A useful discussion is presented of the problem of pornography in a public health context. When is the portrayal of explicit sexual behavior a form of social "pollution" with consequences for various members of the community? The need to deal with the problem in behavioral and value terms is stressed.

"Pornography" as a Public Health Problem

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The term public health means exactly what it says: the health of the public, of people as they live together in aggregations. The term "health," for so long narrowly referring to the physical, was expanded by the World Health Organization's classic definition of health as *a state of complete physical, mental, and social well-being* to create general awareness of the crucial importance of mental processes and social relationships to the individual's state of total health.

Mental *health* reflects the successive and successful efforts of social man to learn how to live positively, not only with others but with powerful, natural forces whether external (fire, electricity, atomic energy) or internal (aggression, eroticism) in environments of increasing complexity. The health status of man's internal emotional environment results from the capacity of each individual to live in a state of dynamic peace with his internal drives. One of the most important and fundamental of these drives is eroticism, which arises early and continues as a "given" force in the life span of every individual. Efforts to socialize this universally experienced drive have preoccupied every society since the dawn of man and have resulted in at least as many patterns of socialization as there were societies. Cultural anthropologists have studied and described some of the elaborately ritualized ways by which different societies arrived at often uneasy accommodations for coping with eroticism—ways that were characterized sometimes by obsessive *re*pression, sometimes by obsessive *ex*pression, sometimes by symbolic transferences of sexual imagery and meanings to inanimate or other animate beings—sometimes even by simple enjoyment! We see all of these mechanisms presently at work today in our society. The point is, that learning how to live in peace and fulfillment with this powerful drive has never been easy, nor is it today.

With one great difference: today fewer of us need to look to the supernatural for explanations of what we do not understand in the natural: fire is no longer an expression of the wrath of God or a supernatural miracle, but is a rapid oxidation process. Similarly, we are slowly coming to grips with eroticism: it exists, and so we must understand it, for we cannot successfully socialize what we do not understand, and so long as we fail to socialize eroticism, the term pornography will have to survive. A fire in the fireplace, in the stove, on the beach—these are fires that are considered good because they are under control and perform useful services. But a fire on the living-room floor, under the attic roof or in the forest—these are fires that are unhealthy because they are out of place and inappropriate—and therefore destructive.

Similarly with eroticism, except that our capacity to judge truly when its expression is inappropriate or out of place is so poorly developed in such a large proportion of individuals that the term pornography begins to be applied with faulty judgment—one might almost say, promiscuously.

The natural history of the evolution of eroticism in individuals begins early, for Kinsey established that around 30% of boy babies had experienced orgasm by the time they were one year old, and practically 100% of males have experienced it by the age of 18. This ever present manifestation of the erotic drive in each individual born is a natural phenomenon that should mobilize our best efforts to help the developing individual so to integrate this powerful force into his life pattern that it will be a constructive rather than a destructive force. Except for a very few, we have had neither the wit nor the courage to recognize the necessity for this until relatively recently and, in fact, many still deplore the existence of eroticism in children, in young people and in the old, as if it was something that should be ruthlessly extirpated. Gagnon states it well: "The shock lay not in Freud's discovery of childhood sexuality, but in the establishment of the fact that the phenomenon was not limited to a few evil children."[1] The development of eroticism in every child is still not widely enough recognized as a natural phenomenon, we are still shocked by it, and our fear of it in the face of our ignorance about it has resulted in a mammoth tangle of myths, falsehoods and superstitions regarding it.

In point of fact, therefore, the public health *requires* the recognition by all professionals that the eroticism that is so feared by so many is an inevitable component of the psychodynamic evolution of the individual from birth into adult life. As a part of the maturation process by which he develops his identity as male or female, evolves the behavior considered appropriate by the society to this identity, and develops the capacity to give and receive love, he must also learn how to express his erotic drive in ways appropriate to his stage of development. The question today most at issue is just that of appropriateness, as relating both to the chronological and to the emotional maturity of the individual. Because of the great difficulty and blocks placed in the path of anyone wishing to do true scientific research in the field of sexuality, it has not been possible to do much more than hypothesize and speculate

about this. Therefore our fear of sex has been consistently displaced onto any physical demonstration of it, no matter how innocent, and so we have "pornography" as a pejorative term used indiscriminately. What is entirely usual eroticism for one individual and therefore the norm for him may be considered by another who has evolved differently to be misplaced or misused, or "pornographic." Each of the two is then interfering with the privacy and rights of the other, and who is to arbitrate and adjudicate the question, and on what basis?

This is the situation as we have it today in a society that to the nth degree is pluralistic and individualistic in its behavior and value systems. From the public health point of view, of course, the question cannot be one of judging between two individuals, but rather of joining a growing body of scientists in the task of arriving at some decisions as to when and how eroticism may be so misplaced or misused by large enough numbers of people as to become noxious to the society itself, or to large groups of individuals within it. In other words, eroticism can be looked at rather like the purple plant that in Puerto Rico is considered a weed but that transplanted to another area such as in Minneapolis or New York, is not regarded as a weed at all but as a plant to be nurtured. So individuals and groups like the Commission on Obscenity and Pornography, aware that restrictive community mores that were the accepted patterns even a generation ago have changed or disappeared, are now engaged in trying to establish the "pollution" or "pornographic" level for explicit sexual behavior, and questions about it could actually be put in epidemiological terms: nosology, etiology, incidence, susceptibility, therapy, prevention, immunization, quarantine. When *does* explicit public sexual behavior or portrayal of it become social "pollution," a question whose implications are quite different from the ones that the individual must ask himself about his own private erotic behavior as to its appropriateness or lack of damage to others.

Public health parallels come to mind: for instance, much is being reported about the emergence of a very public type of prostitutional female behavior. The moralistic approach is simply to "crack down" on prostitutes in an attempt to "regulate" their behavior, with the net effect simply to make the behavior less visible, but not to change it. Far more important would be answers to such epidemiological questions as, has the *incidence* of prostitution really increased or has it simply become more visible because of the proportionately larger numbers due to the larger population? Has the *etiology* of prostitution changed, possibly because of changes in social attitudes about it, or because of changes in the early social environments of the young women who enter the business, or because of a different type of consumer demand? Is there a family background or character type that predominates among girls who go into prostitution? Has the typology of the males who patronize prostitutes changed and if so how and why? Aside from association with violence or venereal disease or organized crime, in what ways is society harmed by prostitution? What happens to prostitutes who leave the mainstream of prostitution towards the middle or end of their life cycles? If prostitution presumably harms the individual who enters the occupation, what are the factors that make an individual susceptible to becoming a prostitute, and how do we immunize such individuals against these factors? And we should most certainly have to speculate on such hypothetical questions as: if, through whatever socio-public health measures, we could achieve the same results with prostitution that we have with the control of smallpox—that is, almost total eradication—what would be the effects on those who patronized the prostitutes—and this question would lead us on into a new and expanding cornucopia of questions to be asked and answered.

In leaving the era primarily concerned with the physical aspects of mass health, the public health family has expanded to include at long last the behavioral scientist. For we have a number of public health problems rooted in the behavior of individuals, whether problems such as obesity, the result of only one of a growing group of addictions, or failure in motivation for avoidance of undesired pregnancy, street noise, pollution or garbage littering—many, many areas of health relative clearly to individualistic behavior that appears increasingly resistant to control by rule, regulation or reason.

Within such complexities the interest and involvement of many members of the public health family will then necessarily intersect as regards human sexuality: at the most elementary level is the need to establish what constitutes "effective" but not "pornographic" sex education for the young, whether the aim be the control of venereal disease or the prevention of undesired pregnancies, or the development of mature gender identity and responsible sexual and reproductive behavior.

Again I should like to point out that the whole process of home/church/school education for sexuality has suffered from the fear of sex that causes so many individuals to obstruct this team process because of the confused notion that keeping a child or young person *ignorant* about sex guarantees his *innocence.* Actually some of the most clearly prurient attitudes are those displayed by the ignorant, including the obstructionists themselves. In contrast are those people highly knowledgeable and experienced in the field of human sexuality who retain a freshness and integrity of attitude about it that is the mark of true innocence.

At a subtle and sophisticated public health level lies the inescapable necessity of defining "healthy" eroticism in positive rather than negative terms, and how to achieve it in young and old alike. Marmor has given us some positive definitions: "The key distinguishing factor between what is regarded as healthy or unhealthy sexual behavior is whether such behavior is motivated by feelings of love or whether it becomes a vehicle for the discharge of anxiety, hostility, or guilt. Healthy sexuality seeks erotic pleasure in the context of tenderness and affection; pathologic sexuality is motivated by needs for reassurance or relief from nonsexual sources of tension. Healthy sexuality seeks both to give and receive pleasure; neurotic forms are unbalanced toward excessive giving or taking. Healthy sexuality is discriminating as to partner; neurotic patterns often tend to be nondiscriminating. The periodicity of healthy sexuality is determined primarily by recurrent

erotic tensions in the context of affection. Neurotic sexual drives on the other hand, are triggered less by erotic needs than by nonerotic tensions and are therefore more apt to be compulsive in their patterns of occurrence."[2]

In 1964 when SIECUS was founded as a voluntary health organization, the initial effort had to concern itself with developing comprehension of the broad panorama of human sexuality in its many components *other* than the erotic: gender identity, gender role behavior, reproduction, male-female relationships in the society and in the family. Now, with these broad brush strokes providing the needed perspective, we must return our attention toward an understanding of the basic erotic drive and its role in that panorama. Objective rational understanding of it is today a part of man's forward search for truth.

In reminding the public health family of the vital contributions of the behavioral scientist in this search I would also point out that the churches have joined with the mainstream of behavioral science in efforts to understand sexuality. Publications from major church groups on the question of education for human sexuality are increasing and increasingly valuable.[3,4] The prevailing climate in the faiths and denominations, at least at the national levels, can best be summed up in the words of one of the members of the Commission on Obscenity and Pornography, G. William Jones, an ordained Methodist clergyman who happens also to be Associate Professor of Film Art at Southern Methodist University in Dallas, Texas: "I believe that the search for truth is a liberating, and thus a holy, quest and that science has proved itself to be God's handmaiden in this quest. Although many religious persons may be distressed by the findings of our research, they must certainly rejoice that misconceptions and prejudices are being replaced by knowledge, and that our concern and efforts may now be redirected toward what appears to be the surer roots of the sexual maladies of our people."[5]

Public Health must accept its responsibility in this quest as historically it has in others.

References

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Council on Environment to Focus on Land Use and National Energy Policy

Land use and a national energy policy were targeted as major areas for action by the APHA Council on Environment at its January meeting. The council agreed to submit the proposed "Land Use Position Statement," developed by E. Todd Wheeler, to 100 persons for review and comment.

Nominations for the list of 100 are being made from among professional planners, public health professionals, politicians, and other persons.

APHA committed itself, in a 1970 resolution, to contribute to the growing national effort to reform land use policies. In part, this resolution stated: "Misuse and inappropriate exploitation of land are substantial basic causes of environmental health problems. Air pollution, water pollution, poor housing, noise, solid waste pollution, and other degradations of the environment are interrelated. These conditions frequently result from deficient and misapplied policies for land use control."

The Council on Environment further recommends a stewardship approach to the problem, conserving land as a limited resource and rebuilding it where possible.

The final document will be referred to the Section on Environment's Program Planning Committee for possible development of an Annual Meeting scientific session, and may be considered as a position statement.

The council also recommended appointment of a task force on energy development and use, with specific concern for environmental health factors, as discussed in the 1971 APHA resolution "Toward an Energy Policy." The task force would be charged with the development of a position statement for presentation to the Governing Council. Staff members will meet with officials of Community Health, Inc., to explore the possible cooperation of both associations in preparation of the statement.