or aggressiveness);
- Strong orientation, or on the opposite, weak, fragile, or uncertain orientation;
- Positive orientation; or
- Defensive heterosexual orientation: homophobia.

All these concepts account for the different variations in the time and life of individuals.

Kinsey's report (1948), followed by Masters and Johnson in 1979, considers sexual orientation on a scale of seven, from an exclusive heterosexual orientation, to an exclusive homosexual orientation, with gradient bisexuality an in-between.

Bisexuality can be considered as either sequential or transitional (from 7, an exclusive homosexual orientation, to 0, an exclusive heterosexual orientation, or vice-versa, and the return to the primary orientation). It is considered "contemporary" when a person has sexual partners of both sexes within the same period of time. According to Berkey, Perelman-Hall, and Kurdek (1990), bisexuality can be serial or concurrent (simultaneous—with sexual intimacy at the same time with both a male and a female partner). These studies are limited in that they define sexual orientation through sexual behaviors.

Other studies refer to the self-identification process (identifying oneself as heterosexual, bisexual, or homosexual).

On the other hand, Klein (1985) considers sexual orientation as a dynamic process including different sexual variables: attraction, behavior, fantasies, emotional preference, self-identification, and lifestyle/affiliation.

Relying on Klein's concepts, Berkey, Perelman-Hall, and Kurdek identified six categories of bisexuality to replace the levels 3, 4, and 5 of Kinsey's scale. These categories are:

1. From an exclusive homosexual orientation to an exclusive heterosexual orientation;
2. From an exclusive heterosexual orientation to an exclusive homosexual orientation;
3. A primary homosexual orientation (frequent homosexual contacts or desires with a few heterosexual contacts or desires);
4. A primary heterosexual orientation (frequent heterosexual contacts or desires with a few homosexual contacts or desires);
5. A shared sexual orientation towards both sexes (desires and contacts are as frequent for both sexes within the same period of time): concurrent bisexuality; and
6. A shared sexual orientation towards both sexes (exclusive homosexual orientation followed by an exclusive heterosexual orientation), or a sequential bisexuality.

All this is rather complex, since homosexuality, following Kinsey and Masters and Johnson, is conceptualized as the opposite of heterosexuality. In this conceptualization, homosexuality and heterosexuality are located on the same scale.

We suggest the representation of this clinical reality is more accurately represented as being on *two different scales*. Accordingly, the opposite of heterosexuality is not homosexuality, but *heterophobia*. Again, the opposite of homosexuality is not heterosexuality, but *homophobia*.

This conceptualization underlines that these two scales exist in all human beings. An individual's heterosexual orientation is not something intangible, but rather a demonstration of his or her position in a given period and environment on these two scales. This conceptualization highlights also a defensive heterosexuality, as a consequence to homophobia.

The Process, from Unconscious Fantasies to Sexual Intercourse: "Psychosexual Axis"

The source of our sexual life is in unconscious fantasies. They can be of multiple origins and can only be understood through psychoanalysis, psychotherapy, or with regression techniques (hypnoses, rebirth, or meditation). Many of these fantasies stem from childhood erotic experiences or from "first times" (first love, first masturbation, or first sexual contact). Unconscious fantasies vary depending on cultures, since they are compromises between taboos and cultural and religious interdicts.

Finally, some of the fantasies are genetically transmitted archetypes:

1. *Night dreams*: the royal way to the unconscious;
2. *Day dreaming and erotic fantasies*: sexual imagery which can be similar or very different from the behavior;
3. *Plans and projects*: the rational behind sexuality;
4. *Behaviors*: from thought to action; and
5. *Aptitudes and abilities*: because of its complex and unpredictable nature, sexual intercourse needs a learning, a special attention to the partner and the process, a capacity for adjustment, and creativity; in summary, a sexual intelligence.

The Duration of Heterosexual Systems

Monogamy: The couple is stable at least until the children are fully grown up. Only 1.5% of mammals are monogamous (gibbons and wolves). In human beings, 10% of children are not fathered by the putative father. Social monogamy is facilitated when both parents are necessary for the youths' upbringing, for example, in the case of a premature baby.

Polygamy refers to two different situations: *polyandry* (several males for a female) and *polygyny* (a male with several females).

The second situation reflects *promiscuity*, meaning many copulations without real engagement. Out of 854 societies representative of all earth regions, we note 0.5% practice polyandry (in Tibet, the woman marries all the brothers of a same family, one after the other), 55% maintain monogamy, and 44% practice polygyny. In most monogamous societies, polygyny is tolerated.

6. Homoerotic, Homosexual, and Bisexual Behaviors

PIERRE DALENS and LAURENT MALTERRE

In recent decades, the evolution of homosexuality in France called for a clear distinction between homosexuality and bisexuality. This distinction requires a definition of these two realities, but first one needs to explore the real meaning of sexual activity.

Sexual activity can be consented if both individuals are not family or biologically related. In homosexuality, both individuals share the same gender. In bisexuality, the object of desire varies, sometimes being the same gender, sometimes being of a different gender. Pleasure is the primary concern, over procreation. However, the emotional and affective aspects play a major role in homosexuality as in bisexuality. In most cases, the homosexual relationship fulfills important affective and emotional needs. There are several degrees between sensoriality and affectivity.

The age of consent for homosexuals is 15 years of age. In 1985, France made it illegal to discriminate against homosexuals. France also prohibits discrimination against homosexuals and lesbians in the workplace. In late 1993, the French government directed insurance companies to accept joint insurance coverage for nonmarried couples.

A. Homosexuality

Homosexuals are sexually attracted by individuals of the same sex. Some heterosexuals may have this fantasy but will never act on it. The reverse is also true for homosexuals: Some will have heterosexual fantasies but will never act on them. We can distinguish between an actualized homosexuality and a fantasized or latent homosexuality. We also have to consider whether the homosexuality is primary or secondary, or transitory. These concepts are particularly important in adolescence and early adult life, while the individual is still exploring his or her lifestyle and orientation. The partner choice is either homogender or heterogender. In this case, we define a reverse homogenderism as being a gender different from the biological identity. In summary, we consider the affective demonstrations and the sex of the partner, similar or different from the biological sex.

Up to now, no study has shown a neurological imbalance responsible for homosexual orientation. The physiological theories seem to apply only to a small number of individuals with a hormonal imbalance. The vast majority of homosexual behavior would be conditioned by psychosociological factors.

There is no difference between homosexuals and heterosexuals in the sexual response, which denies a genetic origin for homosexuality. The behavioral differences are high-

lighted in foreplay, being much more varied in homosexual couples than in heterosexual couples, partly explained by a coital preference in heterosexual couples.

B. Bisexuality

Bisexuality is defined as the capacity to experience erotic feelings and have sexual desire for both sexes, with an uncertainty concerning the actual sexual orientation. Bisexual people act out their dual fantasy (heterosexual and homosexual), depending on the circumstances. The bisexual is clear with his object of desire and his sexual preference, but has ambivalence regarding his sexual orientation.

Ambisexuals or bisexuals emphasize the sexuality rather than the sex of the person. In all these homosexual and bisexual people, there is a triangulation between the object of desire, the desiring subject, and the rival model, which goes back to an unresolved preoedipal conflict. This situation is similar to the heterosexual preoedipal structure. The bisexual is considered incomplete and therefore in search of both the male and female identity, as in androgyny. The threat does not lie in homosexuality, but rather in the loss of gender identity. The bisexual is stuck in an unclear frontier between homosexuality and heterosexuality.

Even if bisexuality is still considered taboo, we should not think of it as being unclear. It is a variation in sexuality, not necessarily socially accepted, but at least more common or usual than in previous times.

Although fragile, this homeostasis possesses its own specificity, and should not be submitted to repressive and normative models, as other aspects of human sexuality were.

This homeostasis suggests a fragile equilibrium for bisexuals through their erotic investment in both sexes. Erotic is here taken in its global meaning, such as what brings two individuals together in terms of affects, emotions, senses, and the mind. It is not specifically limited to the sexual aspect. There are passages from the heterosexual states to the homosexual states. A state can be overly invested in bisexuality when there is a cleavage between the "archaic," the impulse and the senses, and, on the other hand, the affects, the emotions, and the mind. Bisexual maturity is attained when the individual recognizes his or her dual desire for same-sex and opposite-sex people, while considering the specificity of each relationship in terms of eroticism, affects, and emotions. This is why we believe that the term "bi" should be carefully used and defined in terms of the unique nature of each love story.

Bisexuality can take many faces. When an individual has difficulty acknowledging his dual desire, it will evolve in an interior battle. When a married person is sexually attracted to same-sex people, then feelings of guilt and shame through this experience may threaten his or her heterosexual identity, to the extent of unsettling couple relationships and family unity.

- It may be expressed in the avoidance of ambiguous behaviors and attitudes in a search for normalcy, which leads the individual to shut himself out with his suffering.
- It may be a married man living his secret life as a homosexual with difficulty.
- It may be a heterosexual man who constantly denies his sexual fantasies of being anally penetrated.
- It may be a man who considers himself homosexual and who relives his first love and sexual experience with a woman. The sensations and erotic codification are new and surprise him. Touches, contacts, odors, glow, and body forms are to be rediscovered. In this case, it is a bisexual identity hiding a strong homosexual orientation.
- It may be a love and affection between men and between women which brings them to question their identity.

They feel a psychological dissociation and ask themselves: "Who am I?"

- Finally, it may be this man or this woman who has no real desire for either sex, sometimes seducing males, sometimes females, questioning where his or her actual desire lies.
- It may also be the man experiencing repeated failures with women, who question his male condition and, consequently, his sexual desire and sexual normalcy.

C. Sociological Aspects

The sociological aspects of homosexuality are worth studying because of the high incidence of HIV, the suicide rate among teenagers, and in the first years of active sexual life, the search for relational stability among homosexual couples. In France, a national cooperative of homosexual and bisexual associations, PACS (Pacte Civil de Solidarité), is major resource both for researchers and for individuals with a homosexual or bisexual orientation seeking to discover and eventually achieve a more stable orientation.

Since the sexual liberation movement in the 1970s, new lifestyles have emerged, which have led the French to rethink their identity again in building their community. This has given birth to the craziest [*sic*] and most-varied homosexual associations, the adoption of health issues as their own concerns—as in the battle against HIV, the emergence of a gay culture with its own novels, magazines, critiques, and studies, its goods, clothes, and underclothing specific to the gay community, the Techno music, and a rainbow flag. PACS: the Pacte Civil de Solidarité, coupled with a new gay ideology, has led the fight against the discriminations the homosexual community has always been victim of. The gay liberation movement asks for civil rights: In 1998, the rights of homosexual couples were fully recognized in terms of social rights, lodging, and fiscal matters.

However, this gay liberation movement has not enabled the gay community to be freed from its provocative myths and visibility concerns, since it is so worried about being assimilated by the heterosexual majority. There was a risk of being caught in a cultural ghetto, with no freedom concerning behaviors and discourse. The gay community does not consider the plurality of homosexuality, where some individuals are bisexual and others previously married. Bisexuality is not well-represented in French society, having only one association called BI. Thus, bisexuals are far from being seen and heard. The bisexual community runs the risk of repeating the same mistakes the gay community has made, namely to consider the group rather than the individual. In reality, each individual has to construct his own identity with his own sexual specificity.

7. Gender Diversity and Transgender Issues

PIERRE DALENS and LAURENT MALTERRE

The roots of ambiguity in the sexes can be found in organic or psychological problems, which lead to transgenderism or intersexuality.

A. Intersexuality

The morphological division between the sexes may cause certain dysmorphological states: the intersexual states caused by problems in the biology of embryogenesis. Such pathologies are infrequent.

The intersexual pathologies are a type of organic pathology and show some dysfunction in the neurological and hormonal systems. In the embryological development of human sexuality, there could be dissonance between the biological sex and the physical appearance of the person.

There also exist other undifferentiated states. All these syndromes prevent an appropriate genital functioning. A real hermaphroditism, being male and female, does not exist.

More frequently, there are difficulties in the process of gender development, and sometimes to the extreme of transsexualism.

B. Transsexualism

We define transsexualism as follows: The irresistible need for an individual to belong to the opposite sex, totally convinced that there was a mistake with his or her biological sex. Contrary to the transvestite, the transsexual is not sexually aroused by dressing up in the opposite-sex clothing. He is looking for a real sensorial and sexual transformation. The transsexual looks for a change in his morphological sex.

Transsexualism also includes individuals whose gender identity and sexual expression are unfixed and go beyond dual representation of male and female identity.

C. Transgenderism

This category includes transgender and transvestite behaviors, either in a social way or in a fetishistic way, or in a search for physical comfort. There also exists some transgender individuals who have both male and female characteristics (androgyny), in order to feel comfortable. There are marked differences between transvestites, androgyns, and non-operated transsexuals. The latter live their life in the opposite gender identity without undergoing the sexual operation. On the other end of the continuum are the operated transsexuals who can only live their gender identity by undergoing the sexual surgery.

Gender dimorphism exists when a person experiences too few specific traits of an individual similar to his sex or too many specific traits similar to the opposite sex. There is then a dissonance between the body and the sociocultural realities. This amounts to a disturbance in the gender evolution. Only a few cases of transsexualism are what we would call "primary," unaffected from birth by the parents or society. Most transsexuals are secondary, from the age of 4, according to Stoller. This would often have to do with the mother's regret in not having a child of the opposite sex. The mother is most often the one to trigger the transvestitism. Slowly, the personality structures and the behaviors become seriously affected. This is when the fantasy evolution leads to the surgery, following predetermined steps ruled by the psychiatric norms in France. It is not possible to set a standard procedure, because each case is different.

With the male-to-female transsexual, one needs to consider the emphasis put on the female attributes and the return to an archaic androgyny. The mother-son relationship excludes any sexuality, but includes an asexual intimacy. This explains the low level of heterosexual desire for some operated transsexuals. On the other hand, female transsexualism has different motivations for the daughter. It may be that the female-to-male transsexual considers the male role to be more glorious?

Transsexualism is, therefore, an experimentation of personal identity and of relational and sexual psychology.

D. Psychosociology

In French society, the transsexual's request to be considered according to his psychological identity and his gender identity, is often considered foolish, since we categorize individuals according to their biological sex. For the transsexual, the individual's gender identity should be given more importance than the biological factors. His discourse resembles the violence he is ready to endure in order to be castrated and, therefore, become incapable of experiencing pleasure. He claims there is a dissonance between his body

and spirit. This raises the question of which should be given primacy: the anatomical sex or the gender identity. In the name of making men and women equal, can we transform a man into a woman and a woman into a man? Is sex a legal matter? In terms of achieving equality, do we give priority to sexual differentiation, or to gender differentiation?

In France, an estimated one in 5,000 is a transsexual. These numbers do not include the castrated and the eunuchs who have their own specific identity. The transsexual is totally convinced that he belongs to the opposite sex and not to his own sex. He or she asks for sex reassignment. There are other cases where people are uncomfortable with their social status and claim the social recognition of their psychosocial sex. In 1992, the European Court in Strasbourg said that it was an invasion of the private life to deny the right for sex change in civil matters. This modification of the sexes in civil matters has to be sorted out and evaluated by psychiatric expertise, which takes three years in France. The purpose is to establish whether it is a paranoid psychosis or a primary transsexualism. Statute law remains perverse, since it obliges a transsexual to undergo the sex surgery even if they do not want to have surgery in the first place. A transsexual does not need to be castrated to belong to the opposite sex; the clothing and the social appearance may satisfy their wish to be considered one of the opposite sex.

All this contributes to the emergence of a new conceptualization: the queers, the drags, and the transvestites are in a transhomosexuality, meaning that they go beyond global expressions of homosexuality. This new conceptualization avoids the bi-categorization, the dichotomizing, which leads to stress in many individuals who do not fit in. This is why it remains important to consider each case as different and deal with it according to its specificity. We should remember that etymologically, sex in Latin is *secare*, meaning "cut in two." This "sex-tion" pushes the individual to search for the other part of his missing "self." This search allows him to be in touch with his sex and the emergence of his desire in his quest for the other, for the encounter, and eventually, for the relationship.

8. Significant Unconventional Sexual Behaviors

FRANCE PARAMELLE

Introduction

This section is a review of the different sexual infractions as described in the French criminal code.

France has experienced a significant increase in the charges of sexual assaults. Also, there has been an increase in the severity of the sentences that take into consideration the actual facts of the sexual assault reported, its circumstances, and the victim's state of being. There has also been an improvement for the victims of sexual crimes. Youths under the age of 18 are now protected by legislation, even within their family. Also, the rights of both men and women are given more consideration. The procedure of reporting and prosecuting is also facilitated by the sensitization of the police forces to the victims and the accusations made. Victims now play an active role throughout the whole procedure. If they wish to, they can assist in the whole procedure and make appeals concerning certain facts. They can also benefit from psychological support throughout the whole procedure. Indemnification funds have also been made available.

Even though all these measures may help the victims, the associations for victims' defense find these efforts insufficient. They state that most victims will not make accusations, in part because of all the media publicity around such cases, and also because they fear the offender will take re-

venge. Representatives of victims' support associations can attend the court with the victims if they wish to.

The court and jury are also preoccupied by the presumption of innocence. Because a person is considered innocent until proven guilty, the defense rights of the accused have also been amplified.

A. Coercive Sex

Sexual aggression, in general, is defined in French law as every sexual attempt committed with the use of violence, force, threat, or surprise. French law makes a distinction between sexual aggressions with or without penetration. A second distinction is the adult or minor status of the victim. A subdistinction is made for a minor victim under age 18 and a minor under age 15, either of which is considered as an aggravating factor.

Crimes Against Minors

Child Sexual Abuse. The corruption or sexual abuse of a minor occurs when the minor is induced to participate in "obscene acts." This definition does not include the seduction of a minor for the adult's satisfaction.

Article 227-22 deals with corruption acts towards minors under 15 years old. Whether or not the youth was corrupted before does not affect or cancel the accusation. The perpetrator cannot evoke the unawareness of the victim's age, unless he demonstrates his non-responsibility for this mistake. This crime is not necessarily related to monetary issues; the matter is considered to be a crime whether or not money exchanged hands. Criminal intent is the criterion for this offense, as the following examples illustrate:

- A woman who commits obscene acts in front of a minor girl to introduce her into the prostitution milieu.
- An adult or many adults who engage in sexual activity in front of children in order to initiate them.

Whether this happened once or many times, this offense is punishable by a sentence of 5 years in jail and a 500,000-franc fine. The following aggravating circumstances lead to a 7-year jail sentence and a 700,000-franc fine:

- The author met his victim by telephone or the Internet.
- The crime was committed in an educational establishment or in its surroundings.

The corruption attempt is also punishable. The corruption offense is different from the crime of sexual aggression and from attempted sexual aggression.

Pedophilic Pornography and Minors. Article 227-23, adopted June 17, 1998, addresses the recording and transmission of pornographic images of a minor. The transmission can be done in a variety of ways. Importing or exporting such images is punishable in the same way as the actual production or transmission of pornographic images involving minors.

Normally, the penalty is a 3-year jail sentence and a 300,000-franc fine. The use of a telecommunication network used by the general population to transmit the juvenile pornographic images is an aggravating circumstance calling for a 5-year jail sentence and a 500,000-franc fine. Unfortunately, this does not prevent the transmission through videotapes or the Internet, which in terms of statistics, represent real traffic.

Messages Not Permitted for Viewing by Minors. Article 227-24 concerns the fabrication, transport, and transmission of a violent or pornographic message, which can lessen human dignity when viewed by a minor. The sentence is 3 years in jail and a 500,000-franc fine. An example of this offense would be posting a violent or pornographic message without any precaution to keep a minor from seeing it. The analysis

of the message and of its criminal character is judged by the court, which will apply the statute based on the mores and opinion of the time. Messages supporting sexual contacts between adults and minors are incriminating.

Sexual Attempts on Minors. This offense relates to the 1998 law and Article 227-25 of the criminal code. It applies to an adult who attempts to engage in sexual activity with a minor of 15 years old without the use of violence, force, threat, or surprise. The sentence is more severe than what it used to be. Currently, the penalty is a 5-year jail sentence and a 500,000-franc fine. This article also punishes any accomplice, including a person who introduces a minor to an adult perpetrator. Again, the unawareness of the victim's age is not excusable, unless the author demonstrates he is not responsible for this mistake.

Aggravating circumstances are detailed by Article 227-26 as follows:

- The perpetrator is a relative or an authority figure.
- The perpetrator abused authority given by his professional functions.
- The act was committed by a group of people, authors, and accomplices.
- The act involves a monetary payment, in which case the sentence is 10 years in jail and a 1,000,000-franc fine.
- The author met his victim by a telecommunication network for the general population (e.g., the Internet). The same aggravating sentence just mentioned applies here also.
- The same text of law is applied to minors of more than 15 years of age who are not married. The sentence is 2 years in jail and a 200,000-franc fine in the following cases:
 - The perpetrator is a relative or an authority figure.
 - The perpetrator abused the authority given by his professional functions.

The notion of authority is considered essential by the law and underlines the vulnerability of the victim.

Sexual Aggression and Rape

Sexual Aggression Without Penetration. Article 222-22 of the criminal code covers nonpenetrative sexual aggression. The law penalizes the aggression against another person and not the sexuality in itself. The facts represent a sexual action on a person, without her consent. The perpetrator can surprise his victim in order to have a sexual contact with her, without her consent and without penetration. This article also applies when committed by a French citizen in another country, according to a law enacted June 17, 1998.

The penalties for conviction are 15 years in jail plus a 500,000-franc fine. A more severe sentence can be imposed in the following circumstances:

- There were injuries or lesions.
- The perpetrator was a relative or an authority figure.
- The perpetrator abused the authority associated with his professional functions/status.
- The act was committed by a group of people, both leaders and accomplices.
- When a weapon or the threat of a weapon was used.
- When the victim met the perpetrator by a telecommunication network for the general population (e.g., the Internet).

These aggravating circumstances stipulated in the Article 222-28 call for a jail sentence of 7 years plus a 700,000-franc fine. The law also considers the vulnerability of the victim when the victim is under age 18 or under age 15. Vulnerability may also be a factor when the perpetrator knows or should suspect the victim's old age, obvious sickness, physical or psychological disabilities, infirmity, or preg-

nancy. In these circumstances, the sentence is also 7 years of jail and a 700,000-franc fine (Article 222-29).

Article 222-30 of the criminal code states a 10-year jail sentence and a 1,000,000-franc fine when the aggression is committed on victims described in the Article 222-28:

- Resulted in physical injuries or lesions.
- The perpetrator is a relative or an authority figure.
- The perpetrator abused of the authority given by his professional functions.
- The act was committed by a group of people: initiators and accomplices.
- When a weapon or the threat of a weapon was used.

The attempted sexual aggressions corresponding to Articles 222-27 to 222-30 are all sentenced the same.

Of interest for doctors, especially gynecologists, is a 1997 case in which a doctor was sentenced for having sexually caressed a female patient during a medical exam. The court stated that the accusation was true for two reasons: It was admitted by the doctor since he did not appeal, and the victim's friends testified they heard her scream "no" many times while they were in the waiting room. This example should lead doctors to adopt a rigorous code of ethics to prevent false accusations from being made.

Rape (Sexual Aggression with Penetration)

The definition of rape, or sexual aggression with penetration (Article 222-2), is very important. Technically, this act involves any act of sexual penetration, of any nature, committed on another person with the use of violence, force, threat, or surprise. In the simplest terms, rape is any act of sexual penetration involving the vagina, mouth, or anus. "On another person" implies either a man or a woman. Oral penetration is considered a rape by the law, whether the person submitted or was forced to act. The act of penetration can be performed with the penis, the fingers, the tongue, or an object with a sexual connotation, for example, a vibrator or a stick, as long as it has a sexual connotation. For example, the statute law recognized as rape a penetration performed with a stick with a condom on its extremity. If the stick had been used alone, it would have been qualified as an act of torture or barbarism.

The absence of consent is essential. The following situations have been stated as non-consenting:

- The victim was paralyzed by fear and could not escape or run away.
- The mental state of the victim (depression) led to the same consequences.
- The victim was under the authority of the perpetrator, in a state of vulnerability.
- An employer was sentenced for having raped a female employee known as timid and inhibited.
- Another example would be the vulnerability of a patient facing her doctor, during a medical exam, or in relation to a nurse in a hospital.

The law also accepts the reality of marital rape, as long as it can be demonstrated that force and coercion were part of the act. For rape, the intention of the perpetrator is a crucial element. The accused can be acquitted if he has mistaken the victim's intentions. On the other hand, statute law recognizes paralyzing fear and neurotic state as possible reactions for the victim, which enable her to express her non-consent.

Attempted rape is also considered. An "attempt" is usually defined as the intending and trying to force someone into a sexual act or to assault someone in a sexual way. Article 121-5, states: "The attempt is considered as is when in the process of execution, an act was stopped or enabled because

of independent circumstances of its author." For example, an attempted rape exists when the perpetrator, after he had put on a condom, tried to penetrate his victim and only a momentary erectile deficit led him to give up on his project. The judges stated that the beginning of execution and the non-voluntary desistance justified an accusation of attempted rape.

The punishment for the rape crime is 30 years in jail when the victim dies following the aggression. Article 222-26: The rape crime brings a life sentence when torture or barbarian acts were committed before or during the rape. The torture and barbarism are defined as exceptionally severe acts, which led to severe suffering or pain. The acts also have a moral component: a wish to deny the human dignity within the victim. For example, the statute law named as barbarism forcing a victim to have penetration with a dog.

B. Prostitution, Pimping, and Procuring

Prostitution, defined as having physical contacts to satisfy someone else's sexual needs in return for financial payment, is not a legal offense in France, but procuring for prostitution or benefiting from it is a crime. A prostitute is the only person who can benefit from her business transactions. She cannot use her earnings to purchase food or residence for her husband, children, or anyone beside herself. If she does, the beneficiaries of her trade can be prosecuted for procuring. Prostitutes are not allowed to solicit on a public highway. This tolerance accounts for many problems, such as the traffic of human beings, especially minors.

Article 225-5 deals with procuring or pimping (proxenetism). This applies to the action taken by anyone, in any way,

- To help, assist, or protect a person who is engaging in prostitution.
- To make money from the prostitution of a person, to share the benefits of it, or to receive subsidies from a person practicing prostitution.
- To hire, lead, or pressure a person to prostitute herself.

Proxenetism carries a sentence of 5 years in jail and a 1,000,000-franc fine.

Article 225-6 deals with proxenetism and designates similar punishments. It covers the action of anyone, in any way,

- Who panders between the person who prostitutes herself and the person who pays for the prostitution.
- Who helps to pander to justify fictive resources.
- Who is unable to justify resources concerning one's lifestyle, while living with a person who practices prostitution, or to be in relation with people living by prostitution.

This includes an unemployed married man who maintains his lifestyle with money his wife gets from prostituting herself. It also applies to someone who rents a room for someone who does prostitution or who acts as the pander, even if not paid.

Article 225-7: Conviction for proxenetism carries a sentence of 10 years in jail and a 10,000,000-franc fine when the criminal activity is committed:

1. With a minor.
2. With a particularly vulnerable person in terms of age, physical or psychological disabilities, sickness, infirmity, or pregnancy.
3. With many people.
4. With a person who was recruited for prostitution outside France or before her arrival to France.
5. By a relative or an authority figure of the person, or someone who abuses the authority given by his professional functions.
6. By a person whose mandate is to fight against prostitution, protect public health, or maintain public order.

7. By a person carrying a weapon.
8. By the use of force, violence, or physical injuries.
9. By many people acting as authors or accomplices, without being members of an organization.
10. By the transmission of messages through telecommunication networks used by the general population (e.g., the Internet).

Article 225-8: The penalties for proxenetism described in Article 225-7 above increases to 20 years in prison and a 20,000,000-franc fine when committed within an organization. Article 225-9: The proxenetism committed with torture or barbarism carries a life sentence and a 30,000,000-franc fine.

Article 225-10 provides a sentence of 10 years in jail and a 5,000,000-franc fine for a person who, directly or with the help of someone else:

1. Owns, manages, exploits, or finances an establishment for prostitution.
2. Owns, manages, exploits, or finances a public establishment, while accepting or tolerating one or many people to prostitute or search for clients within the establishment.
3. Sells or rents rooms not used by the general population, knowing they will serve for prostitution

Article 225-11 provides similar punishment for a person who attempts to commit crimes related to proxenetism. Article 225-12 states that moral persons can be found criminally responsible for offenses described in Articles 225-5 to 225-10.

The laws against proxenetism are severe and aim to fight the Mafia traffic quite common in France and its territories. In practical terms, the owner of residential apartments can be charged with proxenetism if he rents to people without knowing they will do prostitution, and does not report this activity to the police or take action to stop the criminal activities when he becomes aware of them.

Conclusion

French legislation is concerned with the protection of minors, vulnerable persons, and the dignity of human beings. Laws are enacted to maintain public order and to protect the victims of pedophilia, pornography, and proxenetism. The fight against organizations behind these crimes is not easy and requires specific training of police forces and collaboration between different state agencies. Ignorance of the law is not an excuse in the eyes of the French law.

Article 122-1 mentions some causes for non-responsibility or diminished responsibility. The person who is affected by psychological or neuropsychological trouble, which would interfere with her judgment while engaged in a crime described in the above articles, is not criminally responsible. Such a person will still be sentenced, although her disability will be considered when the sentencing occurs.

For recidivists in sexual offenses, therapy can be suggested and will have a positive impact on the sentence. The psychiatrist can advise, but the accused remains free to accept or refuse the treatment. The psychiatrist will also judge the accused's responsibility in his actions.

C. Pornography

[Update 2003: The legal age for viewing pornography in France is age 18. (Reekie 1994) (End of update by the Editors)]

D. Exhibitionism and Sexual Harassment

Exhibitionism

Article 222-32 defines exhibitionism as the exposure of the sexual parts to a non-consenting person in a public place

or an area which can be seen by other people. Sexual acts can be committed in public and private places. An example of a public place would be a sauna accessible to all after payment of an entry fee. An example of a private place would be a hotel room where the door was not completely closed, but half-opened so anybody could come in.

Harcèlement (*Sexual Harassment*)

This law was enacted in 1998 and defines harassment of another person as ordering, threatening, forcing, or severely pressuring in order to obtain sexual gratification, by a person who abuses the authority given by his professional functions. Conviction carries a 1-year jail sentence and a 100,000-franc fine.

9. Contraception, Abortion, and Population Planning

A. Contraception

[Update 2003: In 1993, France reduced the price of condoms to encourage young people to use them. More than two thirds of French women take the hormonal birth control pill. In 1996, the French Roman Catholic bishops broke with Vatican directives and approved the use of condoms to help reduce the spread of the HIV virus (Caron 1998). (End of update by the Editors)]

B. Minors and the Availability of Free Morning-After Pills

[Update 2003: In November 2000, the French Parliament enacted a new law that allows school nurses to distribute the morning-after pill in junior and senior high schools. As of 2002, French pharmacists were authorized to provide teenage girls with RU-486 (mifepristone), the "morning-after contraception pill," free and without a prescription or parental authorization. In a decree published in the *Official Journal*, the government required that pharmacists speak briefly with the young women before giving them the pill to make sure they are using it correctly and in the right time frame. All girls under age 18 are eligible for the free pills. The pill is taken within 72 hours following intercourse and prevents pregnancy by blocking the implantation of a fertilized egg in the uterus. The government journal said pharmacists who distribute the pill should offer advice about regular birth control and encourage women to see a doctor regularly. (End of update by the Editors)]

C. Abortion

[Update 2003: Abortion until the 10th week of pregnancy has been legal in France since 1979 and the cost of abortion is covered by national healthcare insurance. Parental consent is required for unmarried minors. In the early 1980s, Roussel Uclaf, a leading French pharmaceutical company, researched and marketed RU-486 (mifepristone), also known as "the morning-after pill." One in six of all abortions in France are performed with RU-486. Each year, more than 2,000 French women go to England for an abortion, many of them because they have passed the time limit for abortion in France (Henshaw 1996). (End of update by the Editors)]

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

No information given.

B. HIV/AIDS

[Update 2002: UNAIDS Epidemiological Assessment: AIDS surveillance: A significant decline in AIDS-case incidence has been reported since 1996, primarily because of the

wide-scale introduction of HAART, the anti-viral cocktail. Since 1998, the decrease in new AIDS cases has continued, although at a slower rate, among homo-/bisexual men and injection drug users. However, the decrease is no longer apparent among cases attributed to heterosexual contact. The stability of the heterosexual group is explained by an increase of AIDS cases among foreigners, especially among persons coming from sub-Saharan African countries who relocate mostly in the Paris area. More than 75% of AIDS cases diagnosed actually could have possibly been delayed or prevented by testing or access to treatment for those aware of their HIV-positive serostatus. Persons infected by heterosexual contact are more represented among AIDS cases resulting from a lack of access to care, more than a third of them originating from sub-Saharan countries.

[HIV testing: A national HIV reporting system has not been set up in France yet. Despite a stabilization of the HIV-screening activity in free and anonymous testing sites since 1995, the number of HIV-positive diagnoses has increased since 1998 among men and women in Paris. This increase concerns especially persons originating from sub-Saharan countries infected by heterosexual contacts. Other indicators give evidence of a relapse in behaviors in recent years. An increase in gonorrhea has been observed since 1998 through a national laboratory surveillance network. The number of syphilis cases increased in 2000 in Paris among gay men, half of whom were HIV-positive. The results of the study carried out in 2000 in gay venues in Paris show a high level of risky behavior; 30% of respondents with casual partners had unprotected anal sex with them. Several nationwide surveys among injection drug users, including a study carried out in 1997 and 1999 in over 1,000 social and medical centers specializing in the care of injection drug users, consistently found levels of prevalence in the range of 15% to 20%. These surveys were based on self-reported HIV status.

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

Adults ages 15-49:	100,000 (rate: 0.3%)
Women ages 15-49:	27,000
Children ages 0-15:	1,000

[An estimated 800 adults and children died of AIDS during 2001.

[No estimate is available for the number of French children who had lost one or both parents to AIDS and were under age 15 at the end of 2001. (*End of update by the Editors*)]

11. Sexual Dysfunctions, Counseling, and Therapies

ROBERT GELLMAN and CLAIRE GELLMAN-BARROUX

A. Amourology Group Psychotherapy

SERGE GINGER and MICHEL MEIGNANT

Methodology

Amourology is meant to give support to individuals and couples who are searching for love and happiness. The main aim is to increase one's capacity for love, in order to reach a properly adequate level. It is a group process, with individual sessions in between the group sessions. There must be at least one individual session between every two group sessions, sometimes more, depending on the desire of the person, the clinical needs, or the hazards of life (a breakup, a death, an accident, or professional problems).

Amourology, according to Wolberg's definition, is: "a treatment in which emotional problems are dealt with thanks to psychological means. During this treatment, an experienced person has a professional relationship with a patient in order to suppress, change or diminish certain existing symp-

toms, alter disturbed behaviors; and encourage positive growth and the blossoming of personality."

A child naturally discovers the whole range of feelings in his family. Amourology incorporates this obvious aspect of the human condition into the context of group therapy, and thus offers many possibilities for experimentation.

The Psychotherapists

The therapeutic team is composed of:

- Two Amourologists. The referent psychotherapists are in charge of half the group, a male psychotherapist with male clients in the group, while the female therapist works with the female clients in the group.
- Two other Amourologists, who offer couple psychotherapy, run the couples groups and give personal sessions between the group sessions to people who come as a couple. Once a year, during the 9-day summer seminar, they run the practice of behaviorist exercises from the Masters and Johnson method. This practice is offered only to people who come for couple therapy.
- a person trained in the Milton Trager method.
- a psychotherapist specialized in creative methods. This practice is offered to individuals during the summer seminar, while couples are doing Masters and Johnson behavior-talk therapy.
- Trainee psychotherapists who come to work as assistants.

The Therapeutic Context

Each therapist (client) signs, before the therapists and the whole group, a contract by which he or she commits him- or herself:

1. To participate in all the workshops programmed for the group:
 - Seven 24-hour weekends that take place in a venue equipped with a 32°C swimming pool for mind-body work.
 - Three 3-day groups: "Becoming a Man, Becoming a Woman, Becoming a Couple," during which couples work in a couples group and individuals work in a male or female unisex group.
 - A 3-day group for sexual education, with films from the National Sex Forum of San Francisco.
 - A 9-day seminar, which offers practice of the Masters and Johnson behavioral therapies for couples, creative and audiovisual work for individuals, and Trager Work for all.
 - A 6-day ecological workshop, experienced individually on one of two themes: "The humanist sea" and "The humanist island."
 - For couples only, on top of the individual ecological workshop, a 4-day workshop titled "The couple's humanist island."
 - A Christmas weekend retreat.
 - Two 8-hour groups of Trager Work, experienced individually.
2. To participate in evening workshops from 6:30 p.m. to 8 p.m. every week, if the clients live in the Paris area and can free themselves to come.
3. To have at least one individual session between each weekend workshop.

The clients or therapists also commit themselves:

- not to see each other or write to each other or phone each other in between workshops.
- not to have erotic games or sexual intercourse during the workshops.

- not to drink alcohol during the workshops, and not to smoke inside the rooms or on the boats.

The first two restrictions naturally do not apply to people who come for couple therapy. The length of the therapy is not predetermined. It can vary from a few weekends to several years.

The Therapists

Currently, there are about 50 trained Amourology therapists, roughly about 25 male and 25 female. They are between ages 18 and 70, come from 15 different countries, and belong to various races and religions. Most of them are heterosexuals, but there are some homosexuals. More than half of the group consists of people who work as couple therapists.

The Therapeutic Methods Used

Amourology uses a variety of therapeutic modalities:

- Sexologic.
- Behaviorist (Masters and Johnson method).
- Analytical, based on Jungian as well as Freudian concepts.
- Humanist (using concepts and practices that belong to humanistic psychology: gestalt, bioenergy, and koula)
- Mind-body therapy (the Milton Trager method, sensitive massage, and work in swimming pools).
- Music therapy, using operas by Mozart, but also by Rossini, Verdi, and Offenbach, and Celtic and other kinds of music.
- Self-fulfilling (dance, creativity, music, and singing).
- Audiovisual. Each year, the therapists see more than 20 feature films and around 10 short films. The therapists are filmed during the ecological workshops, while they explore the Ponant Islands (Hoëdic, Houat, Belle Ile en Mer, and Groix), the Bay of Quiberon, and the Gulf of Morbihan.

All workshops are residential: They take place either in a seminar center or on a camping site. A lot of the work is actually done during the breaks, the meals, and by the very fact of living together 24 hours a day during the ecological workshops.

The Trager Work

In 1975 and 1978, a group of 50 French participants attended to training session in California that consisted of:

- a video-gestalt-therapy workshop with Barry Goodfield in San Francisco.
- a Sexual Attitude Restructuring (SAR) workshop at the National Sex Forum, San Francisco.
- a bioenergy workshop with Alan Schwartz or a gestalt workshop with Betty Fuller at the Esalen Institute, Big Sur.
- a sensitive Californian massage workshop and an erotic massage workshop with Margaret Elke in her La Fayette Institute.

During the 1978 workshop at the Esalen Institute, California, Betty Fuller introduced us to the Trager Work, a very specific massage that integrates transcendental meditation. The massage is not at all erotic; however, it does bring the therapist (client) to a delicious and tender regressive state. When practiced in a group, it is a gift to the giver as well as to the receiver. It is a way of differentiating need and desire. Eroticization is one of the major drawbacks of sensitive massage in the context of a group where sexual intercourse between the therapists is forbidden. The Trager Work is a solution for the eroticization-frustration dilemma.

After a 1979 meeting in Hawaii, Milton Trager accepted an invitation to give two training sessions in France. A few years ago, a Trager Work school was created in France.

The Amourology Workshop Cycle

This therapeutic regime includes:

1. *Residential weekends for groups*: In the early years, the therapeutic process consisted of one marathon weekend of 24 hours each month, with nothing in between. These weekends, therefore, constituted the core of the work. During this weekend, we offer an experience in hot water, adapted from Big Sur in California, where the mind-body work takes place in the natural 40°C hot springs of the Indian tribe of Esalen. This work can be regressive, but is most of the time playful and based on tenderness and relaxation. There is no erotic induction. Music that supports emotions or encourages dancing is also used. A general feature film is used as a basis for analytical group psychotherapy, not to debate the film, but to become conscious of one's emotions and identifications in viewing it. Each participant studies his own reactions, compares them with others', especially with the reactions of participants of the other-sex participants.
- Now that other workshops have been incorporated in the process, there are only seven of these weekend workshops, evenly distributed throughout the year. They take place at a venue where we have a 32°C hot water swimming pool for the mind-body work and that is close to a cinema complex for showing films.
2. *"Becoming a Man, Becoming a Woman, Becoming a Couple" workshops*. In these 3-day workshops, offered three times a year, couples work in a couples group and individuals work in unisex groups of men or women. Everyone has the opportunity to experience the Trager method in a group. A feature film or a documentary is shown each night and used as a basis for therapy. Working in unisex groups gives the therapists the opportunity to express their feelings even more freely, without the fear of hurting or embarrassing someone.
3. *A Sexual Attitude Reassessment/Restructuring (SAR) workshop*. These 3-day sexual education workshops use films from the National Sex Forum of San Francisco, that are sexually explicit and educational but not pornographic. After seeing the film, there is a group discussion in which clients explore their emotional reactions and responses to the films.
4. *A July workshop*. This 9-day workshop enables participants to work with the Masters and Johnson method and with the Trager Work. Each night, a feature film is used as a basis for therapy work. It is the most powerful workshop in the process, mainly because of its length. Regression is more intense, and watching many films on the same topic reinforces the impact of the films. Sometimes films by Marcel Pagnol or Ingmar Bergman, and operas by Mozart, Verdi, or Rossini are used in the visual mix.
5. *A 4-day individual workshop* designed for individuals who choose to do both "the humanist sea" and "the humanist island" experiences.
6. *The Christmas workshop*, just before the New Year, involves working on giving with a spiritual therapeutic experience, a Celtic music concert, a conference on Buddhism, a meeting with a Tibetan monk, and a Christmas liturgy with a Dominican monk. Each participant has the opportunity to express his beliefs. This workshop takes the form of a party, and people can share their culinary skills cooking for a 'Christmas eve' supper.

7. *Evening workshops* are offered for therapists who live in the Paris area. The workshop consists of a group talk preceded by 20 minutes of listening to Mozart.
8. *Individual and couple sessions* in between groups consist of face-to-face talk without mind/body work:
 - at least one individual session with the referent Amourologist between two workshops. Often the therapists choose to have a weekly session.
 - each couple has at least one meeting with the couple Amourologists between the big groups they attend together.

The Humanist Sea was the first ecological workshop we created, but clients have the option between sailing and the "Humanist Island" experience, which takes place on Hoëdic Island, in Brittany, off the northwest coast of France. The Humanist Sea actively brings nature into the therapeutic process. In the past 20 years, we have offered the sea experience 36 times. Absolute priority is given to safety, with professional staff from the Cruising Training Centre (CFC) based in La Trinité-sur-Mer (Morbihan).

The workshop lasts for 6 days, during which the therapists sleep and eat on board the ships. They form teams of 5 to 8 people, according to the size of the boat. A skipper chosen among the therapists is in charge of each boat and all therapists have their functions. The rocking of the sea invites deep sleep and is favorable to dreaming. The therapist writes down his dreams in a personal notebook for later discussion and analysis.

Specific rules and safeguards have been developed to protect and enhance the therapeutic process.

- The therapists never sail in the same boat as the therapists (clients).
- The sailing instructors have as little contact as possible with the therapists. They only see each other for the sailing lessons and when boats are under sail. We ask the instructors to stay away from the therapists during free time and meals or evenings. The instructors live on the staff boat, with the therapists.
- During times in port, the therapists themselves try to put some distance between them and the instructors. This is done by sleeping on shore as often as possible and by avoiding dining with the instructors. This ensures that each person's specific professional attributes and identity remain clear.
- The analytical work is done in small discussion groups. For example, if the fleet is composed of four boats hosting five therapists each, two small groups of 10 are created and they meet in one of the boats under the supervision of one psychotherapist. This short working time is sufficient. It can be used to do analytical group therapy, or to work on life on board. It might deal with relational problems that have emerged because of living together, or it could be about maneuvers necessary to navigation.
- During the cruises, each therapist has a notebook that provides a double record of dreams and impressions. The therapist keeps the original and gives the copy to the psychotherapist, who can then follow the therapeutic process of each person.

The sun, the sea, the rain, the swell, the beauty of the landscapes, the call of the birds, meeting dolphins, the friendship, all this creates the context for an unforgettable psychological and therapeutic experience.

The Humanist Island. This workshop takes place on a small Ponant Island, the Island of Hoëdic (which means duckling in Breton). It is two and half kilometers (1.55 mi.) long and one kilometer (0.62 mi.) wide. There are about 100 inhabit-

ants. The workshop lasts 6 days, including the 8-hour travel from Paris. Hoëdic is a bit like the end of the world. The therapists' camp has *gîtes* (simple shelters) in which to cook, wash, and get warm if the weather is bad. The sea is always present, in the minds as well as in the activities. The therapists are in small groups with a leader and someone responsible for supplies in each *gîte*. Those who do not want to camp out can have a bed in a room of a *gîte*.

Conclusion

Amourology is one of several therapeutic modalities born on the American continent after World War II. At first, these methods seemed to question the principles of psychoanalysis, but in fact they use some of its tools. The therapists who practice these new methods have themselves undergone an analysis. Their practice was then transformed, through their personal work and through training. Just as doctors who practiced in Africa noticed that they had better results if they mixed traditional methods with European medicine, some psychotherapists have noticed that they had better results if they mixed a psychoanalytic approach with mind-body therapy and behaviorist methods.

B. Couple Therapy

PIERRE DALENS

Can therapists establish a relation between the notions of desire, pleasure, and love, what makes the love relationship possible within a couple, and what is its evolution in time?

The beginning of a relationship is often characterized by passion, through affective, emotional, and sexual components, which define an "unconscious couple." On the contrary, when the evolution of the couple results in a love relationship, a certain stability can be achieved, with less idealization, but with more durability and social adaptation.

We have to admit that the search for passion is very tempting, compared to the love relationship, which is a more-grounded notion.

We believe that the dysfunctional couple should not be considered as having a marital sickness, which needs to be cured because of physiopathological dysfunctions. Rather they should be viewed in the context of *Relational Eros*, an in-between of the honeymoon, which characterizes passion, and the maturation of an "unconscious couple."

Sexuality can only be integrated through the symbolic acceptance of what pushes a person towards another person, and where the affective, emotional, and sexual components define what will lead to a love relationship, a long-term stabilization.

The body-mind approach is well suited to understand these two relational levels. The psychological-sexological-somatotherapeutic analysis looks at the individual and relational dynamics and the way the emotions and affects are symbolized in the interrelations. The sexological-psychotherapeutic consequences will show in terms of relational dysfunctions and individual *sexoses*.

The goal of group sexotherapies is to establish a new body sensuality through the energetic approach and role play, the neo-Reichian and Gestalt techniques. This will allow the patients to integrate love better in their lives and feel even more alive.

In sexual dysfunctions, the sexual desire is often repressed, either by a denial of any erotic manifestation, by an indifference towards sexuality, or by an inhibited sexuality. On the opposite side, the loving state of being will lead the individual into a search for pleasure and exchange.

The genuineness of the pleasure leads to a real delight, in relation with the individual structure and the integration within the existential life, what G. Abraham called the *sensitive metabolism*, compared to the *fantasmatic metabolism*. The sensitive metabolism can be defined as the search

for an experimentation of the sensation, which correlates the imaginary, the mental representations, and the dreams. The fantasmatic metabolism will mostly consider the imaginary. We are often preoccupied by the lack of sexual desire, called “*erotic aphasia*” by G. Abraham.

We would like to emphasize the problems of communication within the couple. When the love is still fixated at a sadistic-anal stage, it is characterized by possession and impulsiveness. On the contrary, a mature eroticism could relate the desire to the expression of feelings and affects.

Sexual dysfunctions, called *sexoses*, are considered as an imbalance within the symbolic and imaginary, emotional and pulsional functions. But the couple often puts into play the interaction between the neurotic aspects of the individuals and the repression of pregenital systems. (*Pregenital systems* here refers to the early embryonic “androgynous” stage lasting about 6 to 8 weeks from conception to development of the male and female genitals.) When there are dysfunctions and incompatibilities within the individuals, we can often observe problems in terms of communication, power and control issues, emotional dependency, and stress—and most often in terms of erotic and sexual disagreements within young couples. The marital relationship will be considered as having a durability over time, but also as having a confrontation through exchanges. The search for long-term durability will involve the search for the expression of sexual desire and pleasure through an erotic and passionate exchange.

If we use a *biological* metaphor, it is the indication of different modalities succeeding one another in sensation and sensuality, just as fantasies will coincide with a shared desire. Even if we often use technical and logical approaches to deal with couple difficulties, we will here emphasize the role played by individual structures.

The Individual Structures

Prior to committing to a couple relationship, each individual had developed his own personal history and traumas. Each partner has a basic structure with which the other person will be confronted. Different typologies were created to explain these structures of character. We will consider two, the first one being the *bioenergetic structure of Lowen*, and the second being the *primary and secondary notions, as well as the introversion and extraversion notions of C. G. Jung*. The partners might experience more or less difficulties in accommodating these structures.

The structures of character as defined by A. Lowen consider the impact of the personal history, the couple entity, and the environmental influences on each other. They also study the impact of the lack of affection in the first months of a person’s life on his psychosexual development. We associate the different neo-Reichian steps of Lowen, such as schizoidal, oral, psychopathic, masochistic, and rigid, to the couple structure through the energetic unification and affective maturation of partners in marital relationship.

Biopsychological Theory

The notion of marking by Konrad Lorenz defines the importance of the early relational programming. The initial marking is biologically understood as the cerebral sex, inducted by cerebral sexual hormones and cerebral chemical mediators in the first weeks of the fetal life, combined with maternal stimuli. This neurobiological determinism can be reinforced later on a psychosociological level through the notions of gender identity and role identity. The notion of archaic psychological inscription refers to the individual mark in the couple as a mutual modeling of two identical marks.

Partners are brought together because of this first original inscription in the body. In the dyadic relationship, there

would be two identical marks, but with different mind-body components. We then come up with a crossed identification of a unique bi-sexed being. This neurobiological mark retrieved in the couple brings up the understanding that a part of my own neuropsychological equipment is also in the other person. In the bi-sexed being that we are, it is the lost part of the androgyn we look for in the partner. We can therefore consider the romantic encounter as the start for this twin bonding. The couple becomes the ground for all the future symbolic projections.

Psychoanalytic Theory

This therapeutic modality emphasizes the choice of the total object from the choice of the partial object. The unconscious initial choice of the partner and later on, the development of the couple dynamic, will create the internal structure of the couple based on the interactions between the ego and the unconscious of each partner.

The selection of the partner is based on the choice of sexual impulses as part of vital functions or on the choice of the narcissistic object, a search for the ideal ego. The emotional security, influenced by parental images or pregenital impulses, is very important in the establishment of the marital structure. Through crises, the couple will be confronted by the gap between desires and reality; the partners will have to resign themselves to accepting the distance between them and the reemerging of the repressed.

The crisis will happen when the subject expectations confront the object desires. The cultural and social background might add to the crisis, although this crisis can lead the couple to restructure their relationship, as long as each partner has a solid ego to facilitate autonomy for both partners.

The narcissistic partner can project his own desires on the other person, blocking the other person’s impulses. This partner is actually searching for a bonding resembling the one he used to have with his mother as a child-mother relationship. The world of the castration and the oedipe is confronted by the symbolic and imaginary sublimation of the absorbing relationship with the partner. There appears a transitional period where the self does not exist, and the androgynic reunion will only become possible through orgasm.

When the intimacy becomes too intense, there is a need for distancing in the couple. This will modify their unit dynamic and preserve the self of each individual.

All the archaic desires will need to be expressed in the couple dynamic: *the oedipal desire* by assimilation of the partner as a parental figure, *the latent homosexual impulses* in the couple, and *the bisexuality concept* by a better understanding of the male and female polarities in each partner.

The pregenital stages in the psychosexual development are often expressed in the foreplay, such as in sadomasochistic, voyeuristic, and exhibitionist plays. These impulses can be definitively repressed or be expressed in fantasies; this repression is necessary to the stabilization of the couple union. The partners will be confronted to the idealization of the other and to the creation of an intimacy not available to the external world, as well as other possibilities for the couple and the partners to enter in relation with the external world.

Homeostatic Relations Within the Couple

The choice of the partner is influenced by the value we put into love and its relation to the individual unconscious and to the social and cultural conditions. From the start, the couple will be faced with (confronted by) socioeconomic norms imposed by the social group.

The couple can serve as a refuge by overcompensating affective and emotional lacks of the individuals and be the

center of communication and exchange. Fidelity and autonomy are components of a non-official contract about a physical and impulsive sexuality, as well as a fleshly and spiritual love.

The couple can be formed where the economic function and familial projects meet. It cannot be based on passion, since passion is of short duration. It is only after the passion is over that the partners can consider their capacity to form a couple together. The bond will be established with a narcissistic comfort and an erotic satisfaction. When two people form a couple, they can live their archaic issues through the other person with a certain distance of the self, allowing autonomy rather than isolation. The collusion of the partners gives an image of "couple personae" to the external world, while the shadow of this same couple lies within the marital desire.

All these structural and energetic factors within the dyadic communication make a certain "marital contract" possible, and even before, a "corporal contract." In the Middle Ages, this kind of contract existed between spouses, implying a certain debt in the sexual life of the couple.

Marital Eroticism

Marital eroticism refers to nudity and the body relations. To be satisfying, the relationship has to integrate the physical and emotional sensations to lead to arousal, sensuality, and affective exchange. Marital eroticism puts the partners in contact with all the pleasurable body sensations from past experiences. All this exploration will bring more satisfaction within the couple sexuality, since the sexual exchange is not reduced to sexual intercourse. The beauty of the body will also play a role in seduction, which will bring a certain liberation of the body and a liberation of the mind within the couple relationship.

The marital contract implies pleasurable notions as well as a sexual responsibility. Here, sexual fidelity and extramarital affairs, both extremes of the same pole, have to be negotiated by the couple. The marital relationship involves a total commitment and an agreement on rules for both partners; on the other hand, extramarital affairs can also serve as an escape from responsibility of this same commitment. The corporal contract refers to a commitment to pleasure, within the couple, on affective and erotic aspects. When the couple has trouble exploring its sexual intimacy in different ways, it is a symptom that both individuals are incapable of facing the other person's needs.

The notion of commitment is a challenge to the value of liberty: How can we manage to introduce other people completely and significantly into our relationship? The answer will depend on the couple's maturity and on the corporal contract. The commitment will therefore clarify the notions of liberty, the allowed sexual liberation, with the feelings of jealousy and possession. In this context, researchers need to further explore the relationship between the need for emotional security and the sexual intimacy.

Marital Conflict and Extramarital Sex

These can be understood in different ways. There are different aspects that have an impact on both the sexual and the sociocultural plan. Marital dysfunction will lead to sabotaging behaviors on different levels—sexual, affective, and relational—with the final consequence being an imbalance between the partners' desire.

The sociocultural level will condition competitive social structures in a narcissistic society where the most concrete consequences can be seen in the vicious cycle of "marital sickness," through manifestation of infidelity and jealousy. The nature of the extramarital affair can be based on

the affinities two people share and their reciprocal identification. The affair can be seen as a complement to the marriage, but most often, it will lead to divorce.

The partner may admit having an affair without realizing it, but unconsciously pressured by guilty feelings. This can allow the couple to look for the deep causes and eventually find a compromise. There are many couple problems nowadays, but extreme jealousy can be found because of resentment towards the partner, needs for possession, and narcissistic devaluation of self-worth. This is the oedipal pathology to the extreme.

It is often one of the partners, usually the most suffering or the most demanding, who asks for help, either to do couple therapy with the partner or to deal alone with the couple difficulties. These therapies usually involve communication problems, and affective or sexual difficulties. Often, these requests are made too late, which makes results difficult to obtain.

For the last 20 years, we have offered groups for couples in a body-mind approach with the use of different body and psychological techniques to help the development of body energy, a body re-sensitization, a corporal and affective exchange through role play, neo-Reichian techniques, the emotional gestalt, and with the psychodrama, in the *psychosomatodrama* of W. Zaruchas. These groups for couples use both verbal and corporal analysis, suggesting an individual therapy as a complementary between the monthly group sessions. The evolution of couples is generally positive.

Masters and Johnson created co-therapy for couples, with two therapists, a man and a woman, as the "model couple." In France, only Robert and Claire Gellman from Paris still apply this type of analytical couple therapy.

The nature and function of sexuality make us wonder about the affective components of sexuality: Is the sexual union an exclusive and necessary condition? The answer would vary depending on the point of view, whether it is more traditional or liberal. It appears necessary that each partner keeps an intimate time for himself without feeling guilty; this rule should apply to both partners and be respected.

A Clinical Example

In order to illustrate the different theoretical approaches discussed earlier, we will present the case of "Diane."

Her husband works in computers, she has two children. She lives in a beautiful property in the country and works in a laboratory. She wants to take better care of herself and express herself freely, give up her artificial role of entertainer, and stop living in someone else's shadow. This was her initial request for help.

Diane felt she was getting protection from her husband and intellectual challenge from her lover. After a couple of sessions, she admits having difficulty sexually initiating with her husband and being fulfilled with her lover because of the loving friendship they were living together. She decides to commit to an analytical psychotherapy in addition to a somatherapeutic group.

She suffers from the lack of emotional expression in this stable and grounded family. Her husband represents an important "social personae." She complains about not receiving any tenderness outside the genital sexuality. She handles with difficulty the passive role her husband plays in their marriage, whereas he takes on such an active role outside their marriage. She realized they had made the agreement that she was "the chief" in the family. Because her behavior does not reflect her existential wishes in life, she wonders how she and her lover can live their love together.

Frustrated by the lack of affection, she looks for a different love, a manifestation of her oral impulses. Her bipolar-

ity is expressed in her activity and feelings through archaic impulses on one side and an external and conscious masculine position on the other side. She is balanced between her fear of being abandoned and not being protected anymore, and her need for liberty and autonomy, which she prioritized over her fears. She feels the precariousness of her relationship with her lover, especially concerning the wife, who considers Diane as a friend and confidante, a strong and dynamic woman she has admiration for. Diane feels stuck between her lover, Robert, and his wife. She thus starts feeling guilty. She gets the impression of still waiting for something, which will not happen, just like she used to do in her childhood. She progressively loses interest for the lover and the couple, which allows her to get more autonomy. She meets a new friend from a different background who deals with things simply and naturally, and who does not make her feel inferior.

She leaves her husband, sells the property, and asks for a divorce, which she associates with her liberty. On the other hand, she is insecure about her new life, but feels a strong need to build a new existence. At first, she has difficulty to balance herself in the new couple between her fear of abandonment and the happiness she cannot find.

Through the relational exchange Diane experienced, she was dissatisfied both ways, with her husband being unable to fulfill her affective needs, since he prioritized the financial security, and her lover being unable to fulfill her erotic needs, since he prioritized the intellectual part.

The therapy made Diane realize all the lacks of affection she suffered in the past and the essential role they will play in her new relationship. This search for marital happiness will end with a stabilization of the couple in time, all initiated by Diane.

Conclusion

The search for love and happiness implies a rediscovery of our archaic desires and our individuality, since joy is something we have little control over. Therefore, we find ourselves facing a hidden reality. The *love history* leads us through a transformation process, which will never end—a wisdom of the soul impossible to attain. It is an affective ritual of exchange through a symbolic operation to recreate *the mystic androgyny*. It is the energy behind this image that makes the external reality concrete.

C. Therapeutic Model for Gender and

Orientation Difficulties LAURENT MALTERRE

All human problems can be summarized as the attempt to reunify opposites. We can assume that most people go through this resolution of opposites in sexuality first, since it is probably the most extensive ground for polarities. It is the principal source of conflicts and a place for reunification of opposites, while allowing for all kinds of male and female expressions. While their interdependency is obvious, this does not mean that its resolution will be achieved necessarily through orgasm, but more through a search for a whole identity.

These polarities can be expressed through different forms, such as bisexuality, real or repressed homosexuality, or a desire for sex change often expressed through transvestism, or erotic interest in the breast or the anus. For others, this uncertainty between the two polarities will be expressed through sexual orientation problems.

Objective

What kind of therapy can we offer to patients who suffer from sexual orientation and gender-identity problems? How do we help an individual to integrate a stable image of himself when all he sees is a fragmented, complex, and imprecise

image. This calls for an ongoing evolutionary process through individual and group therapy with experimentation, understanding, and integration of fundamental steps, such as the androgyny, the psychological bipolarities, anima and animus, which synthesis is the love dimension.

The Methodology

The individual and group therapies use approaches referring to diverse disciplines: analytic, somatotherapeutic, and sexologic. For each discipline, different authors are recognized as pioneers: Freud, Jung, and Lacan for the analytic approach, Masters and Johnson, Stoller, and Crepault for the sexologic approach, and Lowen, Reich, and Singer for the body-mind approach. All these approaches are used to form the whole therapy we offer:

- The somatotherapy and gestalt therapy work on the energy, the body sensations, the emotions, the affects, and the relations. They aim at repairing the affective lacks and traumas, to empower the individual in his expression of affects in the here and now, and to pass from a closed attitude to a relational opening.
- The bioenergy works through the analysis of body and character rigidity. Once the person learns to focus on her- or himself and to be in relation with others, she or he will become familiar with her or his emotions and sensations and be more in contact with both his or her body and pleasure.
- Sexoanalysis will study the orientation and identity difficulties through the analysis of the erotic imagery. The person develops capacities to symbolize and better integrate their erotic imagery and unconscious image of her or his body.
- Psychoanalysis will deal with the unconscious, the psychological functioning, the symbolism, the dreams, and archetypes. Words will serve to verbalize the sexual history and the affects and emotions related, in order to have a better understanding of the self.

This therapeutic framework allows for both the affective intimacy through role play, body contacts, relational touching, and the psychological intimacy through active listening of the partner's history, one's emotions and feelings, and the mental representations of the actual exchanges.

The goal of these therapies, whether they are done in individual or in group, is to facilitate the improvements and the reinvestment in one's existence: *How to be in contact with the self, the experiences, the sensations, and the emotions, to feel as a man or a woman, and to be in relationship with the partner without losing one's identity?*

These therapies aim at progressively reconstructing the imprecise or fragmented identity, the emotions, the affects, and the symbolization. This search for identity will lead the individual to transform his relationship and his perception of himself through the exploration of his internal representations of what it is to be a male or a female or an androgyn. This process is what the human being usually goes through in his psychosexual development. It will help the individual to gain a more realistic image of himself, a new identity, and eventually, a new way of loving.

A caring and secure environment will facilitate the emerging of real or latent homosexuality, bisexuality, or ambisexuality through transvestism and transgenderism.

The Androgyny

The androgyny is opposed to the genital, and fights against the sex differences. It is oriented towards a narcissistic completion and a symmetrical illusion. It means to have both sexes. Plato defines the androgyn as being neither

father, mother, man, or woman. It is all at the same time. It is a denial of differences and opposites.

The transsexual is considered the modern face of androgyny. He defends himself against the sex differences by disinvesting his own sex. In doing this, he tries to reunify the opposites by abolishing the duality between sexes. In being asexual, he avoids being confronted by the dual experience, that of being a man or a woman.

The bisexuals and transhomosexuals also go through a gender variability just living as transvestites, drags and queers, named transgenders. They often experience relational failures when facing the illusion they can reunify with their opposite.

In therapy, we work on the androgyny by:

- The integration of the body image, the body being often considered as asexual, in-between, or immature. All this variation in degrees between the male and the female poles can be seen through the gender dysphoria, the disgust of the body, the narcissistic fragility, and the desire to cross-dress. Each individual will identify his male and female components and look for his secret sexual identities. The therapist will help his patient to feel more grounded in order to reunify all his different components.
- Exploring this symmetrical view of a double of the self, referred to as homosexuality. The individual will learn to invest both an identical and different vision of the other. This way, the individual is able to recognize his own limits regarding his ideal self. It shows that the partner heals the feeling of emptiness by providing a feeling of continuity. Here, homosexuality and bisexuality tendencies may appear.

Male and Female Polarities

Identity and sexual orientation develop through identification processes with male and female components.

In order to feel at peace with one's identity, the individual has to find the equilibrium between the male and the female poles. This is very difficult to achieve nowadays, since the female entity is seen as the total antagonist to the male entity. All the male qualities are developed and privileged over female qualities, which is a real disaster!

In summary, as a society, we need to get rid of the phallogocentrism, by giving the repressed female entity all the importance she deserves. It is a long road for both men and women. The man overemphasizes his male traits through macho and misogynist attitudes, as well as patriarchal structures. The female part of the woman is treated as being inferior, responsible for all sins. There has to be a serious awareness that the female component is an essential psychological reality. The male and the female components should work in harmony to contribute to the unification of the individual with himself. We need to get rid of all the male and female stereotypes in order to consider the resemblance between the sexes as a common psychological bisexuality.

The man can see the female entity through the anima. Some well-known models can portray this image, such as Eve, Sofia, Penelope, Marie, the Amazon, the Mother, Diane, the muses, and the fays. There also exist negative images, such as the prostitute, the witch, the employer, or the son's lovers. In these situations, the men are no longer in contact with their female entity, their Jungian anima. They are completely cut off emotionally and intuitively. They are those "rough" men, who degrade as soon as there is no maternal or female presence around. They are those no-land men, with no ambition, the criminals. They can remain close to their animal impulses and block any expres-

sion of tenderness. They collect women to avoid being intimate with only one.

The male entity in the woman can be seen in the Jungian animus. These images can appear in dreams and through body expression. Often, the first animus images are quite negative. They refer to captured animals, criminals, and truckers. In these situations, their animus is opposing the man. When the images are ones of fragility, vulnerability, or castration, women cut themselves off from their sensitivity, and their female entity gets disguised in men caricatures. These women want to be in the head office. Fortunately, images change to become more positive animus, such as Tarzan, the knight, the teacher, the wise man. All these images are a reflection of a man being in contact with his female entity: his eroticism, his romanticism, his mental, and his spirituality. They also reflect women whose animus communicates openly and tenderly with the man's anima. The relationship is more human.

Each individual carries Eros, scars which are opened when a new partner arrives. The individual will have to re-establish the dialogue with Eros in order to overcome:

- What separates the man from his female entity and the woman from her male entity?
- Can the man accept that he will never be his female entity, and can the woman accept she will never be her male entity?
- Nowadays, on which figures do we project the female entity in the man and the male entity in the woman?

These questions about the female entity within the man and the male entity within the woman lead us to consider the question of entity as a whole. In fact, when the individual gets closer to his other half, does the relationship become stronger, deeper, and more human or, on the contrary, more destabilizing and fragmented?

We have to be aware of these male and female archetypes in order to integrate them into the psyche. The male and female entity within each individual can fluctuate over time, and be variable and varied in terms of proportions. The final result will be, according to Jung, "a union without fusion between the anima and the animus in the living individual."

The therapies provided allow the participants for the first time to put into play their male and female polarities, especially through psychodrama. It brings the individual through a scenario asking for different language, behaviors, and attitudes, to play fantasies, or situations related to homosexuality, bisexuality, androgyny, or transvestism.

These therapies also allow for an exploration of the body dynamic, the imaginary, and the balance between the male and female polarities, in order to come to terms with a unified identity. The opposite sides of gender identity, their complementarity, and variability will be explored.

On another level, the transvestite will experience his capacity to fit in the opposite-sex entity. He projects himself in the image he has of the opposite sex. Each individual will name his new personae, changing his attitude and his body movement in order to be in relation with someone who has opposite or complementary polarities.

Through his behavior, the transvestite will be able to explore:

- The variability in male and female polarities.
- The similarities and differences between the imaginary body and the real body.
- The way others perceive him, where feelings of attraction, repulsion, and fear can be experienced.
- The possibility to imagine, for women, they have a penis and, for men, they have a breast.

- The emerging of new and different sensations, through the investment of the opposite-sex body, the transvestite can be in contact with other secret identities.
- The role of one's sexual fantasies at a conscious and pre-conscious level in his relationships.
- One's place on the sexual continuum (heterosexual, bisexual, transhomosexual, asexual).

It is a deep transformation within, where the esthetical appearance is not a finality. While working on one's mental representations of what is male and female, the individual can recognize his or her own identity value. At first, the body image is fragile, imprecise, and becomes strong, powerful, assertive, seductive, erotic, and a new self, an erotic self. It is the search for the erotic self in homosexuality and transgenderism, which explains a loss of the self.

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This imaginary relation will allow the individual to develop a strong self-image, to repair his identity uncertainties, and to experience the emerging of desire. Relational difficulties will perpetuate themselves as long as the individual will not come to peace with his identity and orientation. Self-growth then becomes impossible. The relationship will make the individual aware of the partner's limits and his own limits, especially through sexual intercourse. In experiencing relational, emotional, and affective situations, both partners will learn to meet their own needs, while considering the ones of the partner, to achieve a certain harmony in their capacity to love and be loved.

The emphasis will be on the exploration of fusion, separation, and resolution experiences. Exercises on projection of aggressiveness, on domination, submission, and independent relations, will clarify the relational dynamic. Triangulation with a rival, and the jealousy and possessiveness it involves, refers to the unresolved oedipal triangulation.

Conclusion

Between the group therapy sessions, we have to emphasize that the patient will work on his personal dynamics in individual therapy. All the emotions experienced in the group sessions will be explored in individual sessions.

The multiplicity of factors in homosexuality and transgenderism are considered in the individual and group therapies. Bisexuality, next to heterosexuality, comes to terms with a whole structured identity. All the other sexual problems, such as lack of desire, erectile dysfunctions, sexual addictions, love disorders, and marital conflicts, can also be resolved through a similar work than the orientation problems, meaning an exploration of the female and male internal representations and of the androgyny. Each individual will construct his own realistic image of himself.

As Freud said in *The Schreber President*: "All human beings balance between heterosexual and homosexual feelings; a deception or a privation on one side has the individual balance on the other side."

D. Therapist Training & Certification

ROBERT GELLMAN and CLAIRE GELLMAN-BARROUX

The medical universities and nonprofit organizations specialized in teaching and ongoing education are responsible for therapist training and certification. The first sexology training in France was created in 1974 at the Necker Hospital in Paris. The French School of Sexology is partly responsible for the creation of the University Teaching at the René Descartes-Paris V University.

There are other sexology certification and training in the most important universities in France. They offer diplomas of Sexology Practitioners to doctors, and sometimes to psy-

chologists having a DESS in Clinical Psychology. Under the same conditions, diplomas in sexology can also be earned by paramedical workers (nurses, social helpers, kinesiotherapists, marriage counselors, educators, etc.).

[*Comment 2003*: Recently, a distinction has been proposed between medical doctors, physicians, "sexologists," and "sexotherapists," which include non-medical specialists who are psychotherapists, psychologists, marriage counselors, social workers, nurses, midwives, and so on. Professional training is available in several universities in Bobigny, Toulouse, Nantes, and Paris, as well as in private associations, such as SFSC and the Gestalt Institut de Neuilly.]

[Most of the practitioners incorporate biomedical or endocrinology interventions, behavioral therapies, studies of profound psychological problems, both intra- and intersychic, as well as relationship-oriented problems of the couple. A particular variety of Sexotherapy is represented by the work with couples, notably within Gestalt Therapy (Anne and Serge Ginger, Charles Gellman, and Martine Masson). In order to emphasize the important role of the emotional and relational dimension within Humanistic Sexology, Meignant has proposed the term "*Amourologie*" (*End of comment by S. Ginger and M. Meignant*)]

12. Sex Research and Advanced Professional Education

Sexological Organizations and Publications

Academie des Sciences Sexologiques, 20 Rue Vignon, Paris, 75009 France.

Association des Sexologues Cliniciens Francophones (ASClif), Présidente: Claire Gellman-Barroux, 3, rue Copernic F-75116, Paris, France; email: asclif@citeweb.net; <http://asclif.free.fr/sommaire.html>. Secretary General: Ursula Pasini, 62 bis Avenue de la Roseraie, CH-1205 Genève, Switzerland; fax: (+ 41 22) 346 77 01; email: ursulapasini@freesurf.ch.

Association Interhospitalo Universitaire de Sexologie (AIHUS), Dr. Robert Porto, 21 Place Alexandre Labadié, F-13001 Marseille, France; tel.: +33 (0) 491-76 44 89; fax: +33 (0) 491- 77 01 39; email: robert.porto@worldonline.fr.

Recherche Sexologique du Sud-Ouest (ARSSO), "Les Bons Enfants," Dr. Francis Robert, Bordeaux Rive Droite, Route Bergerac F-33370 Fargues-St.-Hilaire, France; tel.: (+33-56) 21 21 14.

Centre International de Formation et de Recherche en Sexualité (CIFRES), Dr. Rejean Tremblay, 14, Rue Bertrand-Gril, F-31400 Toulouse, France; tel.: +33- 62- 26 12 56; fax: +33- 62- 26 44 13.

Ecole Française de Sexologie; Dr. Robert Gellman, 3 Rue de Copernic, F-75116 Paris, France; tel.: +33-47- 27 96 67; fax: +33-47- 04 40 57; email: efswb@citeweb.net; <http://efswb.citeweb.net/>.

Enseignement de Sexologie, Faculté de Médecine de Marseille. 27, Bd. Jean Moulin, F-13005 Marseille, France; tel.: (+33) 91 83 43 25 or (+33) 91 83 43 26.

Faculté de Médecine Paris XIII Bobigny, Département des Enseignements Spéciaux, UFR Santé-Médecine-Biologie Humaine, Sexologie; Mme. Nadia Ouarti-Saighi/ Docteur Suzanne Kepes; 74 rue Marcel Cachin, F-93017 Bobigny Cedex, France; tel.: (+33) 48 38 76 11; fax: (+33) 48 38 77 7.

Fondateur de L'Association Mondiale de Sexology, 72, Quai Louis Bleriot, 75016, Paris, France; tel.: 30-40/50-38-99.

INSERM (Institut National de la Santé et de la Recherche Médicale), U 292: Recherches en Santé Publique: Reproduction, VIH/SIDA, Sexualité; Alain Giami, Hôpital de Bicêtre,

82, rue du Général Leclerc, F-94276 Le Kremlin-Bicetre Cede; tel.: +33-1-4521-2289; fax: +33-1-4521-2075; email: giami@vjf.inserm.fr.

Institut de Sexologie, Dr. Jacques Waynberg, 57 Rue Charlot, F-75003 Paris, France; tel.: +33-1-4271-1030; fax: +33-1-4271-5115; email: waynberg@club-internet.fr; http://www.sexologie-fr.com.

Institute Européen de Psychosomatotherapies, Centre de Sexologie Clinique, 77 Rue Lakanal, F-37000 Tours, France.

Sexologies—European Journal of Medical Sociology, 21, Place Alexandre Labadie, 13001 Marseille, France; tel.: 33-91/50-20-03; fax: 33-91/50-52-77.

Société Française de Gynécologie Psychosomatique, Dr. Sylvain Mimoun, 45 rue de Maubeuge, F-75009 Paris, France; tel.: (+33-1) 42 80 21 67.

Société Française de Pathologie Sexuelle, Dr. Henry Dermange, 61 Avenue de Passy, F-75016 Paris, France.

Société Française de Sexologie Clinique (SFSC), Dr. Marc Ganem, 85, Avenue Charles de Gaulle, 92200 Neuville s/Seine, France; tel.: (+33-1) 45 72 67 62; fax: (+33-1) 45 72 67 63.

Syndicat National des Médecins Sexologues (S.N.M.S.), 77 Rue Lakanal, F-37000 Tours, France.

Université d'Aix-Marseille, Administrative Office, Enseignement de Sexologie Faculté de Médecine 27, Bd. Jean Moulin, F-13005 Marseille, France; tel.: +33-91-83-4325 or 4326.

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