



SEX, ETHICS, AND COMMUNICATION

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This book is dedicated to Corey Anton, love of my life.



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Introduction

With mantras like “just do it,” “just say no,” and “show me the money,” the 1990s did little to prepare people in the United States to be thoughtful about sexual relations. The first decade of the 2000s has been no more helpful. Abstinence-only sex education offered by public schools has affected behavior somewhat, but STDs continue to proliferate, and unintended teen pregnancy rates are on the rise in many populations. Divorce is still pervasive, and the “dating scene” is increasingly confounding and complex. Electronic information exchange and virtual reality portend a new world of matchmaking possibilities and alternative entertainments, but often promise more than they can deliver. At the same time, wholesome, non-commercialized spaces—or even just safe spaces—where people can spend time together and get to know each other seem to be dwindling.

Drugs and the hyper-sexualized mass media do not help matters. Drug abuse, particularly the abuse of alcohol, ecstasy, date-rape drugs, and various street drugs and pharmaceuticals, numbs people to the ethics of sexual matters by allowing the excuse of intoxication or chemical alteration for either irresponsible actions, or mindless passivity. Print, visual, and electricity-powered mass media (including popular health and beauty magazines, TV shows, feature films, cartoons, comic books, advertisements, pornography, and numerous Internet outlets) offer images, easy formulas and sex roles, a power- and envy-driven star culture,

questionable norms of behavior, and often warped values that undermine human decency by reducing people, bodies, and sex to commodities.

Religions—including Catholicism, with its strict rules about masturbation, contraception, and abortion—find themselves facing a whole new collection of sexual ethical dilemmas made possible by fertility drugs, new and improved reproductive technologies, and the electronic age. The fundamentalist notion of being “born again” so as to wipe clean the slate of past activities, including sexual activities, may seem an attractive idea for those who did not wait until marriage to have sex (but wish they had), or for a variety of other real or imagined sexual transgressions. But asking God for forgiveness does little to right any wrongs done to past partners and other affected parties, nor does it necessarily or easily solve future sexual, ethical, and communicative quandaries. As always, religious doctrines, laws policing sex and sexuality, reproductive technology, reproductive rights, marriage laws, family laws, and economic policies exist as battlegrounds of sexual/political power, with profound personal implications. In the face of all this, and as long as human-embodied sexuality is still a desirable practice, people of this generation and the next will need to make sense of the complicated ethical terrain of sex and sex relations with nuance and honesty—not slogans and excuses.

Times like these call for an ethic of sex that can be applied regardless of procreative intentions. This book is a response to this call. It is written for people concerned about the ethics of interpersonal (two-person) sexual relations. It is also written for those concerned with the ways people make sense of sexual relations and the ways people communicate about these relations in their everyday conversations, and in the broader culture.

This book does not address virtual sex, distance sex, cyborg/cyber sex, or post-humanism. On the contrary, the concern is same-space/time interactions that are primarily “of the flesh.” The book is somewhat more directed toward heterosexual readers (e.g., it discusses contraception and unintended pregnancy as consequences of sexual activity), but it is not limited to these readers. Intentional use of gender-neutral wording throughout the text allows many observations and examples to apply equally well to lesbian, gay, and/or other sexual relations or relationships.

This book also owes something to my academic career, in which I have, among other things, studied sex and sexuality, and the ways sex and sexuality are discussed in a number of popular contexts.¹ Some of my scholarly writings critique the metaphors, mythologies, narratives, and other rhetorical elements of popular sex manuals, TV shows, and theatrical performances.² While artifacts of popular culture like these tell us little about what people actually *do* sexually, they offer a window into assumptions, expectations, and ideals of sex and sexual practice. In studying these texts, I have become familiar with theories of sex and sexuality spanning intellectual territories such as anthropology, philosophy, sociology, psychology, political science, cultural studies, communication studies, feminism and women's studies, gender studies, masculinity studies, queer theory, biology, and behavioral science.

As a college professor, I have learned about sex and sexuality as it relates to the lives of my students. Across almost 20 years of teaching practical and theoretical communication studies courses, I have helped students of all ages and from a wide variety of backgrounds craft speeches and papers on topics such as sexually transmitted diseases; love, adoption and abortion; marriage; sexual orientation and discrimination; Internet infidelity; and other sex- and sexuality-related topics. Sometimes these speeches and papers get personal. In one case, a male student gave a speech about masculinity, his mother's experience of rape, and its effect on their lives. A female student (and mother of two) gave a speech about her choice to abort an unintended pregnancy that jeopardized her life. Another female student spoke in praise of her son, a product of date rape. Another student wrote a paper about the metaphor "marriage is work" and its implications. In one instance, I encouraged a student who wanted to persuade his audience that "a fetus is a person" to give a "why people should wait until marriage to have sex" speech instead, as a more potentially effective "pro-life" argument (and it went over quite well, despite—or perhaps partly because—he was willing to "out" himself as a virgin). While not directly related to sex, media images of women, poor body image, and troubles with eating disorders are related to bodies and matters of power, relationship, and control. Speeches and papers about these are also common. Every year, I learn something new.

Students have also shared their experiences in other ways. In classroom discussions, and as their lives unfold over the course of the semester, students often share insights into sex and sexuality, and grapple with sex- and sexuality-related issues. In doing so, they share information, both good and bad, that they might not share with even close friends or family members. One year, a student came to my office to tell me of her just-discovered unintended pregnancy (the result of a broken condom and her first try at sex with her boyfriend). Another student wrote me a note saying she decided to acknowledge her own date-rape experience after an in-class discussion that included the topic. I even had a student tell his classmates of a party he threw, where he took a drunk and passed-out freshman girl into a back room, keeping her there under watch so she could be safe until she woke up (a safeguarding effort I publicly supported). In these instances, I did not advertise myself as a counselor (nor was I asked to be one). I was, however, exposed to ethical dilemmas that deserve real attention.

Much of what I have seen and heard from students, from friends and family, and in the larger culture worries me. With all the sex and sexuality in the media, and with all the talk about it, I see little concern for other people, little concern about right and wrong, and hardly any discussion of self-discipline and ethical judgment as virtues. When “good sex” is mentioned, it usually means simply “pleasurable sex,” and is often either reminisced about as a vague memory, or as a taboo or unreachable fantasy ideal. On the other hand, ethical sex (that is, sex that is good from an ethical perspective), is largely equated with marital and intentionally procreative sex. But this latter type of sex is not particularly common, even in most marriages. What I am interested in are ways people might be “good” about sex—ways they might have “better,” rather than “worse,” sex. By this I mean sex that is ethically informed, and is, at the same time, part of the wider range of sexuality and sexual practices common to everyday life.

In this book, I bring the concern about good sex center stage, approaching the subjects of sex, ethics, and communication as a liberal humanist. Among other things, taking a liberal humanist approach means that no particular religious doctrine or dogma determines my approach, although there is no doubt my upbringing, my experiences with religion,

my education, and my teaching have all informed my perspective and helped deepen my sense of the richness and value of humanity. As a liberal of the classical sort, I believe free will and self-discipline are preferable to blindly following doctrine, even if the outcome of the latter seems simpler and safer. But I in no way equate liberality with license. I believe we humans are a special kind of being, ones capable of cultivating concern for others and making good choices for ourselves. With free will comes the need to develop healthy self-discipline, and from this grows maturity and the capacity to make good choices in the future. While many and varied subjects are relevant to the study of sex and sexuality (including economic forces such as poverty and excessive wealth, and social forces such as media images, religious doctrines, advice manuals, etc.), this book focuses mainly on individuals, their freedom and responsibility to others, and to themselves. Such a focus highlights cases where people have some choices and some control in their lives—instances where ethical decision making can occur.

Some people fear that paying attention to sex and sexuality might “ruin” it, and they would rather not discuss it or think about it. This book is not for these people. Sexual activities of the sort discussed in the following pages involve at least two people, and other people are at least peripherally involved in the matter (e.g., children, potential children, family members, friends, etc.). This makes sex a social act—albeit a unique kind of social act—and the social world is an ethical world. There are important human consequences to social actions, and there are better ways and worse ways to handle situations. Sometimes it is unclear what is the better thing to do and what is the worse thing to do in a situation, especially when there are competing values, but we as humans are capable of moral reasoning. *It is our responsibility, in social situations, to try to do less, rather than greater, amounts of harm to others. It is also worthwhile to try to do less, rather than greater, amounts of harm to ourselves.* Writing this statement and putting it in italics doesn’t make ethical dilemmas any easier to solve, but it does at least articulate the politics behind this book.

There are times when it is more and less appropriate to talk about sex. There are ways to talk about sex that are better, rather than worse. It is wise to address issues and concerns about sex and sexuality before

sexual activity occurs, and also during and after sexual activity. Anyone not willing to address important matters before sex, during sex, or after sex is a risk—and at risk. Anyone willing to address important matters before sex, during sex, or after sex takes a step toward being responsible (and perhaps also toward better sexual relations). It is also important to consider how sex is depicted in popular metaphors, myths, and narratives, because the ways people think and talk about sex can (re)shape existing understandings. And finally, it is important to consider how sex plays a part in various contexts in society (e.g., reproductive rights, marriage, family, the economy, politics), so that we can better understand the world in which we find ourselves. In all these instances, willingness to address sexual matters makes a person more of a lover: that is, more of a loving person, rather than less of one.

Accordingly, this book is divided into three parts. *Part I: Ethics* includes chapters addressing sexuality as an ethical practice—a practice that is related to, but not reducible to, communication. These chapters discuss sexual responsibility, sex ethics (rationales/justifications for having sex), and vulnerability. They offer cautionary comments about easy categories and amoral statistics.

Part II: Communication then considers the many ways that sex and communication are related. The first chapter explains how sex itself can serve *as a form of communication*. The next chapter addresses ways to communicate interpersonally *about sex*, and refers readers to “Appendix A: Euphemisms and Alternative Wording Suggestions.” The following chapters explore metaphors and narratives of sex that might make useful alternatives to the ways sex and sexuality are often depicted in public discourse. Part II closes with a chapter, “Making Good Sex More Likely,” and refers the reader to “Appendix B: Sex Inventory”—a list of sex-, ethics-, and communication-related questions readers may want to periodically ask themselves—drawn from Parts I and II.

In *Part III: Society*, contexts where sex and sexuality loom large are discussed. Family, abortion, children, marriage, economics, and politics are just a few of the topics addressed in chapters designed to show how sex is part of the larger institutions and situations in which we find ourselves,

and thus part of any changes we would want to make to those institutions or those situations.

I take sole responsibility for the content of this book. I think readers should bring a healthy skepticism to all writings on sex/sexuality, and for that matter, all writings on any important subject. I do ask readers to treat this book as a whole, even if they read only one or a few chapters at a time, or find only one or a few chapters of interest. Statements on sensitive topics can be easily misconstrued when taken out of context, and there are instances in this book when arguments in later chapters rely upon groundwork laid in preceding chapters (i.e., discussions of sexual practice rely on previous discussions of the ethical necessity of birth control). This is why I begin the book with ethics, and then move on to other subjects. Hopefully, readers will carry ideas forward as they go.

I have tried to qualify my statements enough so that I don't appear to pretend to know everything about sex and intimacy. Where I fail, I ask for the reader's forgiveness and sympathy.

Endnotes

1. Valerie V. Peterson, on press, 2010, 2001, 1998.
2. Valerie V. Peterson, 2008, 2005, 2002, 2000, 1999.



Part I

Ethics



Sexual Failure and Sexual Responsibility

Historically, cultures, religions, tribes, and families have tried to make sexual failure, or “sin,” simple. They have tried to make it easy for people to know what the “wrong” kinds of sexual practice are, so that these practices can be easily avoided. These practices have included (but are not limited to) the following:

- sex before a certain age
- sex before marriage
- sex with a child or sibling
- sex with a stranger/strangers
- sex with animals (bestiality)
- sex that is forced
- sex for (or by means of) money
- too much sex or not enough sex
- adultery
- polygamy
- sex with someone of the same sex
- this or that particular arrangement or use of bodies and/or body parts, etc

Because sexual intimacy involves touch and other intimate forms of sensory perception, and because there is much at stake (possible pregnancy, possible transmission of disease, feelings and emotions) it is a particularly “real” and intense experience. While seeing and hearing are both experienced “as” and “at” a distance, touch (being touched) and active touching (feeling someone or something) involve direct contact and the added pleasures and dangers that come with human contact. Unlike vision, where humans can close their eyes or selectively attend to only portions of the visual field, touch has no distance. Unlike hearing, which can’t be avoided, touching requires active engagement. Touch—and taste and smell, for that matter—are senses that require both shared space and shared time. This means that, unlike activities involving mainly hearing and seeing, sexual intimacy, which involves touch, is much more immediate. In addition, touch confirms the reality of what is seen, offers its own “vision” through the combination of feeling and movement, and can result in significant physical consequences for those who venture into its intimate practice.¹ For these and other reasons, it makes sense for cultures to have rules and laws about sex and sex-related practices, especially those practices that are violent or exploitative. It is also clear that some rules are often unevenly applied across populations, serve contestable ideological goals, and vary from time to time and culture to culture.

To be ethical about sex, people need to do more than simply obey rules. Sometimes, to be ethical, people may even need to question the sexual rules of their culture. This is because sexual norms vary across time and place, and because sexual activity presents more situations where judgment is needed than simple maxims of conduct can address. The larger context of sexual activity also often brings conflicting values into play, and weighing these values requires thoughtfulness and judgment. Completely rule-abiding people, trained to have sex only in certain specified ways and under certain conditions, might seem ethical, especially if their behavior is the same as those who carefully think about and decide upon their actions. But simple rule-followers are more likely to be at a loss when sexual intimacy presents dilemmas where many and competing values come into conflict. Without denying other meanings of sexual activity (e.g., species survival), and granting exceptions of number beyond the scope of this

discussion (e.g., orgies), sexual activity is an interpersonal encounter with ethical implications. This means, to the degree culture allows, sexual activity can be as rich or as impoverished, as deep or as shallow, as the people involved make it.

In interpersonal interaction, one failure in particular stands out as the most serious failure of all: the failure to care. The failure to care is the failure to “love your neighbor as yourself.” Loving your neighbor as yourself is not the same thing as “doing unto others as you would have them do unto you” (which is actually a commerce-based “doing an equivalent thing back” sort of response). Loving your neighbor is not about fair-trade value, it’s about *doing what is right by and for the other person*.² The failure to care is the basis of some of the sexual “failures/sins” listed above (for instance, if you promise to be monogamous in marriage, then it would be wrong to be sexually intimate with someone who is not your spouse). But failure to care is not as simplistic as maxims about the behaviors listed above. Failure to care governs a much wider range of action.

The extremes of failure to care are more easily identified and more clearly unethical. Violent, forced, and coerced sex acts are the most egregious instances of failure to care (or desire to harm), especially when there are negative cultural consequences for the victimized person, in addition to the initial abuse. Imposed upon both males and females, often practiced in war, and related to anger and hatred, the desire for or lack of power, ethical disability (psychopathology, sociopathology), hostility toward a particular class of persons, and other factors, forced sex and forced sex-related acts are some of the clearest instances of failure to care. Despite the extreme nature of these failures, variations of response exist among cultures and subcultures. Some cultures, for example, are more offended and concerned by (or willing to recognize) the sexual abuse of women than they are the sexual abuse of men, the poor, slaves, the mentally ill, etc.

Coercive sex with physically and emotionally vulnerable persons is related to the failures to care just mentioned, and is a more difficult territory of meaning to navigate, especially after the fact. Date rape, incest, nursing care facility abuses, sex with a minor, medical abuses, and other instances of failure to care for vulnerable others are included in this category. Because the degree to which actions are unwelcome and persons

are (considered) vulnerable varies (for instance, the cut-off age between childhood and adulthood varies by state in the United States, as well as across cultures), and because some people and cultures look more to the past while others look more to the future, responses to these kinds of sexual encounters can exist for participants/victims/survivors along a continuum ranging from mild to traumatic.

Another extreme failure to care is the failure to use contraceptives when pregnancy is unwelcome. Sex has been increasingly distanced from marriage and procreation by effective and available contraception, by the women's and gay liberation movements, and by the legal recognition of women's reproductive rights. While efforts to roll back these and other technological and social developments continue, their effects are already woven into the economic fabric of this country and in the way men and women live their lives, including the sexual intimacies in which many people engage. To some extent, contraception and reproductive rights have made it easier for men and women to have sex both before marriage and outside of marriage. This is part of the reason for the decline in prostitution over the past century.³ But simply trading the problem of prostitution for another set of sexual practices and problems does not in any way address the ethical quandaries that people face when recreational sex is regularly practiced without protection from pregnancy and disease. On the other hand, conservative political efforts do little to take us back to earlier times or erase the effects of reproductive technologies and social change.

Where contraceptives are readily available, ethical sex demands their use in any sexual encounter that might result in pregnancy, unless pregnancy is desired and perhaps also adequately anticipated (e.g., emotionally, socially, and/or financially). If having a child is not desired, every effort should be taken to prevent pregnancy. If contraception is unavailable, sex should be put off or avoided. If it is unclear whether or not contraceptive methods will be effective, backup methods should be used. Still, contraceptives sometimes fail. If two people differ in their beliefs about what to do in the face of an unwanted pregnancy, they should reconsider engaging in any sexual activity that might result in pregnancy.

Another extreme failure to care is the failure to protect a partner (and oneself) against sexually transmitted diseases. Every era has had its sex-related and sexually transmitted diseases (STDs), and many of these diseases have been incurable and deadly. A hundred years ago, the well-known and incurable STD was syphilis. One of the biggest sex-related problems today worldwide is HIV/AIDS. The United States also has a problem with HIV/AIDS. Despite recent advances in medical science, people in this country still die from AIDS, and treatments to slow the progress of the disease are costly and complicated. Genital warts (HPV) have been around for thousands of years. In some cases, HPV can lead to cervical cancer, and if left untreated can cause death. Other diseases, such as hepatitis, herpes, and chlamydia are also dangerous, and bring their own share of physical and emotional miseries. Some STDs are hardly detectable in men, but take a significant toll on women's bodies. Many STDs cause those who have them pain, shame, expense, and/or personal loss. Governmental attention to disease comes and goes, prices of drugs fall and rise, public health services appear and disappear, and with them infection rates decrease and increase. Chances of exposure and infection vary by region, class, or other demographics, but it may take only one encounter with an afflicted person to join their ranks.

Maintaining vigilance over time against the transmission of sex-related disease is difficult, because people are embarrassed by disease, can get lazy, and do not want to live with fear. The use of condoms and other barrier methods of contraception, while sometimes essential to an ethical sexual encounter, can be aesthetically unappealing. This is not simply because of the awkwardness and qualities of latex, but also because the use of a condom results in distance, and also a sense of distance, between people. Sex is often more than a simple act to release tension or populate the earth; it can be an intimate act, an act of contact, and an expression of affection or love. Because barrier methods of contraception can interfere with that contact and that intimacy, or remind some people that they are not engaged in a particularly caring kind of intimacy, or because barrier methods require care or concern for a partner (a care or concern which may be absent in more casual contexts), people may avoid using them, and then later regret it.

The spread of STDs may never be adequately curtailed, but being honest about them, and also being honest about having them, ultimately helps rather than hurts matters. So does using appropriate protection. So does reducing one's own sexual mixing and mingling. Moving quickly from one sex partner to the next, and then the next, suggests a lack of care for the self and others. If there is any reason to do so (for example, if there are any symptoms, or if there is any reason to suspect a partner of cheating), people should have themselves checked for STDs. People should also be checked for STDs before becoming sexually active with any new partner (or having a baby—especially if passing the STD on to the baby or other injury could be avoided by treating the STD). If a new partner is unwilling to be checked for STDs, especially if this person has or seems to have a longer rather than shorter sexual history, intimate sex relations with that person (those involving the transmission of bodily fluids) should be carefully considered. Having an STD should not necessarily disqualify a person from future sexual intimacy, and no person should be blamed or punished for having or getting an STD (though they could be accused of ethical failure if getting an STD was the consequence of breaking a promise of fidelity). Love is bigger and more powerful than any disease, and people, couples, families, and friends can deal with an STD if they are willing. The more honesty there is about STDs, the better off we all are.

Another extreme of failure to care, and one related to the failures mentioned above, is lying. A person may lie by saying birth control is being (properly) used (or sterility is a fact) when it is not. Or, people may lie about (or not own up to) their marital status, or their potential or known STD(s), or their age (particularly if under the age of legal consent). Being dishonest about feelings, intentions, or the significance or status of a relationship are other examples of lying. In all of these cases, lying can lead to anger, suffering, and regret.

Hypocrisy is a special form of failure to care—a kind of lying to one's self. Hypocrites are people who say one thing but mean or do another, or who say they support or denounce one thing, but then act in ways that indicate otherwise. For example, a man who lives in the United States and says he is pro-life would need to follow certain customs in order to avoid being called a hypocrite. If this man never had sex outside of marriage and

supported bringing every child he helped conceive into the world, then he should not be called a hypocrite (except perhaps by those who deny husbands all rights in decisions regarding progeny). The man's actions are sensitive to the culture in which he finds himself (one where marriage grants certain rights to husbands along with certain responsibilities) and are less likely to lead to abortion (consistent with his stated beliefs). If, in some circumstance, his wife were to choose to have an abortion, we would not call the man a hypocrite. We might even call him a victim.

On the other hand, if a man lives in the United States and says he is pro-life, but has (or has had) unprotected sex with women before or outside of marriage, he could be called a hypocrite. This is because the burden of care for children in our country is currently placed on mothers, and fathers who are not husbands have fewer rights and less say regarding their progeny. The second man's actions are more likely to lead (or have led) to abortion(s), especially if his politics differed from those of his non-marital sexual partners. In this case, it would be hypocritical for the man to call himself pro-life.

Hypocrisy is related to inauthenticity and delusion, and is so typical as to be largely ignored. And yet, despite how common it is, hypocrisy is the one contradiction of life that we have the most ability to avoid, because it is the one contradiction that begins and ends in the individual. Acting according to our stated beliefs and values is one important way to be responsible to the other people in our lives, especially those with whom we are sexually intimate.

Other instances of failure to care are also potentially damaging, and have to do with "gray areas" of intimacy. Using drugs or alcohol to the point where volition is questionable and regret likely increases misunderstanding and confusion both during and after sex. Neglecting or intentionally remaining confused about (or ignorant of) the sexual needs and desires of a partner (or even of one's self) is another failure to care. Over time, this can leave people feeling frustrated, slighted, and ignored.

Failing to care, lying, being a hypocrite, gray areas—these are the failures that underlie most interpersonal failures, including sexual failures. Unlike a simple list of rules or maxims, the ethic of caring for others requires cultural and interpersonal sensitivity and judgment, and large

amounts of attention, often more than people have or think they could have. It is a challenge to care, just as it is a challenge to see ourselves and the world around us as they are, instead of as we wish them to be. And yet this sobering project is the means by which people grow in their humanity and their understanding. To do otherwise is to do an injustice to the people around us and the people with whom we are intimate.

Perhaps the most discussed aspects of sexual ethics today concerns the status or value of single-sex relations and the meaning of gender both in terms of its relationship to sexuality and to society at large. In large part, the case against the permissibility of single-sex relations involves one of four claims: 1) the Freudian thesis that single sex relations involves an arrested development of persons in a state of narcissism (being sexually aroused by the mirror image of oneself); 2) sexual orientation to same sex persons is the result of abuse from a same sex. adult; 3) from a biological an Sex, Ethics and Communication: A Humanistic Approach to Conversations on Intimacy addresses the need for thoughtful consideration of human sexuality and sexual communication. Written from a secular humanist perspective, the book places communication, rather than biology, psychology, or religion, at the heart of our understanding of sex and sexual behavior. The book steers away from strict standards of "normal" behavior, case studies and hypothetical examples, and encourages readers to contribute their own examples and reflect on their own experiences. Designed to encourage classroom discussion