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ABSTRACT

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“Sex and the Student Body” seeks to revise popular and scholarly understandings of the sexual revolution by viewing it through the prism of New Left activism on college campuses from 1960 to 1973. This upheaval in manners and mores is often remembered as a sexual free-for-all based on individual gratification. Research in university archives, campus papers, and oral history interviews, however, reveals that at the center of the sexual revolution on college campuses were “sexual liberation activists” who offered students a new framework for understanding their sexual and emotional relationships grounded in the principle of equality. Far from advocating sexual license, these activists responded to a changing sexual culture by linking liberation to knowledge and responsibility. Through sexual health clinics, courses, handbooks, and counseling services, a coalition of faculty and students worked together to build institutions and create a more democratic university. Inspired by the liberation movements of the 1960s, men and women joined forces to advocate for equality and reproductive justice, and they attempted to change the gender consciousness of men as well as women in order to promote sexual relationships based on mutual honesty, trust, and pleasure.
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CHAPTER 1
Introduction

In October 1970, students in Morrison Dormitory at the University of North Carolina at Chapel Hill (UNC) announced that they were sponsoring “Sexual Revolution Month.”¹ In response, hundreds of male and female students trekked across campus, crowding Morrison’s lobby to view displays of detailed anatomical models, horrifying illegal abortion tools, and samples of contraceptive devices. They also found a small library that included a new handbook created for UNC students listing local places where they could obtain contraceptives and safe abortions at a time when these products and services were illegal in many area of the United States. Students watched films and participated in discussions about birth control, abortion, homosexuality, venereal disease, and childbirth, and many came to hear “the most controversial speaker on campus,” physician Takey Crist, who ran a birth control clinic at the university and had “a long reputation at UNC for being blunt with the facts of sex.”² The events at Morrison Dormitory were not isolated; they were part of a wave of campus activism sweeping the country that helped to shape the meaning and direction of the sexual revolution in the 1960s and early 1970s.


² Jerry Klein, “‘Sex Month’ Entertains,” Daily Tar Heel, 10 October 1970, 1.
To students at Morrison Dormitory, the sexual revolution involved sex education, mutual responsibility, and frank conversations, a far cry from how most Americans remember this historical upheaval in manner and mores. Since the 1960s, the sexual revolution has played a central role in political battles and the culture wars. The New Right largely shaped its meaning and used it in their ascendancy to power as leaders such as Jerry Falwall argued that it had caused “sexual promiscuity [to] become the lifestyle of America.”

In the twenty-first century, conservative pundits such as Jeffrey Kuhner are still defining the sexual revolution as “the creation of a new social order based on moral relativism, hedonism and individual gratification.” It was the sexual revolution, conservatives argue, that instigated the breakdown of the American family, causing an exponential increase in divorce, teenage pregnancy, pornography, pedophilia, and sexually transmitted diseases. They invoke this definition to discredit the progressive social movement of the 1960s and 1970s and use it as a weapon in their current fights against reproductive justice, sex education, and gay rights.

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5 In fact, this interpretation of the sexual revolution has become vehicle to push back against many progressive achievements, especially those of the feminist and civil rights movements. For example, conservative thinker Midge Decter argues sexual revolution “made [women] slaves to men’s filthy lusts” and ultimately caused “open and bloody warfare between young men and young women.” Midge Decter, “Why American Families are so Unhinged,” Heritage Foundation Lecture (#455), 5 August 1993, (accessed 7 March 2012). By emphasizing the connection between the sexual revolution and breakdown of the family, conservatives also invoke the idea of the “pathological black family” which they believed the sexual revolution not only caused to deteriorate further but also that it spread this decay to white families. This understanding has become a central feature in their observations of and arguments about welfare. Former Wisconsin Governor Tommy Thompson made these connections by arguing: “[T]oday that original vision of welfare has had its props knocked out for such reasons as the advent of the women’s movement and the sexual revolution that made pre-marital sex and single-parent households much more acceptable.” Tommy Thompson, “The New American Revolution,”
Central to the conservative interpretation of the sexual revolution is the dubious premise that the invention of oral contraceptives caused an extreme increase in unmarried intercourse rates. James Taranto, for example, defended 2012 Republican presidential candidate Rick Santorum’s opinion that “birth control is harmful to women” in the *Wall Street Journal* by contending, “The availability of birth control changed the culture in ways that encouraged illegitimacy,” which he argues harmed women because it discouraged men from having to marry them in order to have sexual relations. This view is misleading not only because it was extremely difficult for many unmarried people to obtain contraceptives but also because most studies show that there was no drastic change in the rates of intercourse among this group of Americans during the 1960s and early 1970s. For the students of Morrison Dormitory, the sexual revolution did not mean a sexual free-for-all because of the pill. They promoted sexual restraint and responsibility, not hedonism. Rather than encouraging sexual individualism, they prized sexual partnership based on communication, trust, and equality.

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This focus on and misconstruction of intercourse rates overshadows the dramatic changes in sexual discourse at the core of the revolution. At the center of these changes on college campuses and beyond was a group that I call “sexual liberation activists.” Historian Beth Bailey argues that the sexual revolution was largely an attempt to combat the hypocrisy of upholding a public ideal that expected young people, especially women, to remain chaste until marriage, while, in reality, many young, unmarried college students were sexually active. Sexual liberation activists believed that this disjunction between ideals and behavior caused secrecy and shame and made it extremely difficult for young people to protect themselves from the negative physical and emotional consequences of sex. For these activists, liberation could be achieved not only by exposing hypocrisy through greater openness about sexual desires and actions but also by promoting gender equality and democratizing knowledge about sexuality to ensure young people’s sexual health and happiness.

Sexual liberation activism emerged at the nexus of the sexual revolution, the women’s movement, changes in institutions of higher education, and the student movement, and by studying this strand, we not only better understand each of these transformations but also how they related to one another. Historian Van Gosse characterizes the New Left as a “movement of movements” that grew out of the black freedom struggle. He argues that we

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8 These activists did not use a single name to describe themselves and their activities. Some considered themselves as sex educators at the forefront of the sexual revolution; others saw themselves as part of a movement to legalize birth control and abortion; many identified primarily as feminists. Although they came from different orientations, I use the identifier “sexual liberation activist” because in addition to working together, they shared common goals, tactics, and philosophies.

cannot view the New Left through the narrow prism of Students for a Democratic Society, urban centers, students, and cut-and-dry distinctions between movements; instead, he calls on scholars to investigate “a constant efflorescence of sub-movements, temporary coalitions, breakaway factions, and organizational proliferation over several decades.” Sexual liberation activism provides an excellent opportunity to do so. Strands of the New Left intersected in a variety of ways, and studying sexual liberation activists allows a window onto this constellation of ideologies and offers an opportunity to see how they interacted and coevolved on college campuses.

Sexual liberation activism appeared on campuses across the United States, but in order to more fully understand its central features and evolution, this dissertation focuses on four schools from 1960 to 1973. The University of California, Berkeley was an important site in laying the groundwork for the sexual liberation movement, and Yale University, the University of North Carolina at Chapel Hill, and the University of Massachusetts Amherst became its epicenters. The geographic and demographic diversity of these schools reveals that sexual liberation activism was not limited to one type of school. Even in the supposedly conservative South, sexual liberation activism flourished and found an audience eager to embrace its messages. At these universities, faculty and students joined in a multi-generation effort to spread the message of responsibility and gender equality and to create institutions that could provide students with the products, knowledge and services to help them prevent and cope with the unintended consequences of sex. Together these activists transformed their

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own campus sexual cultures and universities, and their messages and tactics spread to other schools across the United States.  

**Background and Historiography**

Sexual liberation activists belonged to an American tradition that reached back to the early twentieth century. In the 1910s and 1920s, radicals, bohemians and reformers demanded the separation of reproduction from sex, advocated the liberalization of laws targeting sexuality, and called for sex education. They rejected what they saw as Victorian sexual culture as emphasizing self-control, repression, and purity. Stressing the importance of sexual expression to spiritual, emotional, and physical intimacy, they contended that sexual repression and restraint were physically and psychologically unhealthy for both men and women. While some bohemian radicals and feminists critiqued the norm of marriage and

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12 Historians have shown that this view of the Victorians was not entirely accurate. As Helen Lefkowitz Horowitz contends, Victorians were more complicated than this. There were multiple sexual conversations or frameworks competing with each other, and some of these embraced rather than repressed the erotic. Helen Lefkowitz Horowitz, *Rereading Sex*. In his seminal work first publish 1976, *The History of Sexuality, Volume 1: An Introduction*, Michel Foucault argued against his contemporaries using the “repressive hypothesis,” which maintained that sex was hidden and silenced by the Victorians. He claimed that talk about sexuality proliferated in the nineteenth century and became a central and controlling aspect of Westerners’ identities and institutions. Nevertheless, regardless of its accuracy, “the repressive hypothesis” about Victorians did serve as a central epistemological and practical underpinning for radicals and reformers early in the century as well as sexual liberation activists later. It provided an accessible and tangible ideological foil, which grounded their ideological framework. Foucault, Michel, and Robert Hurley. *The History of Sexuality, Volume 1: An Introduction*. New York: Vintage Books ed, 1990.

the double standard as key factors in the perpetuation of the subjugation of women, most reformers advocated “companionate marriage,” an ideal in which sexual intimacy was the glue that held a union together. Companionate marriage legitimized female sexual desire and enjoyment and the use of contraceptives within the confines of marriage.14

In the years following World War II, historians argue that two ideals of sexuality existed in tandem: “sexual containment” and “sexual liberalism.”15 On one hand, companionate marriage took on new political meaning in the context of the Cold War: the nuclear family came to be seen as a means of containing sexuality and strengthening the bonds of the family and the nation.16 In this context, female sexual expression outside of marriage was construed as a threat to the social, moral, and political order of the nation.17 At the same time, there was another sexual framework at play during the 1950s and early 1960s

primary and secondary schools. This dissertation aims to contextualize this scholarship by showing how sex education evolved in higher education from 1960 to 1973.


17 Rickie Solinger argues that both black and white single pregnant women were defined as deviants and threats to the social order, but politicians, service providers, media, and communities constructed their experiences in different ways. White women were seen as individuals who violated gender and sexual norms that endanger the family agenda, but their white babies was seen to have value, especially on the adoption market, and they could be redeemed and readmitted in white society because their actions were believed to be caused by psychological, not sexual, problems. Conversely, black women were not seen as individually psychotic but represented the collective psychosis of the black community. These women were assumed to be naturally promiscuous and maternal, and thus were expected to keep unwanted children. Both systems served to reinforce white male authority and to put a wedge between black and white women by defining their sexuality differently. Rickie Solinger, Wake Up Little Susie: Single Pregnancy and Race Before Roe V. Wade (New York: Routledge, 2000).
that emphasized the liberalization of sexual mores. Sexual liberalism was especially evident in the visibility of sex in consumer and popular culture. The popularity of *Playboy Magazine*, rock ‘n roll, *Peyton Place*, and Alfred Kinsey’s books revealed an ethos at play that which detached sex from marriage and celebrated sensuality.\(^{18}\) Thus, the early 1960s were marked by intense sexual contradiction and mixed messages.

During these years, many college students actively participated in a sexualized consumer culture and had sexual relations, but their schools adhered to a containment ideology and tried to enforce a moral code that condemned students, especially female students, for engaging in sexual relations before marriage. Through *in loco parentis* rules about dorm curfews, visiting hours, and sign-outs, administrators attempted to eliminate opportunities for students to engage in sexual relations. They also sought to promote sexual abstinence by denying students access to the products and services they needed to protect themselves against pregnancy. Officials attempted to silence sexuality by suspending pregnant students and denying students sex education. Yet, as Beth Bailey argues, “The overelaboration of rules, in itself, is evidence that the controls were beleaguered. Rules do not have to be made explicit until there is some doubt that people will otherwise observe them.”\(^ {19}\) As much as college administrators attempted to contain students’ sexuality, they did not succeed. Students rebelled against these policies in personal ways by engaging in petting and intercourse, but they did not protest openly. The risks of publicly challenging the sexual culture of containment outweighed the benefits for the vast majority of students. They would


\(^{19}\) Bailey, *Sex in the Heartland*, 80.
need an ideological spark and a new language to articulate their grievances before an organized sexual liberation effort could occur.

This spark came from the civil rights movement and the tidal wave of New Left activity that emanated from it. As Van Gosse has argued, the civil rights movement made inequalities based on race, gender, and sexuality more “visible and vocal,” and it put forth a “radical vision of equality and democracy.”20 The New Left’s broad questioning of authority and cultural conventions gave students and faculty a language for combating sexual repression and the double standard on campus and for advocating a new sexual morality grounded in the ideals of honesty and equality. Like many in the New Left, sexual liberation activists tended not to identify with a single struggle, but rather saw themselves as part of many or all of them, and they viewed different types of activism as intrinsically interconnected in a struggle for social justice and democracy. By looking at how sexual liberation activism dovetailed with the student movement, feminism, and the women’s health movement, we not only see these interconnections, but also acquire a more nuanced view of each movement.

Both sexual liberation activism and the student movement were spurred in part by the dramatic increase in access to higher education in the post-war years. In 1950, total undergraduate enrollment stood at 2.7 million. In 1960, the number rose to 3.6 million students, and in 1970, there were 7.9 million students enrolled in institutions of higher education.21 The proportion of women in colleges and universities also increased. Although

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20 Gosse, “A Movement of Movements,” 278; Gosse, Rethinking the New Left, 3.

women had made up forty percent of undergraduates in 1940, this number decreased to thirty-two percent in 1950. By 1970, once more they made up forty percent of the undergraduate population, and for the first time, they were granted access to the Ivy League.22 Schools became less male, less white, and less upper class, which brought in new perspectives and realities.23 This expansion, especially at large state schools, also had the effect of depersonalizing institutions. Students drew on New Left ideology to critique the “multiversity” in which they saw themselves as cogs in a factory-like system. Increasingly, they saw undergraduate curricula as neglected and irrelevant to their lives and interests in social issues. Many universities’ involvement in the military-industrial complex relating to the Vietnam War heightened students’ distrust of their institutions. The student movement demanded a more democratic university in which students participated in schools’ governing bodies and had more control over what they learned.24 These students saw the university as oppressive and coercive but also believed that this same institution had great potential for furthering democracy and equality.


23 For more on this topic, see Mikaila Lemonik Arthur, Student Activism and Curricular Change in Higher Education (Burlington, VT: Ashgate, 2011), 12.

The ideas and tactics of the sexual liberation activists offer an excellent example of this tension. On the one hand, they believed that the university represented the sexual “establishment,” using its coercive power to regulate students’ sexuality through *in loco parentis* policies. Activists contended that students should be able to make their own decisions about when, whether, and with whom they should have sexual relations. On the other hand, these activists still had faith in higher education and did not want to completely eliminate the university’s reach into their personal and sexual lives—and even fought for more, albeit modified, interference. They insisted that schools alter their practices by taking on the formal role of sex educator and by providing students with services to protect them from the negative emotional and physical consequences of sex. Thus, while students staked their claims on their status as responsible adults, they believed they could only achieve this status with the help of the university.

The success of sexual liberation activists in instituting many of their programs reveals how the aims of the student movement more generally were achieved and institutionalized. Although histories of the student movement tend to focus on sit-ins, occupations, riots, and strikes, sexual liberation activism shows us a side of this movement that focused on building institutions within schools. Key to the success of this type of activism was cooperation between students, faculty, and even administrators. Faculty members, many of whom were young physicians, played a key role in initiating and organizing sexual liberation activities. This collaboration gave students access to resources and knowledge that they otherwise might not have had. Additionally, the authority and respect enjoyed by physicians lent activists’ aims and tactics legitimacy and helped to curb criticism by administrators, trustees, legislators, the press, and alumni. In some ways, this was a top-down approach to change, yet students and
faculty often acted on equal footing in projects and committees. Faculty’s delegation of authority served to empower students as member of the university community as well as in their personal lives.

A focus on sexual liberation activism also sheds new light on how the student movement and sexual revolution intersected. Most scholars who draw connections between the sexual revolution and the student movement center their analyses either on “free love” promoted by the counter-culture or on the objectification and exploitation of women by male activists. In the “free love” narratives, sexuality is absent from the story of the political work students did and the institutional changes they accomplished. The objectification narrative pits male and female activists against one another and characterizes sexuality only in terms of coercion. These narratives interpret the era as either a sexual free-for-all or a battle between the sexes. There are elements of truth in both characterizations, but by focusing only on these aspects we miss the strand of New Left activism that focused on the struggle for sexual liberation and how women and men worked together to achieve it.

Sexual liberation activists promoted equality inside and outside of the bedroom, and their ideas and actions represent an important—albeit understudied—aspect of the postwar women’s movement. Exciting new scholarship is now emerging that takes us beyond a conventional narrative of “second-wave” feminism that had focused on urban, middle-class women in formal women’s rights organizations and on the divisions between radical and liberal feminists. Historians, such as Anne Valk, argue that we need to look at the “cross-currents of second-wave feminism” that include self-identified feminists as well as those who

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did not identify as feminists but who worked to end gender inequality and oppression.26 Stephanie Gilmore agrees that we need to “embrace a capacious definition of feminism,” which includes historical actors “who did not necessarily articulate their concerns as feminist ones nor did they analyze the disadvantages suffered by women in an explicitly feminist framework… [but] did the work of feminism, whether they embraced or eschewed the label.”27 Sexual liberation activism shows us that men were an important component of this group. Many male sexual liberation activists did not self-identify as feminists, but they were committed to fighting for reproductive justice by expanding women’s choices and control over their own bodies. These men understood and opposed the imbalance in power of physicians over patients, men over women, and institutions of higher education over their students. They worked to subvert or weaken these hierarchies even when it meant giving up some of their own authority.

This more capacious understanding of feminism brings to light new aspects of the women’s health movement as well. In both sexual liberation activism and the women’s health movement, grassroots consumer activists sought to increase lay people’s power over their bodies. Student sexual liberation activists as well as self-identified participants in the women’s health movement appropriated scientific and medical knowledge and advocated


self-education and self-help. They fought against paternalism in doctors’ offices and demanded a say in how their bodies were treated. Furthermore, both sets of activists began by focusing on reproductive justice and then widened their scope to address other issues such as homosexuality, and both sought to understand the links between different types of sexual oppression.28

Yet even as a focus on sexual liberation activism elucidates certain elements of the women’s health movement, it complicates others. Scholars have tended to define the women’s health movement as an oppositional struggle between female feminists and male physicians, especially gynecologists. As one student of women’s health movement argues, “Perhaps it is unreasonable or at least unrealistic to look to these experts for innovative ideas or real commitment to social change, for such persons are too tied into the system, too dependent upon its continuance, to even have the vision of what might be.”29 Although this sentiment may have been true for many, it was not the case for all. In fact, male doctors were

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29 Ruzek, The Women’s Health Movement, 2.
central to the success of sexual liberation activism, and many of these doctors advocated the same goals as feminist health activists. A central goal of these doctors was to democratize sexual knowledge in order to give young people more control over their lives. They encouraged students to become lay experts on issues of sexuality. Moreover, these physicians incorporated many of the practices that feminist health activists advocated in order to empower patients. They gave women mirrors during pelvic exams so they could look at their own cervixes and asked their male medical students to get into stirrups and let female nurses examine them in order to help them understand the power and gender dynamics of pelvic exams.

By putting sexual liberation activism at the center of a study of the New Left, we gain a better understanding of the diachronic evolution of the history of sexuality in the United States and of the synchronic “movement of movements” in the 1960s and 1970s. These activists carried forward a longstanding tradition of opposition to sexual codes that emphasized silence and the double standard. Where earlier efforts to protest this culture failed due to a lack of organization, sexual liberation activists were able to succeed by riding a wave of activism that swept through college campuses throughout the United States in the late 1960s and early 1970s.

Sources

In order to tell the story of sexual liberation activism, this dissertation draws upon print media, archival, oral history, and published sources. I use campus newspapers to trace changes in campus sexual discourse. These papers also regularly reported on the efforts of sexual liberation activists and the impact they had on the student body in explicit detail. The
manuscript collections of specific activists such as physician Takey Crist and Jefferson Poland were critical to understanding the evolution of sexual liberation activists’ thoughts and projects. University archives revealed the changes of sexual policies on college campuses and how administrators reacted to sexual liberation activism. These archives, however, differed drastically in terms of the sort and amount of sources they contained. This disparity is largely due to the types of records schools kept and whether archives still remain closed in order to protect the privacy of living students. In an era when universities were trying to silence sexual speech and scandals, administrators often did not keep records about students’ sexuality.

I sought to overcome these limitations by conducting oral histories with sexual liberation activists. These first-person sources allowed me to include the voices of those who did not leave written evidence and to pose follow-up questions to those who did leave documents. Like any other sources, these interviews were crosschecked against each other and other documents. Many of the people with whom I conducted interviews were also kind enough to let me look through their personal papers from the era. This led to important and unique discoveries such as the reel-to-reel audio tapes of the first class on Human Sexuality at Yale University, which are now deposited in that school’s archive. Ebay has also been an unexpected and welcomed source. It not only provided me with the reel-to-reel player that allowed me to listen to the tapes of the sexuality course but also gave me access to many of the sexuality handbooks written by sexual liberation activists decades ago.

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Organization

The dissertation is divided into two main sections. The first two chapters focus on college campuses before sexual liberation activism emerged. Chapter One explores some of the central features of the sexual culture on campuses before sexual liberation activism began to change it, so that we can better understand the culture they were fighting against. The dominant feature of this culture was the sexual double standard, which punished women for having sex outside of marriage but did little to regulate male sexual expression. Universities and colleges actively and self-consciously enforced the double standard and attempted to control students’ sexual behavior through *in loco parentis* regulations, which curbed female students’ mobility and punished them for sexual transgressions. This double standard not only reinforced gender inequality; it also led to a culture of misogyny, distrust, and competition in which men and women were pitted against each other. Although the enforcement of the double standard did not halt sexual encounters between college men and women, it did make those encounters more physically and psychologically dangerous. Schools not only regulated students’ mobility but also attempted to control sexual behavior by denying students access to products, services, and knowledge that would allow them to prevent unwanted pregnancies. These policies not only bolstered a culture of silence and shame, but also forced many women to navigate confusing, illegal, and often dangerous channels in order to control their fertility.

The second chapter demonstrates how student sexual cultures began to change due to the emergence and resonance of the New Left on college campuses. It focuses especially on the Campus Sexual Freedom Forums (CSFF), a precursor to sexual liberation activism. From 1965 to 1966, CSFF formed on six campuses and were a direct outgrowth of the civil rights
and student movements. These activists envisioned themselves as a strand of the New Left at the vanguard of fighting oppression and inequality grounded in American sexual norms. CSFF’s philosophy centered on a sexual libertarianism and a belief that sexual freedom meant overcoming sexual silences. By staging publicity stunts, challenging censorship rules, setting up information tables, sponsoring public events, and holding protests against parietals and in support of the distribution of birth control at student health services, CSFFs kept student sexual issues in the news and challenged the definition of acceptable sexual speech.

The second part of the dissertation turns to the emergence of sexual liberation activism, outlines its main features, and traces its evolution the late 1960s and early 1970s. The third chapter focuses on the establishment of sexuality counseling services and contraceptives clinics, which marked the beginning of a sea-change in how universities perceived and reacted to students’ sexual behaviors. Unlike at Berkeley where students and outside agitators attempted to transform the campus sexual culture and student health services, physicians and faculty members, particularly those in OB/GYN Departments, began to lead the march for change by the turn of the decade. These faculty members were part of the university hierarchy, which allowed them access to avenues of power that students did not have, and their status as physicians lent cultural and professional legitimacy to their views and efforts. Physician activists used their influence to form sexual health clinics with the mission of helping students to achieve healthy, enjoyable sexual lives by giving them the means to protect themselves against the negative physical and emotional consequences of sex. In doing so, they also offered students a new model of sexuality based on the empowerment of women and gender equality in relationships.
The fourth chapter explores how faculty and student sexual liberation activists joined forces to democratize knowledge about sexuality by creating human sexuality courses and handbooks for college students. These activists gave students basic information about biology and sexual function and in addition to practical information about how they could obtain products and services to help prevent and terminate unwanted pregnancies. Through these endeavors, activists urged students to grapple with existential questions about their sexual values. Many of these courses and handbooks were overtly feminist, teaching students about the social construction of gender and gendered power structures. They taught both men and women to value equality inside and outside the bedroom and maintained that fulfilling sex lives depended on mutual honesty, responsibility, and shared sexual responsibility.

The final chapter discusses peer education and counseling services created by undergraduates. Because so many students distrusted their school’s agenda and intentions regarding sexuality, these sites of knowledge became crucial in disseminating information about how to prevent the unintended consequences of sex and to help students deal with their sexual problems and questions. Student counselors and educators became “experts” in sexuality and thus challenged the structures of knowledge and power dynamics of universities.

Through these five chapters, we can see how student and faculty sexual liberation activists changed institutions of higher education and helped to shape the sexual revolution on college campuses. Unlike the dominant American narrative about this upheaval in manners and mores that emphasizes young people forsaking relationships in a quest for individual pleasure, this study of sexual liberation activism reveals that at the core of this
upheaval was a group of activists who defined revolution in terms of equality, mutual responsibility, and access to knowledge.
CHAPTER 2

“Stay Your Sweet, Sensible Self”: Sexual Cultures on College Campuses in the early 1960s

On March 16, 1960, two male students at the University of Illinois published a letter to the editor of their school newspaper that ignited a national scandal. The young men argued that fraternities and sororities promoted “ritualized sex” and “organized loving” through mandatory closing hours and a social system in which students evaluated one another based on “dates” and “petting.” These young men even made a pseudo-feminist argument about objectification: “Men are not so concerned with a girl as a living individual—as an organic complexity of personality and character, emotion and intellect, and passion and reason—as they are concerned with her as a simple female sex unit.”¹ This letter offered a potential critique of campus gender relations and sexual culture, yet it was not its content that made national headlines but rather a response to the article penned by an Assistant Professor of Biology.

Two days later, Professor Leo F. Koch’s letter to the editor argued that the students’ letter had not gone far enough. He criticized the authors for being too “narrow-minded” in their critiques because they did not address the “social malaise which is caused primarily by the hypocritical and downright inhumane moral standards engendered by a Christian code of ethics.” Koch did not stop his criticism at Christianity but also attacked the wider American

culture for silencing public discussions of sex, promoting ignorance about sexuality among young people, and endorsing a “double standard of morality which accepts … premarital sexual experiences for men but not for women.” These arguments would have been scandalous enough on their own in 1960, but Koch sealed his fate at the university by asserting: “With modern contraceptives and medical advice readily available … there is no valid reason why sexual intercourse should not be condoned among those sufficiently mature to engage in it without social consequences and without violating their own codes of morality and ethics.”

University of Illinois administrators found this letter so outrageous and threatening to the students and university that they fired Koch that June. The president of the University justified the action by claiming Koch’s letter was a “breach of academic responsibility” and that the “views expressed are so offensive and repugnant, contrary to commonly accepted standards of morality and their public espousal may be interpreted as encouragement of immoral behavior.”

Campuses across the country were abuzz about the case, but these discussions centered on academic freedom and freedom of speech, not on sexuality. It was under this banner that academics and students rallied to the fired professor’s cause and college officials defended their own policies. For example, at the University of California, Berkeley, Koch’s alma mater and the site of a free speech movement that would explode four years later, the student government passed a motion condemning Illinois for censoring the professor. An editorial in the student paper explained, “Two issues are at stake in this particular incident

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3 David B. Henry to Dean Lanier, reprinted in Committee for Leo Koch, “The Case of Leo Koch,” n.d. Box 4, Folder 4, SFLR.
and neither concern the pros or cons of free love.” These issues were academic freedom and free speech.⁴ At the time, students were beginning to participate in the civil rights movement and to lay the groundwork for the New Left, but the Koch letter failed to inspire student interest in sexual issues and inequalities.

The early and mid-1960s were a time of contradictions in American sexual culture. As historians John D’Emilio and Estelle Freedmen argue, “The discourse on sexuality expanded enormously, blurring the distinction between the private and public that characterized middle-class life in the previous century.” They contend, “Sex unconstrained by marriage was put on display” in popular fiction, magazines, and film.⁵ As the University of Illinois students observed in their article, it is also clear that many unmarried, middle-class college students were engaging in sexual activities, as they had been for decades. At the same time, however, the firing of Koch reveals that there was a pushback against this liberalization, an effort to maintain strict boundaries between unacceptable and acceptable expressions of sexuality.⁶ Although both men and women faced cultural sanctions for engaging in premarital sex, women faced more severe consequences. Given new urgency and importance in the context of the Cold War, the double standard demanded that women contain their sexuality within marriage, while naturalizing their roles as wives and mothers. Unmarried women who chose to have sex not only risked losing their reputation but also

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potential marriage partners. This stigmatization made challenges to gender roles and sexual norms extremely difficult for women. It also created a culture of silence and secrecy surrounding sex. Although men were not supposed to engage in premarital sexual relations, they had more flexibility and faced less severe consequences. In some circles the sexual conquest of women, especially those outside of one’s race or class, actually was valued as a positive expression of white, elite masculinity. This sexual double standard not only created gender inequality, it led to a culture of misogyny and distrust from which neither women nor men benefitted.

Institutions of higher education actively attempted to maintain these sexual boundaries and reinforce a double standard, which restricted women’s sexual choices and health. Colleges and universities saw their enforcement of the double standard as a part of their mission to prepare students for their future. For women, this meant their primary roles as wives and mothers, even if their future included a career as well. Administrators attempted to help women land a suitable husband by enforcing a code of chastity through rules that they believed helped protect them from sexual temptation and male sexual aggression. Schools used *in loco Parentis* regulations to try to control female students’ sexuality in two central ways: by limiting their mobility and by denying them access to products and services to prevent unwanted pregnancies. Curfews, sign-outs, and visiting hours structured women’s lives on campus, while men usually were not subjected to the same strict regulations or punishments. This created a system of gender inequality in which the university defined and judged female students on the basis of their sexuality. Colleges and universities also attempted to dissuade female students from having intercourse by denying them sexual health

care. The double standard constructed women as the gatekeepers to sex; therefore, if a single woman chose to have sexual intercourse, she was seen as the one responsible for, and even deserving of, negative consequences. Schools felt that providing education and services to prevent unwanted pregnancies would be tantamount to condoning sexual behavior. By choosing not to provide female students with the tools to be sexually responsible, schools bolstered a culture of silence and shame in addition to forcing female students to navigate confusing, illegal, and often, dangerous channels to prevent and end unwanted pregnancies.

In 1961, a cover story in *Time* argued that most female college students prioritized finding a husband over schoolwork and future careers. Although the number of women enrolled in institutions of higher education was increasing in the early 1960s, almost half did not receive their bachelor’s degree. The leading cause of dropping out was marriage. An unmarried Wellesley student exclaimed, “I *never, never* expected to leave without being married.” For many young women, earning a degree and finding a husband were mutually exclusive. The author of the article observed, “Girls who get to be seniors without a man sometimes panic and hastily turn themselves into teachers, but the great majority keep cool and go on to marriage after graduation.” The majority of women who did matriculate wed within three years of receiving their degree. The article quoted Mary Bunting, the new president of Radcliffe College, who agreed that a college-educated woman “must find marriage” to be successful, yet she also suggested that women needed intellectual fulfillment outside of the home with careers or hobbies. 8

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Even Bunting’s tempered argument against a life of domesticity, provoked the ire of many across the country. A male student at the University of North Carolina argued in the school newspaper that students should not take Bunting seriously because she was “a middle-aged matron whose greatest love is her continuing research in microbial genetics…. That’s Dr. Bunting, a frustrated, lonesome homebody who won’t accept life as it is, but must mold it to her own delights.”

College women faced extraordinary cultural pressures to find a husband while they were undergraduates. As a result, finding a mate was a central determinant in defining women’s roles on campus and structuring their sexual lives.

The pressures to marry and the expectation that women would not engage in sexual intercourse until their wedding night were not new aspects of the American middle-class sexual landscape, but the Cold War gave them renewed importance and significance. As historians have shown, the home and nuclear family were politicized as a sphere of influence to help ward off communism. Women’s sexuality could strengthen the nation if it was expressed in the heterosexual marriage bed and used to create large, happy families. Their sexuality, however, became a threat to the stability of the nation when unchecked by the confines of marriage. This ideology defined a woman’s success through her roles as wife, mother, and homemaker. For college women to reach this goal, they had to navigate a series of socially accepted steps of courtship: dating informally, publically declaring their commitment by “going steady” or “getting pinned,” and becoming engaged. Each step was

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fraught with sexual decisions and pressures, and many women believed that they risked their marriage prospects, and possibly future security, if they made the wrong choices.

A woman’s chances of making a sexual misstep during courtship were so high in the early 1960s because of the mixed messages she received about female sexuality and about what types of sexual behavior were appropriate at different phases of her relationship. Since the 1920s, the ideology of “companionate marriage” had placed emphasized the importance of women’s sexual pleasure within the institution of marriage.11 In this context, sex was supposed to be a reward for those who waited, but it also became a source of excitement and temptation for unmarried women. Moreover, while the media, parents, and schools made it clear that securing a husband depended on a woman maintaining her virginity until her wedding night, these cultural authorities were more elusive regarding sexual activities other than intercourse. In 1961, sociologist Ira Reiss, a leading expert on youth culture and sexuality, explained in an article in The Annals of the American Academy of Political and Social Science that the “most popular teen-age sexual code” for teen women was “petting with affection.” Petting—sexual stimulation often leading to orgasm that excluded oral sex and vaginal penetration—was acceptable to most teens if a couple was “in love or at least extremely fond of each other.”12 Furthermore, many students took this ideology a step further and even condoned intercourse if they were in love and planning to get married. Therefore, within the confines of the sexual containment, there was room for women to express their sexuality, but this leeway also complicated their choices.


The double standard created a sexual culture that was difficult for men to navigate as well. While men were expected to marry and have children, they did not face the extraordinary pressure and urgency that women did to find a mate, especially during their college years.\(^{13}\) It was more acceptable for men to engage in sexual intercourse before marriage, and in doing so, they did not risk their reputations or marriage prospects. Men, however, often felt pressured to engage in sexual activities in order to prove their masculinity. While they were supposed to be attempting to have intercourse with women, it was taboo to marry a woman who was not a virgin. As a reverend at Yale pointed out, he had “yet to see a Yale student who wants to marry a girl who is not a virgin.” He chastised a group of male students by claiming that they did not have “concern for the integrity” of women that they slept with and rightly pointed out that their interactions with women were based on “exploitation.”\(^{14}\) Viewing women either as potential conquests or virginal wives led not only to the subjugation of women to a confusing and contradictory set of standards for men.

Sex in this context could quickly evolve into a game steeped in deceit. Women, knowing the pressure men were under to engage in sexual relations, were taught to distrust men who were romantically interested in them. In a manual for first-year female students at the University of Massachusetts, the women on the Mortar Board warned, “[B]eware of fraternity pins…. No matter how dashing he looks in his crew-neck sweater and white bucks, it usually takes more than a few Saturday nights to fall in love. So be prepared for that

\(^{13}\) This is not to diminish the pressure of being a male breadwinner once married. For an excellent study of this pressure and the rebellions against it in the post-war era, see Barbara Ehrenreich, *The Hearts of Men: American Dreams and the Flight from Commitment* (Garden City, N.Y.: Anchor Press/Doubleday, 1983).

freshmen rush—have fun—but keep your head and stay your sweet, sensible self.”¹⁵ Men, however, often threatened to end a relationship if a woman did not engage in sexual acts, and as sociologist Ira Reiss noted, men would often “try to have coitus with a steady” not only to prove their own masculinity but also “in order to see if she is a ‘good girl.’”¹⁶ Whichever sexual choice she made, a woman potentially risked her relationship.

Men often took out their frustration with this double bind by labeling women as “teases.” As one male University of North Carolina student said in a letter to his school paper in 1960, “Excessive use of perfume and scented powders by coeds befuddle the men around them. This strikes me as humorous, yet with all that coeds do, it’s what they don’t do that is most important.”¹⁷ What they did not do was have sex with the men for which they supposedly made themselves attractive. A University of Massachusetts student echoed this hostile sentiment five years later when he described “a certain breed of co-ed, who is too well known at UMass…she is the ‘Tease.’” He explained that this type of woman looked “like a tramp; a sexy broad, even a nymphomaniac…but she isn’t. She’s a huge sign advertising a locked store.”¹⁸

Nothing better highlights this system of distrust, deceit, and objectification than “the mixers” held on single sex campuses. As a way to facilitate dating between schools, men or women at one institution crowded on buses to visit a campus of the opposite sex for a

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¹⁵ Sandra E. Segel, ed., Co-Ediquette For Women of the Class of 1965 (Amherst, Massachusetts, University of Massachusetts Mortar Board: 1961), Series: Student Affairs, Dean of Women: Helen Curtis 22, Box 30/3, Folder 9, University Archives, Department of Special Collections and University Archives, University of Massachusetts Amherst (hereafter cited at UMA).

¹⁶ Reiss, “Sexual Codes in Teen-Age Culture”: 57.


university sponsored dance. Although mixers may represent an extreme because female and male undergraduates were not interacting daily in non-sexual ways in the classroom or other parts of campus life, it can still offer us a window into the sexual culture of all undergraduates. As two female graduate students in Yale’s sociology department who studied dating later in the decade emphasize, there were strong “parallels between the artificiality of the mixer and the artificiality of most formal dating. The Yale system is a caricature of men and women seeking approval and love without risking honesty.”¹⁹ In 1961, a Yale student illustrated what he deemed the “patterns of debauchery and deceit” when he wrote, “[T]he male student must begin making sexual advances on his date almost before they become acquainted.” Because of the emphasis on attracting men to gain status, “The girl, who may not go out again for weeks, often has to display an artificial interest in her date; otherwise she is doomed to occupying her Saturday nights with appalling games of bridge and stag visits to the movies.”²⁰ A Student for a Democratic Society (SDS) pamphlet echoed this sentiment a few years later, “The mixer is nothing but a commodity market in miniature, a hunting ground for the male with the best economic prospects or, on a less ‘grown up’ level, for the guy with a good snow job.”²¹ In the mixers, as with other dating situations, women were pursuing men for popularity and security, while men’s social success depended on going to bed with women.


²¹ Yale Students for a Democratic Society, “Coeducation at Yale,” n.d., Series I, Box 61, Folder 1, Kingman Brewster, Jr., President of Yale University, Records (RU 11). Manuscripts and Archives, Yale University Library. (Hereafter cited as YUL).
The different meanings of sex for men and women influenced how each group talked about sex. Women were not supposed to discuss their sex lives, yet the steps of courtship were a public ordeal. A college woman’s popularity among her peers often depended on securing dates for the weekend and eventually becoming pinned and engaged.\(^{22}\) Indeed, announcements of recent engagements and pinnings took up most of the space on weekly or bi-weekly “Women’s Pages” in student newspapers.\(^{23}\) This was a way for women to show their success on the dating market to other women and served as a contract with her partner to ensure that he was serious about their relationship. Nevertheless, although women could gain some social status by making their relationship status public, they could risk their reputations by divulging details about their sexual lives. A University of Massachusetts handbook warned female students, “Don’t make your love life an open book…. The popularity of the gay socialite out for just a good time is short-lived.”\(^{24}\) A 1962 Gallup Poll revealed that only thirty-two percent of unmarried women said yes to the question: “Do the women of your acquaintance discuss sex matters frankly with each other?”\(^{25}\) Most women probably assumed that their peers were not engaging in sexual intercourse, and if a woman was having intercourse, she may have had feelings of abnormality.

Conversely, men had an incentive to talk about their sexual encounters. As sociologist Reiss observed, men “typically view the act of coitus as a conquest, as a source of group

\(^{22}\) For more on this “rating and dating” system, see Bailey, *From Front Porch to Back Seat*.

\(^{23}\) In the late 1960s and early 1970s, women’s pages in student papers and women’s student governing bodies would become central places for women questioning gender and sexual norms and demanding women’s liberation. Yet, in the early and mid-1960, there was a virtual silence about these issues and instead, marriage was the upmost importance.

\(^{24}\) Segel, ed., *Co-Ediquette For Women of the Class of 1965*.

\(^{25}\) Survey conducted by the Gallup Organization for the *Saturday Evening Post*, June 1962, iPoll Data Base, Roper Center of Public Opinion Archives (accessed 12 January 2010).
prestige. Thus, they are quite prone to tell their friends all of the details of any affair.”

Men also had incentive to lie about relationships. By confining their talk about sex largely to the language of conquest, they not only objectified women but also restricted their ability to talk about experiences in terms of their feelings about relationships or questions they had about their own sexuality. In turn, this limitation could end up curbing their emotional and physical pleasure. Columnist Mike Shurman described a typical situation in the University of Massachusetts newspaper: “Joe College” returned to his dormitory and gave a “blow-by-blow description of the Dionysian delights” he experienced with his date, “Teresa Tuff.” These sexual “delights,” however, never occurred. Shurman explained that the dating game resulted in “JOE’S EGO-100, TERESA’S REPUTATION-0.” Insightfully, he contended, “these are only temporary effects; few realize how far off the tremors will be felt.” He described these “tremors” as “girls will be just a little bit more hesitant, a bit more cautious on dates,” and “guys just mount up more and more distrust between the sexes, and make sex all the more unhealthy, all the more dirty. These girls will find it all the harder to feel really at ease with the guy—sex or no sex.”

Sex was used as a tool of deceit and a fulcrum point on which men and women’s reputations sat opposed.

Because of the cultural sanctions against college women engaging in intercourse, many men looked off campus for sexual partners. Unlike women, men were able to pursue sexual and romantic pleasures with people outside their social peer group. White men, for example, were able to prove their masculinity and sexual virility by sleeping with women of a different race or class off campus without risking their future. Although the practice was on

26 Reiss, “Sexual Codes in Teen-Age Culture”; 57

the decline, it was still socially acceptable in some circles for men to go to prostitutes in the early 1960s. More often, however, college men had one-night affairs with girls and women they referred to as “townies” or “pick-up girls,” those who lived in the area but did not attend their college. This was especially prevalent at the all-male Ivies. As student, Robert Mascia wrote in the Yale Daily News, the stereotype of the “townie” was “the local girl, the easy mark. She’s inevitably unintelligent, easy to please, and accessible….They will tell you all they want is sex and that’s what they get.” Mascia continued, “Well it’s nothing to get them up to the room. You can always use the party gag. Or else start a ‘haven’t I seen you before’ conversation. They always come up. Then you have to go through the where are you from routine. Soften them up, use a little cool. You’ve got to pretend you’re not doing what you’re doing.”

The ideology of the double standard served to oppress all women—albeit in different ways. While it denied white middle-class women sexual agency and the right to sexual expression, it depicted women of lower classes and different races as sexually promiscuous and therefore deserving of exploitation.

Many universities seemed tacitly to approve of these affairs. Historical records from administrators and college officials remain largely silent about male students’ relationships with “townies” except when these relationships garnered attention outside the wall of the academy. These incidents, although rare, provide a lens into sexual interactions between college men, women in the surrounding area, and institutions of higher education. For instance, in January 1960, a national scandal erupted around reports that a large number of

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28 Before the 1960s, many men went to prostitutes, but in 1961, sociologist Winston Ehrmann pointed to the trend that there had been a “marked increase in social dating and going steady and in petting and coitus among social equals” and “a decrease in the activities of males with prostitutes and an increase in premarital petting and coital experience with other girls and women.” Winston Ehrmann, “Changing Sexual Mores,” in Values and Ideals of American Youth, ed. Eli Ginzberg (New York: Columbia University Press, 1961), 53.

men in one of the residences at Yale had sexual relations with a thirteen-year-old girl from a neighboring town over the course of several months. Twenty-two undergraduate men were eventually expelled and fined twenty-five to fifty dollars for “lascivious carriage,” a charge used for misdemeanor sexual crimes in Connecticut.\(^\text{30}\) This incident became especially scandalous because this girl, unlike other townies, was “well-to-do” and from a “highly respected family.”\(^\text{31}\) Therefore, these men violated the central class feature of the double standard and perhaps paid a higher price than if the girl was from a non-white or lower-class family.

Yale University and New Haven police seemed more upset about the scandal than about the behavior of the students. One Yale official reported that a local police lieutenant told him “that the University could have prevented this mess if it had told the city about it the moment the University had heard about it. ‘We could have taken care of it then and nothing would have happened.’”\(^\text{32}\) A university report in 1967 summed up the major outcome of this incident: “Yale has, almost without exception, been allowed to handle any offence on campus” rather than having local law enforcement become involved.\(^\text{33}\) This scandal did not inspire Yale administrators to attempt to change their students’ sexual behavior.


\(^\text{31}\)Ibid.; “Notes on Calhoun College Incident”, n.d [1960], Box 3, Folder 28, Records Documenting Yale Student Unrest, Record Unit 83 (YRG 41), YUL.

\(^\text{32}\)“Interview with Lieutenant Mulhern, Saturday Afternoon,”, n.d [1960], Box 3, Folder 28, Records Documenting Yale Student Unrest, Record Unit 83 (YRG 41), YUL.

\(^\text{33}\)“Report of the President’s Committee on Discipline,” 1967, Box 10, Folder: Parietals, Office on the Education of Women, Yale University, Records (RU 821), Accession 19ND-A-086, YUL.
Administrators instead focused on how to form a better relationship with the New Haven police in order to protect the university and students’ reputations.

While university officials and administrators took a *laissez faire* attitude towards male students’ sexual behavior, their views about female students’ sexuality were almost the polar opposite. The double standard was formally institutionalized through rules called parietals. These regulations were both part of and justified by the philosophy of *in loco parentis*, Latin for “in the place of a parent.” Parietals attempted to control female students’ sexuality by limiting their mobility and opportunities to have sexual interactions with men. Women on campuses throughout the United States were to live in regulated university housing, had curfews, and had to sign out to leave campus. Men were largely exempt from these rules, which reinforced that women had a different relationship to schools than their male peers did and that their sexuality was a central determinant in how they were treated on campuses.

In defining expectations for students’ behavior, the norm at coed schools was to separate the rules and regulations by gender in their student handbooks, making the double standard visible on their pages. The 1960 University of Massachusetts handbook began its women’s rules section with bold lettering: “*Every woman student shall conduct herself at all times, in all places, so as to uphold her own good name and that of the university.*” The handbook followed this statement with numerous pages describing the nuances of curfews, sign-out regulations, and procedures for “gentleman callers,” listing punishments for breaking these rules. The handbook’s section for male students appeared quite different. It began, “Every male student should become thoroughly familiar with the requirement for

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34 For in-depth study of parietals, see Renée N. Lansley, “College Women or College Girls?: Gender, Sexuality, and In Loco Parentis on Campus” (Ph.D. Diss., The Ohio State University, 2004).
wholesome group living on this campus.” The only rule that had anything to do with the regulation of sex beyond this vague statement was that “unchaperoned women” were not allowed in men’s sleeping quarters. Moreover, men were required only to be “familiar with regulations because violation cannot be excused on the grounds of lack of knowledge,” whereas the school required women to take an examination about the rules.35

University officials rarely overlooked parietal regulations for women unless it was to further reinforce the double standard. For instance, an editorial in the University of North Carolina newspaper complained in 1961 that women could not attend a debate after a movie about McCarthyism because of parietals. As one student activist wrote, “We can assure them that it had nothing to do with lack of interest. It was simply because the coeds had to meet their 11 p.m. curfew.” The editors condemned university officials by pointing out “[b]lanket late permission was extended for the Yack beauty contest, but not for the debate. That’s because the Yack beauty contest is more important” to administrators.36 This university found it appropriate to excuse women for an event that promoted and upheld gender roles but would not excuse them when it came to furthering their intellectual experiences.

Many schools’ did not formally forbid sexual activity for women, but schools’ rules, policies, and public proclamations left no doubt that they expected and would enforce sexual standards for female students. For instance, Vassar College had a statement in its student handbook demanding that women were required to “uphold the highest standard,” which could have signified any number of things for students, from community service to academic

35 University of Massachusetts Amherst Handbook, 1960-1961, 1960, Series: Records of Student Affairs, 30/15, Box: Handbooks, University Directions, Spectrum, 1951/52-71/72, Department of Special Collections and University Archives, University of Massachusetts Amherst (hereafter cited at UMA). Emphasis in the original.

honesty. In 1962, students pressured the president of this women’s college, Sarah Gibson Blanding, to clarify the statement. She made national headlines when she responded by telling them that if they engaged in pre-marital sex, they should withdraw from the school voluntarily or they would be asked to leave. Like college officials around the country, Blanding equated high standards for women with chastity.

To enforce parietals, universities instituted punishments for women that would further limit their mobility, threaten their education, and publicly shame them. Women who violated the rules often faced an investigation into their private lives and had to undergo a hearing in front of either a peer or a faculty disciplinary board. During the hearings, boards asked women intimate details about their sexual lives beyond the incident in question in order to define their characters and decide their punishments. A University of Colorado professor on a faculty discipline committee complained that most of their time was spent on “searching out and punishing…[the] personal morality of students.” In proving his point, he cited a typical case in which “a girl had signed out for an overnight to the house of her boyfriend’s parents in Denver, and, because of the way she was dressed, the R.A. didn’t believe her.” When the R.A. called the boyfriend’s house and found out the young woman was not there, “a policeman was sent to the boy’s apartment in Boulder to see if he could find the girl.” In another University of Colorado incident, a group of female students came under investigation when an official received a call in the middle of the night from a man who rented the students an apartment in Aspen. The man was furious because of a “good deal of loud partying.”

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38 Professor Walter G. Simon to Glenn E. Barnett, 21 February 1966, Box 10, Folder 2, Records of the Central Administration, Vice President for Student Affairs, University of Colorado at Boulder Libraries (hereafter UCL).
many whiskey bottles, and men and women sharing the same sleeping quarters. This call prompted an investigation of the female students, which had the potential to be quite humiliating for them. The women responded by telling an elaborate story: “they slept upstairs and the boys downstairs except for the first night” when “there was no one around to turn on the heat” so they “got their blankets and slept on top of the boys’ bed covers. The boys, of course, slept in their own beds under the covers.” The women insisted “nothing immoral took place.”39 No records indicate that the male students faced any type of investigation or punishment. This incident not only reveals the double standard in effect in university policy but also how intimately involved university officials were in female students’ sexual lives, even when off-campus.40

Campus officials justified parietals and their role in students’ sexual lives in myriad ways, and all lines of reasoning reaffirmed their commitment to the sexual double standard. Some administrators argued these rules served to protect female students from sexual or physical violence. Of course, women faced a very real threat of sexual or physical violence, but locking them in their rooms amounted to blaming victims for their assaults and did not address the root causes of the campus rape culture, such as the objectification of women or violent masculinity. Furthermore, by defining women on campus primarily through their sexuality, schools only exacerbated the problem of objectification. In addition to protecting female students from predators, university officials also argued that parietals protected them from themselves. The very existence of the rules assumed that women could or would not

39 Karen L. Licklinder to Dean Parish, 5 February 1963, Box 120, Folder 6, Records of Central Administration, Vice President for Student Affairs, UCL.

40 Also see, AWS Hearing Committee, “AWS Hearing Committee Summery Report,” 12 July 1967, Box 21, Folder 12, Records of Central Administration, Vice President for Student Affairs, I, 21-2, UCL.
make sexual decisions that protected their virginity. As the Dean of Women at the University of Massachusetts contended, “Ideally, students should be trusted anywhere as responsible young adults. Practically, all are not responsible adults and to permit closed or locked doors in rooms with mixed couples allows more freedom than many students are prepared to handle.”

As a way to legitimize the parietals, universities created student-run women’s governments to enforce rules. With this delegation of power, universities freed themselves from students’ potential criticisms by arguing that parietals were created and enforced by peers in a democratic system. Yet these governing bodies remained accountable to deans of women who had to approve any changes to the rules. For example, in 1964, the student government at the University of California, Berkeley proposed a rule that would have allowed each living quarter to determine its own coed visitation policy, which would have altered a blanket policy requiring all dormitory doors to be open when a member of the opposite sex was in the room. In response, the dean of women affirmed that although she was “always glad to consider student proposals and opinions,” she did not accept the change because of her “broader concern which I believe the University must have with respect to its own cultural standards.” She continued, “The fact still remains, however, that the University does have an obligation to the student himself, his parents, and society at large to leave no doubt as to what kind of social standards and cultural values it endorses.”

41 “Recommendation from Helen Curtis to Student Life Committee,” 9 March 1967, Box 23, Folder 705, Records 30/2, Student Affairs, Dean of Students, UMA.

42 Katherine A. Towle (Dean of Students) to Mel Levine (ASUC President), 22 January 1964, Series 3, Box 84, Folder 17, Records of the Office of the Chancellor, Bancroft Library, University of California at Berkeley. (Hereafter cited as BLUC)
It is important to note that many female students agreed with their deans and supported parietals. Phyllis Klein, the student president of the Associated Women Students at the University of Colorado, explained that parietals taught students “what our culture expects of the conduct of young women of our age group. …We must have a knowledge of what our culture expects before we are equipped to make a choice, to either accept or reject that established social code.” A senior at the University of California, Marilyn Hester echoed this sentiment and wrote to her student newspaper, “The majority of students living under lockout regulations do not find them any particular thorn in the side. And think of all the pleased parents, secure in the knowledge of their daughters abiding at least in the pretense of respectability.” Hester believed that rules helped individual students navigate a complicated sexual landscape: “There are many young women who, faced with a new and confusing way of life, profit greatly from a little well meant supervision.”

Universities promoted a culture of sexual containment directly through parietals, but they also attempted to control female students’ sexuality by denying them access to the services and knowledge that could protect them from the negative consequences of sex. In the early 1960s, the topic of contraception was virtually absent in the records and correspondences of university administrators and health services personnel, revealing that most colleges and universities did not even consider the possibility of providing this service to students. By the middle of the decade, however, the mainstream media latched onto the idea that the invention of oral contraceptives promoted promiscuity among unmarried college women. This prompted student health services to become a major front on which sexual

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containment was defended and enforced on college campuses.\textsuperscript{45} The new prominence of health services as the site of conflict about sexual mores forced schools to confront their female students’ sexuality in new ways and to make increasingly public and explicit statements about their expectations.

Following the Second World War, student health services at universities and colleges across the country expanded. In the early 1920s, approximately ten percent of colleges and universities offered health services for its students; by the mid-1950s, over sixty percent did so. Furthermore, the medical profession increasingly legitimated college health as a branch of medicine that not only treated individual students’ ailments but also played important role in the prevention of disease and educating students about healthy habits.\textsuperscript{46} As a 1947 report of Harry S. Truman’s Commission on Higher Education stated, one of the major goals of higher education was to help a student “improve and maintain his own health and to cooperate actively and intelligently in solving community health problems.”\textsuperscript{47} Yet despite this growth, few student medical services addressed issues of sexual health. The few programs for venereal disease prevention were aimed primarily at male students who had sex with prostitutes, and most health services did not care for students’ sexual and reproductive healthcare needs.\textsuperscript{48} University officials and health service personnel believed that denying

\begin{itemize}
\item \textsuperscript{46} For an excellent history of student health services, see Heather Munro Prescott, \textit{Student Bodies: The Influence of Student Health Services in American Society and Medicine} (Ann Arbor: University of Michigan Press, 2007), 122.
\item \textsuperscript{47} Quoted in Prescott, \textit{Student Bodies}, 113.
\item \textsuperscript{48} In part, this was due to a trend towards specialization within the medical profession, including gynecology, which was not seen as part of women’s primary care as it is in the twenty-first century. See Paul Starr, \textit{The Social Transformation of American Medicine} (New York: Basic Books, 1982), 356-7; Carolyn Herbst. Lewis,
unmarried women access to reproductive healthcare dissuaded them from engaging in sexual intercourse.

Central to understanding sexual healthcare on college campuses was the wider national conversation about oral contraceptives, known simply as “the Pill.” Before and during the 1960s, effective birth control devices such as diaphragms and condoms were available in America, but the Pill quickly rose in popularity and became a symbol of women’s potential sexual independence. University and college health services were accused of furthering this trend when a scandal erupted at Brown University in 1965. Newspapers across the country reported that the director of the health services prescribed the Pill to two unmarried women who attended Pembroke, the women’s college affiliated with Brown. The President of Brown defended the health director’s decision on the grounds that the women were over twenty-one, engaged, and had clergy members as references. The health director responded to accusations that he was contributing to a moral climate that condoned women’s sexual experimentation by insisting that he prescribed pills to very few women and that he always asked them “why they want to use pills. I want to feel I’m contributing to a solid relationship…and not contributing to unmitigated promiscuity.” Compared to most college health physicians, this health director was more open minded

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49 See Watkins, *On the Pill*. It is important to note that these devices were not easily available to all Americans. For an excellent overview of the complicated history of contraceptive availability in the United States, see Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001).


about contraceptive and young people, but he still took it upon himself to judge which women had legitimate sexual relationships.

The Brown scandal prompted the American College Health Association (ACHA), the professional organization for college health services, to conduct a national survey in 1966 to find out how many institutions prescribed oral contraceptives. Out of 330 schools surveyed, 174 schools (fifty-five percent) categorically refused to prescribe the Pill for contraceptive purposes. Eleven of those, however, prescribed them to treat other medical ailments such as acne or premenstrual cramps, and sixteen referred students to private physicians. Of the 141 schools that did prescribe oral contraceptives almost all had restrictions on the type of women they allowed to access to the drug. All of these schools prescribed for married students, thirteen prescribed for unmarried women over twenty-one years of age, and twelve (four percent of all schools) prescribed to unmarried women under twenty-one.52

Most of the schools surveyed by the ACHA combined moral reasons with arguments about endangering their institution’s reputation to justify their refusal to make the Pill available to students. The report stated that many health service officials believed “prescribing ‘the pill’ would suggest approval of premarital relations [and] imply the college assumes responsibility which does not properly belong to it and run counter to the wishes of the great majority of parents.”53 Indeed, parents’ opinions mattered deeply to institutions who wanted to make sure mothers and fathers felt safe sending their daughters (and tuitions) away to school, and polls showed that most older people did not approve of colleges distributing

52 Fifteen Schools were excluded because they had only male undergraduates. American College Health Association Committee on Ethics and Professional Relationships, “Report: Study on Contraceptive Drugs (‘the pill’) and Devices,” April 1966, Box 1, Folder 100, Series VII, Joint Board System, Health Board, UCL.

53 Ibid.
the Pill. A 1965 Gallup poll of adults in the United States showed seventy percent of men and seventy-seven percent of women did not think colleges should make birth control pills available to female students.\textsuperscript{54} As the health director at the University of California, Berkeley told his chancellor, “University policy is certainly subject to critical evaluation by a wide variety of organizations, groups and individuals,” including alumni, politicians, parents, and trustees who could jeopardize funding for the university.\textsuperscript{55} Echoing these sentiments, the director at the University of Colorado wrote: “We are in an unenviable position, we’re damned if we do and damned if we don’t. There’s always a possibility of being accused of furthering promiscuity because we can’t tell if the girls are using these pills for innocent purposes.”\textsuperscript{56}

In addition to public relations issues, many health services cited legal barriers to prescribing birth control. The Supreme Court first ruled that married couples had the right to use birth control in 1965, but it was not until 1972 the Supreme Court declared it illegal to deny the sale of contraceptives to unmarried people and, in 1977, to deny them to people over the age of sixteen.\textsuperscript{57} Before then, contraceptive laws varied widely between the states whose statutes’ vague language allowed college officials to interpret laws about minors, medicine, and in loco parentis in ways that suited their needs and beliefs. For example, the California Civil Code stated that a minor’s guardian could authorize in writing another adult


\textsuperscript{55}Henry B. Bruyn to Vice-Chancellor Earl Cheit, 11 September 1965, Series 3, Box 74, Folder 12, Records of the Office of the Chancellor, BLUC.

\textsuperscript{56}“Birth Control Pills Dispensed Only if Wedding Date is Set,” \textit{Colorado Daily}, 16 June 1965, 1.

person to consent to the minor’s medical care. This suggested to one attorney for the University of California that because the school was in loco parentis, it could prescribe the Pill and consent to pelvic exams, a procedure needed before prescribing medical contraceptives, in lieu of students’ parents.\(^5^8\) Another attorney for the school, however, argued that an “adult person” referred to an actual person and not to school officials: “I doubt whether a minor student is in fact entrusted to the care of The Regents, must less to any particular officer of the University.”\(^5^9\) Still another lawyer offered the opinion that a doctor could be charged with battery if he or she performed a pelvic exam on a woman under twenty-one without the consent of her legal guardian.\(^6^0\)

By inserting themselves into debates about access to contraceptives, university officials reinforced the value of marriage to women on campus. If a female student could verify she either was marrying soon or was already married, many health services were willing to help her to control her fertility. The verification process, however, was not always easy, and at schools like the University of Colorado, female students had to sign a statement reading: “I, the undersigned, certify that my wedding date has been set for on or about (date) …and that I am therefore requesting a prescription for an oral contraceptive at this time.”\(^6^1\)

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\(^{5^8}\) Clinton C. Powell to Vice President General Counsel, 1 November 1965, Series 8, Box 130, Folder 17, Office of the President Records: Permanent Files, 1952-1975, BLUC.

\(^{5^9}\) John P. Sparrow (Associate Counsel) to Dr. Clinton Powell (coordinator of medical and health sciences), 3 November 1965, Series 8, Box 130, Folder 17, Office of the President Records: Permanent Files, 1952-1975, BLUC. Emphasis in the original.

\(^{6^0}\) Thomas J. Cunningham (General Counsel) to Richard A. Bashore, MD, Vice Chairman Medical Records Committee UCLA, 2 December 1966, Series 3, Box 74, Folder 12, Records of the Office of the Chancellor, BLUC.

Although most schools had standards for prescribing contraceptives, most institutions did not publicize their policies to students. The American College Health Association report found that of the 330 schools that answered their inquiries about contraceptives only twenty-one (six percent) of these had written policies available to students and only nineteen had suggested ones. The lack of policies invested tremendous power in individual physicians and set up situations in which female students faced uncertainty and embarrassment in requesting help to control their fertility. Some health service personnel constructed female students’ requests for birth control as a sign of mental illness. For example, although the University of Chicago health services director believed prescribing birth control was “a strictly medical decision,” unmarried women were usually required to consult a psychiatrist if they requested the Pill. Physicians at other schools chose a less indirect route and subjected women to lectures on morality. At the University of North Carolina, doctors responded to students’ requests by stating that they were not “going to help in promoting promiscuous behavior in young people,” that students’ behavior was not “lady like,” or that “sex, like wine, should not be guzzled.” In addition to delivering such sermons, many doctors sent letters to students’ parents telling them of their daughters’ requests.

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62 American College Health Association Committee on Ethics and Professional Relationships, “Report: Study on Contraceptive Drugs (‘the pill’) and Devices.”

63 Ibid.


66 Kirby A. Krbec to Arthur H. Kiendl, 15 January 1962, Series IV, Box 120, Folder 6, Records of Central Administration, Vice President for Student Affairs, UCL; L.W. Holden to Christina L. Jensen, 9 January 1964, Series I, Box 43, Folder 2, Records of Central Administration, Vice President for Student Affairs, UCL.
Students had the option of going to private or public medical practices off campus to obtain contraceptives, but they often encountered the same barriers that they did on campus. At the Planned Parenthood clinic in Berkeley, female students from the university who were under twenty-one faced a range of preconditions in order to receive contraceptives. If they were not married, had not had a prior pregnancy, or had not been “properly referred by a recognized social agency, a doctor or a clergymen,” women had to “be accompanied by a parent and must have written permission from the parent.” Likewise, until 1967, Planned Parenthood clinics in Colorado could only legally prescribe to women who were under twenty-one if they were married or had an out-of-wedlock pregnancy. As the Denver Clinic Director later explained, “The illegitimate child, then, became a ‘ticket’ which entitled the unwed girls to seek contraceptive advice and service.” If a female student tried to see a private physician in the community, she often faced the same refusals and sermons that she would have at student health services.

In situations in which contraceptives were technically available to students, additional difficulties still existed. If a student could find a private physician in the community who would prescribe her birth control and possibly break a law in doing so, she would have to pay her doctor fees and the costs of prescription in addition to already paying fees for the student health service. This could have been difficult for women who still relied on their parents for income or who had partners unwilling to share in the financial burden of pregnancy.

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67 Council of Directors of the Student Service Agencies, Minutes, 19 February 1965, Series 3, Box 81, Folder 4, Records of the Office of the Chancellor, BLUC.

prevention. Obtaining reliable non-prescription contraceptives was similar to the process of securing prescription methods. Condoms not only forced women to rely on men, but these products were “under-the-counter items” at pharmacies; one had to ask the pharmacist for them rather than just picking a package off the shelf. This procedure could cause considerable embarrassment for young, unmarried people, who, in the process of buying contraceptives, had to make their private sexual lives public. Furthermore, pharmacists, like doctors, denied unmarried people contraceptives whenever they saw fit.  

Poor education in the medical schools and in undergraduate curricula was an important factor in making contraceptives so difficult for women to obtain. Most physicians’ educations made them ill-equipped to discuss sexuality with patients and to handle the rising demand for oral contraceptives. Medical school curriculums typically did not include family planning or human sexuality in their curriculum in any meaningful way until the late 1960s or early 1970s. These subjects were seen as a marginal part of the profession; birth control only concerned the field of obstetrics and gynecology and sexual issues were largely left to psychiatrists. When Dr. Allan Barnes, the Chairman of the Obstetrics and Gynecology Department at Johns Hopkins University, tried to persuade colleagues to attend a conference on birth control and human sexuality in 1967, he found, “They (deans, surgeons, and professors of medicine) are not going to come and spend even two days in a conference when they happen to think that heart disease, cancer, and stroke are the most important topics in the

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Moreover, contraceptives were barely legal, if legal at all, when these doctors were in school, and medical schools were hard-pressed to find funding for such a controversial subject. One physician who conducted a study on the integration of human sexuality and family planning in medical schools explained, “Family planning leaders in medicine were not in the medical schools but had left to go to foundations, new institutes of human reproduction, and to Planned Parenthood.” He concluded that with respect to family planning and human sexuality “the contribution of the medical schools, especially with respect to training medical students, was negligible” before the late 1960s.

This lack of sex education extended to undergraduate curricula as well. Since the 1920s, one of the missions of health services was to promote “social hygiene,” a euphemism for controlling and preventing the outbreak of venereal disease (VD) and bolstering sexual “purity.” Even though the rates of venereal disease in the college population would remain relatively low through the 1960s, the fear of venereal disease causing racial deterioration among the elite classes was enough to persuade the federal government, as well as individual schools, to infuse college health programs with funding to prevent epidemics on campuses.

Hygiene courses promoted abstinence for women and men as a way not only of preventing

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71 Philip M. Sarrel, “Recent Trends and Developments in Medical Education in Family Planning and Human Sexuality,” 4.

72 For histories of the social purity movement, see Simmons, Making Marriage Modern; Peter G. Filene, Him/Her/Self: Sex Roles in Modern America (New York: Harcourt Brace Jovanovich, 1975), 96; Brandt, No Magic Bullet.

73 See Prescott, Student Bodies.
VD but also of instilling morality and build character. They generally did not include topics of family planning, anatomy, or sexual function.\footnote{Secondary schools followed a similar sex education trajectory throughout the 20th century. During the 1950s and early 1960s, however, high school students were less likely to receive any type of sex education in part as a response to right-wing arguments that sex education was part of communist plot to destroy the moral fibers of the country. See Jeffrey Moran, \textit{Teaching Sex: The Shaping of Adolescence in the 20th century} (Cambridge, Mass.: Harvard University Press, 2000), 128-38; Kristin Luker, \textit{When Sex Goes to School: Warring Views on Sex--and Sex Education--Since the Sixties} (New York: W. W. Norton & Co., 2006), 60-63; Jonathan Zimmerman, \textit{Whose America?: Culture Wars in the Public Schools} (Cambridge, Mass.: Harvard University Press, 2002), 193-4. One interesting exception to emphasis on marriage and gender roles was Alfred C. Kinsey’s course at the Indiana University. See James H. Jones, \textit{Alfred C. Kinsey: A Life} (New York: W.W. Norton & Company, 1997).}

During the 1950s and early 1960s, “marriage and family” courses began to replace hygiene courses. These courses tended to naturalize gender roles and reflected the effort to contain female sexuality within the family. Abstinence before marriage was presented as the only legitimate option for sexual expression. Many of these courses even avoided sexually explicit language by using examples from the animal world. If sexuality was discussed, it was usually in the context of reproduction rather than of pleasure or intimacy. In 1961, \textit{Mademoiselle} reported on eleven different “marriage courses” around the country. The article described the atmosphere in the classrooms as tense and self-segregated by gender: “Male extroverts often hold the floor, defensively cracking jokes,” and reporters found that “supporting solid middle-class values is an unadvertised and unadmitted function of the college marriage courses.” Instructors most often omitted the work of Alfred Kinsey “in favor of authors who choose their statistics to prove a point that is compatible with middle-class morality.” One school even taught a section titled “mate selection,” which argued that couples of different races and religion were biologically incompatible. As the professor explained, “You hear that opposites attract but that’s not true. We tend to marry like-minded
people.” An anonymous sociologist reported to Mademoiselle that most of the courses were “anti-sex in the very fundamental sense of offering no approved premarital sexual outlet. Not only is premarital sexual intercourse condemned but also petting to the point of orgasm, masturbation, and, at least implicitly, any other type of climax achievement.” This also meant silence on issues of birth control. The article concluded, “It doesn’t matter what a professor’s department is: he inevitably finds ways to take an academically ‘sound’ position against premarital intercourse and thus protects his school from sensational publicity.”75 If students wanted facts about their bodies or information on how to protect themselves from the negative consequences of sex, they would not find these answers in the classroom on most campuses.76

Precisely as universities intended, this absence of sex education meant that many students lacked even basic knowledge about sexuality and how to prevent pregnancy. A professor from Hanover College in Indiana concluded after teaching a marriage course from 1948 to 1958, “American college students, even upper class students from superior backgrounds, still have an amazing amount of ignorance about sex and have derived most of their information from folklore.”77 Throughout the 1960s, professors and physicians continuously noted undergraduates’ ignorance about their sexual anatomy, bodies’ sexual response system, and pregnancy prevention. For example, a number of doctors on campuses were confronted by undergraduates who believed “that when a woman’s ‘cherry was broken,’ there was an actual sound heard, [a] popping like noise.”78 Other common questions

75Mary Anne Gituar, “College Marriage Courses--Fun or Fraud?,” Mademoiselle, February 1961.
76Also see, Gael Greene, Sex and the College Girl (New York: Dell Publishing Company, 1964), 205-6.
78Takey Crist, “Sex Education-Coed II”, n.d., Box 10, Folder: Grant, TCP; Sarrels interview.
and beliefs recorded by a University of North Carolina physician included: “Can a girl be pregnant and have a period?”; “Is it true you can get pregnant if you take a bath in water that has sperm in it?”; and “My mother told me I would lose my virginity if I had a pelvic examination.” In *Sex and the College Girl*, a journalistic account of the sexual culture on college campuses, Gael Greene interviewed 614 students at 102 schools and found that many female students were engaging in intercourse but were “totally misinformed” about contraception. Repeatedly, women told her that they used completely ineffective methods such as Saran Wrap during intercourse and ginger ale douches after sex. Those who had reliable products often misused them by, for example, wearing a diaphragm at all times or by taking a single birth control pill after sex. Greene observed that on more conservative campuses, “no ‘nice’ girl would want to seem too well-informed” but in “hip circles an equally ‘nice’ girl might accumulate dribs and drabs of information (misinformation) rather than come right out and admit her ignorance.” Both of these situations perpetuated ignorance and penalized those who sought out information about their sexuality.

Despite administrators’ best efforts, Greene’s study and others revealed students were having sex and that pregnancies not uncommonly resulted. Just how commonly, however, is unclear because of the lack of reliable data. In 1964, the health director at Berkeley could provide the Vice Chancellor with only “a wild guess” about the number of pregnancies on campus because he knew that not all students chose to have pregnancy tests done at the health service and that there were no records of women who had illegal abortions unless they

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79 Takey Crist, “Course on Human Sexuality for Students of the University of N.C.,” Box 11, Folder: HEED, TCP.


81 Ibid., 162.
suffered from complications. The health director at the University of Massachusetts Amherst echoed this sentiment, “There has been an apparent slight increase in the number of pregnancies among students which have been brought to our attention,” but he explained, “It may only represent an increase in confidence on the part of student patients in bringing their intimate personal problems to the attention of the staff of the Health Services.” Indeed, many women never reported pregnancies to health services or administrators because they feared disciplinary action or that the university would notify their parents. It was also difficult for these women to know whether their fears were justified because, as with birth control, most schools did not have clear policies regarding unmarried, pregnant undergraduates.

The University of North Carolina at Chapel Hill serves as an excellent case study of the confusion and secrecy bred by pregnancy policies. Until 1967, the school apparently had no official policy, and students were dealt with on a case-by-case basis. In order to treat students equally and “eliminate such foolish actions as our students might undertake in an atmosphere of fear and prejudice,” which probably meant resorting to illegal abortions, the Dean of Women, the Dean of Student Affairs, and the Director of Health Services decided to create an official policy that year. The policy began, “The University does not condone sexual irresponsibility,” but announced a “procedure regarding pregnancy of an unwed

82 Bruyn to Vice Chancellor Alex Sherriffs, 18 May 1964, Series 3, Box 74, Folder 12, Records of the Office of the Chancellor, BLUC.


84 James A. Taylor, MD (University Physician) to Cathey, 10 March 1967, Box 1, Folder 12, Records of the Office of the Vice Chancellor for Student Affairs, University Archives and Record Service, Wilson Library, University of North Carolina at Chapel Hill (WLUNC).
woman student.” This “procedure” was to advise and encourage a pregnant student “to present herself as soon as possible to the Student Health Service for diagnosis and assistance in handling of this problem in an ethical and confidential manner.” She would then be required to withdraw from the university for “medical reasons.” Although her readmission supposedly would not be “adversely influenced by the fact of such pregnancy,” the “final decision for readmission rests with the appropriate office” and the “timing of the readmission will be dependent upon a medical decision made by Student Health Service physician who withdrew the woman student.” The health service was supposed to maintain confidentiality, but doctors had the right to notify the pregnant student’s parents if they deemed it appropriate.  

The policy stated that there would not be any “disciplinary action taken against a pregnant, unwed student…because of the pregnancy per se,” but if she chose to have an illegal abortion, she could face punishment “because of the illegal fashion in which the student has attempted to resolve the problem.”  

This elaborate policy, however, was never formally released to students. Fearing the public and parents’ reactions, the Dean of Student Affairs told the other deans and health service personnel, “We must, of course, be very discreet in communicating the content of this statement to our students.” He informed them that the health service director would “discuss it informally with the Housemothers and graduate counselors with the expectation that understanding of this procedure will trickle down to the students.”

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85 Carmichael to Cathey, 9 May 1967, Box 1, Folder 12, Records of the Office of the Vice Chancellor for Student Affairs, University Archives and Record Service, WLUNC.

86 Cathey to Carmichael, 8 September 1967, Box 1, Folder 12, Records of the Office of the Vice Chancellor for Student Affairs, University Archives and Record Service, WLUNC.

87 Cathey to Carmichael, 8 September 1967; Cathey to Cansler, Hedgpeth, Taylor, 8 September 1967, Box 1, Folder 12, Records of the Office of the Vice Chancellor for Student Affairs, University Archives and Record Service, WLUNC.
As convoluted as it was, the University of North Carolina’s policies, like those at so many other schools, never addressed male students who impregnated women and thus reinforced the double standard. Pregnancy, like its prevention, was seen as the responsibility of women. Many health professionals, including those at student health services, believed that the female students who became pregnant had mental health problems. Even the Group for the Advancement of Psychiatry (GAP), a national organization of psychiatrists usually noted for their progressive ideas, insisted in a 1965 report on college students’ sexual behavior that only “a small minority [of college pregnancies] were genuine accidents.” While GAP did suggest that male partners might be trying to prove their virility, they placed most of the blame on the “girl.” The psychiatrists argued, “A girl is more likely to expose herself to pregnancy if she generally tends to live out unconscious wishes in an impulsive matter.” Most of these “wishes,” they argued, centered on women’s desires either for acceptance and love from the men in their lives or for a husband and baby. The GAP study was firmly ensconced in the gender ideology of the double standard which naturalized women’s desire to wait until marriage to have sex and categorized those who did not do so as deviant and, even if unconsciously, still having the goal of marriage and family.

Blaming unwanted pregnancies on individual women’s psychological problems not only ignored the relationship between unwanted pregnancy and the lack of birth control and knowledge about sexuality, it also led to further justifications for denying college women access to these products and services. The director and assistant directors of the health service at Berkeley argued in the *Journal of American College Health*, the American College Health Association’s professional journal, that they did not supply contraceptives to students.

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88 Committee on the College Student, Group for the Advancement of Psychiatry, *Sex and the College Student* (Greenwich, CT: Fawcett Crest, 1965), 56.
because they would not use them anyways: “Through ignorance, weird reasoning, or a certain bravado, most girls ignore contraceptives, and then wonder why they should be so unlucky as to get pregnant.”

The director stood by this statement by reiterating to the school’s newspaper, “In the back of her mind the girl usually thinks ‘if I get caught we can get married and everything will be all right.”

A pregnant student faced social stigmas on top of the difficult decisions about how to handle the pregnancy. If she chose to carry the pregnancy to term, she had three choices: keep the child and marry the father, give the child up for adoption, or become a single mother. Most medical experts suggested that “shotgun” marriages were the best-case scenario for the woman, especially if the couple had been dating and had already planned on marrying at some future date. Many students seem to have chosen this option. As two students reported in the Yale News in 1965, although “there are no statistics available for pre-marital pregnancies as a cause for marriage,” they found in “a random sampling” of married undergraduates that “over 60 per cent had been forced to marry” because of pregnancy. They continued, “A majority of personal opinions bear out the contention that the situation is graver now than before.”

For many pregnant undergraduate women, however, marriage was not an option. In her study of college students, Gael Greene found that men often denied responsibility for the pregnancy. It was not uncommon for a pregnant woman to face questions from her sexual

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89 Gurtrude M. Mitchell and Henry B. Bruyn, “Sex Behavior in the Young Adult: The Perspective of a College Health Service,” Journal of American College Health 13, no. 2 (December 1964): 175.
partner such as, “How do I know it’s even mine?” or “Well, what do you want from me?”

After all, the double standard placed all sexual responsibility in women’s hands, forcing many to cope with unwanted pregnancies alone. If a woman chose to carry her pregnancy to term, according to the GAP study, “Social pressure makes it virtually impossible for a middle- or upper-class girl” to show her pregnancy or give birth “without either temporarily changing her community or pretending to be married.”

As physicians from Berkeley explained, “When marriage is out of the question the girl may go to a home for unwed mothers, or to a family friend or relative in a distant town” to give birth. Most single, white middle-class women who had children gave them up for adoption rather than raising them on their own because in doing so they redeemed themselves in the eyes of society and still had a chance to become a wife and mother of legitimate offspring.

The most common response to an unwanted pregnancy, however, was not adoption, but abortion. By having an abortion, a woman would not have to forfeit her education, even temporarily, or marry a man with whom she did not want to spend the rest of her life. Of course, abortion created a different set of difficulties, some potentially deadly. Abortion was illegal throughout the country, although in the late 1960s, a few states that allowed for exceptions when the pregnancy posed a serious risk to the mother’s life. It was possible for some college women with enough resources and connections to find a certified physician to

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93 *Sex and the College Student*, 61.

94 Mitchell and Bruyn, “Sex Behavior in the Young Adults”: 176.

95 For an insightful analysis of the economic and racial factors of unwed pregnancy in the 1950s and 1960s, see Solinger, *Wake Up Little Susie*.

96 Greene, *Sex and the College Girl*, 179.
perform the procedure in a hospital, but it is unlikely that many young women had access to these resources, especially if they did not want to inform their parents of the pregnancy.

Another option for women with financial resources was to travel to a country that had legalized the procedure. Puerto Rico legalized abortion in the early 1960s, and women could travel there for what became known as “San Juan weekends” to abort their pregnancies.\(^{97}\) Japan also had liberalized its abortion laws, but it cost women approximately eight hundred dollars to fly there from the West Coast and up to one hundred and twenty-five dollars for the procedure, substantial sums for most young women in the 1960s.\(^{98}\) Mexico and Eastern Europe were more precarious options. Women in California often went to Tijuana, Mexico, where, according to one referral agency, about seventy-five physicians performed the procedure, charging from three hundred and fifty to seven hundred dollars. Yet because abortion was illegal in that country, procedures were often performed in unsafe conditions, and clinics were prone to close at a moment’s notice. In Poland, Hungary, and the USSR, abortion was legal for residents, so foreigners who traveled to these countries for procedures faced unpredictable circumstances. One underground pamphlet circulating in California warned women travelling to the communist bloc, “If questioned by police, say absolutely nothing except your name. You do not have to answer any questions. Do not admit that you had an abortion.”\(^{99}\) Regardless of the country, however, travel for an abortion was only an option for women who had access to information about providers and financial resources.


\(^{99}\) “List of Abortionists,” n.d. [1967]; Box 4, Folder 1, SLFR.
For that reason, most women who had abortions in the United States did so illegally. During the 1960s, illegal abortion remained an open secret. An estimated two hundred thousand to one million American women had illegal abortions annually during the 1960s and early 1970s. A few women self-induced abortions with the now-infamous coat hangers or knitting needles but most found illegal practitioners through friends, acquaintances, colleagues, religious leaders, and doctors. Unlike contraceptives, which were heavily regulated within the legal system, the extralegal network of abortion practitioners was accessible most students. A physician at the University of North Carolina found that most undergraduates used the same illegal practitioners. They included “a Negro physician in Charlotte, North Carolina, who will do abortions for $300.00 in cash,” “a nurse in Durham that does these with a dirty catheter,” “a person in Reidsville, North Carolina and Graham, North Carolina who does these in a motel,” and “a doctor in Columbia, South Carolina who does them in a motel which he owns.” Sociologist Pepper Schwartz recalled that she knew a number of women at Washington University in St. Louis in the mid-1960s that had illegal abortions. She reported that if women needed information about an illegal practitioner, they “found out from the guys in fraternities and stuff, who had heard that somebody else had taken their girlfriend.”

Even though most women looked to their social network to find a practitioner, the experience of obtaining an illegal abortion was usually a lonely and terrifying process. Abortion was not only illegal, but it also carried a stigma because it meant a woman engaged

100 See, Cline, Creating Choice, 4.
101 Takey Crist, “Sex Education II,” n.d., Box 10, Folder: Grant, TCP.
102 Pepper Schwartz, Interviewed by the author, 30 March 2009, Seattle, WA.
in premarital sex and was voluntarily giving up her supposed natural role as mother. As Pepper Schwartz explaining, “There was a certain amount of sharing and commiserating [about the experience of an illegal abortion], but it was individual to individual--a girlfriend to a girlfriend. It wasn’t like the kind of sisterhood type thing you had after the women’s movement.”103 Because the sexual double standard still had a strong grip on these women, they would risk their reputations and possibly futures if they made their abortion experience public.

Humiliation and fear reinforced the message that these women were not only violating gender prescriptions but where also descending into an underground and illegal world. A doctor at UNC reported that when women contacted a doctor in Cheraw, South Carolina for an illegal abortion, they had to use “a code to get to him by calling person to person to him and say, ‘I am a young girl. I’ve got a problem.’” To see an illegal practitioner in Arlington, Virginia, “all a young girl has to do is wear a pink dress and stand on a street corner in the downtown area on the hour. Supposedly, a car will pick her up and take her to the appropriate place to be aborted. It is done and they deliver her back to the corner.”104 Women had no idea what to expect when they were picked up on the corner or entered a dirty hotel room. Some practitioners demanded sexual favors in exchange for their service. Most did not explain what was happening to women’s bodies during the operation and would not answer questions.

103 Ibid.

104 Takey Crist, “Sex Education II,” n.d., Box 10, Folder: Grant, TCP.
Pregnant college students represented the reality that many unmarried college students were in fact having sex. They were the culmination of the lack of reproductive care and sex education that college women received due to universities insistence on promoting a moral code and gender ideology that centered on women abstaining from sex before marriage. The pressure they faced to have their pregnancies hidden from view reveal the silences surrounding sexuality. Students lacked a socially acceptable vocabulary to articulate their rights to sexual pleasure or protest university policies that attempted to control their sexual behavior and punish them for asserting their sexual autonomy. The emergence of the civil rights movement and the wave of campus activism that followed would change this. This “movement of movements” would give students new ways to challenge social hierarchies and cultural conventions.
CHAPTER 3

“CORE Was to Be Our Model”: Campus Sexual Freedom Forums

A March 11, 1966, a *Time* article titled “Students: The Free Sex Movement” discussed a recent phenomenon on some college campuses where students were organizing to promote a new sexual ideology. The reporter contended that these groups were an outgrowth of the New Left activism that had been gathering strength on campuses: “First it was free speech…Now it is free love.” This “free love ideology,” centered on the concept “that sexual conduct in private is strictly a personal matter not to be regulated by schools or laws.” As the president of the Campus Sexual Freedom Forum at the University California, Berkeley argued, “The only test of sexual conduct should be: ‘Do I want to do it?’ Does it hurt anyone else?” As *Time* explained, students in the San Francisco Bay area, as well as in Texas and Florida, were passing out literature and sponsoring lectures on contraception, abortion, and venereal disease in addition to questioning *in loco parentis* rules and demanding that student health services distribute birth control devices to students who wanted them.1 This was quite a change from a few years earlier when demands for students’ sexual rights, especially those of female students, were virtually absent on college campuses.

Campus Sexual Freedom Forums (CSFF) signaled and instigated changes in the sexual culture on American college campuses in the mid-1960s, and their formation reveals how the New Left affected student discourse about sexuality. These forums were short-lived

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on the six campuses where they formed, but their impact was dramatic. These groups laid the groundwork for future sexual liberation activists by pushing discussions of sexuality into the public sphere and questioning the campus sexual culture and regulations.

CSFFs grew out of the civil rights movement, and their organizers and participants saw themselves as a wing of the New Left dedicated to fighting for sexual freedom and justice. In pushing for sexual rights, the forums’ leadership drew upon the tactics of civil disobedience and the language of equality in the struggle for the African American civil rights movement. CSFF participants also used the student movement’s call for a more democratic university to push an agenda that would allow students to make their own choices about their sexual lives. They were among the first to articulate a gay rights agenda on campus, fighting against intolerance among students and administrators alike. They allied themselves with feminists because they believed that gender equality and sexual liberation went and hand-in-hand and that one could not be achieved without the other.

The greatest successes of CSFF were in opening up new dialogues about sexuality on college campuses. At the core of their philosophy was the idea that silence about sexual matters was at the root of sexual oppression and that frankness and public discourses about sex were key components of liberation. In order to keep themselves in the public eye and to promote conversations about sexuality, CSFFs intentionally aimed to shock. Their far-reaching platform of sexual libertarianism advocated everything from the legalization of prostitution and public nudity to free distribution of contraception and an end to in loco parentis rules. By staging publicity stunts, challenging censorship rules, setting up sex information tables, sponsoring public events, and holding protests against parietals and in support of the distribution of birth control at student health services, CSFFs challenged the
boundaries of acceptable sexual speech on campuses and urged students to take a stand for their sexual rights. They also forced administrators to justify their rules about students’ sexual behaviors publically, which many on campus viewed as increasingly outdated, unrealistic, and unjust.

Jefferson Poland was the driving force behind the founding of Campus Sexual Freedom Forums, and his life parallels the trajectory of the groups. His experiences also reveal some of the ways in which the sexual revolution and New Left were intertwined on college campuses in the mid-1960s. Over the course of two decades, Poland participated in the movements of the New Left that he believed furthered the goals of racial, gender, and sexual freedom and equality. Poland—who eventually changed his name to Jefferson Fuck Poland and then Reverend Jefferson Clitlick Freedom Poland in order to test obscenity laws and to shock the public—self-identified as a radical. He believed that no matter whether they were “social or political, somber or whimsical, reformist or radical, brash or cautious, respectable or not… sexual freedom groups should stay out in the vanguard, forming the outer limits of discussion.” The principle behind this tactic was that it allowed “people slightly more moderate to appear middle-of-the-road…. This way the liberals can Wheel and Deal in the center, gravely warning the conservatives to compromise and yield a little so those fearsome orgiasts [sic] don’t get out of hand.”

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2 Poland was reverend of the Psychedelic Venus Church he founded in 1970. The church’s sacrament was marijuana and the members engaged in group sex. See Box 3, Folder 26-34, Sexual Freedom League Records, Bancroft Library, University of California at Berkeley (Hereafter cited as SFLR). It also should be noted that Poland was convicted of Lewd or Lascivious Acts with a Child under 14 Years of Age in the early 1980s. Office of the Attorney General, Megan’s Law, List of Sex offenders, John Jefferson Poland, http://www.nsopw.gov/Core/ResultDetails.aspx?index=0&x=D8C95A2D-23DC-424D-824F-11BCA5312420 (accessed 8 March 2012).

3 Jefferson Poland, “How to Organize a Sexual Freedom Group,” October 1966, Box 1, Folder 9, SFLR.
of acceptability, and by examining his views and actions, we can better understand the evolution of what the mainstream found acceptable.

Born in Indiana in 1942 to white, working-class parents, Poland endured an unhappy childhood and transient adolescence. His father repeatedly beat him for wetting the bed, causing Poland’s mother to flee the state with her son. Living a life on the run, Poland attended over twenty primary and secondary schools and always felt like an outsider. In the early 1960s, Poland enrolled at Florida State University and found some sense of belonging by participating in progressive political activities. He took part in “AFL-CIO peace activities,” and like other college students across the country, joined the struggle for racial justice. In the civil rights movement, Poland found a passion for fighting for equality and civil liberties that would stay with him for the rest of his life. His participation in the civil rights movement, however, got him into trouble. During his work with the Congress of Racial Equality (CORE), he was arrested twice. Poland spent thirty days in jail for his participation in a sit-in in Jacksonville, and he went on a three-week long hunger strike when jailed again for picketing a Woolworths in Tallahassee. This involvement with CORE resulted in his expulsion from Florida State in the early 1960s. Accustomed to a nomadic existence, the twenty-year-old packed his bags and moved to San Francisco, California.

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7 Jefferson Poland, “Picketing for Sex,” in *Sex Marchers*, ed. Jefferson Poland and Sam Sloan, 2nd ed. (San Rafael, CA: Ishi Press International, 2006), and Jefferson Poland to Joel Starkley and Thomas Maddux, February 19, 1966, Box 3, Folder 16, SPLR.
In San Francisco, Poland was introduced to the practice and ideology of sexual freedom. As a teenager, he had hitchhiked across the country and had a sexual experience with a man along the way in which he both felt pleasure and shame. In his late teens, he began to have sex with women. At Florida State he read the popular science fiction writer Philip Wylie and the sexologist Albert Elis and became increasingly interested in sexual politics and in questioning sexual mores. Upon arriving in San Francisco, Poland moved into a house with “two anarchist girls who practiced nudity and promiscuity” in a communal bedroom. In this new sexual environment, Poland “felt freed from the uncertainty, competition, frustration and exaggerated emotional ups and downs which usually plague American youths who are trying to square their natural desires with an anti-sexual culture.” He plunged into an anarchist subculture, which had a tradition dating to the turn of the century that promoted “free love” and celebrated women’s sexuality. The open sexuality of the anarchists, it seemed to Poland, stood stark in contrast to the dominant culture on college campuses, which placed a premium on virgin brides and shamed female sexual expression.

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9 Poland, Sex Marchers, 11.

10 “Free Love” had been a concept in Bohemian culture since the early 1900s and was often linked gender equality. However, as many women’s historians have argued, while ideologically anarchist women were offered more sexual autonomy than their counterparts in the mainstream, this was not often a reality in their lives and their love lives were far from free of patriarchy. For example see: See Christina Simmons, Making Marriage Modern: Women’s Sexuality from the Progressive Era to World War II (New York: Oxford University Press, 2009); Christine Stansell, American Moderns: Bohemian New York and the Creation of a New Century (New York: Metropolitan Books, 2000); Ellen Kay Trimberger, “Feminism, Men, and Modern Love: Greenwich Village, 1900-1925,” in Powers of Desire: The Politics of Sexuality, ed. Ann Snitow, Christine Stansell and Sharon Thompson, 131-52 (New York: Monthly Review, 1983).
Poland reflected, “How different this was from the frightened coeds who believed sex was losing virginity rather than gaining womanhood.”

The anarchist house served as a meeting place for left-wing dissidents, providing Poland with a new political community. His roommates introduced him to Leo Koch, the biologist who had just been fired from the University of Illinois for critiquing the abstinence before marriage in the school’s newspaper. Inspired by Koch, Poland took the passion for equality and civil rights that he found in the black freedom struggle and directed it towards activism centering on sexual issues. He also became interested in the writings of Gandhi and the practices of nonviolent action and civil disobedience and decided to apply them to sexual freedom issues. Teaming up with the San Francisco anarchists, Poland helped to lead protests centering on nude beach bans and obscenity charges leveled against the comedian Lenny Bruce. Now enrolled in San Francisco State College, he also ran for the student legislature on the platform of selling discounted contraceptives at the student bookstore. From the beginning, Poland’s run was more about idealism than pragmatism. He seemed woefully ignorant when he debated his opponent about the morality of using birth control, and his opponent pointed out that a pharmacist license was required to sell contraceptives in California. Poland received only 178 votes to his opponent’s 319. Disappointed, he turned back to the African American civil rights movement.

11 Jefferson Poland, “The Sexual Freedom Movement,” 10 August 1965, Box 9, Folder 25, SFLR.

12 Poland, Sex Marchers, 11. Also see Allyn, Make Love, Not War, 43-4.

13 Poland, Sex Marchers, 11.
In the summer of 1963, Poland returned to the South where he joined CORE’s voter registration efforts in Plaquemine, Louisiana. Working with other young people, he began to see the tremendous potential of student activism, which he would harness in order to push the goals of sexual freedom forward. Poland’s summer with CORE also introduced him to new activist models. Whereas his earlier efforts at mobilizing for sexual freedom in San Francisco seemed disordered, Poland emerged from his summer with CORE committed to starting an organized movement with clear ideals and purpose: “Tactically, CORE was to be our model.”

By fall 1963, Poland moved to New York City, where he again met with Leo Koch. Infused with new ideas from CORE and prompted by the Supreme Court’s refusal to hear Koch’s case against the University of Illinois, Poland and Koch cofounded the League for Sexual Freedom, later renamed the Sexual Freedom League. The “Statement of Purpose” began:

The first task of the New York City League for Sexual Freedom is to start public debate by making people witness which will show healthy people that they are not alone and give them courage to speak out. In open and honest debate, freedom and love will win out over repression and distrust; but we must start the communication flowing… It is not enough to violate the puritan ideology furtively and to see themselves negatively as ‘no better than they should be.’ We need a positive

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16 Poland, *Sex Marchers*, 12.

17 They chose the name Sexual Freedom League because they mistakenly thought this was the name of Wilhelm Reich’s organization. Poland, *Sex Marchers*, 12.
alternative, a morality of generosity and liberty, to explain and justify our desires and actions to ourselves and to our children.\textsuperscript{18}

League members saw themselves as an offshoot of the struggle for civil rights, whose participants, they claimed, also fought for “freedom and love.” The statement also revealed Poland’s interest in the burgeoning student movement. Like the authors of the \textit{Port Huron Statement}, the League drew on sociologist C. Wright Mills to argue, “sex is not merely a ‘private trouble;’ it is a ‘public problem,’ shared by all, and reform must be on the social as well as the personal level.”\textsuperscript{19}

The Sexual Freedom League wanted to be both an intellectual force and a direct action political group. As their “Statement of Purpose” concluded: “The Negro freedom movement shows that action is the best means for starting discussion; not vice versa.”\textsuperscript{20} They began by picketing the district attorney’s office to protest the arrest of two filmmakers on obscenity charges, a women’s prison to voice their support for the legalization of prostitution, and Bellevue Hospital “to give increased publicity to the alarming rise in puerperal deaths from illegal abortions.”\textsuperscript{21} The protest that produced the most tangible results was against the New York Public Library’s “censorship of sexy books.” Modeling themselves after CORE, members of the League tested the policy, wrote letters, and visited library officials. As a result, “forbidden books” were made available to all adults rather than just to scholars and researchers. In 1965 and into 1966, other loosely affiliated Sexual

\textsuperscript{18} Reprinted in Poland, \textit{Sex Marchers}, 12-13.

\textsuperscript{19} Poland, \textit{Sex Marchers}, 13.

\textsuperscript{20} Poland, \textit{Sex Marchers}, 13.

\textsuperscript{21} Poland, \textit{Sex Marchers}, 14-15; Press Release, 4 November 1964, Box 1, Folder 15, SFLR.
Freedom Leagues formed, five in cities and six campuses. Following the pattern set by the New York League, they centered their efforts on sponsoring protests, discussions, and public lectures.

By 1965, Poland had moved back to San Francisco and helped to form a sexual freedom group there with “a dozen or so, consisting mainly of hippies, ages 17 to 25.” The group made national news when Poland and two female members staged a “nude wade-in” at Aquatic Park in San Francisco to demand that public beaches allow nudity. Poland intentionally mimicked the civil rights movement’s sit-ins through this act of civil disobedience. He even saw his acts as part of the struggle for racial equality since he refused to attend private nudist camps because they all were racially segregated. On the day of the wade-in, he made sure that dozens of reporters were on hand to take pictures of him and the women, all with flowers behind their ears and with League members on shore waving signs that read: “Why Be Ashamed of Your Body?” and “Sex is clean! Laws’s obscene!” The act of civil disobedience resulted in suspended sentences for the women and a five-week jail sentence for Poland.

The nude wade-in at Aquatic Park attracted the attention of nearby college students at the University of California, Berkeley where sex had become increasingly politicized in recent months. Whereas few calls for students’ sexual rights and expression were heard in the

22 See Peter Francis (Clerk of NY-SFL) to New York Board of Social Welfare, 28 February 1965, Box 1, Folder 26, SFLR.

23 Jefferson Poland, “Sexual Freedom League Grows Older,” 25 December 1967, Box 9, Folder 25, SFLR. This would change in the second half of 1968 with nude parties.

24 Quoted in Allyn, Make Love, 41. Also see “Students: The Free-Sex Movement,” Time, March 11, 1966; Poland, “For SFL Handbook,” 19 June 1968, Box 1, Folder 15, SFLR; See Peter Francis (Clerk of NY-SFL) to New York Board of Social Welfare, 28 February 1965, Box 1, Folder 26, SFLR
first half of the decade, the increasing visibility and resonance of the student movement encouraged students to champion radical causes that crossed traditional boundaries.

The Free Speech Movement (FSM) at Berkeley that had begun in the fall of 1964 crystalized and popularized the student movement. The FSM began as a student protest against the University of California administration’s ban on students distributing political literature about the civil rights movement on campus. It quickly expanded into a larger critique of the universities’ interaction with students. In particular, students questioned the postwar “multiversity.”25 As one historian explained, the enormous expansion of institutions of higher education in the post-war era, especially at large state schools, caused administrators to act “less like nurturing educators and more like corporate managers.”26 Students began to see themselves as cogs in the wheel and merely numbers in an impersonal institution, which existed mainly to prepare them for places in conformist, corporate America. The FSM’s spokesperson, Mario Savio, connected the student movement to his work in the civil rights movement in the South: “In our free speech fight at the University of California, we have come up against what may emerge as the greatest problem of our nation—depersonalized, unresponsive bureaucracy. We have encountered the organized status quo in Mississippi, but it is the same in Berkeley.”27 He continued: “But an important


27 Mario Savio, “An End to History,” in Robert Cohen, Freedom’s Orator, 329
minority of men and women coming to the front today have shown that they will die rather than be standardized, replaceable, and irrelevant."28

The Free Speech Movement familiarized students with a discourse of student rights and civil liberties, which they could then apply to a variety of causes. In the spring of 1965, two incidents on the Berkeley campus revolving around sexuality on campus emerged directly as a result of the FSM. These incidents are important in revealing how the student movement and the sexual revolution became intertwined. Moreover, they provided an important foundation that made students more receptive to the campus-based Sexual Freedom League that would form the following fall and become the flagship for other campus groups centered on sexual freedom.

The first event involved the distribution of contraceptives at the student health service. At the center of the issue was undergraduate Brian Turner. In the fall of 1964, Turner was a leader of the FSM, and the administration took disciplinary action against him for his role in a “pack-in,” for personally blocking offices in a university building, and for preventing university police from making an arrest.29 The following semester, Turner decided to pursue the goals of the FSM by running as a candidate for the student senate on the ticket of the radical student political party, SLATE, which emerged in the late 1950s and championed civil rights, peace, free speech, and other progressive causes.30 Since the early

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28 Ibid., 333


1960s, the party had also demanded that the campus health services at Cowell Hospital establish a maternity ward, provide contraceptive information and birth control, and perform abortions.\(^{31}\)

In attempting to gather information for the birth control plank in February 1965, Turner sent out a survey to approximately fifty colleges and universities. In it, he asked whether they knew of secondary schools in the area that “provide or require any instruction on contraceptive methods”; whether the school required or offered courses for women on “contraceptive techniques”; whether they had “literature or special instruction sessions, required or optional, concerning the use of contraceptives”; whether they offered “medical advice to undergraduate women seeking advice about contraception”; and whether there was “available within a reasonable distance of the campus a public or private clinic from which an unmarried undergraduate woman can receive advice or prescriptions for contraceptive purposes.” His letter stated that he needed the information because “the Associated Students at the University of California in conjunction with the Student Health Service is considering instituting a program of contraceptive advice for students on the Berkeley Campus.”\(^{32}\)

Turner did not consider his information-gathering letter about birth control incendiary, but the administration did. Within days, Henry B. Bruyn, the director of the health service, and Clark Kerr, the president of the University of California, began to receive letters from the institutions Turner had contacted. The director of the University of New

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\(^{32}\) Henry B. Bruyn and Vice Chancellor Alex C. Sherriffs, February 5, 1965, Series 3, Box 74, Folder 12, Records of the Office of the Chancellor, BLUC.
Mexico student health service warned, “If this kind of thing were to get into the hands of the press, I am afraid Berkeley could easily be once more in the headlines.”33 Bruyn later admitted that most of the letters were “in good humor” and did not take what they saw as a ridiculous request seriously. Nevertheless, a controversy centered on birth control was the last thing the administration needed in the wake of the Free Speech Movement. After all, prescribing contraceptives was unthinkable at the time for most schools, and administrators feared that rumors of passing out birth control pills to unmarried students would only cement Berkeley’s reputation as a campus far left of the mainstream. Kerr sent out an “URGENT” request for the Acting Chancellor to prepare a full report for the Regents, and Bruyn quickly informed the administration, “No such program or conjunction is being considered at present… No one to my knowledge has presented a proposed survey to either myself or any other member of the Medical Staff for review and approval.”34

Turner’s letter soon captured the attention of the rest of the campus when the student newspaper began to cover the controversy. Bruyn issued a public statement claiming that Turner’s actions were “unethical, irresponsible and immature.”35 Student leaders followed suit by condemning Turner. The president of the student government accused him of making the school “a national joke.” Editors of the paper condemned his tactics but believed that “a survey of current attitudes on other campuses [was] a legitimate method of research.”36

33 A. Kenneth Young (Director student health service, university of new Mexico) to President of U Cal, Series 3, Box 74, Folder 12, Records of the Office of the Chancellor, BLUC.

34 Henry Don Wegars, “‘Contraceptives for All’: A New UC Hassle—Birth Control,” San Francisco Chronicle, 17 February 1965, Clippings File, Box 4, Folder 14 SFLR. See also B. Bruyn to Vice Chancellor Alex C. Sherriffs, 5 February 1965, Series 3, Box 74, Folder 12, Records of the Office of the Chancellor, BLUC.

35 Wegars, “‘Contraceptives for All.’”

36 Ibid.
Turner claimed that he had attempted to “make it clear in my discussions with Dr. Bruyn a survey was being taken.” He thought the letter was an “an honest mistake” and his behavior was not “unethical or deceitful.” Nevertheless, administrators forced Turner to write fifty retractions, which stated that he was not speaking for the student government or student health service. He also had to promise the administration that he would “never send out such a thing again.”

The administration had dealt with the scandal relatively quickly, but the controversy over Turner’s letter succeeded in forcing the issue of contraceptive distribution into the public debate. It also made administrators reflect upon and clarify their birth control policies. At a private meeting of the Council of Directors of Student Service Agencies for the University of California, Berkeley, administrators on both sides of the issue debated whether the university had “an obligation” to provide health education courses that addressed sexuality and how much information the Student Health Service should provide students about sex. Bruyn argued that refusing to provide “premarital” advice, exams, or prescriptions was “good medical practice” because these services “should be carried out by the doctor who will be caring for the family, thus providing a continuity of medical care.” He believed that the current policy of referring students inquiring about birth control to Planned Parenthood was sufficient even though these clinics required that patients under twenty-one had to have parental permission to obtain contraceptives. Not all administrators agreed. Some council members reasoned that because of the rate of illegal abortions among students, the Health

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38 Martin Meyerson to President Clark Kerr, 16 February 1965; “ASUC Rep Retracts Sections of Birth Control Policy Letter,” Daily Californian, 17 February 1965, 1
Service should provide birth control information as “preventative medicine.” There seemed to be some cracks in the steadfast policies of denying students birth control. Nevertheless, no effort was made to revise the policy was taken. Some members of the council believed “that quite possibly this whole area was only a question of raising an ‘issue.’” Ignoring the issue, they hoped, would make it go away.

The second scandal at Berkeley became known as the “filthy speech movement” and began just as the Turner controversy was cooling down. On March 2, 1965, a twenty-eight-year-old barefooted Berkeley “beatnik,” John Thomson, held up a small sign on campus with “Fuck (verb)” written on it. Thomson was arrested, and the following day four students protested at a table with a sign: “Fuck Defense Fund.” After police arrested them, a small crowd gathered and went to the campus police station and began reading passages from D.H. Lawrence’s *Lady Chatterley’s Lover* aloud. The Supreme Court had overruled a law outlawing the book on obscenity grounds in 1959, but the police arrested the students anyway. Arrests on obscenity charges persisted over the following weeks as students continued to hold signs and read controversial passages aloud. The campus divided over the issue but not along political lines. While some members of the Free Speech Movement supported the protest, others believed that it trivialized free speech and the central issues of the student movement. Conservatives also split on the issues. While some were offended by the language, Conservatives for Political Action ordered 1000 “Fuck Communism” signs.

39 Council of Directors of the Student Service Agencies, Minutes, 19 February 1965, Series 3, Box 81, Folder 4, Records of the Office of the Chancellor, BLUC.


and a fraternity handed out “I Like Pussy” buttons in solidarity with the protest against censorship.

The administration unanimously condemned those who had been arrested on obscenity charges. The Acting Chancellor claimed, “The four-letter word signs and utterances…symbolize intolerance for the rights and feelings of others” and called on the student government to take action against their peers.\(^\text{42}\) The president of the university system, Clark Kerr, said that he had “fought countless battles for twelve years to increase and preserve freedom within the University of California” but that “the freedom we sought was not licensed for hard-core pornography unredeemed by any decent feature.” In a shocking move, he offered his resignation over the issue, but the faculty declined the action.\(^\text{43}\) To put a lid on the scandal, Kerr suspended the arrested students, despite the California Assembly’s calls for expulsion. He also banned a campus political magazine, Spider, for an article about the incident titled, “To Kill a Fucking-word,” which set off another round of protests.\(^\text{44}\) The obscenity issue, like the birth control controversy, was not going to disappear, especially with a new group forming on campus that would add fuel to the fire of both debates.\(^\text{45}\)

From the fall of 1965 to the spring of 1966, student Sexual Freedom Leagues—or Campus Sexual Freedom Forums (CSFF) as they were usually called—formed on six campuses. Four were in the Bay area: Merritt College, San Francisco State University, Stanford University, and the University of California, Berkeley. The other two were at the University of Texas at Austin and at the University of Florida. The six CSFFs were loosely


\(^{44}\) See Poland to Allen Ginsberg and Peter Orlovsky, 23 March 1965, Box 2, Folder 1, SFLR.

\(^{45}\) Also see Allyn, Make Love, Not War 48-9; Poland, Sex Marchers, 16-17.
affiliated with each other, had similar goals and tactics, and were connected to each other through contacts with the flagship group at Berkeley and through Poland, who had become a national spokesperson for sex freedom groups and was eager to capitalize on student energy. He believed “a student sex freedom organizer starts out with several advantages” over off-campus groups because he or she had access to “a campus newspaper which will probably give publicity generously, a young and liberal public, free meeting rooms on campus, perhaps a…speaking area, etc.”\(^\text{46}\) Poland also believed that sexual freedom could be an important wing of the New Left on campuses. In a 1966 pamphlet, “How to Organize a Sexual Freedom Group,” Poland drew on the ideas and tactics of the civil rights and feminist movements by referring students interested in creating CSFFs to the booklets “How to Set Up a Legalize Abortion Committee” by the Legalize Abortion organization and “Organizing for Nonviolent Direct Action” by Charles C. Walker.

When advising students on how to launch a CSFF, Poland suggested that their first step should be to announce their formation with a statement of principles.\(^\text{47}\) The overarching theme of the mission statements at the six schools was personal choice. The “Berkeley Statement of Position” described the group’s goal as to “defend freedom of choice in everyone’s sex life. We believe that no person or social institution has the right to force his will on anyone else—neither by physical force nor by regulation.”\(^\text{48}\) The platforms all used language that emphasized “sexual rights” and “individual civil liberties.” For example, the Stanford CSFF statement began, “We view sexual rights as a proper extension of individual

\(^{46}\) Jefferson Poland, “How to Organize a Sexual Freedom Group,” October 1966, Box, 1, Folder 9, SFLR.

\(^{47}\) Ibid.

\(^{48}\) “Campus Sexual Freedom Forum Statement of Position,” 1965, Box 3, Folder 17, SFLR.
civil liberties…. Our fundamental tenet is that the private sexual activities of consenting adults are sacrosanct and are not the concern of governments, churches, schools or other institutions.”

In addition to personal freedom and civil liberties, the groups underscored consent and condemned coercive sex. As the Berkeley CSFF explicated, “So long as sexual activity is not imposed by force or coercion and no physical damage is done, we believe in complete freedom of sexual expression in any manner whatsoever, whether by one person or two or more persons, of the same or different sexes, whether married or unmarried.”

The planks and causes of the CSFFs were far reaching and inclusive. At least half of the platforms of the CSFFs objected to federal and locals laws against fornication, cohabitation, sodomy, adultery, prostitution, and public nudity. Some groups, like the one that formed at the University of Texas, also advocated an end to miscegenation laws because they believed that “the law against racial inter-marriage is a flagrant affront to the personal freedom of members of both races. We repudiate the doctrine of racial superiority upon which this law is based.” The Stanford group demanded that “job discrimination by reason of homosexuality should be eliminated.” Other platforms of the CSFFs centered on educating students about sex-related issues and reforming campus regulations on censorship, parietals, and birth control distribution at the student health services.

49 “New Stanford Sexual Rights Forum” in “Newsletter,” January 1966, Box 2, Folder 11, SFLR.

50 “Campus Sexual Freedom Forum Statement of Position”, 1965, Box 3, Folder 17, SFLR.

51 Flyer, Distributed by Texas Students for Free Speech, n.d., Box 2, Folder 10, SFLR.

52 Ibid.

53 “New Stanford Sexual Rights Forum” in “Newsletter,” January 1966, Box 2, Folder 11, SFLR.
CSFFs’ inclusive and sweeping agendas were risky. They would provide ample ways to cause sensation, but they also had the potential of alienating allies. For instance, Robert Merrill Paster, a student at the University of Illinois, was interested in forming a group on his campus and was even running for the National Student Association coordinator at his school on a platform of advocating “unrestricted distribution of birth control information and contraceptives.” He conceded that he believed the “free use of birth control contraceptives” might be seen as “a more conservative achievement” as compared to the rest of CSFFs’ platforms. Yet he found that at his school the distribution of birth control to unmarried students was not only “considered to be a radical position within the administration,” but that the president of the interfraternity council “refused to permit my platforms to be passed out an IFC meeting.”54 If birth control distribution was too radical, surely advocating the legalization of prostitution, homosexuality, and group sex would not be tolerated by many schools. For Paster and other students, small practical steps rather than grand gestures seemed to be the best way forward.55

Not surprisingly, CSFFs often ran into difficulties as soon as they formed. Many schools required a faculty sponsor for campus organizations to become officially recognized and thus gain access to campus resources such as reserving lecture halls and mimeograph machines. Finding a faculty sponsor was not an easy task for CSFFs. At Merritt College, for example, it took months to find a faculty sponsor, thus delaying their organizing efforts.56 The groups also ran into problems in their communities. The President of the Berkeley CSFF,

54 Robert Merrill Paster to Kurt Rust, 2 April 1966, Box 9, Folder 1, SFLR.
55 Allyn makes a similar argument in Allyn, Make Love, Not War.
56 “Election of Officers,” April 1966, Box, 3, Folder 21 SFLR.
Larry Baldwin, reported that when they set up a table to distribute information, “We had little old ladies kick down our table on two separate occasions this summer,” and no bank in Berkeley allowed the group to open an account.

Yet even as they hindered the development of the CSFFs, such setbacks also provided these groups with opportunities to publicize their message. When Wells Fargo later cancelled the Berkeley CSFF’s bank account because of the group’s “controversial name,” the president of the group immediately went to the school paper. He told the reporter that, “It’s not Wells Fargo’s fault, but society’s….People are immature and closed minded but we will respond with love and understanding and hope that they’ll grow out of it. [The bank’s attitude is] indicative of the types of action which the Forum exists to overcome.”

Controversy became a friend and foe to the CSFFs causing them to lose resources but gain publicity because of it.

CSFFs run-ins with campus obscenity regulations were a case in point. Although these regulations often formed roadblocks, the groups confronted these obstacles head-on, seeing the confrontation as an opportunity to test the boundaries of free speech on campus.

Poland advised students forming a CSFF to “make sure the editor of the campus paper gets a copy [of your platform] and interviews you,” suggesting that in most instances “the editor will welcome your group as sensational hot copy.” He warned, however, “he/she may be hostile and unwilling to print ‘that sort of thing.’” The San Francisco State CSFF, for example, targeted obscenity regulations by intentionally disobeying them. The group demanded the “elimination of all sexual censorship of student publications; insofar as the


58 Jefferson Poland, “How to Organize a Sexual Freedom Group,” October 1966, Box, 1, Folder 9, SFLR.
authority of the board of publications extends, student publications should be allowed to use such words as fuck, cunt, and cock as freely as any other words,” and called for “a clear policy that freedom to speak publicly, leaflet, display signs, and otherwise communicate on the campus shall not be restricted on grounds of sexual or obscene wording or content.”\textsuperscript{59} At San Francisco State, administrators ignored the statement, but this was not the case on every campus.

The University of Texas at Austin was a case in point. Following Poland’s advice, the Texas Student League for Responsible Sexual Freedom’s first act in the spring of 1966 was to hand out a leaflet announcing their formation, principles, and mission. The leaflet began by stating their “policy towards sex”: “Any private sex act which does no physical harm and is not initiated by force, whether undertaken by one or by two or more consenting adults, is not morally wrong and should not be legally wrong.” The statement continued by addressing issues specific to the state of Texas such as fining for fornication, the violation of gay people’s civil liberties and rights, laws against miscegenation and statutory rape, and the student health service’s refusals to dispense contraceptives to unmarried female students. Unlike the CSFF at San Francisco State, the Texas group did not use blatantly obscene words. Nevertheless, the Dean of Student Life believed it went too far. He refused to grant the group permission to pass out the leaflet, arguing that the flyers involved a “sensitive area which would shock and disturb many of our students.” The dean “just [did not] think that this is the sort of thing that should be poked into the hands of unsuspecting students.”\textsuperscript{60} The issue appeared before the General Committee on Student Organizations, a group composed of

\textsuperscript{59} Campus Sexual Freedom Forum at San Francisco State, Flyer, Box 3, Folder 17, SFLR.

\textsuperscript{60} Lee Webb, “Handbill on Sex Laws Barred from Campus,” \textit{The Daily Texan}, 15 March 1966, Clipping Files, Box 8, Folder 3, SFLR.
students, faculty, and administrators. The Committee affirmed the dean’s position by a four to three decision, with the administrators and faculty voting to ban the flyer on the grounds that it was in “poor taste” and students voting to allow it.\footnote{Ibid.; Flyer, Distributed by Texas Students for Free Speech, n.d., Box 2, Folder 10, SFLR.}

In response to the decision to ban the flyer, students rallied to the defense of the Texas Student League for Responsible Sexual Freedom under the banner of free speech on campus. The editorial staff of the student paper argued that the group’s “material was handled tastefully and responsibly” and criticized the Committee on Student Organizations’ “right to legislate taste beyond the restriction set down in obscenity statutes.” They concluded that “in this case, University students are being denied access to material that legally could be distributed on the streets of Austin.” A new campus group, Texas Students for Free Speech, formed in response to the scandal with the mission to ensure that “any student should be able to communicate ideas to other students without censorship by the University.” The group’s faculty sponsor told student reporters, “I don’t agree with all the positions expressed in the handout, nor would I have worded it in the same way, but I respect the right of students to have their own positions expressed publicly.”\footnote{Lee Webb, “Handbill on Sex Laws Barred from Campus,” \textit{The Daily Texan}, 15 March 1966, 1, Clipping Files, Box 8, Folder 3, SFLR.}

The administration stood its ground and refused to sanction the Texas Student League, and the group dissolved by the end of the semester. Poland, however, saw this as a success story. He explained that the Texas group was “just plain lucky enough to have a reactionary college administration kick them off campus for a mild little leaflet.”\footnote{Poland, “Some Notes on How to Organize and Why.”} Leaving campus meant that the students could not get to further their specific agenda, such as forcing

\begin{footnotesize}
\item[61] Ibid.; Flyer, Distributed by Texas Students for Free Speech, n.d., Box 2, Folder 10, SFLR.
\item[62] Lee Webb, “Handbill on Sex Laws Barred from Campus,” \textit{The Daily Texan}, 15 March 1966, 1, Clipping Files, Box 8, Folder 3, SFLR.
\item[63] Poland, “Some Notes on How to Organize and Why.”
\end{footnotesize}
the health service to distribute birth control. Nevertheless, by stirring up a controversy, they forced a conversation about sexuality and drew attention to their cause.

At Berkeley, administrators allowed many of the CSFF’s events but drew the line when the group tried to show a film on nudism in the spring of 1966. The administration believed that the film was not relevant to the educational mission of the school and appealed to prurient interests, so they banned the CSFF from showing it. Using the prohibition as a chance to publicize the group, Poland emphasized the non-sexual nature of the film to the student paper by describing it as “a genuine nudist film put out by organized nudists with no orgies, no female impersonators, and no beards and sandals [and featured] square people playing volleyball and being healthy.” Poland continued, “The Campus Sexual Freedom Forum believes that these films do have an ideological and hence educational purpose—introduction of the viewer to social nudism as a way of life.”⁶⁴ The CSFF held a rally on Sproul steps, the site of the Free Speech Movement, protesting “Prudery by administrative fiat.”⁶⁵ The Student Senate reacted by passing a motion eleven to four requesting that the administration reconsider showing the film. The administration, however, did not budge. The CSFF responded by sponsoring a lecture on seduction, which the administration also banned. The president of CSFF appealed to the dean by arguing, “Seduction is a legitimate art form which has been practiced since the beginning of civilized society. Seduction is not a means of coercion and no one is seduced who does not wish to be.”⁶⁶ The administration still did not allow the lecture, and it appears that the CSFF did not gather as much student support on this

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⁶⁴ Roger Friedland, “‘Genuine Nudist Film’ Banned by University,” Daily Californian, 8 February 1966.

⁶⁵ Campus Sexual Freedom Forum, Flyer, n.d., Box 3, Folder 17, SFLR.

issue. Nevertheless, they did achieve their goal of press coverage and forcing a discussion of sexuality on campus.

While intentionally igniting controversies centered on sexual speech, CSFFs also sought to educate students about sexual issues and reform university rules that restricted sexual expression. Larry Baldwin, president of Berkeley’s CSFF described the “forum [as] ‘basically’ conservative in nature—it believes in using education instead of sit-ins.”67 One of the main ways in which this group pursued its educational mission was to set up information tables on busy parts of campus. These tables aimed to educate students in two ways: through the distribution of information and initiation of conversations. Holly Tannen, the secretary of the Berkeley group often “womanned” the campus table. She described her goal and the general goal of the group as helping to spread “information on all aspects of sex, to help combat the widespread ignorance on homosexuality, VD and its prevention, abortion, birth control, sex laws, etc., caused by cultural taboos [on] these subjects, and to give people the information to make intelligent decisions.”68 CSFFs handed out “leaflets on abortion, the status of women dorm residents, campus rule, etc.” One popular leaflet advocated the legalization of abortion by asking, “Is Your Mother a Secret Criminal?” The leaflet contained shocking statistics and explained criminalizing abortion not only caused “the maiming and killing of women who would seek a medical solution to a medical problem” but also that “most abortions are performed on married women who already have children—Like your mother.”69 Such literature pushed the issue of abortion into the public sphere on campus and


69 Campus Sexual Freedom Forum (Berkeley) and Merritt Sexual Freedom Forum, “Is Your Mother a Secret Criminal?” n.d. [1966], Box 3, Folder 21, SFLR.
made the CSFF tables sites of discussion and controversy. Poland described, “Students will
gather around the table and debate sexual topics with the table-sitter and each other. The
table serves as an office where people can get information, join, leave messages for
officers.”

The tables also became spaces in which students could acquire practical information
about how to obtain birth control and abortion services. As Sam Sloan of the Berkeley
chapter told the school newspaper, “You wouldn’t believe how many girls come up to the
[CSFF] table asking for information on abortions.” The groups in San Francisco kept a list
of abortion providers in Mexico which it would hand out to inquiring students. When it
came to obtaining legal birth control, the CSFF did not have as many options for students. As
Sloan told the paper, “One of the basic problems is that there is no clinic nearby.” Therefore,
he sent students to a clinic in neighboring Oakland, yet this clinic, like so many others
though, had age limitations. If a student under twenty-one wanted birth control pills, IUDs, or
diaphragms, there was little the CSFF could do.

In addition to handing out information at tables, the CSFFs pursued their educational
mission by sponsoring public debates, lectures, and films on campus “concerning the effects
of current day sexual mores, restrictions, repressions and related topics.” Events included
debates between faculty and students about the “filthy speech movement”; panel discussions

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70 Poland, “Some Notes on How to Organize and Why.”

71 Carol Matzkin, “No Birth Control: Cowell Official Claims Lack of Facilities,” Daily Californian, 3 February
1967, 3.

72 Much of this information came from the Association to Repeal Abortion Laws. For example, see Association
Box 4, Folder 1, SFLR.

73 Jeffery Resnik to Dr. Albert Ellis, April 1965, Box 2, Folder 1, SFLR.
with members of the Daughters of Bilitis on “The Lesbian in Society”; lectures by epidemiologists and representatives of local health departments on “venereal diseases, their causes, symptoms, and treatments”; a speech by a representative from the National Board of Obstetrics and Gynecology on contraceptive methods; and films on nudist culture. The Berkeley CSFF sponsored a conference over Thanksgiving break in 1966 that featured sessions on “Homosexual Civil Rights,” “Repealing Abortion Laws,” “Communal Living,” “Sensuality versus Sexuality,” “Nudity,” and “Women as an Oppressed Minority.” The range of topics covered in these events reveals how encompassing the goals of the CSFFs were. While some feminist groups at the time split over the issue of lesbianism and male gay liberation groups did not concern themselves with issues of reproductive freedom, the CSFFs combined these issues under the rubric of sexual freedom.

The CSFFs’ events had the goal of starting conversations about sex and promoting openness about sexuality on campus. When advising new CSFF organizers, Poland told them to “line up a list of faculty members, liberal ministers, Planned Parenthood officials, city VD specialists, representatives of homosexual organizations … and so forth as speakers.” He advised that the CSFFs should “Let them pick their own topic, anything to do with sex, pro or con. They do NOT have to agree with sexual freedom.” As with the tables, Poland believed that just putting the issues out in the open and forcing a conversation about sex pushed the cause of sexual freedom forward. Usually, only thirty to forty people attended lectures, but he contended, “This small audience isn’t very important, except as a gathering

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75 “Sexual Freedom Conference, Schedule,” Thanksgiving Vacation 1966, Box 1, Folder 21, SFLR.
point for members and possible recruits. To have effect, the lectures must be covered by
reporters for the campus paper, so that printed summaries will reach thousands of students
and faculty.” He even advised, “If the campus paper won’t report what the speakers have
said, then lectures aren’t worth the effort.”

The CSFFs drew on the momentum of the student movement to reform in loco
parentis regulations. At Berkeley, the president of the CSFF, Larry Baldwin, ran for a
position on the Rules Committee of the student government. In his platform, Baldwin argued,
“The University exists as an academic institution, not for social regulation.” He reiterated
the civil liberties principles at the root of the CSFF’s philosophy in his campaign literature:
“I…am running for the Chancellor’s Campus Rules Committee for the same reasons that led
me to found the Campus Sexual Freedom Forum: namely, that no group or individual has the
right to force his views on anyone not harming others by his actions.” To Baldwin and others,
this demand was part and parcel of the struggle for a more democratic university: “All rules
affecting primarily students shall be made and enforced solely by students.” He concluded
with demands for “no rule restricting freedom of speech or advocacy, academic punishments
only for academic violations…student rules to be made and enforced by students, and no
rules duplicating laws or ordinances.”

Baldwin did not mention in loco parentis regulations involving birth control in his
campaign in the fall of 1965, but this issue soon took up a substantial part of many CSFFs’
time. For these students, access to contraceptives and abortion were basic components of
sexual freedom. As the Berkeley group’s mission statement said:

76 Poland, “Some Notes on How to Organize and Why.”


78 Larry Baldwin, “Grads: RULES AND SEX,” n.d. [1965], Box 1, Folder 4, SFLR.
Responsible use of sexual freedom implies that freedom of choice should be carefully respected in regard to having children, not having children, birth control, and family planning. All laws and hospital regulations which seek to restrict or deny such freedom should be repealed. Birth control information and supplies should be available to all persons, regardless of age or martial statutes.\(^79\)

The Berkeley group and other CSFFs applied this principle to their own schools. The San Francisco State CSFF spoke to the lack of formal policies and inconsistent treatment of female students by campus physicians by calling for the “the availability of such contraceptives officially announced by the [student health service] and made known to the student body through the…student handbook, or other appropriate media.”\(^80\) The Austin group echoed this sentiment in their mission statement, “While there is no law in Texas prohibiting the sale of contraceptives, unmarried women are often forced to use devious means to obtain them.” They reasoned, “Discouraging unmarried women from using contraceptives may often be the same as encouraging abortions and unwanted children.” These students did not believe that school policies against distributing birth control curbed sexual behavior; rather they caused unwanted pregnancies. Furthermore, they opposed their “Student Health Center’s policy of not dispensing contraceptives to unwed co-eds” because they believed “their business is supposed to be Medicine, not Morality.”\(^81\)

In trying to make contraceptives available and in calling for democracy, most CSFFs pushed for student referendums on whether their health services should provide birth

\(^{79}\) “Campus Sexual Freedom Forum Statement of Position”, 1965, Box, 3, Folder 17, SFLR.

\(^{80}\) Campus Sexual Freedom Forum at San Francisco State, Flyer, Box 3, Folder 17, SFLR.

\(^{81}\) Flyer Distributed by Texas Students for Free Speech, n.d., Box 2, Folder 10, SFLF.
As Poland explained to a potential campus leader, “Most student government constitutions allow…petition procedures known as initiatives, referendum and recall.” He pointed out that although some procedures could be difficult to put on student ballots, it was important that the CSFF members initiate action because the “petition approach is far better than wasting your time trying to get action from student ‘leaders’ who tend to be gutless.” Poland was probably referring to Berkeley’s Student Senate, which in the spring of 1966 rejected a motion in favor of the health service to provide contraceptive prescriptions for female students over twenty-one and birth control information and referrals “without the tendency to moralize on sexual matters.” In response, the Berkeley CSFF collected 1600 student signatures for a birth control referendum, twice the number needed to put it on the following fall’s student ballot. The referendum asked the student government to push for the health service to provide “at low cost, prescriptions and devises for the purpose of birth control to women students who are 18 years of age or older, or married.” It also asked “the health service to establish an open policy that sex and contraceptive information, advice and referral service be given any student who requests it.” Students overwhelmingly voted in favor of this referendum. At neighboring Merritt College, students voted 242 to 194 for a similar CSFF sponsored referendum that maintained, “Preventing unwanted pregnancies is important to the welfare of students, reducing forced withdrawals from college and the emotional and financial stress of illegal abortions” and that “individual freedom of choice

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82 “What’s Happening,” *Intercourse, A Journal of Sexual Freedom*, no. 3 (February 1965), Box 2, Folder 23, SFLR; Sexual Freedom League, Flyer, n.d. [1966], Box 3, Folder 17, SFLR.

83 Poland, “Some Notes on How to Organize and Why.”

should be respected.”85 Across the Bay, Stanford’s CSFF’s referendum also passed a birth control referendum with a two to one vote.86

The support for these referenda revealed that the majority of students on these campuses agreed with CSFFs’ stances on reproductive freedom, but these efforts did not instigate immediate changes in schools’ policies. Merritt’s CSFF leadership knew at the outset that this would most likely be the case and even stated so in the referendum itself: “We realize that Merritt’s present inadequate health office probably can’t provide this service, but we look forward to the day when our college will offer comprehensive health service to maintain students in a state of physical and emotional health.” For these students it was an important symbolic gesture and first step to merely publicly state: “We favor inclusion of contraceptives in college health services as a matter of principle, as well as a practical necessity.”87 Unlike Merritt, Stanford’s Student Health Service was large enough to have handled the request, which may have been why its director was outraged at the CSFF petition for birth control. The director, Maurice M. Osborne, Jr. believed that the group had taken “a tragically crude and simplistic approach to an enormously complicated and sensitive issue.” While expressing willingness to explore the possibility of prescribing contraceptives to women over twenty-one, he drew on the familiar administrative argument that distributing birth control to any student would lead to “mass fornication.” He also argued that by denying women access to the pill, the health service was protecting them from “exploitive and

85 “Referendum Petition for Student Body Endorsement of Contraceptive Distribution through College Health Service,” n.d. [1966], Box 3, Folder 20, SFLR.

86 Poland, Sex Marchers, 22-3.

predatory” behavior of men. CSFFs may not have changed policy, but they forced administrators to publically address the issue and put them on the defensive.

The CSFFs’ interest in birth control and *in loco parentis* reveals that they were interested in women’s issues and using feminist analyses. Although many of the leaders of CSFFs were men, as they were in most mixed sex campus organizations at the time, the groups made a conscious effort to minimalize sexism within their organizations and create spaces for women. For example, Merritt’s CSFF formed a “Women’s Discussion Group” because a female officer of the Forum felt “the views of women often get ignored in mixed groups where men are competing for attention.” Moreover, many of the women who joined CSFFs did so for feminist reasons. Holly Tannen, a leader of the Berkeley group, described the mission of the CSFF in feminist terms:

> We were working to build a society in which individuals would feel free to engage in open, honest relationships with each other. More inhibiting than outside pressure is the inside pressure: feelings of guilt and shame; an internalized double standard whereby any woman who’ll have sex with you is a whore, therefore an object, thus not worthy of respect as a human being.

Tannen argued that sexual freedom would forward women’s emancipation. She reiterated this stance in an interview with *Time*, arguing that the suppression of sexuality hurt women

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89 John R. Moore to Clinton C. Powell, March 3, 1966, Series 5, Box 48, Folder 22, University of California. Office of the President Records: Permanent Files, 1952-1975, BLUC; Henry B. Bruyn to Clinton C. Powell, 3 January 1969, Series, 6, Box 166, Folder 1, University of California, Office of the President Records: Permanent Files, 1952-1975, BLUC.

90 To Members and Friends of the Merritt Sexual Freedom Forum, n.d. [ca. 1966], Box 3, Folder 20, SFLR.

91 Holly Tannen, “The Berkeley Scene.”
by creating an environment rich for “pornography and topless night clubs,” whereas sexual freedom could help women overcome the shame of their bodies and sexuality. 92

Some of the CSFFs’ literature about campus rules also employed feminist analyses. For example, one flyer, “The Second-Class Sex,” pointed out that while female students were subject to curfews and sign-outs, “No such restrictions are imposed on men students, whom the University apparently deems competent to run their own private lives.” The flyer maintained, “Women’s curfew, and the very existence of [Association of Women Student] (an administration front group) are badges of inequality. Women students are deprived of personal liberties on a basis of sexual discrimination…. The A.W.S. rules begin by counseling anti-bellum timidity for frail young ladies.” The flyer concluded by calling on the “Campus Rules Committee to give serious attention to the second-class status of women students living in dorms and approved houses. In addition to the political liberties, the Committee should also affirm the civil rights of students who are being treated as children because of their sex.” 93

Poland, the driving force behind many of the groups, reveals how many men in the New Left were keenly interested in and supportive of feminism. As early as 1965, he proudly reported that the New York group opposed strict gender constructions: “Equal freedom for men and women means each person should be free to choose his or her activities and roles without being forced by social pressure or law to conform to rigid masculine and feminine stereotypes.” He defined sexual freedom as supporting feminist goals outside the bedroom: “Sexual freedom means not only freedom to engage in or abstain from sex, but also the


93 Campus Sexual Freedom Forum, “The Second-Class Sex,” n.d., Box 6, Folder 25, SFLR.
freedom from sexual restrictions on the individual’s non-sexual rights,’ like equal jobs for equal pay.”  

He followed the rise of the women’s liberation movement with great interest, beginning with its early manifestations in Students for A Democratic Society in 1965. In the same year, he read The Feminine Mystique and wrote to Betty Friedan asking for literature from the National Organization of Women (NOW). In 1968, he formally joined NOW and participated in one of their local chapter’s panel discussions on “How Can Activism Help Feminism.”

Throughout the late 1960s and early 1970s, Poland continued to write to women’s liberation groups to express support and to offer them help with their causes. He thought he might help them to publicize their efforts since a variety of publications had asked him to “write articles on sexual and quasi-sexual matters, since the media [saw him] as the founder of the Sexual Freedom groups.” Poland took action to fight sexism on campus when he wrote to the Chancellor of the University of California, Berkeley, “I have been disturbed by physical monuments to male chauvinism on the Berkeley Campus. I refer to the benches reserved for senior men, and to the Senior Men’s Hall.” He complained, “Such facilities are a blatant insult to women. They imply clearly that of all students, senior are the highest; and among the seniors, the males are higher.” He used his status as a member of NOW to threaten, “It is still quite possible that members of NOW would undertake nonviolent direct

94 Jefferson Poland, “The Sexual Freedom Movement,” 10 August 1965, Box 9, Folder 25, SFLR.

95 Northern California Chapter of National Organization for Women, “General Meeting Flyer,” 2 August 1968, Box 5, Folder 11, SFLR.

96 Jefferson Poland to Sister [of JOREEN, women’s lib group in Chicago and, New York Women’s Liberation Groups], 18 December 1967, Box 5, Folder 11, SFLR.
action against vestigial remnants of the older pattern of blatant male supremacy, such as the facilities, or restaurants and bars which refuse service to single women, etc.”

By the fall semester of 1966, only three of the six campus groups still existed. The group from the University of Texas was forced to disband, and interest seemed to wane as student leaders graduated at San Francisco State and Stanford. In 1966, some CSFFs also began a shift from being primarily political organizations to more social ones. Early in that year, an East Bay African American man, Richard Thorne, placed an advertisement in a Berkeley underground paper: “Young mature couples—students of theories of Dr. Albert Ellis—seek other couples interested in coterie living or get-togethers.” Thorne and a few others then formed the off-campus East Bay Sexual Freedom League and began sponsoring publicized “nude parties” in which participants were not only naked but also had sexual relations with each other. The group also had “circles” of special interest groups within the larger organization focused on “discussion, photography, bridge, voyeurism, and other activities,” to promote socializing between members. According to Poland, most members of the East Bay Sexual Freedom League were heterosexual couples, some of whom were married, who were twenty to thirty years old. They were “generally white, middle-class, well-adjusted, liberal but not radical” people. He compared them to the “wife-swapping PhD’s described by Lawrence Lipton in The Erotic Revolution” but observed that “there was an important difference where previous generations of ‘switchers’ had sneaked around

97 Jefferson Poland to Chancellor Roger Heyns, 25 March 1968, Series, 4, 96-23, Records of the Office of the Chancellor, BLUC.

98 Poland, “How to Organize a Sexual Freedom Group.”

99 Poland, Sex Marchers, 24.

100 Peter Francis (Clerk of NY-SFL) to New York Board of Social Welfare, 28 February, Box 1, Folder 26, SFLR.
secretly, this group held public meetings, publicized its nude parties in several national magazines.\textsuperscript{101} This group was similar to the on-campus CSFFs in that members believed that sex should be freely discussed and free from cultural taboos, but they were content to have their actions speak for themselves rather than also engaging in direct action politics.

Whereas the Berkeley CSFF had focused almost exclusively on political issues for the previous ten months, participants now focused much more on socializing and group sex parties, taking their attention away from on campus issues.\textsuperscript{102} At first Poland believed that the nude parties could be seen as an extension of New Left activism: “I looked [at the nude parties] as civil disobedience, and cheerfully warned fellow partyers to expect arrest: we’d all be busted for indecent exposure, ride to the city jail singing ‘We Shall Overcome,’ and there would be a big test case [before] the courts.” But to his dismay, “the cops never showed up.”\textsuperscript{103} Poland lamented that the nude parties quintupled the membership in sexual freedom groups but that the “students’ habit of picketing and political action has almost disappeared.”\textsuperscript{104} Holly Tannen of the Berkeley CSFF asked in a newsletter, “Where is our propaganda, our campaigns for civil liberties? They aren’t. Neither group is distributing much literature (except for recruitment) or sponsoring many lectures.” Tannen also was concerned that the parties did not force the issues into the public as many of the members did not publicize their actions and even used pseudonyms at the parties. Like Poland, she believed, “When enough fiery radicals have pressed for a cause, a few liberals begin to speak up for it, and eventually it becomes an issue, something the general public will take sides

\textsuperscript{101} Poland, “How to Organize a Sexual Freedom Group.”

\textsuperscript{102} Jefferson Poland to JD, 17 August 1967, Box 9, Folder 2, SFLR.

\textsuperscript{103} Jefferson Poland, “Sexual Freedom League Grows Older,” 25 December 1967, Box 9, Folder 25, SFLR.

\textsuperscript{104} Jefferson Poland to Jack Shepherd, Senior Editor of Look, 19 August 1967, Box 1, Folder 2, SFLR.
on.” For her, “The only way nude parties, legalized homosexuality, and all the rest of it will become accepted is for enough people to **take a public stand** for these things.”

The parties also shifted the focus of CSFFs away from the campus as a site for protest and education. Poland insisted, “It is merely literary to advocate fucking, but it is exciting, shocking and revolutionary to advocate fucking **right here** in our dorms. Nobody really believes you until you make it local and immediate.” He believed that the Stanford group had been one of the most successful “because they alone have had the imagination (or is it courage) to concentrate on specifying **campus** issues.” Although all the groups addressed campus issues at one time or another, the Stanford group continually pressed distributing birth control and ending parietals by continuously keeping petitions and referendums in circulation. Off-campus nude parties failed to address the concerns of students who lived on campus because it was not relevant to their lives.

CSFF members such as Holly Tannen were also concerned that the nude parties reinforced rather than challenged conservative sexual standards and gender roles. Tannen originally joined the group because she believed it furthered the feminist quest of gender equality: “The abolition of the double standard has always seemed to me the most important thing we can work for. Being a woman will do that to you.” This changed with the nude parties: “At the parties I’ve attended, all the old degrading games go on. Nude men look around, starting and getting up the courage to make passes at the nude women. Most of the men seem to reason that any woman who would come to such a party must be willing to fuck anyone, especially them.” Moreover, she contended that the parties often intensified the

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degradation and objectification of women. Men became “upset if their blatant passes are rebuffed, or if a girl objects to having her breasts grabbed. I’ve been through a lot of this. ‘How can you say you believe in sexual freedom if you won’t fuck me, you bitch!’” This was a far cry from the overt feminist action that the CSFFs had pursued on campus in the previous months.

In 1966, a Berkeley student wrote to his campus CSFF explaining why he thought the group might be headed toward failure. He argued, “The CSFF is in one grand sweep seems anxious to demolish a multitude of religious and cultural traditions that were formed over thousands of years. It cannot do it…overnight, with spasms of hurried frenzy.” The student continued, “Attitudes, beliefs and values change slowly in a society. A shock treatment such as CSFF attempts comes as a feather blowing against a stone wall.” In some ways, he was right. Most of the CSFFs peaked and disbanded within a year. Nevertheless, they did succeed in making sex a campus issue. A central goal of the CSFF was to instigate a public discussion about sexuality. They not only raised questions on the campuses where they formed but also received national notoriety, which helped to propel students around the country to think and speak about the intersections between their places of learning and sexual lives. The groups also made sex a topic for student politics and government. Even if they did not bring about concrete changes in policies, by continually pushing for legislation on student health services to distribute birth control, they led students to consider the possibility of contraceptive availability on campus and forced administrators to defend their policies publically, which sounded increasingly anachronistic to many young people. Although not their main goal, the

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107 Holly Tannen, “The Berkeley Scene.”

108 H. Bay to Sirs and Ladies, 15 March 1966, Box 3, Folder 16, SFLR.
CSFFs also served an educational purpose at colleges and universities by making sexuality a site of inquiry and intellectual discussion. These successes should not be underestimated. The CSFFs broke important ground, which helped make possible later efforts, like those of sexual liberation activists, to reform campus policies and discourse about sexuality.
In the fall of 1969, the Yale student newspaper announced the arrival of a husband and wife counseling team that aimed “to help students face the tremendous sexual pressures of the college environment” by providing sex counseling and helping students to secure contraceptives and safe abortions. Philip (Phil) Sarrel, a gynecologist, and Lorna Sarrel, a social worker, planned to “combine male and female insights as well as medical and psychiatric knowhow” in order to give students the best care. The team knew, however, “many students are reluctant to visit and talk to a school doctor about sexual problems. Fearing a moralizing lecture on the dangers and evils of premarital sex, the student tends to stay away.” The Sarrels reassured students that their service was different: “the purpose of the sex counseling service is not to moralize” and “the question ‘Are you married?’ is irrelevant and is not asked.” They condemned “the head-in-sand approach [of] some authorities in regard to students and unmarrieds’ sexual problems.” Philip Sarrel told the school paper, “We can send our problems elsewhere or create our own service and cope with problems here. The service at Yale will cope with problems here.”

The Sarrels’ counseling service marked the beginning of sea-change in how universities perceived and reacted to students’ sexual behaviors. At the University of

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California, Berkeley, students and community activists had attempted to transform the campus sexual culture and health services; by the turn of the decade, young physicians and faculty members, particularly those in OB/GYN Departments, were leading the march for change and were among the first sexual liberation activists. As part of the university hierarchy, these faculty members had access to avenues of power that students did not, and their status as physicians lent cultural and professional legitimacy to their views and efforts. Physician activists used their power and influence to create sexual health clinics with the mission of helping students obtain healthy, enjoyable sexual lives by giving them the means to protect themselves against the negative physical and emotional consequences of sex. They also offered students an egalitarian model of sexuality based on the empowerment of women.

Phil Sarrel at Yale University and OB/GYN Takey Crist at the University of North Carolina at Chapel Hill (UNC) started two of the first and most influential sexual health clinics. At first glance, these doctors and their schools seem extremely different. Sarrel grew up in an upper-middle-class New York household in the borough of Queens, while Crist was raised by immigrant Greek Cypriot parents who ran a restaurant and hotel in rural Jacksonville, North Carolina.² Sarrel only attended Northeastern Ivy League schools for his higher education and eventually worked at one the most elite, Yale University. Alternatively, Crist only attended his southern state’s flagship university for undergraduate and medical school, eventually working there as well. Even their personalities differed. Sarrel always seemed cool and collected. His calming presence and New York accent contrast sharply with the gregarious Crist whose impressive build hinted at his history as a UNC college football star and whose thick accent revealed his southern roots. The physicians also faced dissimilar

administrative cultures at their schools. At Yale, administrators supported changing students’ sexual health services largely due to the university admitting women for the first time. At UNC, administrators were far more reticent about endorsing a sexual health clinic, so Crist had to look to other avenues of support, primarily the population control movement.

Despite these differences, Crist and Sarrel shared similar goals and values, and their sexual liberation programs grew to resemble each other. The two OB/GYNs trained during the late 1950s and early 1960s, one of the most repressive times for abortion history in the United States when thousands of women were mutilated and killed by untrained, illegal abortion practitioners.³ Working at university hospitals made Sarrel and Crist especially attuned to the struggles of college women who had severely restricted reproductive choices. The young physicians also understood that not just laws and policies endangered college women’s lives but also their campuses’ sexual cultures that were rooted in the double standard.

In addition to giving women access to birth control and abortion, the Yale and UNC clinics had the central aim of educating women about their bodies and health. The physicians at each school believed that women should not be ashamed of their bodies, desires, and actions and attempted to make them comfortable with and empowered by their sexuality. Sarrel and Crist’s feminist approach toward their clinics and patients reveals the ways in which men were influenced by and contributed to the postwar women’s movement. They promoted a version of feminism that included changing the consciousness of men as well as women. Like all sexual liberation activists, Sarrel and Crist believed that ending the double standard must include male sexual responsibility. They pushed men to join their partners at

the clinics to learn about birth control, sexual response, and reproductive health in order to promote equality in relationships and safer, more enjoyable sexual lives for both partners.

Phil and Lorna Sarrel have shared a romantic as well as a professional partnership that has lasted over five decades, and the spirit of respect and equality that marks their relationship has enabled them to help each other to evolve professionally and personally. Inseparable from an early age, Phil Sarrel and Lorna Feinstein grew up next door to each other in the Rockaways area of Long Island during 1940s and 1950s. As Phil Sarrel fondly remembers, “We were always going off together, doing things together, riding bicycles together, and going to the beach together.” They even set up a German field phone that his father brought home from World War II so that they could talk to each other while in their bedrooms at night. By their last year of high school, they were seriously dating.4

The adolescents grew up in households that portrayed sex not as a taboo subject but in a clinical and positive light, which had a strong impact on their future careers. “From a sexual point of view, our parents, all four of them, [were] very accepting of kids, adolescents, being sexual.” Sarrel’s father, an OB/GYN, brought home a copy of the Kinsey Report for him to read when he was a teenager. He immediately shared it with his neighbor Feinstein: “We read it from cover to cover. We knew every table and every statistic.” As Sarrel surmised, “The seed of being sex researchers was planted in our adolescence.” Feinstein’s uncle also was an OB/GYN and took an interest in her sexual health. As she remembers, “One summer when I was probably seventeen, I worked in his office, and he said to me, ‘Are you and Phil having sex?’ And I said, ‘Yes,’ and he said, ‘I had better prescribe a diaphragm

4 Sarrel’s interview.
for you.”’” She realized that “most people didn’t have that kind of thing happen.” Even the couple’s peer groups were not as open or matter-of-fact about sexuality. Phil Sarrel had four close male friends growing up, and he recalled, “I don’t think we ever talked about sex.” Feinstein and her girlfriends “talked about who we had crushes on and that kind of thing, but as a matter of fact, I roomed with the same girl/woman at college for four years and I never knew what she either did or didn’t do and she didn’t know what I did or didn’t do.”

After they graduated high school in 1954, the couple continued to date and influenced each other professionally. For their undergraduate degrees, Sarrel went to Dartmouth and Feinstein to Mount Holyoke. After college, the two married and began to pursue advanced degrees, Phil Sarrel at New York University for medical school and Lorna Sarrel at Columbia for a master’s degree in social work. For Lorna Sarrel, “the whole psychological approach was my primary interest in counseling…and I think I influenced Phil a lot more so than most medical students in that era” who tended to see a clearer distinction between treating the mind and body. Phil Sarrel agreed with his wife’s assessment: “I think without your influence, I never would have gone in [the therapeutic] direction.”

At NYU, Phil Sarrel’s interest in sexuality was piqued when he attended a series of lectures on sexuality by gynecologist Sophie Kleegman, the first woman appointed to the NYU OB/GYN faculty. A pioneer in arguing for the importance of psychology in the practice of gynecological medicine, Kleegman was also a strong supporter of the birth control movement and became the director of the New York branch of Planned Parenthood. She also became one of Phil

5 Ibid.
6 Ibid.
Sarrel’s many female mentors and pushed him to think about the politics of sexuality and the practice of medicine.

Although interested in the psychological and medical aspects of sexuality, Phil Sarrel did not plan to specialize in this area of medicine when he started his residency as gynecologist-oncologist at the Yale-New Haven hospital in 1963. His career path, however, changed after he delivered his first baby there. Sarrel rushed to meet an ambulance that was arriving at the hospital with a woman in labor. When he encountered the paramedics:

They announce to me, ‘Everything is okay Doc, the baby is all out.’ And I go and I look, and yes, it’s all out, except the head. It had been a breech baby and it’s just hanging there. So we go rushing off to the delivery room, but by the time we were there, the baby was dead. And then it turned out that no one was paying attention to the mother, and as the story unfolded, it turned out they thought she had acute appendicitis and they were rushing her to an emergency room, and it turns out it’s a baby being born. This is all a hidden pregnancy, and she is ten-years-old. Her father is the father of the baby, so it’s a father/daughter incest. And this is my first delivery….

It made a pretty deep impression.⁸

After the delivery, the young physician asked the nurses how often pregnant teenagers came to the hospital. No one could give him an answer, so he pulled records of all births to women who were seventeen-years-old and younger from the past five years. He found that there were 103, mostly African Americans, and ninety-five percent of those girls had repeat pregnancies within the next five years.⁹ Sarrel also found these unmarried, pregnant teens had a greater risk for medical complications during pregnancy and labor, maternal depression, reliance on welfare, and the inability to complete their education. Their infants

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⁸Sarrel’s interview.

were also at higher risk for death in the perinatal period, maternal neglect, and mental retardation.\footnote{Ibid., 741.}

Sarrel was so bothered by the case of the ten-year-old and what he found in the hospital records that he founded and ran the New Haven Young Mother’s Program on top of his regular residency duties. Sarrel planned not only to provide prenatal and delivery care for these young women but also to tackle some of the systematic problems that kept these young women in poverty and put them at risk for repeated unwanted pregnancies. The program brought together almost fifty teachers, social workers, nurses, and physicians “to provide personalized and understanding care in order to maintain and promote educational continuity, medical care, and social stability” for unmarried pregnant teens.\footnote{Ibid., 743.} Each week, participants in the program met with Phil Sarrel so that he could monitor their health and educate them about their bodies and pregnancies. He gave all patients his home phone number to use whenever they had questions. He personally visited their homes and delivered each of their babies. In conjunction with their medical care, a social worker ran group sessions for the pregnant teens and served as a personal liaison between the women, the hospital service, government agencies, and community groups. The Young Mother’s Program also provided care for mothers and infants after birth. Since schools usually expelled these young women, the Program set up its own school to provide them with a full education as well as vocational training, recreation during the summer months, counseling, and obstetric care including

\footnote{Ibid., 741.}
\footnote{Ibid, 743.}
contraceptives. The program also provided pediatric medical care for the children, daycare services, and health-care for the girls’ families and boyfriends.12

Phil Sarrel considered the program a great success. Out of 120 teen who participated there were only fifteen repeat pregnancies in the first thirty-three months, two infant deaths, no cesarean sections, and most of the girls continued their education. The Young Mother’s Program also gave Phil Sarrel important experience in organizing a comprehensive clinic, which took an interdisciplinary and holistic approach to medicine.13 For the young physician, however, “the most rewarding [element] has been the opportunity to develop a close doctor-patient relationship not usually afforded in a residency program.”14

In 1966, Phil Sarrel’s life took an abrupt turn when he presented a paper about the Young Mother’s Program at an American Public Health Association conference in San Francisco. There he heard Mary Calderone, the former Medical Director of Planned Parenthood Association of America, speak about an organization she had started in 1964 to promote comprehensive sex education: the Sexuality Information and Education Council of the United States (SIECUS). Calderone’s aim was to fight against the silences surrounding sexuality, which she believed fostered shame, ignorance, and social problems. SIECUS promoted sexuality as a healthy aspect of human life and supported gender equality and acceptance of sexual diversity.15 After hearing Sarrel talk about his program, she spent some

12 Ibid.; Sarrel’s interview.


15 For more on SIECUS, see Janice E. Irvine, Talk About Sex: The Battles over Sex Education in the United States (Berkeley: University of California Press, 2002), 7, 17-33.
time discussing teenage sexuality with him and observed that his views meshed well with those of SIECUS. A few weeks later, she invited him to join the SIECUS Board of Directors. The young physician eagerly accepted and was put on a committee with leading scholars in the field of human sexuality, including William Masters, who would publish a groundbreaking study on sexual response with Virginia Johnson in 1966; Wardell Pomeroy and Paul Gebhard, who coauthored the Kinsey Reports; and Alan Bell, a pioneer in disputing the classification of homosexuality as a psychological maladjustment.16 Sarrel remembered being in awe of this sexuality-studies dream team, especially since “in age I could have been their son.”17 These scholars were all involved in pivotal research about sexuality, and the youngest member of this team was about to embark on a new project that would break new ground on college campuses.

Drawing inspiration and material from his SIECUS co-directors, Sarrel implemented a course on sexuality for Yale medical students in 1966. As Lorna Sarrel explained, “As typical of Phil, he gets an idea—he’s one of those people who follows through. He immediately went around in the medical school and got people to join the concept that there should be a sex education program for medical students. And suddenly, it blossomed.”18 As with the Young Mother’s Program, Phil Sarrel used a team approach, bringing together twenty-five faculty members from different departments including the School of Public Health, Population Studies, the Psychiatry Department, and the Department of Gynecology to teach the course. Phil Sarrel’s course was not only innovative in teaching about sex but also


17 Sarrels interview.

18 Sarrels interview.
in its interdisciplinary approach to teaching and medicine. Phil Sarrel recalled, “At that time no one talked to anyone else. Each department in the medical school was like a separate fiefdom, and there was no communication. In fact, we were forbidden in the Gynecology Department by one of our chief residents to have a psychiatrist see a patient.”

In 1967, the year after he started the medical school course, Phil Sarrel was drafted by the United States Air Force. Because he specialized in Obstetrics and Gynecology, the Air Force did not send him to Vietnam and instead stationed him at the Westover base in the Pioneer Valley of western Massachusetts where Smith, Mount Holyoke, and Amherst colleges and the University of Massachusetts were located. Phil Sarrel had been thinking about tailoring the Yale medical school course to undergraduates and being around so many schools provided him with an excellent opportunity to implement his plan. Therefore, in addition to his Air Force duties, he and Lorna Sarrel organized a non-credit sexuality course for Mount Holyoke students. Topics in Human Sexuality was such a success that over the next few years he went on to offer courses to thousands of students in the Pioneer Valley and the entire Northeast.

Because of the course, the Sarrels became a trusted source for students in the area who needed help with sexual problems. Lorna Sarrel recalled that after they started Topics in Human Sexuality, “We began to see how hungry the students were for a place that they could turn to privately, not just the class. They would call us at home with their questions.”

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19 Sarrels interview.


21 Sarrels interview.
requests for help poured in, the Sarrels identified an “alarming lack of helpful resources available through college auspices” when it came to students’ sexual health. They observed, “Each campus seemed to have a few trusted persons…who were known to be helpful in some situations, but the vast majority of students felt there was no one they could turn to with a serious sexual problem or concern.”\textsuperscript{22} At the majority of schools, students distrusted the health services on campuses. In many instances, their wariness was justified. Phil Sarrel later recalled one student’s story about calling a doctor at student health after an illegal abortion that led to serious bleeding, “He hung up on her!”\textsuperscript{23} Even if schools did not punish pregnant students, the lack of public policies on the matter led to rumors. For instance, at Mount Holyoke, students believed that their health services tested all urine samples and notified parents of positive results for pregnancy.\textsuperscript{24} There is no evidence that the health service did this, but it does highlight student paranoia regarding their sexuality and their school.

After his stint in the Air Force, Phil Sarrel planned to take a position at the Yale Medical School. It was 1969, a momentous year for Yale. After years of debate, this university decided to admit undergraduate women for the first time. Throughout the 1960s, Yale had toyed with the idea of coeducation, and the sexual consequences of the decisions always stood at the center of the debate. Some had argued that men at a single sex institution were too preoccupied by “sexual fantasy” and coeducation would lead to more “natural” relationships with women. Others expressed concern that having women on campus and in

\textsuperscript{22} Philip M. Sarrel, M.D., and Lorna J. Sarrel, M.S.W., “A Sex Counseling Service for College Students,” \textit{American Journal of Public Health} 61, no.7 (July 1971): 1341–1347.

\textsuperscript{23} Ibid., 1342.

\textsuperscript{24} Ibid.; Sarrels interview.
the classroom would cause too much of a sexual distraction.\footnote{For example, see, Dr. Robert E. Nixon (Psychiatrist at Vassar) “Coeducation Forum,” \textit{Yale Daily News}, 22 April 1966; “Women at Yale College? Students Split on Issue, Cite Tradition, Standards,” \textit{Yale Daily News}, 9 October 1963; George W. Pierson, “Coeducation Forum: George W. Pierson on the Hazards of Normalcy,” \textit{Yale Daily News}, 11 May 1966, 2; “Students, Faculty on Coeducation,” \textit{Yale Daily News}, 18 May 1966, 13; Kingman Brewster to Alan Pifer (Carnegie Corporation), 16 February 1967 and Yale-Vassar Study, President Brewster’s Copy, Series 1, Box 236, Folder 11, Kingman Brewster, Jr., President of Yale University, Records (RU 11), Manuscripts and Archives, Yale University Library. (Hereafter cited as YUL).} When Yale finally decided to admit women, many administrators believed that in some ways they were condoning or at least accepting sexual relations among students. Therefore, their concerns focused less on students having sexual relationships than on the consequences of those relationships, especially pregnancy.

This fear of pregnancy was a foremost concern for administrators as Yale’s student Department of University Health (DUH) prepared for 500 new female undergraduates (250 first-years and 250 sophomore and junior transfers) entering the school. As the Sarrels observed, “The thought of young women with ailments ranging from cramps to pregnancy was not a little frightening for a health service geared almost exclusively to male needs.”\footnote{Sarrel and Sarrel, “A Sex Counseling Service for College Students”: 1341.} Yale, like the vast majority of coed schools at the time, did not have a gynecologist working at its health services. The few female graduate students already enrolled at Yale in the late 1960s had to go into town to see a gynecologist at their own expense.\footnote{See Shelley E Tayler to Brewster, 5 March 1969; John Perry Miller to Shelley E. Taylor, 20 March 1969, Box 10, Folder: Health, Office on the Education of Women, Yale University, Records (RU 821), Accession 19ND-A-086, YUL.} The health services had justified the lack of women’s healthcare on the grounds that Yale was a “male institution” in spite of its female graduate students. Moreover, gynecology was not seen as an aspect of primary care for women in the 1960s. Yale would not add a full-time gynecologist
until 1971, and even then, it was only one of dozens of colleges in the United States that had a gynecologist at least on a part time basis.28

Because it had no female undergraduates before 1969, Yale started at square one when it came to defining its reproductive and sexual policies. Unlike other schools’ policies that had been evolving (or not) over the past half of a century, Yale administrators had a chance to start anew in 1969 by consciously building a program from the ground up without having to go through the often arduous process of changing policies. Going coed also made administrators extremely reflective and methodical about implementing policies that would impact female students. Robert Arnstein of Yale’s Department of Student Mental Hygiene (DSMH), was one of the people who had a clear vision for how his department would adapt to the influx of women on campus. The fifty-year-old psychiatrist was popular among students and had earned their trust by denying the United States Draft Board access to student records.29 The psychiatrist was also interested in issues concerning student sexuality and had been involved in a number of progressive projects dealing with the issue. He had participated in Philip Sarrel’s medical school course on sexuality as a faculty leader of a small group. He also had been a part of the Group for the Advancement of Psychiatry’s Committee on the College Student, which had issued the Sex and the College Student report in 1965 that recommended that students’ “sexual activity privately practiced with appropriate attention to the sensitivities of other people should not be the concern of the

28 In 1972, a survey by the National Student Association found that 53% of American college campuses did not have gynecological service and 72% still did not prescribe birth control. Jane E. Brodym, “reprinted with permission by the College Program, Planned Parenthood-World Population,” 1972, Series VII, Box 1, Folder 76, Joint Board System, Health Board, Archives, University of Colorado at Boulder Libraries. (Hereafter cited at UCL); University Committee on Coeducation, Minutes, 13 April 1971 Box 6, Folder: Co-ed Committee, Office on the Education of Women, Yale University, Records (RU 821), Accession 19ND-A-086, YUL.

29 Sarrels interview.
The group also advised that health services should be open to prescribing contraceptives, counseling should be made available to women seeking abortions, homosexuality should not be punished, and schools should institute sex education programs.  

When Yale examined its policies in preparing for the influx of female undergraduates, Arnstein saw his chance to implement some of Group for the Advancement of Psychiatry recommendations. His department issued a memo outlining how it believed the student health service should handle the influx of female students. The DSMH’s recommendations deviated from most standard practices at institutions of higher education in the United States. It counseled, “contraceptive information, advice and prescriptions should be provided in appropriate cases on the same basis that they would be if a private gynecologist was consulted.” They justified this policy by arguing that the “dangers and difficulties associated with unwanted pregnancies far outweigh all other considerations.” The DSMH contended:

There is little evidence that the quantity of sexual behavior is increased by the presence of contraception, and the considerable number of unexpected and unwanted pregnancies is testimony to the fact that the absence of contraception is no guarantee of absence of intercourse. Under the circumstances every effort should be made to help the individual who may be exposed to the risk of pregnancy to avoid incurring consequences which may be tragically damaging to three lives as well as secondarily affecting other related individuals.  

30 Committee on the College Student, Group for the Advancement of Psychiatry, *Sex and the College Student* (Greenwich, CT: Fawcett Crest, 1965), 117.

31 *Sex and College Student*, 117-128.

The DSMH not only refuted the myth that contraceptive availability led to promiscuity but also challenged the demonization of women who had intercourse before marriage and argued for female students’ sexual autonomy. “We feel that this service should be provided without involving parental consent to the basis that, as with other health issues, a girl who is prepared to matriculate at Yale should be capable of making such decisions about her own life.”33 This statement directly attacked the policy of and ideology behind in loco parentis, which maintained that schools’ had a responsibility to limit female students’ sexual expression through rules and regulations.

Perhaps surprisingly, Yale administrators agreed with DSMH’s assessment of in loco parentis rules. As Lorna Sarrel remembers, Yale President “Kingman Brewster … was a very liberal president … not the typical Yale President. He was marvelous. He was very supportive.”34 It probably did not hurt that Kingman Brewster and Arnstein were close friends. As Lorna Sarrel observed, “Anything Dr. Arnstein supports, [Brewster] supports. So it was that kind of important person-to-person connection.”35 The administration was also already leaning towards not instituting in loco parentis rules for the new female students. The Planning Committee on Coeducation had “a lengthy discussion concerning rules and regulations for undergraduate women,” and they “reached the consensus that no additional rules other than those currently applying to Yale undergraduates should be established for the undergraduate women.” Women would “have the option of establishing sign-outs, or more restrictive parietal regulations in any particular residential unit if they so wish” but such

33 Ibid.
34 Sarrels interview.
35 Sarrels interview.
regulations would not be mandatory.\textsuperscript{36} As an administrator told the parents of incoming women, “Your daughter will therefore be called upon to make many of her own decisions…. Ultimately…responsibility for making decisions concerning courses, extracurricular activities, social life, etc., will be primarily hers.”\textsuperscript{37}

Shortly after receiving Arnstein’s memo, Yale’s Office of the President sent out its own memo stating that it would be appointing one or more gynecologists who would have the ability to prescribe students contraceptives. The memo also addressed other aspects of \textit{in loco parentis} rules that dealt directly with female students’ reproductive rights: “The University must deal with Yale students as adults and therefore we would not expect members of the staff, medical or counseling, to deal with parents directly on any of these problems.” Parents would only be notified “if a student is in jeopardy of, or about to be, dismissed from the University.” The memo continued, “Abortion and advice concerning abortion should be dealt with solely by medical authorities. No official at Yale should give advice or counsel about abortion save the name of a medical doctor or psychiatrist to whom the student might turn.” If a student decided to continue a pregnancy, she “should be allowed to finish the semester in which the pregnancy comes to the attention of the University \textit{provided} she can maintain her normal, regular academic schedule.” “The question of whether this woman would be allowed to continue or resume her work at Yale would be decided on an ad hoc basis” because no student could have a dependent in the residential colleges. Furthermore, the burden would be on the student to prove that “the presence of a child will

\textsuperscript{36} Elga Wasserman, \textit{Report of the Chairman of the Planning Committee on Coeducation, 1968-1969}, May 29, 1969, Series I, Box 60, Folder 16, Kingman Brewster, Jr., President of Yale University, Records (RU 11), YUL.

\textsuperscript{37} Elga Wasserman to Parents of the Women of the Yale College Classes of 1973, 1972, and 1971, August 1969, Box 18, Folder: Material Distributed U Comm. on Coeducation, Office on the Education of Women, Yale University, Records (RU 821), Accession 19ND-A-086, YUL.
not constitute an emotional or real barrier to the pursuit of a full-time academic program by the mother.”\footnote{38} There was no statement about students fathering a child, but even with that aspect of the double standard continuing, these new policies gave Yale women more sexual freedom and reproductive autonomy than the vast majority of female college students in America. It dealt an important blow to the institution of \textit{in loco parentis} and signaled a step toward gender equality.

When it came time to choose Yale’s new student gynecologist, Phil Sarrel topped Arnstein’s list. The DSMH report anticipated that “a significant part of the [gynecologist’s] work will be of a counseling nature…. Although a high standard of gynecological competence is clearly the first requirement … because of the special characteristics of the patient group, it seems almost equally important that he (or she) be psychologically sensitive and someone with whom girls will feel comfortable talking.”\footnote{39} Phil Sarrel, who was returning to Yale in the fall of 1969 anyway, seemed a perfect fit for the position. His Young Mother’s Program had taken a multidisciplinary approach that combined gynecological/obstetrical medicine with psychological counseling and sex education. He had also gained invaluable experience working in the Pioneer Valley as a sex education instructor, physician, and confidant to hundreds of college students. Sarrel agreed that students needed “something beyond the usual gynecologic care” and felt that his wife’s experience as a social worker would further round out the new program’s medical and

\footnote{38} Henry Chauncey (Planning Committee on Coeducation), Memorandum, 12 February 1969, Box 10, Folder: Health, Office on the Education of Women, Yale University, Records (RU 821), Accession 19ND-A-086, Manuscripts and Archives, YUL.

\footnote{39} “DSMH Health Recommendations in Anticipation of Coeducation,” n.d. [1969], Box 10, Folder: Health, Office on the Education of Women, Yale University, Records (RU 821), Accession 19ND-A-086, Manuscripts and Archives, YUL.
psychological aspects. Lorna and Phil Sarrel would work together to start a clinic “with the goal of helping students with any problem relating to sexuality.”

The Sarrels called their new facility the “Sex Counseling Service.” As Lorna Sarrel explained, “We weren’t coy with the name of it. We didn’t hide the fact that it existed.” During the first few weeks of the fall semester in 1969, the Sarrels got the word out about their clinic and “at meetings with student groups, their student-advisers, deans and masters of the colleges as well as the nursing and medical staff of the Department of University Health.” Information about the service was also available in the school’s directory. The student paper, the *Yale Daily News*, ran a story emphasizing that the Sarrels would not “moralize” and stressed “absolute confidentiality” in order to overcome students’ preconceived notions about campus health care. The Sarrels decided to place their Service under the Department of Student Mental Hygiene and not the Department of University Health because of that department’s positive reputation among students. “We decided to follow [the DSMH’s] practice of stressing confidentiality and of keeping records entirely apart from the student’s regular medical chart.” To further alleviate anxieties, the Sarrels assured students that they could also see the counseling team anonymously and did not have to leave their names.

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40 Sarrel and Sarrel, “A Sex Counseling Service for College Students”: 1341.

41 Sarrels interview.

42 Sarrel and Sarrel, “A Sex Counseling Service for College Students”: 1342.

43 Philip M. Sarrel, M.D., and Lorna J. Sarrel, M.S.W., “A Sex Counseling Service for College Students,” 1342.

44 Ibid., 1341–1342.

45 See Memorandum for Department of University Health File, 15 September 1969, Box 10, Folder: Health, Office on the Education of Women, Yale University, Records (RU 821), Accession 19ND-A-086, Manuscripts and Archives, YUL.
The Sex Counseling Service was held on Wednesdays from 8:30 a.m. to 5:00 p.m.\textsuperscript{46} For routine gynecological services not related to sex, contraception, or abortion, there were two other clinics during the week run by different gynecologists.\textsuperscript{47} Appointments at the service were supposed to be a half-hour long but could be extended if the Sarrels or students wished. When a patient arrived, the Sarrels introduced themselves and told him or her that they worked as a team. They would then ask the student if she or he felt comfortable with the arrangement; to their recollection, no one ever objected.\textsuperscript{48} They would then speak to the student for fifteen to twenty-five minutes. For female students who requested it, this discussion was followed by a gynecological exam performed by Phil Sarrel. After the exam, there would be another discussion if needed.\textsuperscript{49}

In their first year, the Sarrels saw 178 undergraduates. Out of these undergraduates, 167 were women, eleven males came in on their own, and twenty-eight men came in with their female partners. Sixty-five percent of the woman who came in requested birth control.\textsuperscript{50} In Connecticut in 1969, physicians could legally prescribe contraceptives to women under twenty-one, and Phil Sarrel made it known that he would prescribe them to unmarried undergraduates.\textsuperscript{51} The Sarrels believed that making contraception available to some

\textsuperscript{46}Ibid.


\textsuperscript{48} Sarrels interview.

\textsuperscript{49} Sarrel and Sarrel, “A Sex Counseling Service for College Students”: 1341.

\textsuperscript{50} Eleven thought they were pregnant, although most were not. Fourteen students requested the morning-after pill. Two women thought they had a sexual transmitted infection and both did. Finally, twelve women came to just talk about sexual problems and another ten came for other various other reasons. Sarrel and Sarrel “A Sex Counseling Service for College Students”: 1341–1347.

\textsuperscript{51} “Advice on Sex Offered,” \textit{Yale Daily News}, 4 March 1970, 1.
unmarried people was good “preventative medicine.” In addition to prescribing birth control, Phil Sarrel also prescribed the “morning after pill” (fifty milligrams of diethylstilbestrol), which was developed by Dr. John M. Morris at Yale and could be taken three to five days after intercourse to prevent pregnancy. As the Sarrels recalled, the availability of this pill made Monday mornings an especially busy time at the clinic because they always saw at least a few women who had unprotected sex over the weekend.

In addition to prescribing birth control, the Sarrels helped women to secure safe and legal abortions. When a student came in believing she was pregnant, the team first tested her because they had found that many young women who went to illegal abortion providers were not even pregnant. The majority of the ten to twenty girls they saw each year who were pregnant chose to terminate their pregnancies, and almost all did so legally with the help of the Sarrels. Connecticut, along with Colorado, North Carolina, Georgia, and Maryland, had liberalized its abortion laws in 1967, meaning that a woman could receive a therapeutic abortion if a hospital’s abortion committee decided that her life was in danger.

When a woman or a couple first came to the Sarrels wanting an abortion, the physician and social worker would talk to them about financing the procedure and whether they wanted their parents involved. Phil Sarrel would examine the woman and then send her to either a trusted member of either the Department of University Health or Department of Psychiatry to get a

52 Skevas and Rosenberg, “DUH’s New Gynecology Duo Discuss Sex Counseling Role.”


54 Sarrels interview.

55 Ibid.

referral. Sarrel and the psychiatrist next sent a letter to the abortion committee at the Yale-New Haven Hospital, usually claiming that the woman was a suicide risk and, therefore, continuing the pregnancy would risk her life. In most cases, the abortion was approved. Phil Sarrel did “all the abortions. I’m there for them, whatever they need, from a medical point of view. Of course, we are both there for counseling.” If under twenty-one, by law the woman needed one parent’s permission. Interestingly, the Sarrels found that “although most students are resistant to the idea of involving parents, it has been our experience that parents are amazingly supportive in this crisis. In some instances, it has created a relationship between parent and child that is closer than ever before.”

The Sarrels never ran into legal problems for helping women obtain abortions, although they could have because of the ambiguous nature of the law. The Sarrels did not fear arrest and actually saw prosecution as a potential opportunity. During his residency, Yale OB/GYN Professor C. Lee Buxton left a deep impression on Phil Sarrel. Along with the executive director of the Connecticut chapter of Planned Parenthood, Estelle Griswold, Buxton opened a birth control clinic in New Haven to test the state’s contraception laws in 1961. *Griswold v. Connecticut* became the landmark case in which the Supreme Court ruled in 1964 that banning contraceptives violated a married couple’s right to privacy. During his residency, Phil Sarrel along with two other residents and Buxton ran what he called “an intrauterine ring clinic” in which they inserted the contraceptive devices into women who wanted them even though it was illegal to do so at the time. Phil Sarrel remembers vividly

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57 Sarrel and Sarrel, “A Sex Counseling Service for College Students”: 1344.

that Buxton just said, “Well, if they want to come and arrest us, they can come and arrest us.” So when it came to providing abortions, Phil Sarrel explained, “With Dr. Buxton as something of a role model, there was always this sort of hope that someone would come in and arrest us, and then it would become a big cause célèbre, but that never happened.” Not only did the Sarrels risk potential legal action in order to provide reproductive health care for students, but Phil Sarrel also called on his colleagues to join this fight. As he told the magazine *Ob.Gyn. News*, physicians should not “hide behind the law….If it is good medical practice to prevent a girl from becoming pregnant—and [Sarrel] believes it usually is in the case of a young, unmarried girl—then the law should be circumvented so that the girl does not go to a criminal abortionist.”

Although the Sarrels readily prescribed contraceptives, they did not want the Sex Counseling Service to “function as an assembly line dispensary of birth control devices.” Their experiences showed them, “There are very few ‘routine’ requests for birth control in a college population. The students need and want to talk about so much more than just the relative merits of pill versus IUD, or how to use a diaphragm.” Therefore, they began their visits with students by taking a sexual history and asking questions such as if the patient has had sexual intercourse, how she felt about her sexual experiences, what kind of relationship she had with her sexual partner(s), and if she had any questions or worries about sexual...

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59 Sarrels interview.

60 Ibid.


62 Sarrel and Sarrel, “A Sex Counseling Service for College Students,” 1342.
response. The counseling team then asked about the student’s background and relationship with her family because they found that talking about the patient’s family’s attitude toward sex could raise moral issues for the young woman that she might need help working through. Although this process had the potential to seem overly intrusive to the patient, the Sarrels found students often “welcome [this opportunity] because we are not preaching. What we are trying to do is to help them think through the meaning of their sexuality and sexual behavior for themselves and their partners.” For instance, one student came in requesting the morning after pill, but Sarrel did not find sperm in her vagina when he examined her. When he told the woman, “I don’t think you have to worry about becoming pregnant,” she responded by asking, “Does that mean I’m sterile?” It turned out that she believed she was sterile because she had never had an orgasm. The Sarrels talked to her about sexual response and techniques for achieving an orgasm.63

In some cases, students came to the Sarrels primarily to ask questions about sexual biology and function. Many women lacked basic knowledge of their anatomy, and the Sarrels often saw female students who believed they were still virgins if they thought their hymen was intact. They recalled that one patient became pregnant because “she was waiting for her hymen to pop, so she thought it was a closed membrane…. and she got pregnant. She thought she was still a virgin.”64 Another student came in because a gynecologist told her that her hymen was too tight for intercourse and she needed surgery. When the Sarrels talked to the student, they discovered that she was trying not to orgasm because she thought it was “too embarrassing,” and she was involuntarily tightening her vaginal muscles. The Sarrels


64 Sarrels interview.
suggested that she might be doing this because she was not ready to have intercourse. The woman replied that she was not comfortable with her boyfriend: “I don’t think I was ever really sure I wanted to have intercourse.” When Phil Sarrel examined her, he taught muscle-relaxing techniques that she could practice so that she could have intercourse when she felt ready. He also offered to prescribe the Pill, to which she responded, “I think I’ll wait until fall and come back to see you then if we are going to have intercourse.” The physician did not make the choice for this student through moralizing but rather he helped her through the process of discovering what she really wanted and how she could have the most pleasurable experiences.65 Teaching women techniques, especially when it came to orgasm, was quite radical at the time in student health service, particularly since the Sarrels often advised women to masturbate because they believed in “a woman teaching herself and learning her response, and then the whole issue of orgasm or non-orgasm becomes a very workable issue.”66

The Sarrels’ approach was intended to help students feel as at ease as possible in what could be a new and intimidating situation. They found, “The fact that there are two of us, male and female, husband and wife, seems to make students feel comfortable…. We are able to get into sexual material very easily and quickly.” They reported, “Almost no one has reacted with hostility, suspicion or embarrassment. Afterwards, some students have told us that this was the first time they had ever discussed their sex life openly and frankly with anyone—much less adults!” The Sarrels believed, “For the girls especially, the presence of a

65 Sarrel and Sarrel, “A Sex Counseling Service for College Students”: 1344-5.
66 Sarrels interview.
female is a support.” Working with a woman on either psychological or physical sexual issues was a rarity at this time, since in 1970, only about six percent of obstetricians and gynecologists were women. By 1971, there were only two female physicians on Yale’s Department of University Health staff, a dermatologist and an internist. When Phil Sarrel did exams, he always had a female “chaperone” in the examining room to make the patient feel comfortable. He tried to do pelvic exams “in a way that could be sex positive” and attempted to avoid ways in which it “could be very destructive.” By 1973, he borrowed a tactic from the women’s health movement by using a mirror during the pelvic exam so that women could see and learn about their bodies. He even tried to pass along this sensitivity to students in his medical school courses. As the Yale Daily News reported, he often asked the residents, who were usually men, “to lie down on examining tables in the position in which pelvic is given so that they can then see what it is like for a woman to do so.”

In August 1971, the importance of a female/male team was reinforced to the Sarrels when they participated in a training session with sex therapy pioneers William Masters and Virginia Johnson. They described their time with the therapists as “rigorous, intense, of a very high standard, and for us, revolutionary.” Masters and Johnson questioned the Sarrels’ “mind/body” technique in which Lorna focused more on counseling and Phil Sarrel on

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67 Ibid.


69 Judy Berkan, Barbara Dienhardt, Debra Herman, Connie Royster, and Betty Spahn She: Information for Women at Yale, 1971-72, 1971, Box 9, Folder: Intercollegiate Association of Women Students, Office on the Education of Women, Yale University, Records (RU 821), Accession 19ND-A-086, YUL.


71 Ibid.
examination. Masters and Johnson used a “co-therapy approach” where the male therapist focused more on the male patient and the female therapist on the female patient, which meant that Phil and Lorna Sarrel had to learn more about each other’s specialty. This training was particularly important to the Sarrels because Masters and Johnson insisted that they “function as equals in the therapy team.” There were to be “no more dominance-submission patterns based on the male/female or doctor/social worker status difference.”

Like other sexual liberation activists, the Sarrels aimed to provide reproductive services to students, but also to create a new sexual atmosphere on campus centered on honesty and openness. As one student recalled, “They seemed to have a sort of a sense of mission, which was to broaden the horizons of the students…. [They] realized that a lot of things were changing in the country and at Yale, and I think he sort of saw his place as perhaps advancing change in terms of attitude towards sexuality and towards relationships.”

Another student who heard Phil Sarrel speak thought he was “very refreshing” and felt “shocked” by his “openness.” Students described the Sarrels as “very approachable,” “accessible,” “professional,” “respectful,” and “non-judgmental.” Their office was “a place where people were comfortable talking about sexual issues and, you know, able to ask questions and get answers.”

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73 Kerry Bloomingdale, Interviewed by the author, 18 February 2008, Newton, Massachusetts.


76 Meyer interview.
Students enthusiastically responded to the Sex Counseling Service. Out of the 223 female students who entered Yale as first-years in 1969, the Sarrels saw 214 as patients at least once over the next four years. The only problem that students voiced about the counseling service was how difficult it was to get an appointment. While they always fit in emergencies, the waiting list to see the counseling team was over three months by March of 1970. Students rarely missed appointments, and when they did, “the appointment [was] often ‘given’ to a roommate or friend.” In the second year, the Sarrels added an extra day of counseling each week, but demand still exceeded capacity. They extended hours further during the 1972-1973 school year and had over 1000 visits from undergraduates. To their delight, more male students came, and thirty to forty percent of students came as couples. Even faculty started making appointments in order to receive help either with their own sexual problems or for advice about their children.

The Sarrels reported that the greatest resistance came from nurses and physicians in the Department of University Health. Some physicians would not only refuse to refer their patients to the service when appropriate, but they were openly hostile to women who came to

77 Marriage Council of Philadelphia, “Sex and the College Student,” Program for meeting at University of Pennsylvania, 9 December 1971, Box 14, Folder Meeting 1971, TCP.

78 Sarrel and Sarrel, “A Sex Counseling Service for College Students,” 1341.

79 Women’s Advisory Council (Upperclass Group), 7 May 1970, Box 14, Folder: Women’s Advisory Council, Office on the Education of Women, Yale University, Records (RU 821), Accession 19ND-A-086, Manuscripts and Archives, YUL. Also see Elga Wasserman, Chairman, University Committee on Coeducation and Special Assistant to the President on the Education of Women “Coeducation, 1969-1970,” 14 December 1970, Series 1, Box 60, Folder 12, Kingman Brewster, Jr., President of Yale University, Records (RU 11), YUL; Women’s Advisory Council, Minutes, 17 February 1971; Box 14, Folder: Women’s Advisory Council, 1970-71, Office on the Education of Women, Yale University, Records (RU 821), Accession 19ND-A-086, YUL.


81 Sarrel and Sarrel, “A Sex Counseling Service for College Students”: 1346.
them requesting birth control. As Lorna Sarrel recalled, “There was one doctor there who actually used to pull out a Bible….Or [students] got real negative vibes even if it was not as explicit as that, and then they would come to us because they wanted a different kind of feeling around getting contraception.” Phil Sarrel tried to confront and prevent tensions by including as many people as possible in the program. He called a conference with the health care workers at the Department of University Health, which “cleared the air considerably.” Even their “most outspoken critic…attended the lecture series in human sexuality,” which “changed much of his thinking quite radically.” By the close of the academic year, the student health care professionals “were making appropriate referrals and many have been very helpful in handling our extra patients for us.”

Perhaps surprisingly, the novel Sex Counseling Service did not receive much outside criticism. After an article appeared about them in the Wall Street Journal, the Sarrels thought, “They’re going to shut us down, because the alumni are going to complain, and there is going to be a big stink about it. Well, there wasn’t.” They only received one negative letter. Alumni who wrote about their grievances to the administration at this time tended to complain about the general idea of the school becoming coeducational, rather than about specifics such as the counseling service. There is also no evidence of complaints from parents either. The Sarrels even reported, “The father of one of the girls we saw is a college

82 Women’s Advisory Council (Upperclass Group), 7 May 1970, Box 14, Folder: Women’s Advisory Council, Office on the Education of Women, Yale University, Records (RU 821), Accession 19ND-A-086, YUL.

83 Sarrels interview.

84 Sarrel and Sarrel, “A Sex Counseling Service for College Students”: 1346.


86 Sarrel and Sarrel, “A Sex Counseling Service for College Students”: 1346.
president and having learned about the experience of his daughter has since started a sex
counseling program on his campus modeled after Yale’s.”

The press the Sex Counseling Service received inspired some physicians around the
country to follow suit. Many physicians, especially younger OB/GYNs at university
hospitals, were frustrated with the virtual absence of sexual health care on college campuses
and the number of young college students needing medical attention after botched illegal
abortion attempts. Having a Sex Counseling Service at a prestigious Ivy League institution as
prestigious helped to legitimize the idea of a student sexuality clinic and gave some
physicians around the country the courage to establish their own clinics.

A young doctor at the University of North Carolina, Takey Crist, was one of the
physicians who took notice of the Sarrels’ work with Yale students and was inspired to start
his own sexual health clinic and kick off sexual liberation activism on his southern campus.
As in the Sarrels’ childhood homes, Crist’s family discussed sex openly in the 1950s. Crist
remembers, “It’s always been part of the natural process of being a human being in my
family….It was never a stigma to talk about it.” This openness, however, was at odds with
social mores of his community. “When I was in high school, if a young woman got
pregnant… she disappeared. It was either Florence Crittenton home or adoption or some
went to live with grandmama. We didn’t talk about it.” The removal of these young women

87 Ibid.
York: Routledge, 1992), 160-190. Also see Johanna Schoen, Choice and Coercion: Birth Control, Sterilization,
reinforced a sexual culture that condemned female sexual expression outside of marriage and attempted to make it invisible.

Patterns of silence about sexuality and pregnancy continued when Crist attended UNC as an undergraduate and medical student in the early 1960s. The lack of open discussions about sexuality bothered Crist, but two experiences during his training as an obstetrician-gynecologist propelled him to devote much of his life to helping women secure reproductive freedom. During a medical internship in Charleston, South Carolina in 1965, Crist was horrified at what he saw on the OB/GYN ward of the hospital: “[O]n the weekends, we would always see women who had gone somewhere for an illegal abortion. The wards on the OB/GYN service on Monday, you could smell the infection and the disease and it just left an impression on you.” When Crist returned to UNC for his OB/GYN residency, the twenty-nine year old, now married physician had another experience that directly connected the horror he saw in Charleston to the policies of the university. In 1966, a female student with a red catheter lodged in her uterus from a fifty-dollar illegal abortion arrived at UNC’s Memorial Hospital. Crist remembered with vivid detail, “She lost her uterus. She lost her ovaries. She had an abscess. She was put in ICU.” Moreover, even though the Dean of Women told Crist and other physicians in the OB/GYN department that the woman could remain in school, she was later expelled for “unwoman-like conduct.” As Crist pointed out, “Remember, the male, he wasn’t involved.”\(^90\) Crist was outraged that this young women not only lost her reproductive capabilities but also her education, while the man who impregnated her lost nothing.\(^91\)

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\(^90\) Crist interview

Crist defined the problems of these young women not in terms of them breaking social mores, but as the social mores themselves. He believed that society unfairly targeted women who were “told all their lives that their period is ‘the curse’ and that sex is wrong and bad,” and at the same time, society “encourag[ed] young men to get as much sexual experience as possible.”92 Repeatedly, Crist came across young women who felt the emotional impact of the double standard. One woman’s boyfriend, “after finding out that she was pregnant, told her that he would pay for everything…. [S]he was deeply in love with this guy but she realized that they couldn’t get married as they both had to finish school.” She described herself as “the loneliest person in the world when I was in the hotel room after I had had an abortion.”93 As so many stories went, the boyfriend gave his pregnant girlfriend some cash and abandoned her. These young men listened to what their university taught them: pregnancy was a woman’s problem and preventing it was a woman’s responsibility.

There was no doubt in Crist’s mind that the university administration and the student health services were largely to blame for student’s sexual ignorance and problems. Students had nowhere to turn for information about sex and how to protect themselves from its unwanted consequences on campus. The health service and the university did not reward or even promote responsibility for sexually active students; to them, all premarital sex was immoral, and the only morality they endorsed was abstinence. This mindset virtually shut out the possibility of any type of sex education. Crist ranted in the North Carolina Medical

92 Pat Broden, “‘I Really Think We’re in Sexual Wilderness,’” The Charlotte Observer, 30 September 1971.

93 Crist, “Sex Education,” n.d. [1970], Box 10, Folder: Grant, TCP. This is consistent with Barbara Ehrenreich’s argument that in the beginning in the 1950s, conventional masculinity began to undergo changes as men shirked responsibility of the “breadwinner” role and formed a new morality of self-indulgence, including sexual indulgences with women. Barbara Ehrenreich, The Hearts of Men: American Dreams and the Flight from Commitment (New York: Anchor Books, 1983). For somewhat of a different argument, see Filene, Him/Her/Self: Gender Identities in Modern America, 197.
"It is as though pregnancy were being forced on a girl for stating that she was sexually active when in truth she was acting responsibly to herself, her boyfriend, and society." 94

Crist decided that since the university refused to educate students about sex, he would have to assume the responsibility. In 1970, he made rounds to dormitories and sororities on the UNC campus in order to assess and teach female students basic sexual and reproductive biology.95 One of his stops was Kappa Delta Sorority where he talked to a crowd of seventy-two female students for four hours. Crist started by passing out a sheet of paper in order to evaluate their sexual knowledge. On the front, he asked the sorority sisters to label pictures of the female and male pelvis; on the back, he told them to put a “star” over the date of ovulation and an “x” over the “safe” days on a menstrual cycle chart. The results did not differ drastically from those in the many other dorms and sororities he had visited over the past six weeks. A few women could label the menstrual cycle correctly, but the vast majority could barely label any parts on either of the anatomy drawings. 96 When they watched a video about birth and delivery, many stared with a look of shock on their faces. They asked whether they would ever feel sexual pleasure again after giving birth and whether their vaginas would return to “normal.” As the students filtered out of the room, two women


95 Crist, “Development of Health Education Clinic and Educational Materials for High Risk Sexually Active Women,” n.d. [1970], Box 11, Folder: Health Ed. Clinic Coeds UNC, TCP.

96 Crist gave this informal questionnaire to 600 female students. Of those who were sexually active, over twenty-five percent did not answer a single question correctly, none of these girls answered all the questions correctly, and only fifty-nine percent answered half the questions correctly. Of the “girls less sexually active” almost eighty percent answered half the questions correctly and nine percent scored one hundred percent. Crist concluded, “The more you knew about physiology the more responsible you were.” Andrew H. Malcolm, “College Ferment ‘71.”

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stayed behind. The doctor had a good idea of what they wanted, since at many of his lectures, a few nervous-looking female students usually lingered. They told him what he expected to hear: they were pregnant and had decided to terminate their pregnancies but had no clue where to find a safe abortion practitioner. 

Crist and some of his colleagues in UNC’s OB/GYN Department had been vocal in opposing strict regulations on contraception and abortion in the state of North Carolina as well as the university. Like Connecticut, North Carolina had liberalized its abortion laws in 1967 and members of the UNC OB/GYN department had been performing therapeutic abortions on most women who asked for them as well as prescribing contraceptives to unmarried women. Yet they felt they had to do more for university students. Only a few students knew about the sympathetic department and most heard about them too late: they were already pregnant or had been to an unsafe, illegal practitioner. Many students had experiences like one twenty-two year old who had tried twice to get an illegal abortion. In the first attempt, she paid three hundred dollars for a procedure that failed to terminate the pregnancy. When she went to another illegal practitioner, he refused to perform the abortion unless she had intercourse with him. Someone finally referred her to Crist who performed a safe abortion. Crist and other physicians from the OB/GYN Department believed that they needed something more formal and specifically tailored to the sexual health needs of college students in order to prevent situations like this and decided they would create a clinic independent of the student health service.

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98 Crist, Patient Notes, 6 March 1970, Box 17, Folder: Patients, Coeds, TCP.
The first step was to secure funding. Unlike at Yale, UNC administrators and health service opposed these physicians’ ideas and refused to provide money for dispensing birth control to unmarried undergraduates. The OB/GYN Department would give what it could, but a clinic needed more, so Crist turned to UNC’s Carolina Population Center (CPC), a program dedicated to curbing the “population explosion.” Concerns about population growth in the United States dated back to the late eighteenth century and the theories of Thomas Robert Malthus. Malthus argued that unchecked population growth strained natural resources, which would lead to famine, disease, and war. During the 1950s and 1960s, neo-Malthusians claimed that the increases in the population of the “Third World” threatened the United States’ political, economic, and social stability and made these countries ripe for communist takeovers. Population control, they argued, was needed to make the world “safe for democracy” and to prevent resource scarcity from igniting another world war.

By the mid-1960s, advocates of population control turned their eyes toward domestic policy, and by the end of the decade, conservatives and liberals alike believed that limiting the population within the U.S. could help to alleviate the problems of poverty, urban decay, welfare costs, out of wedlock births, and damage to the environment. As historian Donald T. Critchlow, Intended Consequences: Birth Control, Abortion, and the Federal Government in Modern America (New York: Oxford University Press, 1999), 14. Also see George Weisz and Jesse Olszynko-Gryn, “The Theory of Epidemiologic Transition: the Origins of a Citation Classic,” Journal of the History of Medicine and Allied Sciences 65, no. 3 (2010): 287-326. Although the birth control movement in the United States did not start out as part of the population control movement, they did join forces in the early 1950s under the leadership of Margaret Sanger who believed that birth control could alleviate poverty and empower women. For an overview, see Elaine Tyler May, America and the Pill: A History of Promise, Peril, and Liberation (New York: Basic Books, 2010.)
Critchlow argues, for these advocates, “family planning offered a means of solving a social problem through technique without directly confronting the underlying structural issues.” Population control through federal funding of family planning programs became a relatively uncontroversial part of Lyndon Johnson’s War on Poverty, and when Nixon took office, he agreed that population growth was “one of the most serious challenges to human destiny in the last third of this century.” In 1967, amendments to the Social Security Act provided federal funding for family planning through welfare agencies and grants to non-profit groups. The Family Planning Act of 1970 followed, which mandated family planning programs at the state level.

In North Carolina, population policy had roots in the state’s eugenics policies that dated back to the 1920s. Believing that sexual promiscuity and poverty were hereditary, eugenicists used a patchwork of welfare policies to try to control poor women’s and African American women’s sexuality through both voluntary and coercive birth control, abortion, and sterilization policies. Medical and social scientists, health and welfare professionals, and state and county officials believed that by regulating reproduction they could elevate the white race in addition to eliminating poverty, saving taxpayers money, and improving maternal and child health. As eugenic arguments about improving the race lost cultural and political traction in the 1960s, population control became a central justification for

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controlling poor women’s reproductive capabilities.\(^\text{105}\) Many liberals and conservatives believed the Moynahan Report, which argued, “At the heart of the deterioration of the fabric of Negro society is the deterioration of the Negro family” caused mainly by out-of-wedlock births.\(^\text{106}\)

It was in this context that the Carolina Population Center was founded in 1966. John B. Graham, the chairman of the CPC Policy Board, envisioned the CPC as answering “a new demand upon our institutions, which originates in the complexity of the problems which the world now faces.” These problems included “the threat of nuclear annihilation, poverty in the midst of plenty, rapid depletion of non-accumulating natural resources, pollution of the biosphere, and explosive growth of human population.”\(^\text{107}\) With about three million dollars in funds from the Ford Foundation, Rockefeller Foundation, United States Agency for International Development of the State Department (USAID), National Institutes of Health, and State of North Carolina, the interdisciplinary CPC funneled money into various departments with the mission of creating new faculty positions and graduate opportunities, developing “model” family planning programs, aiding domestic and foreign government agencies to institute population policies, and enabling other schools to set up population programs. In the next decade, the program would receive an additional thirty-four million


dollars from private and governmental sources, making it among the best-funded population control center at any university in the country, if not the world.  

Population control initiatives were a double-edged sword for women. The Carolina Population Center’s primarily aimed to control population, not to empower women, and their focus on poor women and women of color in its domestic and international programs had eugenic overtones. As Crist pointed out in 1971, “Contraceptive information has been freely available throughout the state for indigent patients in hospitals and health departments but up until recently all but the most persistent college students were denied access to these services.” Nevertheless, those poor women and women of color could use the programs of the CPC to empower themselves by claiming control of their reproductive and sexual lives. Furthermore, bipartisan, popular support for population control initiatives and the enormous amount of money that private foundations gave to the cause provided a chance for public health and medical professionals to fund programs that surely would have sparked controversy if they used the rhetoric of women’s reproductive rights. Crist saw population control as a politically expedient idea that he could use to secure reproductive healthcare for college students:

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109 This is the central argument in Schoen, Choice and Coercion.

110 Takey Crist, “Health Education in Human Sexuality for Undergraduates: A Proposal to Develop and Evaluate a Program in a State University System,” March 1971, Box 10, Folder: Grant, TCP.

111 This is one of the major arguments in Schoen’s important work. Schoen, Choice and Coercion.
Back then, of course, everybody was talking about [how] the population was going to be so many people and that’s why we’ve got to give birth control and control it … but very few of us fell for it…. If you’ve got to sell something and you know you’re right, but it’s also a hot-button issue, isn’t it easier to say, “…We’ve got to give our women and students information about birth control because the population is exploding.”… And so we sell it as a population explosion, rather than saying, “We’ve got a clinic where they’re given birth control.”

Moreover, even if some professionals saw the population explosion as a serious threat, this belief did not preclude their belief that women should have reproductive agency.\textsuperscript{113}

Many of those who worked with CPC, such as OB/GYN Jaroslav Hulka, had a feminist perspective and believed in the goal of population control. Part of the original Rockefeller Foundation donation to the CPC went into creating a program for family planning education, research, and service in UNC’s OB/GYN department, and Hulka was hired to head this effort.\textsuperscript{114} Like the other OB/GYNs, Hulka had spent years witnessing the effects that illegal abortions had on women’s lives and advocated for legalizing the procedure.\textsuperscript{115} At UNC Memorial hospital, he worked alongside Crist to help women secure safe abortions. When Crist came to him with the idea of a birth control clinic for UNC undergraduate women, Hulka did not hesitate to offer funds from the CPC. He wrote Crist, the “proposal to develop the Health Education Clinic is in accord with the principles of the 1966 grant from the Rockefeller Foundation to introduce concern about human reproduction into the Medical School curriculum,” and allocated money to fund transportation costs for Crist’s public appearances and for duplication costs for items such as questionnaires and

\textsuperscript{112} Crist interview.

\textsuperscript{113} For example, the head of the Center, Dr. Moye Freymann, characterized himself as a staunch supporter of legalized abortion as well as sex education for high school and college students: Rick Allen, “Birth Control, Legal Abortion Could Solve Population Crisis,” \textit{Daily Tar Heel}, 21 November 1969, 2.


instructions for patients. Hulka even wrote the Rockefeller Foundation for Crist in order to request additional funds to support the sex education and reproductive care for college students, stating that “this is the generation which will or will not create the population overload in the next 10 to 20 years.” Usually population funding was directed at poor women and women of color, and the vast majority of college students at UNC did not fit this mold. Arguing that college students could potentially be responsible for the population explosion marked a departure in rhetoric, but it was still close enough to the original idea of population control that it could gain support from public and private foundations.

Nevertheless, Crist anticipated that the clinic would be controversial and decided to use the conservative name “Health Education Clinic” for his new service instead of a name that highlighted birth control or even sexuality as the Yale clinic did. At Yale, administrators fully supported the Sexuality Counseling service before its implementation, in part because of a panic about pregnancy that coeducation ignited. With a longer history of coeducation at UNC, officials beyond the OB/GYN Department did not have the same sense of urgency. The UNC clinic’s name also reflected its emphasis on education because Crist planned to educate students in the actual clinic and through lectures and talks he would give to campus groups. Crist also believed, “Birth control is for many women a stigma” and that “more people [would be] motivated to accept contraception by changing the name of our clinics to Health Education Clinics or Family Planning Clinics.” The name “Health Education Clinic,” he hoped, “would also remind physicians that the reactions to sexuality

116 Jaroslav Hulka to Takey Crist, May 12, 1970, Box 11, Folder: Health Ed. Clinic Coeds UNC, TCP

117 J.F. Hulka to Allan Barnes, February 17, 1971, Box 10, Folder: Grant, TCP.

118 Hendricks to Clarence Cauble, 24 February 1970, Box 11, Folder: Health Ed. Clinic Coeds UNC, TCP.
are necessary in helping the patient make a proper choice of the type of contraception and would also increase motivation.” Much like the Sarrels, Crist believed that too often clinics “do assembly line dispensing and spend too little time with the patient and in the evaluation of the emotional needs of the patient.” He asserted, “We have relied too much on pharmacologic and physical factors of contraceptives and have forgotten that the motivation and personality of the patient must also be fully evaluated if the method chosen is to be successful.”

For Crist, good medicine and effective contraceptive use depended on education and becoming acquainted with individual patients.

The Health Education clinic operated out of the Ambulatory Patient Care Facility in North Carolina Memorial Hospital, not in the student health center, an arrangement amenable to the OB/GYN department and student health service. As a separate entity, the clinic would be free from the oversight of administrators who did not support its mission. Although the clinic sat only a stone’s throw from the student health service, Crist and his supporters believed that even a minimal physical separation would allow students to distinguish this facility psychologically from the health services. Crist recounted the story of one student: “She felt she could not seek contraceptive advice, because she felt like there was no confidence between the infirmary, or any physician in town, or in her hometown. She has always felt like the university has let down women, as far as their personal problems go.” Crist hoped that a new institution would provide an opportunity to gain students’ trust.

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119 Takey Crist and Leonard Gross, 14 May 1971, Box 14, Folder: Magazine Article, Sexual Behavior Magazine, TCP

120 Hendricks to Donald (Ed) E. Hedgepath, 24 February 1970, Box 11, Folder: Health Ed. Clinic Coeds UNC TCP.

121 Crist, “Health Education Meeting,” 3 March 1970, Box 11, Folder: Health Ed. Clinic Coeds UNC TCP.

122 Takey Crist, 1971, Box 17, Folder: Patients, Coeds, UNC, TCP
This arrangement also worked well for administrators at UNC’s health service. As Crist surmised, the Health Education Clinic offered a way “to keep anxieties down” and ease tensions with the “administration with regards to contraception, abortion, and sex education” because it would be associated more with the hospital than with student affairs.\(^\text{123}\) The director of the health service, Dr. Edward McGowan Hedgepeth did not want to be linked with the clinic. He conceded that when it came to sexuality on campus, change was in the air:

The change in student life and the philosophy of students and what they expect from educational institutions and the increased activism have influenced our work…. [O]ur campus is becoming increasingly concerned with the newer concepts and beliefs relating to sexual standards as they affect this age group.

Nevertheless, he wrote to the Dean of Students, “It is still my belief that the time is not yet present for the dispensing of contraceptive devices to unmarried students in the University solely for the purpose of contraception.” Although Hedgepeth admitted, “on the surface [the clinic] appear[s] to be a stopgap operation and even to suggest subterfuge on the part of the Student Health Service,” it was in fact a compromise that involved “sanctioning and using a clinical area where such professional advice and treatment can be prescribed by people properly qualified to do so in an area outside the direct service by the Student Health Service.”\(^\text{124}\) The health service would not have to accept responsibility for the potentially controversial undertaking, and students could still obtain reproductive healthcare.

This arrangement, however, involved funding because student fees did not cover health care through the clinic. The Population Center offset only some of the costs, but locating

\(^\text{123}\) Takey Crist, *Report to Infirmary Committee*, 14 January 1971, Box 26, Folder: UNC-Infirmary, TCP.

\(^\text{124}\) E. McG. Hedgepeth to C. O. Cathey, 14 May 1970, Series 9, Box 1, Folder 1, Records of the Office of the Vice Chancellor for Student Affairs, University Archives and Record Service, Wilson Library, University of North Carolina at Chapel Hill. (Hereafter cited WLUNC).
funding elsewhere proved difficult. As Crist explained, “We have sought funding for this proposal from representatives of the State Government, who feel that the taxpayers and voters of North Carolina are not yet ready to support such a program.” Conversely, private money from sources such as the Duke Endowment, which funded educational and medical programs in North Carolina, felt “that this is more properly a state service.”

Therefore, students had to pay some of the expenses themselves. There was no fee for discussions or interviews, but pap smears and gonorrhea cultures cost $12.50 and return visits $3.50. As for devices, pills were $1.50 per month, IUDs $6.00, condoms $0.10 each, diaphragms $3.00, and foams, jelly, and creams $1.50. Crist found it was “difficult to explain to a patient that I see…why they pay student fees for health care” but have to pay for the services at the clinic. Nevertheless, according to the first year report, “Generally, the students have reacted in neutral fashion toward the fee and feel it’s fair under the circumstances.”

Many physicians hoped that the fee and the clinic itself were only temporary. As one doctor expressed, “It is strongly to be hoped that soon any UNC coed may walk in the University infirmary and receive contraceptive instruction freely from infirmary personnel. This effort needs to be directly supported by various groups in the University administration before it can be implemented.”

The Health Education Clinic opened on May 5, 1970. It aimed to address basic sexual health needs for students. Like some other college health centers, the clinic would

125 Takey Crist, “Health Education in Human Sexuality for Undergraduates: A Proposal to Develop and Evaluate a Program in a State University System,” March 1971, Box 10, Folder: Grant, TCP.

126 The Health Education Clinic, [1st year of operation] Box 39, Folder: Dr. Crist, JHP.

127 Charles Hendricks and Marvin Sussman, 23 July 1970, Box 11, Folder: Health Ed. Clinic Coeds UNC, TCP.

128 Memo from C. F. Cable, 23 April 1970; Hulka to Crist, 12 May 1970, Box 11, Folder: Health Ed. Clinic Coeds UNC, TCP.
“provide students with a pre-marital blood test and examination for the marriage health certificate (concurrently with information on birth control).”¹²⁹ The clinic, however, would also address the sexual health needs of unmarried students by providing “broad-based contraception education, service, and devices, venereal disease screening…pregnancy counseling, and medical and social-psychiatric referrals” to obtain legal abortions.”¹³⁰

The Health Education Clinic operated on Tuesdays from 8:30 a.m to 12:30 p.m. and followed “a four step plan” in treating patients.¹³¹ Before patients were interviewed and examined by a physician, they attended “a discussion of contraceptive methods.” Any student could partake in these discussions and did not need an appointment. The discussion was “led by a trained male and female group leader on the contraceptive methods available today, their pros and cons, their side effects and advantages, cost, directions for use, etc.” The purpose of the clinic was not just to dole out pills but also to help students become knowledgeable about different contraceptive methods in order to decide what was best for them. During the discussion, birth control devices were passed around the room in order to make students comfortable with them. Having a woman and a man present at these education sessions emphasized that both partners should be knowledgeable about and responsible for contraceptive use. Clinic workers believed that expanding the clinic beyond examinations and prescriptions would provide a way of attracting men to the clinic: “Men are especially encouraged to come as we believe contraception is most successful when it is a joint decision

¹²⁹ Takey Crist, “Development of Health Education Clinic and Educational Materials for High Risk Sexually Active Women,” n.d, Box 11, Folder: Health Ed. Clinic Coeds UNC, TCP.

¹³⁰ The Health Education Clinic, [1st year of operation], JHP.

¹³¹ Ibid.; Takey Crist, “Demonstration Projects to be Considered by the Committee Members for State Wide Family Planning Programs,” December 7, 1971, Box 10, Folder: Heed 33, TCP
and when men also share in the responsibility for family planning.” As Crist advised a woman trying to set up a contraceptive clinic at Kings College in London, “Don’t ever think for a moment that males do not need some kind of sex education, they do, and probably more so than our female patients. However, again, it is a lot easier to concentrate on the females and then, after you get going, feed in services for males and partners.” Thus, the Health Education Clinic had the practical goal of providing contraceptives but it also had feminist goals, which promoted gender equality by advocating shared sexual responsibility.

After students attended the contraceptive group discussions, those interested in obtaining prescription birth control had “an individual interview with a trained volunteer birth control interviewer.” The interviewer took the student’s medical history and helped “the client decide the appropriate method for her use and, based on what needs the client may elicit, offers referrals to the clinic nurse or other clinics or agencies.” The student then met with a physician, usually Crist, who gave her a pelvic and breast exam, pap smear, and gonorrhea culture. The student could ask the doctor questions about various contraceptive methods, receive instructions about how to use them, and obtain referrals if needed. After, the student participated in an exit interview with a staff member in which she was given printed information on how to use the method of birth control she decided upon. The interviewer gave the student the opportunity to ask “any last questions or smooth out last frictions or incongruities.” The whole process was supposed to make the student feel as comfortable and knowledgeable as possible.

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132 The Health Education Clinic n.d. [1st year of operation] Box 39, Folder: Dr. Crist, JHP.

133 Takey Crist to Andrea Krangle, June 14, 1972, Box 21, Folder: Sex Education-Correspondence, 1972, TCP.

134 The Health Education Clinic [1st year of operation], Box 39, Folder: Dr. Crist (1 of 2) JHP.
While UNC’s clinic did not focus as intently on sex counseling as did Yale’s, “personal problems involving sex [were] also…discussed” during the visit with the physician.\(^ {135}\) For example, one twenty-year old student, who had sex an average of twice a week and had been relying on coitus interruptus and the rhythm method, came in after she heard Crist tell students in her dormitory “when a girl is irregular, you cannot use rhythm for contraception. Prior to that time, she was completely ignorant of what rhythm really meant.”\(^ {136}\) Crist reported that the same student was “very reluctant to submit to the pelvic examination and I did not try to force her into it.” After talking to her, Crist found out that the reason was because her friend had a “traumatic” experience with one. She agreed to an exam after Crist described its importance, detailed the procedure, and showed her all of the instruments he would use.

Crist also saw students who had not made up their minds about having sex and just wanted to talk about various options. He often felt that some of the women were “being pushed into intercourse,” and that physicians should “be careful about just routinely prescribing the pill and giving her a pat on the back and telling her to have a good time.”\(^ {137}\) Crist often spoke to women who were “physically…ready [to have intercourse] but really did not understand all that was involved in it.” Crist believed, “Sex should be fun, however, we should be free to do what we want to but that doesn’t mean we can act out all fantasies. Freedom to me means to be free from psychological conflict and be free from

\(^ {135}\) Ibid.

\(^ {136}\) Takey Crist, “Patient Notes,” February 24, 1970, Box 17, Folder: Patients, Coed, UNC, TCP.

\(^ {137}\) Takey Crist, “Patient Notes,” February 24, 1970, Box 17, Patients, Coed, UNC TCP.
within.” The Health Education Clinic aimed to provide contraception and to help students understand their sexual desires and make sexual decisions.

The clinic also offered pregnancy counseling to students. First, a physician administered a pregnancy test. If negative, he or she asked the patient if she would like to make an appointment to talk about contraceptives. If positive and the student did not know whether she wanted to terminate the pregnancy, the doctor referred her to a clinic for pregnancy counseling. This clinic was staffed by a trained volunteer that charged ten dollars for ninety minutes of counseling. During the session, the patient and volunteer discussed the woman’s feelings about pregnancy, her partner, and how pregnancy would affect her lifestyle and relationships. The woman was given detailed information about all her options and help in navigating her course of action.

If a student decided she wanted an abortion, the clinic helped her obtain a safe and legal procedure. Since the passage of the 1967 abortion liberalization law in North Carolina, Crist and the physicians in the OB/GYN performed an increasing number of therapeutic abortions on UNC students and other women who lived in the state. The law stipulated that abortions were legal in cases where the pregnancy impaired the life of the woman, the unborn child would have a “grave physical or mental defect,” or the pregnancy resulted from rape or incest. A woman could have an abortion if three doctors approved the procedure and she resided in the state for four months. Until mid-1971, women under twenty-one had the

138 Takey Crist, “interview for Coeds Used as an Example for a Paper in the Journal of Human Sexuality,” n.d 1972, Box 17, Folder: Patients, Coed, TCP.

139 The Health Education Clinic n.d. [1st year of operation] Box 39, Folder: Dr. Crist, JHP.

additional requirement of having a parent or guardian’s permission.\textsuperscript{141} Despite these restrictions, UNC’s OB/GYNs interpreted the law liberally and used it as an opportunity to expand women’s reproductive rights as much as possible. Although some physicians in the department objected, the department chair, Dr. Charles Hendricks, was dedicated to helping women obtain safe abortions. For years he had treated women who came in from botched illegal abortions and witnessed the effects that unwanted pregnancies had had on their lives. These observations had made Hendricks a firm advocate of a women’s right to choose what is in her own best interest.\textsuperscript{142} While most North Carolina hospitals did not even opt to have abortion boards, Hendricks made sure that women could come to Memorial Hospital to receive a safe abortion. The hospital performed sixty percent of all the abortions in the state.\textsuperscript{143} From 1967 to 1970, the number of abortions the OB/GYN Department performed jumped from eight per year to 616.\textsuperscript{144} Many of these abortions were performed on college students.

Like most North Carolinian women at the time, college students who secured an abortion through the Health Education Clinic at Memorial Hospital did so on the grounds that a continued pregnancy would threaten their mental or physical health. In order to secure this diagnosis, an OB/GYN in the clinic sent the students to sympathetic psychiatrists at the hospital. During their visits with the psychiatrist, the women talked about their family history.

\textsuperscript{141}For more on abortion, see Reagan, \textit{When Abortion Was a Crime}; Schoen, \textit{Choice and Coercion}; David G. Warren to Charles H. Hendricks, 21 July 1971, Box 13, Folder: Contraception and the Law, Box 13, TCP.

\textsuperscript{142} Schoen, \textit{Choice and Coercion}, 184-5


and dynamics, relationship with their sexual partner, and present state of mind. Many of the women were diagnosed with “reactive depression,” which the American Psychiatric Association defined in 1968 as “distinguished by a depressive mood attributable to some experience. Ordinarily the individual has no history of repeated depressions or cyclothymic mood swings.”

The psychiatrist would argue that the unwanted pregnancy would continue to harm the women’s mental health unless aborted. This diagnosis had the advantage of making psychosis a result of the stress of an unwanted pregnancy rather than a chronic condition. The psychiatrist could also use this diagnosis to argue that the pregnancy represented a threat to the patient’s well-being because continued depression could lead to suicide. As UNC psychiatrist David S. Werman explained in his letter to approve an abortion for an undergraduate woman, “My diagnostic impression is that the patient is undergoing an intense reactive depression at this time. There are suicidal tendencies noted and I feel that if the pregnancy were permitted to continue that the possibility of a severe depression and/or attempt at suicide is likely.”

He concluded, “I feel that if therapeutic abortion is not performed, that she will probably seek an illegal abortion (for which she has been looking) or that if all paths were closed to her she might become seriously suicidal.”

Some psychiatrists were willing to expand their justifications for recommending an abortion beyond claiming that a continued pregnancy was a direct threat to a woman’s mental and physical health. In one case, Werman felt that a student was “handling her pregnancy


146 David S. Werman to Charles Hendricks 27 January 1970, Box 3, Folder: Abortions, Psychiatric Letters, TCP.

147 David S. Werman to Charles Hendricks 6 February 1970, Box 3, Folder: Abortions, Psychiatric Letters, TCP.
rather well, showing only moderate symptoms of depression at the present time,” but he maintained that this was only because “she is in the situation of being able to do something about it” and that “a fundamental pathogenic situation would arise if she were obliged to maintain the pregnancy.” He therefore “recommend that the therapeutic abortion be performed in the interest of this patient’s mental health.”\footnote{Ibid.} Abortion in this case was justified as a preventative measure to secure a woman’s future health. A psychiatry resident at UNC Memorial, Raymond Manson went a step further. He did not even bother with the diagnosis of depression and recommended an abortion because he felt that “if this patient is forced to carry this pregnancy to term it will be a threat to her future educational aspirations. This poses a real threat to her mother’s well being as well.”\footnote{Raymond Manson (Resident in Psychiatry) and Donald E. Widmann, Diagnostic Evaluated, 27 May 1970, Box 3, Folder: Abortions, Psychiatric Letters, TCP.} According to this recommendation, a woman’s choice to determine her own future and her ability to choose an education was crucial to her well-being.

Many of the women did indeed see abortion as the only way to achieve their educational, career, and relationship goals. In the first five months of 1970, twelve UNC undergraduate and graduate women attempted to obtain therapeutic abortions at Memorial Hospital.\footnote{This statistic is based on the psychological referral of twelve abortion patients who attempted to obtain a therapeutic abortion from January to June 1970. Box 3, Folder: Abortions, Psychiatric Letters, TCP.} Contrary to the popular image of promiscuous women seeking abortions, most of the women had only had one sexual partner who they claimed to love. Raising a child, however, was incompatible with the realities of their lives. As one undergraduate told a psychiatrist, “She and her boyfriend expect to get married [next summer] and hope to go to graduate school together but she may need to work to support him.” Another student also

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cited financial concerns in addition to the Vietnam War as reasons why she did not want to raise a child: “For the past year she has been seeing a young man and they are very much in love. They plan sometime in the future to get married. However, the possibility of marriage at this time, particularly with a child, appears to be very improbable for them because he is certain to be called into the Army following graduation and has no money other than support for his parents for education.” Some women refused marriage even when their partner wanted to marry, claiming that it would not be in their best interest. A graduate student in the history department described herself as “being more a traditional feminist” who wanted to eventually get married and have children. However, when her boyfriend offered to marry her if she carried the pregnancy to term, she adamantly refused because she did not feel ready to settle down and wanted to pursue a career in law first. A nineteen-year-old pregnant undergraduate also refused a marriage proposal from the ex-boyfriend who impregnated her because she felt “very strongly that marriage between them will not work out and their lives, as well as the life of their child, will be ruined.” Another student who had an abortion said that she did not know whether she ever wanted to get married because she believed “marriage should not serve to limit my life and ambitions, but should be a means for progression.” By choosing to terminate their pregnancies, these women were claiming independence and rebelling against a notion of womanhood grounded in marriage and motherhood.

151 David S. Werman to Charles Hendricks 27 January 1970, Box 3, Folder: Abortions, Psychiatric Letters, TCP.

152 John A. Ewing to Charles Hendricks 13 April 1973, Box 3, Folder: Abortions, Psychiatric Letters, TCP.

153 Mario Perez-Reyes (Associate Professor of Psychiatry), Record Sheet, 22 May 1970, Box 3, Folder: Abortions, Psychiatric Letters, TCP.

154 “A Grateful Student” to Takey Crist, 15 March 1971, Box 3, Folder: Abortions, Psychiatric Letters, TCP.
Although for some women a psychiatric visit might have been an opportunity to work through some of their sexual issues and relationship problems, for others, the visit could be an expensive and unnecessary step. As one student wrote to Crist, “Financial problems are tops—I still think $40 for a psy. consult is too high for a student—but the psychiatrist knows that he has us in the bottom of his hand.” Furthermore, there was always the possibility that students could go to an unsympathetic psychiatrist, which was particularly true for women who did not go through the Health Education Clinic. This student, along with three others who had apparently talked to the same psychiatrist, had “come to the same conclusion—he made us feel really unhuman and primitive when he was through. I thought he was there to help, but I was only made upset and afraid when I left. Unfortunately I have another appointment with him Jan. 18 at 10 am. I don’t want to be treated like a dog again—but there is not much I can do.”

The Health Education Clinic clearly served a purpose in helping women avoid such situations, but women who neither knew about nor used the service still faced the possibility of patronizing sermons and refusals by physicians. As one student told Crist, she had been to a doctor to confirm that she was pregnant. She described:

He was of no help at all—he confirmed it. As we sat in his office & talked the tears just welled up in my eyes [and] began to overflow…. Unfortunately, he was about as much help as Santa Clause would have been—absolutely none. He was so sure I would run right out and get married. He almost had me convinced, too.

When she came to the clinic to see Crist, “I didn’t know what I was going to say, and I certainly hadn’t planned on floating you away in tears. In fact, I really wasn’t even sure what

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155 Also see Schoen, Choice and Coercion, 177-9.
156 To Takey Crist, 11 January 1970, Box 3, Folder: Abortion Letters, TCP. This translates into $185 in 2011.
157 Anonymous to Takey Crist, 11 January 1970, Box 3, Folder: Abortions Letters, TCP.
you could do for me. To have lived in Chapel Hill for three years, and not to know anything about you people up there at the hospital.” Crist not only helped her to secure an abortion but did so without judgment. She wrote him, “Probably many, many girls have tried to explain to you how grateful they are for what you had to tell them, but I don’t know of any whoever mean it any more than I.” Indeed, many women at the university were as grateful as this woman for the help of the Health Education Clinic and Crist. In the first year and a half of its operation, approximately 800 women utilized the service. The doctors at the clinic prescribed birth control devices to ninety-seven percent of these women, and Crist even hypothesized that “since implementation of the clinic, there is an impression that abortions have decreased and that the students are more knowledgeable with regard to contraceptive practices.”

Six months after the Health Education Clinic opened, its success caused the student health service to modify their position on birth control. This change was largely due to the arrival of a new Department Chair, Dr. James Taylor. Crist reported that he had “a very productive and cordial conversation” in November 1970 in which Taylor told him that physicians at the health service would see undergraduate women “who need only pill instructions and/or simple contraceptive advice” and that “more complicated situations will continue to be referred to the Health Education Clinic.” Taylor also told Crist that “the infirmary will be happy to refer to the Health Education Clinic coeds who for one reason or

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158 To Takey Crist, March 26, 1970, Box 3, Abortion Letters UNC, TCP.

159 “Demonstration Projects to be considered by the Committee Members for State Wide Family Planning Programs,” 7 December 1971, Box 10, TCP. Crist had gathered some data about the clinic decreasing abortions, but he had not fully calculated it at the time he made this statement. He also stated that it was near impossible to estimate how many female students actually had abortions, since those who obtained them illegally and had no complications almost never reported the procedure. Takey Crist, “Something Is Happening on Our College Campuses.”

160 E. McG. Hedgpeth, MD. to Charles Hendricks, 24 August 1970, Box 6, Folder: Contraception, TCP.
another would rather be seen in the Health Education Clinic than in the Infirmary.” This gave the patient a choice, which was important because so many had had negative experiences with student health service.\footnote{Takey Crist and Charles Hendricks, November 18, 1970, Box 11, Folder: Health Ed. Clinic Coeds UNC, TCP.} Students still needed the Health Education Clinic because, as Crist pointed out, the Student Health Service did not have “a formal written policy concerning contraceptive care” and that “there also seems to be a discrepancy between the administration in this area and the infirmary.” Students still came to him with reports of being denied contraceptives by Student Health Service staff who refused to “treat them as an individual patient and [treat them] as though their problem was real.”\footnote{Takey Crist, \textit{Report to Infirmary Committee}, January 14, 1971, Box 26, Folder UNC-Infirmary, TCP.}

Despite the Health Education Clinic’s success, Crist felt that something more was needed. He believed “contraception and sex education [went] hand in hand” and that “one cannot give out contraception without touching on such vital areas as education, venereal disease, pregnancy counseling, and without talking about human sexuality.”\footnote{Takey Crist and Charles Hendricks, November 18, 1970, Box 11, Folder: Health Ed. Clinic Coeds UNC, TCP.} Crist believed that women needed contraception education before they made the decision to have sex. Coming to the clinic after one had already been sexually active seemed risky and counterproductive. Crist also realized that despite their invitation for men to join their sexual partners at the clinic, the service catered almost exclusively to female students, thus bolstering the idea that women had to carry the entire burden of sexual responsibility. In order to combat some of these problems, Crist implemented a new plan to reach all the students at the University of North Carolina in the summer of 1970.
Crist and other physicians would again look to Yale as a model. The Sarrels had been successfully teaching an undergraduate course on sex education since 1967 that broke new ground. These courses would give students basic information about their bodies, but they also gave them an education in a new sexual value system, which promoted responsibility and construed gender equality as a precursor to sexual happiness. Unlike the clinics in which there was a clear hierarchy between patient and physician, the courses would promote the idea that students could become authorities on their own health and control their own education.
CHAPTER 5:

“We Can Talk of Sexual Activities in the Present Tense”: Creating Human Sexuality Courses and Handbooks

In the summer of 1969, a group of feminists formed the Boston Women’s Health Collective. Frustrated by the lack of medical and scientific knowledge they had about their own bodies, these women began researching different aspects of women’s health. The following fall, they created a course for women based on their research. Mimeographed papers summarizing their lectures about topics in women’s health soon began to circulate in feminists groups throughout the Northeast. Eventually, these lectures were bound and commercially published in 1972 under the title Our Bodies, Ourselves. The women summarized their rationale for the book on its first pages: “For us, body education is core education….Our bodies are the physical bases from which we move out into the world; ignorance, uncertainty—even, at worse, shame—about our physical selves creates in us an alienation from ourselves that keeps us from being the whole people that we could be.” They concluded that knowledge, acceptance, and responsibility for one’s body enables women to “be better friends and better lovers, better people, more self-confident, more autonomous, stronger, and more whole.”¹ This book has become the symbol of the beginning of the women’s health movement and is one of the best known feminist publications worldwide.²


² See Heather Stephenson and Kiki Zeldes, “‘Write a Chapter and Change the World’: How the Boston Women’s Health Book Collective Transformed Women’s Health Then—and Now,” American Journal of
Less well known is that many other groups, in addition to the Boston Women’s Health Collective, embarked on similar projects in the late 1960s and early 1970s. Students and faculty across the United States wrote sexuality handbooks tailored to female and male college students and their specific communities. At the same time, Phil Sarrel had begun a sexuality course for Mount Holyoke students that not only taught them facts about sexuality but also promoted a feminist agenda. His sex education model would spread throughout the country in the late 1960s and early 1970s. The emergence of these sexuality handbooks and courses signaled the rise of grassroots efforts on campuses across the nation by faculty and students to democratize access to sexual knowledge and promote ideals of gender equality to college students. They also demonstrated that men as well as women were involved in these endeavors, revealing both the scope and breadth of the women’s movement in the late 1960s and early 1970s.

The courses and handbooks created by sexual liberation activists on college campuses were practical and political. They informed students about anatomy, sexual function, contraceptive methods, and abortion procedures and told them exactly how to obtain birth control and abortions in their communities. The courses and booklets also were overtly political in that they attacked a sexual culture grounded in ignorance, silence, and inequality and advocated the full legalization of contraception and abortion for young people. Sexual liberation activists promoted a feminist ideology in their lectures and writings, maintaining that sexual satisfaction and pleasure depended on equality, honesty, and shared responsibility between partners.

These endeavors marked a departure from previous efforts to mobilize campus communities because they were usually a collaborative effort between faculty and students. Student groups such as the Campus Sexual Freedom Forums and faculty such as Phil Sarrel and Takey Crist had previously been working independently to provide students with information and services to protect themselves from the negative consequences of sex. The courses and clinics mark a merging of these efforts as students and faculty began working together on various projects. Faculty lent their expertise, influence, and resources, but students shaped the content of the courses and booklets in order to make the information more relevant and accessible to their peers. Thus, in many ways, these efforts embodied the student movement’s demands for a more authentic and democratic education.

When drafted in 1967, physician Phil Sarrel saw his stint at Westover Air Force Base in Massachusetts as an opportunity. He had already been planning to adapt his medical school class on human sexuality for undergraduates, and as luck would have it, Westover was located in the Pioneer Valley of western Massachusetts where Smith, Mount Holyoke College, Amherst College, and the University of Massachusetts were located. It would be an ideal place to begin an undergraduate education initiative.3 During her undergraduate days at Mount Holyoke in the 1950s, Lorna Sarrel had heard of a professor at Amherst College who taught a popular psychology course focused on sexuality that students jokingly called “Holes and Poles,” and she encouraged her husband to talk to the professor. In 1967, Haskell Coplin still taught the course at the all-male college. When Phil Sarrel invited the forty-five year old

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3 For background on this area in the context of contraceptive and abortion history, see David P. Cline, Creating Choice: A Community Responds to the Need for Abortion and Birth Control, 1961-1973 (New York: Palgrave Macmillan, 2006), 1-2.
professor to join him in teaching a new, multidisciplinary course for undergraduates, Coplin enthusiastically accepted the offer. Coplin had experience with undergraduates that Phil Sarrel lacked, and Sarrel believed that Coplin’s psychological approach would compliment his own physiological focus.  

Phil Sarrel and Haskell Coplin decided to organize their first sexuality course at Mount Holyoke. They chose the location mainly because of its proximity to the two professors and because Sarrel had some connections to the Dean of Students and the chair of the Biology Department. Since Mount Holyoke only had female undergraduates, Sarrel and Coplin decided to bus in male students from Amherst College. Making the course coeducational would give the students an important opportunity to talk about sexuality with the opposite sex outside of the context of dating and sexual relationships. Moreover, Sarrel and Coplin thought that women and men should learn about each other’s bodies in order to fully understand sexual biology, function, and pleasure. They also believed it was important that both women and men learn how to protect themselves from the unwanted consequences of sex so that they could share responsibility for preventing them.

Students responded more enthusiastically to the course than even Sarrel and Coplin had predicted. These men began to organize the eight-week courses at a number of colleges in the area, and by 1971, more than 5,000 students at Yale, Amherst, Brown, Smith, Albertus Magnus, Dartmouth, and the University of Massachusetts had taken “Topics in Human Sexuality,” as the course became known. Sarrel and Coplin began touting their success at professional conferences and in academic presses. When Takey Crist came across Sarrel’s work, he thought Topics in Human Sexuality was just what University of North Carolina

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5 Ibid.
students needed. As he wrote to his Department Chair, “I think having a course like this will cut down on the need for having to lecture in dorms and sororities and fraternities. Frankly, after 22 sessions I am tired.” Crist had been educating students in North Carolina informally for years through his Health Education Clinic and speaking engagements; a course seemed the perfect way to centralize his efforts and message. Just as in the Northeast, Topics in Human Sexuality was a hit at UNC. By the second semester, the 250-student course had 400 students on the waiting list. Students all over the country were hungry for sexuality knowledge, and Topics in Human Sexuality provided them with a completely new educational experience.

Sarrel insisted on a collaborative approach to Topics in Human Sexuality. At each school, either he taught the course with Coplin or one professor took on most of the responsibility while the other contributed through guest lectures. In the early 1970s, Lorna Sarrel became increasingly involved in the Yale course, eventually co-teaching it with her husband. As in their counseling service, they wanted the course to have male and female authority figures. The instructors believed that women could relate to female role instructors better and that having a coed instructing team would represent a model of gender equality. Phil Sarrel also thought that instructors of Topics needed to have a broad coalition of people

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7 Takey Crist to Charles Hendricks, 24 November 1970, Box 10, Folder: HEED 33, TCP.

8 Doug Hall, “Crist’s Quest for Funds Getting No Commitments,” Daily Tar Heel, 15 September 1971, 1.
across the university in order to neutralize possible critiques of the course. He began by first creating a Committee on Human Sexuality to help organize the class. Each committee would consist of students from each class, faculty, members of the dean’s office, a campus chaplain, and student health service physicians. Committees made sure that the courses were a collaborative project in which male and female students, faculty, and administrators could organize and discuss sexual issues on equal footing. As Phil Sarrel explained, “You had to bring in all the people who could influence the outcome … so that you had the powers that could wipe you out on your side. But if you didn’t do that, then those people would feel threatened.”

At UNC, Takey Crist followed Phil Sarrel’s lead and in 1970 formed his own Committee on Human Sexuality. The Board of Directors included undergraduate students, graduate students and sympathetic faculty members in the Department of Maternal and Child Health, the Carolina Population Center, the Department of Health Education, and the School of Social Work. Even a few doctors from Health Services and members of the administration joined the board.

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9 Sarrels interview. Phil Sarrel politically styled himself after his role models Alfred Kinsey and William Masters who had successfully pushed their sexuality programs through university red tape.

10 Ibid. Like Sarrel, Crist had already helped to organize a medical school course on sexuality. Takey Crist, “Course on Human Sexuality for Students of the University of N.C”, n.d., Box 11, Folder: HEED Presentation to class, TCP.

11 “Board of Directors, Human Sexuality Committee,” n.d. [1971], Box 12, Folder: Human Sexuality-Committee for Human Sexuality, 1971, TCP. Other members included JosephDeWalt (Student Health Services), William Eastman (Marriage Counselor for Student Health Services), Mrs. Phil Ellis (North Carolina Association of Educators), Paula Goldsmid (School of Social Work), Kathleen G. Goldstein (Co-director, Switchboard Counseling Service), Dr. Geraldine Gourley, (Maternal and Child Health), Peter W. Hall, (Assistant Dean of Men), Jerry Hulka (Maternal and Child Health), Arthur H. Jones, (Carolina Population Center), Joseph Stallings (Student Government), and Guy Steuart (Chairman Dept. Health Education). In addition to organizing the course, the UNC committee supported the publication and distribution of a sex education handbook and newspaper column Elephants and Butterflies, which will be discussed in the next section. The Committee also planned to make speakers available to student groups free-of-charge; establish an “abortion loan fund;” produce a film about UNC’s “attempts at solving the Health Education problem;” funnel “student interest and manpower to related programs concerning Human Sexuality; promote student action with
Coalition building helped to minimize criticism and provided an effective way to obtain resources. As Phil Sarrel demonstrated, once powerful faculty and administrators “know, and understand [the course], then they can make things happen for you.” Administrators could help cut red tape and faculty members were often tapped for guest lectures and departmental resources. Committees on Human Sexuality were also used to “‘spread the word’ throughout the campus, make arrangements for the smooth functioning of the lectures and discussion groups, prepare the readings, questionnaires, and evaluations, and register the students.” This was a transformation of the educational system from within. In this age of point of dramatic upheaval and protest on many campuses, it seemed that by including a variety of university personnel in the process of changes was one possible equation for success.

In addition to faculty, students were instrumental in the sexuality committees and in administering the courses. Phil Sarrel told Yale students on the first day of their class: “Obviously, it would be impossible for 1,200 people to be organized on the Yale campus for any kind of a course if students didn’t do it. And so I think you should realize, this whole thing was created by a group of students and organized by those students and made possible

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“letter writing [and] campaign work to help influence the establishment of a realistic legislation on the state and local levels;” Human Sexuality Committee,” n.d. [1971], Box 12, Folder: Human Sexuality - Committee for Human Sexuality, 1971 TCP.

12 Sarrel’s interview.

13 Robert Wilson, A Sociological Study of Students in “Topics in Human Sexuality”, n.d. [c 1972], Box 11, Folder: Sociological Study in “Topics in Human Sexuality.”

14 Sarrel and Coplin, “A Course in Human Sexuality for the College Student.”
by them. And without them, you wouldn’t have your course.”15 Although Sarrel initiated and led the efforts to form committees and organize the course, the students themselves did much of the work by recruiting peers to join the class, participating as small group leaders, helping shape the content of lectures, and handling much of the logistics of the course. This invested students in the outcome of the course and empowered them with the belief that they were shaping their own education. In many ways, students on the committees represented the student movement’s demand for a more “relevant” education that actively involved students. As Takey Crist told students, “Here for the first time at a University a group of students got together and organized a course for themselves and for their fellow students. We lecture based upon our experience with them.” In paying tribute to his Yale colleague, Crist continued, “Phil Sarrel probably summed it up best of all when he said, ‘The ambiance which results from this combination of student initiative and sharing of professional experience provides, we believe, an effective context for learning about sexuality.’”16

Students also served as leaders in small group, which pushed them to explore their sexual values. As Crist commented, “The small group discussions are key to the course. It is in the small groups that growth takes place and gives the student an opportunity to discuss his feelings and attitudes.”17 Sarrel and Coplin envisioned the purpose of the groups as a “chance to share with others one’s own feelings about sex, to exchange information and ideas, and to expose one’s values to the challenge of diverse points of view.” These groups served a

15 Phil Sarrel, “Understanding Sexuality: Psychologically, Socially and from a Development Point of View,” SX-1, 2 February 1970, Tape 1, Part 1, audiotape of lecture in Topic in Human Sexuality, Yale University, (reel-to-reel), in the possession of Philip and Lorna Sarrel (hereafter cited as THS).

16 Takey Crist, “Course on Human Sexuality for Students of the University of N.C”, n.d., Box 11, Folder: Heed Presentation to class, TCP.

17 Takey Crist to Guy Steuart, November 28, 1972, Box 11, Folder: HEED 33 Fall 1972, TCP.
function similar to the consciousness raising groups of the women’s liberation movement in that they provided an opportunity to explore one’s own sexual views and feelings through “honest, concerned probing.” Students worked together to “help each other work through sexual attitudes and behavior, students develop new and fuller concepts of themselves as sexual beings.”

Many of the Sexuality Committee members served as leaders of small groups. During the first few years of Sarrel and Coplin’s course, some faculty members led these small groups, but they were concerned that having an authority figure in the group hindered open discussion. As Phil Sarrel told Yale students on the first day of their class, “This is a student course. For as long as anyone can remember you’ve always learned about sex from your peers; we’ll make it formal.” By 1969, groups were led by a team of one woman and one man who were graduate, medical, or undergraduate students who had previously taken the course. Sarrel told students at Yale, “We ask only a few things of the seminars. First of all, that you be honest. Second of all, to respect confidentiality.” Other than those rules, the groups were free to address topics of their choosing. At UNC, the groups had a little more structure because students were being graded, but they still had a relatively open process in which students could choose from a variety of projects and activities such as “filling out and discussing with others a value questionnaire, writing personal position papers, undertaking creative projects which may involve artistic self-expression, scholarly or empirical research,

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18 At Yale, occasionally members of a campus women’s liberation and or gay liberation group would attend the small groups and talk about their view on sexuality and sexual oppression. Phil. Sarrel, “Pregnancy and Birth Part 1” SX-32, Fall 197, THS.

19 Phil Sarrel, “Understanding Sexuality: Psychologically, Socially and from a Development Point of View,” SX-1, 2 February 1970, Tape 1, Part 1, THS.

20 Ibid.
or community involvement.”

The organizers also thought that one of the most important aspects of the groups was that they gave the students an opportunity “to practice using the language of sexuality.” Like so much of sexual liberation activism on college campuses, the groups encouraged talking about and feeling comfortable with one’s sexuality. They aimed to move sexuality beyond the jokes and objectification that so often characterized sexual talk of young people. Course organizers attempted to have an equal number of men and women in the course and the small groups so that men and women could get used to talking to each other about sex, even if this meant bussing the opposite sex into campus as they did with men at Mount Holyoke.

Of course, not all groups worked as planned. Since Sarrel’s courses were not required, the students did not have to attend and some groups just stopped meeting. Other groups never jelled. The danger always existed that students might feel pressured to reveal aspects of their sexuality regardless of their individual circumstances or feelings. Similar to the pressure “to come out of the closet,” defining acceptable sexuality as a public openness could be oppressive to many students who did not want to be open about their sexual feelings and issues. Moreover, a type of “group-think” could occur in these small groups where one type of sexual value was deemed most acceptable, and those that had different values could have felt ostracized or silenced. Finally, in spite of the instructors’ insistence that the groups not be used as “a stage or a podium,” this setting could easily mimic a men’s locker room type situation where bragging about experiences and even exploitation could take place.

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22 Sarrel and Coplin, “A Course in Human Sexuality for the College Student”:1033.

Although Sarrel and Coplin’s classes with the lecture and discussion section resembled large classes at research universities, they were never offered for credit, which partially explains their ability to implement the courses on various campuses with little difficulty. Students could leave the course at any time, students and their parents would not have to pay for the course other than a five dollar registration fee, no department had to take up the burden of sponsoring the course, and the university could distance itself from the ideas and content of the class because it was not an “official” part of the curriculum. “We felt,” the Sarrels explained, “if anyone comes, they’re coming of their own free will.”

Perhaps surprisingly, the non-credit status apparently did not affect the popularity of the course, especially the lectures. Throughout his twenty-six years of teaching Topics in Human Sexuality, Sarrel never had a problem filling an auditorium. According to him, the majority of students continued attending class throughout the semester, showing their willingness to put time and effort into sex education even if they did not get credit in exchange for their time.

Unlike the Sarrels, Crist offered his course for credit. In doing so, he elevated the course’s content and ideas to a level equal to other academic subjects. As a result, Crist and the Committee on Human Sexuality faced more hurdles than Sarrel did on his campuses.

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24 Sarrels interview.

25 This lack of credit and grades dovetailed with part of the student movement that advocated “free schools” and “free universities.” Unlike the impersonal and competitive multiversity, this course represented a chance for student to learn about issues affecting their immediate lives without the stress and competition that the grading system created. For a description of the free school and critique of multiversity, see “Statement on Free University City,” 16 September 1969, Record Group 30/2 Student Affairs, Dean of Students (William Field), Box 11, Folder 534, Free University City, 1969, Department of Special Collections and University Archives, University of Massachusetts Amherst (hereafter cited at UMA); Julie A Reuben, “Reforming the University: Student Protests and the Demand for a ‘Relevent’ Curriculum,” in Student Protest: The Sixties and After, ed. Gerard J. De Groot, 154–168 (New York: Longman Pub Group, 1999).
Fearing political repercussions, UNC administrators refused to fund the course, and the Committee on Human Sexuality had trouble finding a department willing to associate itself with this undertaking. After months of searching for a home for the class, Crist convinced the School of Public Health to offer the course for credit hours under its Health Education curriculum, even though this was a professional school and offered no other undergraduate classes. Even after he agreed to take on the course, the chair of the school was still nervous about the undertaking. In order to avoid potential criticisms, he made sure that the course coordinators “would NOT advertise…in the Daily Tar Heel or any other newspaper. Students [would have] to find out about it through word of mouth.” He also emphasized to Crist that Topics in Human Sexuality should “be a sober and scientific reflection on the issues of sexuality … and not to look as if we are the initiators of the sexual revolution which has occurred quite without the benefit of our sponsorship.” Crist had to continuously assure the chair that the “students would not be given any ‘how’ information,” and the emphasis would be on “responsible sex.” Some did not think these precautions went far enough. One faculty member who promised to give a guest lecture dropped out at the last minute because he feared his participation would endanger his academic and public reputation.

Crist also faced a lack of funding. During the course’s first semester, Crist taught it free of charge, and the members of the Committee on Human Sexuality managed to raise seven hundred dollars from private donors and schools, but the next fall, Crist announced that

26 Crist to Dr. Steuart, 23 November 1970, Box 10, Folder: HEED 33, TCP. Emphasis in original.

27 Guy Steuart to Crist, 11 January 1971, Box 10, Folder: HEED 33, TCP.


29 Hendricks to Isaac M. Taylor, 29 January 1971, Box 10, Folder: HEED 33, TCP.
there was not enough money. The Committee had only received two hundred dollars from the School of Nursing, which would not be enough for guest lectures and course materials. Although Crist had acquiesced to the administration’s requests the previous semester to keep the course out of the press, he went public with the issues of funding and the potential threat of cancellation. He had built a rapport with many students while teaching the course and knew they would support him. On September 195, 1971, Crist criticized the administration and all the departments on campus in the *Daily Tar Heel*: “Somebody better come up with the money to run this course. We’re talking about peanuts…. We are turning away from 400 to 500 students each semester who can’t get into the course because of limited space, time, money and instruction. Why?” Crist and his student allies contacted multiple departments and even asked pharmaceutical companies for money on the condition that Crist would talk about their contraceptive products. They were desperate.

Crist’s appeals to the student body proved a masterstroke. Student anger about the funding issues reached a boiling point over the next few days. The administration and various departments attempted to assuage the tension. The chair of the School of Public Health defended himself, arguing that he had no knowledge of funding issues, which might have been true since he had supported the course from its inception. The Director of Health Services offered funds, probably to keep Crist from going on a rampage and further damaging its reputation. These men knew the students would side with Crist and feared the

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31 Ibid.
impact of the negative publicity. Eight days after Crist’s media tirades, various departments joined together and finally came up with the necessary funding.32

Whether offered for-credit as at UNC or non-credit as in the Northeast, Topics in Human Sexuality generated some controversy on all campuses precisely because it differed so substantially from the typical hygiene and marriage and the family courses of the past. Those courses tended to promote patriarchal gender roles and the idea that sexual relations would and should take place only within the institution of marriage. They also used scare tactics and linked sexuality to reproduction and disease rather than to pleasure or intimacy.33 As Crist often lamented, “The marriage or family courses offered do little more than explain parental roles and how to budget a family income.”34 Sarrel and Coplin concurred, observing that teachers were “usually under pressure to ‘teach morality’ along with sex information, and this usually means defending current laws and religious beliefs.”35

The Sarrels, Coplin, and Crist wanted to give students a different education, which presented sexuality as a positive part of human experience and promoted the ideals of honesty, pleasure, gender equality, responsibility, and acceptance of sexual diversity. Lecture


34 Takey Crist, “Something Is Happening on Our College Campuses.”

35 Sarrel and Coplin, “A Course in Human Sexuality for the College Student.” One interesting exception to emphasis on marriage and gender roles was Alfred C. Kinsey’s course at Indiana University. Although entitled a “marriage course,” Kinsey’s course seemed to mirror the late 1960s courses such as the one taught by Crist and others more than either its immediate predecessors or successors. See James H. Jones, Alfred C. Kinsey: A Life (New York: W.W. Norton & Company, 1997), 313-36. Most studies on sex education focus on primary and secondary education rather than on higher education. For example see: Janice M Irvine, Talk About Sex: The Battles over Sex Education in the United States (Berkeley: University of California Press, 2002); Moran, Teaching Sex.
topics varied and evolved from one semester to the next but usually included psychological and social aspects of sexuality, interpersonal relationships, pregnancy and birth, contraception, abortion, and more broadly “the college student and sex.” The Sarrels focused on sexual response because of their interest in the subject that came from their work with Masters and Johnson. The UNC course, on the other hand, had a few lectures on “population problems” due to the large Carolina Population Center on its campus and the support it gave to Crist’s efforts. Eventually both courses dedicated a lecture to homosexuality. 36

Instructors in Topics in Human Sexuality did not assume intercourse only occurred in marriage. Instead, they attempted to “zero in on those aspects of the issues presented which are most relevant to the college students.”37 Being relevant meant acknowledging the reality that many students were engaging—or were thinking about engaging—in sexual activities. Sarrel and Coplin explained, “[I]n college, for the first time perhaps, we can talk of sexual activities in the present tense, as if they are happening right now rather than ‘when you are married.’ We no longer need use the evasive and impersonal third person in discussing sex. Instead of ‘when one reaches orgasm’ we can now say ‘when you reach orgasm.’”38 Crist believed that there was a new trend in youth culture centered on honesty, and he wanted to mimic it in his course: “The frankness with which today’s young people discuss sexual problems is more natural, refreshing and appropriate to man’s basic nature than the

36 Takey Crist, “Topics in Human Sexuality,” n.d. [Fall 1971] syllabus, Box 12, Folder: Committee ‘72, TCP. Also see 1969, audiotapes of lecture in Topic in Human Sexuality, Yale University, (reel-to-reel), in the possession of Philip and Lorna Sarrel. The first semester Topics in Human Sexuality was taught at UNC there were lectures on “Population Problems,” “Masters and Johnson-So What?,” “Marriage and the Family,” and “Venereal Disease.”

37 Sarrel and Coplin, “A Course in Human Sexuality for the College Student”: 1032.

38 Ibid.: 1036.
tenseness, over-restraint, and shame expressed by older generations.”

Because of this change, he felt, “Sex information should not be ‘bootlegged’ any more. We should understand that sex information should be the concern of every individual.”

The Sarrels, Coplin, and Crist not only acknowledged that young people engaged in sex, they also argued that expressing their sexuality could be a positive aspect of their lives. Crist expressed frustration with a culture that attached shame to sexuality: “A five-year-old comes home and tells his mother he heard a new word, penis, and gets punished for repeating it. The whole learning process is in the context of ‘it’s bad.’ Kids have never been given the opportunity to know and discuss these matters and they do get in trouble.”

Phil Sarrel and Coplin wanted students to “be educated toward personal responsibility and maturity rather than subjected to the psychological overkill of dire warnings of ‘terrible consequences.’” The goal of the courses was to help students integrate sexuality into their lives in healthy, happy ways. As Lorna Sarrel described, “The whole concept of sexual health … doesn’t just mean the absence of disease.” Rather, the courses were “sex positive” meaning that “they’re not afraid to talk about pleasure, not afraid to talk about love, not afraid to talk about sex as a positive force in your life.”

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40 Takey Crist, “Course on Human Sexuality for Students of the University of N.C”, n.d., Box 11, Folder: Heed Presentation to class, TCP


42 Sarrel and Coplin, “A Course in Human Sexuality for the College Student”: 1036.

43 Sarrels interview.
Although the instructors took a sex-positive approach, they did not advocate for unrestrained sexual freedom. Instead, they emphasized the idea of individuality and responsibility. As Lorna Sarrel told students in a lecture at Yale:

I think it’s something that many students want, to be free and to be free sexually…. Sometimes I think you tend to define freedom as rebellion against what you see as old fashion or hypocritical standards on the part of your parents or adults. But when you’ve checked out all of the reasons that they’ve given you for not having premarital intercourse you’re left with a kind of vacuum and you’re not really sure what to do.44

She believed the emergence of a new sexual milieu posed particular problems for female students. Many women were “very angry about the double standard for women and they’ve come [to Yale] to find sexual freedom.” Sarrel warned, “Their need to rebel I think makes them unfree. This is not freedom because they’re kind of trapped in this need for rebellion.”45 Freedom, to her, meant the ability to act in accordance with one’s own desires rather than to strictly follow or oppose a set of existing standards.

Indeed, instructors hoped that the course would help students grapple with their own sexual attitudes and morals. Crist began the UNC course by telling students its purpose:

The intent of the organizers of the Course, ‘Topics in Human Sexuality’ is to challenge students with concepts and issues of human sexuality and to provide students with the opportunity to creatively integrate these concepts and issues into their total perspective of self and society. We anticipate that a basic result of making this challenge and providing this opportunity will be that students will have an increased capacity to make better informed value choices.46


45 Ibid.

46 Crist, Heed 33 Introduction, n.d. [Fall 1972], Box 11; Minutes MHCH 140 and HEED 33, “Human Sexuality Working Notes 1: The Structures and Purpose of the Human Sexuality Course,” 21 July 1972, Box 12, Folder: HEED, TCP.
Crist offered students as much information and as many perspectives as possible for them to develop their own moral standards. The instructors wanted to “provide the opportunity for confrontation and dialogue with leading educators and physicians on several related fields so that theory, practice, research, and reflection will make the individual re-discover and re-evaluate his own ideas.” As Coplin told Yale students on the first day of class in 1970, “We simply want to indicate that there is a range of choices for individuals.” He wanted students to use the course “as a kind of context to confront yourselves with your own assumptions and the assumptions of other people.” The instructors wanted students to make their own choices based on what they felt was right for them as individuals, rather than what society demanded of them. Sarrel and Coplin felt that “specific rules cannot be laid down for such issues as sexual experimentation; we consider it inappropriate to either encourage or discourage such activities.” They continued, “We recognize that some young people may not be psychologically ready for such encounters and need to be supported in their decision to postpone. We feel that some individuals can handle and even profit from sexual experimentation.” This was not the one-size fits all approach to sex education that marriage and the family courses tended to offer. Topics in Human Sexuality encouraged students to question their sexual values and those of society in order to come up with their own belief systems.

Although instructors encouraged students to develop their own sexual morals, they unabashedly presented students in the course with a “clear-cut stand on many issues”

47 Robert Wilson, A Sociological Study.

48 Haskell Coplin, “Understanding Sexuality: Psychologically, Socially and from a Development Point of View,” SX-1, 2 February 1970, Tape 1, Part 1, THS.

49 Sarrel and Coplin, “A Course in Human Sexuality for the College Student”: 1036.
swirling in the contemporary political climate. Sarrel and Coplin clearly stated their positions to their peers in an article outlining the course in the *American Journal of Public Health* by disclosing their dedication to reproductive rights: “Abortion should be more a medical issue than a political or moral one,” and “all individuals who choose to have sexual relations should have access to conception control methods.” After a UNC student heard a lecture on abortion, she reported, “I came out of class fired up to get the bill [to fully legalize abortion] passed in our legislature…. I was impressed with the way the lecturer managed to get people involved in the ‘cause.” Sarrel and Coplin even took on the taboo subjects of masturbation and oral sex: “We feel that, by and large, society still continues to be ‘two-faced’ about masturbatory activity and noncoital sexual practices.” They declared, “As soon-to-be-voting citizens, college-age students should be made aware of the absurdity of laws that treat as criminal acts sexual behaviors that are matters of personal choice.” These instructors saw *Topics in Human Sexuality* as a political intervention and part of a larger movement to change how Americans experienced and viewed sexuality.

The instructors also promoted gender equality in ways that often mirrored the women’s liberation movement. Indeed, their efforts were a forerunner of women’s studies.

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50 Sarrel and Coplin, “A Course in Human Sexuality for the College Student”: 1036.

51 Judi Tarrington to Takey Crist, 20 May 1971, Box 10, Folder: HEED 33, TCP.

52 Sarrel and Coplin, “A Course in Human Sexuality for the College Student”: 1036.

53 This is not to say that instructors did not also try to be objective at times, but this was often met with some difficulty. For example, when Crist asked his colleague Jarslov Hulka to give a lecture pointing out some of the positives of non-engaging in sexual intercourse, Hulka admitted his “fumbling efforts to be an ‘angel’s advocate’” turned out to be a “surprisingly difficult task. Hulka to Crist, DeWalt, Hellegers, Vincent, and Schaffer, 31 August 1972, Box 11, HEED 33, Fall 1972, TCP.
classes at a time when this field was just developing.\(^\text{54}\) Aware of the women’s liberation movement, the instructors wove many of its ideals into the lectures. Lorna Sarrel, in particular, was involved with the emerging women’s liberation movement, eventually attending consciousness raising sessions in New Haven.\(^\text{55}\) As her involvement in the courses increased in the 1970s, so too did the feminist orientation of the course. Still, even in the late 1960s when Phil Sarrel and Haskell Coplin gave most of the lectures, these men had a clear feminist bent and the goal of promoting gender equality. Haskell Coplin’s first lecture to Yale students in 1969 was explicitly feminist. The day’s theme was the psychological, social, and interpersonal construction of sexuality. Although one could imagine any number of ways to approach these subjects, the instructor chose to focus on the social construction of gender. Coplin emphasized to students:

[An] important thing to realize is this whole idea of sex and gender, and we separate the two by indicating sex refers to those biological aspects of the developing organism and gender has to do with self-attributions and attributions of others that determine how an individual behave with respect to his assigned sex…. Well, it turns out that for the human—and this is a certain cue for women’s liberation proponents—much of the kind of sexual scripting that becomes an implicit part of a person’s awareness of himself and attribution to himself is simply something the culture has told him he should be and the way he should feel is a function of how a culture defines a particular relationship.\(^\text{56}\)

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\(^{56}\) Haskell Coplin, “Understanding Sexuality: Psychologically, Socially and from a Development Point of View,” SX-1, 2 February 1970, Tape 1, Part 1, THS.
Coplin directly evoked and legitimized the women’s liberation movement by employing one of the most fundamental premises of the feminist movement: the social construction of gender. This idea had yet to gain widespread acceptance or currency in 1969, and Topics in Human Sexuality likely marked the first time students were confronted with the theory of gender as a social creation, not biological fact.

Coplin highlighted how the contemporary construction of gender led to the oppression of women through the sexual double standard. He claimed, “Because we have so universally tabooed the early sexual responding of girls. We may mean many things when we say ‘bad boy’ but we mean only one thing when we say ‘bad girl,’” meaning that the “bad” adjective for women, unlike men, usually had to do with breaking a sexual taboo. “The boy’s sexual script,” Coplin continued, “is what the Latins will call machismo . . . his sexual script calls for proving his masculinity or his sexual prowess and the primary way this is to be demonstrated is through sexual conquest.” It was the “cult of masculinity,” the instructor contended, that prevented men from feeling intimacy with women and promoted the idea that women were sexual objects to be dominated.57

Coplin continued his feminist analysis when he critiqued the “Playboy Philosophy” strand of the sexual revolution. He argued that Playboy did only “yeoman service in finding some of the really morbid sex laws in this country.” Rather, “in order to make money [the magazine] perpetuates a version of sexuality which in a sense is essentially a male-dominated, male-centered version of relations between the sexes in which it unwittingly

57 Haskell Coplin, “Understanding Sexuality Part 2,” SX-2, 2 February 1970, Tape 1, Part 2, THS.
perpetuates this machismo, which we’ve been talking about.”\textsuperscript{58} Playboy promoted a “double standard which creates the woman primarily for the little boy, at least the boy…. It makes her an object…. [I]t’s the centerfold girl, that is it tends to objectify sexual attributes and characteristics of the woman … and this means that it is the body … that gets erotized instead of the person.”\textsuperscript{59} Coplin’s ideas demonstrate how feminist ideals were spreading and that at least some men were receptive to these ideals and willing to share them with young people in an academic setting.

Phil Sarrel similarly used feminist ideas in his lectures on anatomy and sexual response. At Yale in 1969, after giving a brief description of male and female anatomy, Sarrel described the sexual response cycle, drawing heavily on the studies of William Masters and Virginia Johnson. He tried to undermine the male-centered model of sex that linked the sex act and pleasure to male penetration and male climax.\textsuperscript{60} He stressed, “many students’ sexual experience has been primarily autosexual, homosexual, some heterosexual.” He also emphasized the female orgasm, a rallying cry for many feminists at the time: “Male sexual response is fairly simple [and] circumscribed. That tends to be fairly universal … [while] for women there is a very wide range of responses.”\textsuperscript{61} Intentionally highlighting the

\textsuperscript{58} Ibid.

\textsuperscript{59} Haskell Coplin, “Understanding Sexuality Part 3,” SX-3, 9 February 1970, Tape 1,THS.


\textsuperscript{61} Phil Sarrel, “Sex Response,” SX 5, 16 February 1970, Reel 1 of 3.
range of women’s sexual responses, Sarrel legitimized female sexual desire and experiences as well as engaged the current cultural conversation about the female orgasm.\textsuperscript{62}

In 1970, Lorna Sarrel complicated her husband’s analysis of the female orgasm with a sophisticated feminist interpretation. She pointed out that focusing so intently on the female orgasm could also be oppressive. In what she called “the tyranny of the orgasm,” she argued to Yale students, “I think that while there is this greater awareness of female sex response—and this is great, I think it’s done wonders for women—I think again there is a kind of tyranny here and orgasm has become a real hang-up.” Drawing on her experience in the sex counseling service, Sarrel explained:

We see many students who are not sure whether they have experienced it or not and I think that there is an expectation that it’s supposed to be a kind of grand mal seizure. As we’ve talked to a number of women, we found that in fact they have in fact had orgasms but their reaction is, ‘well is that all?’ because it’s a kind of myth.

She believed the problem with this new emphasis on the orgasm was that “many girls are led to feel that if they haven’t had an orgasm, maybe there’s something wrong, maybe they’re neurotic, they’re repressed.” Sarrel tried to reassure them, “In fact for a large percentage of women, particular in your age group, there’s a lot of learning involved and it often takes a long time and the very focus on the goal of orgasm can end up inhibiting you.”\textsuperscript{63}

Instructors also wove this feminist analysis into lectures on pregnancy, birth, contraception, and abortion. Phil Sarrel and Coplin thought that the lecture on pregnancy was “probably the most important in terms of family planning and responsible sexual behavior”


\textsuperscript{63} Lorna Sarrel, “Sex at Yale, Part 1,” SX 18, 7 April 1970, Reel 2, THS.
because pregnancy was “a clouded mystery” to many students. 64 At both Yale and UNC, students watched a film of a live birth. The Sarrels and Crist still laugh about the male students who fainted every time they showed the film.65 At UNC, the Committee on Human Sexuality emphasized that it was important to find a film that emphasized “the naturalness of childbirth” and “stress[ed] the role of the woman not the doctor.” They also wanted to balance giving students information about birth with “tak[ing] care not to give the impression that a woman has to have a baby to be a real woman.”66 The film Phil Sarrel chose stressed “the closeness of husband and wife during labor and delivery” at a time when men were just beginning to be allowed in the delivery room.67 Sarrel continuously endorsed an active and hands-on role for the father as part of male sexual responsibility and a prerequisite for an equal and close relationship. Following the movie, Sarrel invited two young couples who had recently had a baby to talk about their decision to have a child, the experience of pregnancy and delivery, and the adjustment they had to go through once the child was born.68 The instructors thought that emphasizing the consequences of unprotected sex would prepare and engage students for the following lectures on birth control and abortion.

The lectures on birth control and abortion focused on practical information and were political. Lectures explained how each contraceptive method worked, their effectiveness, and their potential side effects, so that students had the information they needed to make a choice that best suited them. In providing this information, the instructors were part of a much larger

64 Sarrel and Coplin, “A Course in Human Sexuality for the College Student;” Sarrels interview; Crist interview.

66 UNC- Ad Hoc Advisory Committee, HEED 33 Human Sexuality: Ad Hoc Advisory Committee, May 1971, Box 10, Folder: HEED 33, TCP.

67 Sarrel and Coplin, “A Course in Human Sexuality for the College Student”: 1032

68 Ibid.; Phil Sarrel, “Contraception, Part 1,” SX-11, 2 March 1970, Reel 1, THS.
feminist and consumer health movement reclaiming medical knowledge for ordinary people. Instructors also took a feminist political stance in favor of the full legalization of contraceptives. Phil Sarrel’s lecture on contraceptives began with a history of birth control, stressing how recently these devices became available in Connecticut. In order for students to appreciate what was available to them and how tenuous this availability could be, he told the class in 1970, “Seven years ago when I came to New Haven… I could not write a prescription for the diaphragm, or the Pill, or contraceptive foam if it was for the purpose of contraception”. He also emphasized that because he believed birth control was a right, he had a lot of experience in getting around laws that limited women’s reproductive freedom. He told the students, “I could write a pill prescription saying to regulate menses or I could write a diaphragm prescription saying to hold up the bladder.”

Lectures on birth control also aimed to help students wade through contradictory information they may have heard in the media about oral contraceptives. In 1969, Barbara Seaman’s watershed book, *The Doctors’ Case against the Pill*, confirmed feminists’ suspicions that many doctors and pharmaceutical companies were keeping women in the dark about the dangers of oral contraceptives, especially the potential of deadly blood clots. Anger and resentment came to a head in early 1970 during Gaylord Nelson’s senate hearings about the Pill, when feminists in the audience disrupted by protesting the general lack of information women had been given about the drugs and the lack of women’s voices at the

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hearings. The public spectacle, broadcast throughout the nation, and the chorus of contradictory opinions on the matter caused mass confusion among women on the Pill, and many chose to discontinue using it.

The instructors of Topics in Human Sexuality attempted to present a more nuanced view of the Pill. In early March 1970, Phil Sarrel told students that because of the events in Congress two months earlier and the ensuing media coverage, “I’ve already seen the first Yale student who has become pregnant because she panicked over what was said about the Pill and now she’s pregnant and is seeking an abortion. It didn’t take very long for that to occur.” He claimed the hearing and panic brought “a misrepresentation and vital issue and personal issue right home and here.” Sarrel insisted there was no new information for doctors presented in the hearing and that the dangers of the Pill were minimal. He also tried to put the danger of the Pill in perspective by telling students that “1.4 out of one hundred thousand women who are on the Pill will develop a blood clot that will go to the lung and kill them…. Twenty-two out of one hundred thousand pregnant women will die. That of course is very rare, you hardly hear of a woman dying today as a complication of pregnancy … and women don’t become pregnant today with a fear of death because that’s how rare it is … and yet it’s almost twenty times as common as death due to the Pill.”

Phil Sarrel had been fighting against the systematic denial of birth control to college women largely because he had seen

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72 “Co-eds Fear the Pill; Use Is Widespread but Not Felt Immoral,” *Boulder Daily Camera*, 1 February 1970, clippings file, Central Administration, Vice President for Student Affairs, Series I, Box 48, Folder 1, University of Colorado at Boulder Libraries (hereafter UCL).

the effects of unwanted pregnancy on this population, effects that could often lead women to
the door of an illegal abortion practitioner. Sarrel worried the public panic over oral
contraceptives had the potential to set back their agenda to provide healthcare and could
endanger women’s lives. He worried that some university health services in the United States
had been using the potential danger of the pill to justify their denials to prescribe it to any
woman. Sarrel advocated educating women about their bodies and contraceptive choices so
that women could make fully informed choices. In doing so, his actions complicated the
sometimes polarizing divide that some feminists espoused that pitted male doctors against
female patients.

Lectures on abortion similarly stressed political and practical points. Due to the
rapidly changing state of abortion laws in the late 1960s and early 1970s, the content of
lectures on abortion changed each year. Phil Sarrel claimed when he first offered the course
at Mount Holyoke in 1968:

There wasn’t much we could say about abortion. Most of the lecture was a
description of what the scene was like at that time…. It was the scene of going to
Puerto Rico for abortion, going to London, going to Hungry for an abortion, of
paying fifteen hundred dollars for an abortion, and part of the price involved having
intercourse with the abortionist, and those were the stories that college students fed
back.

At Yale a few years later, Sarrel recounted the horror stories of past and present illegal
abortions he witnessed—including showing a catheter that he removed from a patient’s
uterus—in order to contrast that situation with the one at Yale in the spring of 1972. “At this
minute at Yale over at the hospital there are between six and ten women who were just
aborted legally, safely, by professors in our department, might very well be the chair of our
department who may be on duty tonight. It’s quite a different scene that abortion today can
be done by the medical community, that it can be done safely.”\textsuperscript{74} Sarrel used this juxtaposition of abortion services in order to emphasize “that no student in this room will ever have to go through this horrible, dangerous awful procedure of a criminal abortion…. Of course, you have to know the ropes and you have to know where to go and what to do. And I think that really is an important part of it.”\textsuperscript{75}

Phil Sarrel devoted the rest of the abortion lecture to explaining exactly how students could obtain a legal abortion in New Haven. He told them that women over twenty-one years could obtain a therapeutic abortion at Yale-New Haven Hospital or elsewhere. He claimed that almost all abortions were approved at the hospital because “I know that any college student who’s pregnant who is seeking abortion constitutes someone whose life is threatened because the catheter or the criminal abortionist wherever he is represents a threat to her life.”\textsuperscript{76} After this statement, the student audience erupted into cheers. The young doctor made it clear that he was on their side. Sarrel next went over the option for underage students who did not want to or could not get their parents’ permission. The Clergy Consultation Service would usually send her to New York clinics, where abortion had been legalized in 1970 without residency requirements. Sarrel, however, strongly recommended getting a parent’s permission and including the male partner in the process if the couple were in a close relationship.\textsuperscript{77} He claimed that “between the boyfriends and between the families we’ve been able to make, I think, the problem or the hassle of abortion into a very positive kind of

\textsuperscript{74} Phil Sarrel, “Abortion, Sterilization, VC, and How to Manage Your Mother’s Menopause, et al,” SX-49, March 1972, Tape 1, THS.

\textsuperscript{75} Phil Sarrel, “Abortion, Part 1” SX-15, 9 March 1970, Reel 1, THS.

\textsuperscript{76} Ibid.

\textsuperscript{77} For an excellent study on the Clergy Consultation Service, see Cline, Creating Choice, 113-179.
experience, believe it or not, from what could be a very negative experience.” For Sarrel, this openness and support could turn potential trauma into a learning experience.

Sarrel concluded the abortion lecture at Yale in 1970 by describing the medical procedure of abortion and reading a letter by a woman who had been through the experience of having an abortion the previous year when it was much more difficult to obtain. She wrote:

I’m sick of our male dominated society…. Here I am a woman, pregnant for the fourth time and not only interested in terminating this situation immediately but justifiably so due to the fact that this child has a twenty-five percent chance of being the victim of a fatal hereditary disease…. Well, it seems that in that social system designed and controlled by men, there is a way. One must be willing to go through the torture trial of being seen by doctors to make sure one is pregnant, apparently one man’s diagnosis is not enough, and that man has a new delight to offer us women: a firing squad of sorts presents itself in the guise of two psychiatrists who only want to help, but one must prove upsetnees [sic] over one’s physical condition, expressing the idea of self-mutilation or suicide should do it. Then one must wait. Man works from nine to five, meetings occur every two weeks, but this woman is pregnant all day, all night, seven times weekly…. Gentlemen, I want this done and now, and my contempt for your system is so complete, I wonder at your morality that seems to leave you unaware at your crimes. Women we have left this world to men too long. They are inept, inappropriate, and dangerous. We have been unfairly used.

After the reading, the fifteen hundred students released a roar of clapping and cheering. In choosing to read this letter, the male doctor made abortion a feminist issue, and the students’ response revealed their receptiveness to this type of feminist critique. Phil Sarrel concluded the lecture by stating: “The problem of women is really the problem that comes most to the fore in abortion. In those countries where women are very important…where the women have pretty close to equal status… abortion law is really designed to protect the health of the

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79 Ibid.
woman. In other countries where a woman’s status is lower, … abortion laws are like our
own.”80

As the gay liberation movement gained momentum, Topics in Human Sexuality
increasingly addressed homosexuality in addition to heterosexuality.81 Phil Sarrel and Takey
Crist created their courses primarily as a tool to prevent women from obtaining illegal
abortions. Therefore, it is not surprising that they initially chose to focus on heterosexual
issues. Because of the instructors’ and students’ interests, however, the course evolved to
include all aspects of personal, cultural, and biological sexuality. As the Committee on
Human Sexuality reviewed the course after its first semester at UNC, they concluded, “There
needs to be a lecture dealing with homosexuality. This would not be the sensationalist
viewpoint but the very real sexual alternative that is so prevalent in society.”82 The
instructors’ intended to depict homosexuality as a natural and valid expression of sexuality.

The courses aimed to make students think about homosexuality as a political issue.
On the first day of the course at Yale in 1970, Coplin explicitly pointed out, “You’ll also be
voting citizens soon in a society that has inherited from my generation the most absurd
congeries of sex laws you can imagine. It is a society that punishes homosexuality for
example by penalties … from one day in, let’s say, New York City to life in prison in another

80 Ibid.

81 On gay liberation see: John D’Emilio, Sexual Politics, Sexual Communities: The Making of a Homosexual
Minority in the United States, 1940-1970 (Chicago: University of Chicago Press, 1983); Terence Kissack,
(1995); David Palmer, “Imagining a Gay New World: Communities, Identities, and the Ethics of Difference in
Late Twentieth-Century America” (Ph.D. Diss., Chapel Hill, NC: University of North Carolina at Chapel Hill,
2011).

82 UNC- Ad Hoc Advisory Committee, HEED 33 Human Sexuality: Ad Hoc Advisory Committee, May 1971,
Box 10, Folder: HEED 33, TCP.
The instructors fought against the “absurd” laws and cultural stigmas attached to gay men and lesbians at the time by normalizing and legitimizing homosexuality. Coplin connected the social construction of gender to the social construction of sexuality: There “is not an automatic, some kind of physiological unfolding that little boys are interested in little girls…. Homosexuality is not some kind of biological anomaly that is imposed upon the individual.” Coplin was arguing against the idea that gay men and women had some sort of pathology, as the American Psychological Association claimed until 1973.

Sarrel refuted this model even more explicitly and argued for the social construction of medicine itself. “As a doctor I find it almost impossible to look upon [homosexuality] as a disease process unless you define it as a social disease process because of what society says about it. If the law condemns it and makes life impossible—if all your doctors are trained that this is a disease process—it’s going to carry that kind of interpretation.” Sarrel had a very different interpretation of same sex desires, acts, and identities: “I look upon sex response as something that we all do, that we all have, and I look upon most homosexuals as perfectly content with their homosexuality. There’s … no way [it is] conceivable as a disease.” In his lectures about sexual response, Sarrel always depicted same-sex sexual activity as just one form of sexual release. He refused to place a value judgment on which types of sexual activity or sexual desire were natural or normal.

At UNC and Yale, instructors integrated the subject of homosexuality into their lectures in part by showing films depicting gay and lesbian couples having sexual and non-

83 Haskell Coplin, “Understanding Sexuality: Psychologically, Socially and from a Development Point of View,” SX-1, 2 February 1970, Tape 1, Part 1, THS.

84 Haskell Coplin, “Understanding Sexuality Part 2,” SX-2, 2 February 1970, Tape 1, Part 2, THS.

sexual interactions. For lesbian and gay students, the films were meant to affirm their sexual identities as “normal,” and for straight students, the experience was meant to expose them to homosexuality in a new light. After showing the film, Phil Sarrel told the students, “I’ve come to look at homosexuality as a kind of human behavior. It has been very valuable to me to be exposed to the homosexual community…. Some people are homosexual and some people are heterosexual and some people are both…. You can relate to anyone you want as a human being….You can be whatever you want.”

A UNC student expressed similar sentiment after watching the film: “The film has helped me to better understand that homosexuals also have love feelings and attachment to one another through genuine affection and that they are not just ‘sex freaks.’… They did not seem so different from what you might expect from a man and woman involved in an affair.”

The courses pushed many heterosexual students to come to terms with their homophobia. In a paper on homosexuality for the course, a heterosexual, male UNC student (who would become the president of the student body) explained that he was apprehensive “about going to the local gay bar [because his] provincial Eastern North Carolina upbringing had never brought me in contact with homosexuals. Sure, I’d read all the accounts about them in *Time* and had even seen a couple but had never been in an environment dominated by gay people.” He left a Chapel Hill gay bar “with a different attitude towards homosexuality. I realized that homosexuals were a rejected minority of human beings with

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86 Lorna Sarrel, “Female Sexuality,” SX-57, Fall 1972, Tape 1, THS.

87 UNC Reactions to Films on Homosexuality, November 1971, Box 21, Folder: Sex Education-Homosexuality, TCP.
most of the same ambitions, faults, and feelings as the rest of society.” At Yale, a heterosexual male student attended a gay liberation meeting and relayed his experience to the rest of the class:

I certainly didn’t realize until I attended the Yale Gay Alliance meeting exactly how personal that can be … and when I attended it, the idea that Yale’s a place where you should look into new things, you know go to one SDS meeting to see what the radicals are like, you go to one Gay Alliance meeting to see what gays are like, because I really didn’t know. What I found was people who are dying to pour out frustrations caused by reactions from people like us who don’t really see homosexuals as people.

This student continued by linking the gay community to other repressed minorities and showing an understanding of heterosexual privilege: “Where today it’s completely passé to call someone a nigger or a cunt, there’s very little hesitation to call someone a faggot or a queer or a lesbian or anything else. It just made me very strongly aware of just how inhuman such attitudes are.”

Topics in Human Sexuality revealed that students wanted to learn about sexuality and were receptive to the feminist messages they received from their instructors. The course, however, had some limitations. It had a limited enrollment and there was almost always a waiting list of students who wanted to take the course but could not. The courses also required a faculty member with extensive knowledge about sexuality who was willing to go through the hassles of selling the course to an often unreceptive administration. It also required a lot of time of the students, many of whom were already overburdened by coursework. Finally, even though students helped with organizing the course and running

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88 Joe Stallings, “Friday Night at a Gay Bar,” in A Different Way of Life, edited by Judie Friedman for HEED 33, Spring 1971, Box 11, TCP.

89 Male Yale Student, “Homosexuality,” SX 58, Fall 1972, THS.
discussion sections, the lectures were inherently hierarchical and impersonal with an expert instructor giving students information.

In part as response to the limitations of the courses, sexual liberation activists created sexuality handbooks as an effective and cheap means of getting knowledge about sexuality and services to students. Like the courses, they contained practical information but also had a clear message that promoted the values of openness, honesty, responsibility, and equality. The Committees on Human Sexuality at Yale and UNC put out some of the earliest and most widespread handbooks, but they were not alone. During 1970 and 1971, dozens of sexuality handbooks appeared on college campuses across the country. No central organization promoted the production of these handbooks or the information they contained. Rather, students and faculty were inspired by what they saw on other campuses and found that the idea of a sexuality handbook fit perfectly with other sexual liberation activism efforts. Most often, these handbooks were the result of collaboration between physicians and students. Physicians usually served as consultants, while students authored the majority of the work. Students spoke the language of their peers and knew what type of information they needed and wanted. This was an opportunity to control their education and make it relevant to their lives.

*The Birth Control Handbook*, published by the Students’ Society of McGill University in Montreal in 1968, was the first sexuality handbook by and for students to find a wide audience in the United States. By 1970, the Canadian handbook was in its fourth edition and made its way to campuses across America, appearing in counseling centers, student unions, and dorms. Phil Sarrel even assigned it for *Topics in Human Sexuality.*

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authors saw themselves as part of a longer movement for reproductive justice. The introduction praised Margret Sanger as a feminist who “saw contraception as a prerequisite to the liberation of women,” and quoted her ideas about “voluntary motherhood” as “a new morality—a vigorous constructive, liberated morality which would prevent the submergence of womanhood into motherhood.” In trying to combat a sexual culture of shame, this booklet gave students useful information about anatomy, sexual response, birth control, sterilization, abortion, and venereal disease; it also displayed photographs of naked young people frolicking in natural settings such as lakes and fields and included photographs of naked women who were pregnant, giving birth, and nursing. By juxtaposing these pictures with information on fertility control, the authors celebrated women’s sexuality and reproductive capacity, while simultaneously asserting the right of women to control their bodies. The introduction of the booklet concluded, “The Birth Control Handbook is produced not as a favor to an irresponsible medical profession nor as a favor to men who want an easy but ‘safe’ lay, but as a political act.” Sharing sexual knowledge was political and the result empowered women to control and enjoy their own bodies.91

The sexuality handbook at Yale, *Sex and the Yale Student*, was among the first created in the United States and was a direct result of Topics in Human Sexuality. After Sarrel offered the course at Yale, a group of students on the Committee on Human Sexuality who had helped to plan, run, and evaluate the course decided “that at least some of the information on human sexuality should be available to everyone—not just those people who attended the lectures.” So they wrote “a little book” that was “a synthesis of the major

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concerns of the course, and written with the student’s needs and experiences in mind.” As a project by and for students, the booklet offered a quote from the Beatles on its first page: “We all get by with a little help from our friends.”

This booklet developed during the summer of 1970, thanks to the efforts of three undergraduate women, four undergraduate men, and a graduate student, who worked independently on sections under the direction of Philip and Lorna Sarrel. As one of the undergraduates, Kerry Bloomingdale, recalled, “We split it up…into chapters and we all collaborated….Dr. Sarrel certainly helped out with consultation and input.” Nevertheless, this was first and foremost supposed to be a student project in which the participants educated themselves and shared information with their peers in order to empower them. As Elaine Fox, another undergraduate, explained, “I think [Phil Sarrel] had an idea about what should go in it, but we all talked about things that were important to cover. … It was really a learning experience and meant to educate our students.”

The students volunteered to serve on the committee and write the handbook for a variety of reasons. Elaine Fox, the main editor of *Sex and the Yale Student*, was drawn to the project because her sex education experience at Yale contrasted so much from her previous experiences, and she was inspired. She had transferred as part of the first class of women at Yale from Hobart and William Smith College in Upstate New York. There, Fox recalls:

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93 Elga Wasserman to Elaine Fox, June 9, 1970, Box 13, Folder: Sex Course, Sex Counseling, Office on the Education of Women, Yale University, Records (RU 821), Accession 19ND-A-086, Manuscripts and Archives, Yale University Library. (Hereafter cited at YUL).

94 Kerry Bloomingdale, interviewed by the author, 18 February 2008, Newton, Massachusetts.

95 Elaine Fox, interviewed by the author, 13 February 2008, Southampton, New York.
You had to sign out [of the dorms] and then back in if you came in late…. I remember specifically, this is important, because they had what they called the “sign out box.” In that, they had little pamphlets about birth control pills and that was a certain message. I think you had to sign that out as well. So if you were going to take it, first of all, everyone would know that you took it, but then you had to put it back too because they didn’t have a lot of copies. It’s interesting because there was nothing else in terms of sex education around at the time and that was a poor attempt. I actually went to the library at Hobart and looked for information on contraception and the only thing I could find was in a medical book from the 1890s. I was like, “Oh, this is not good.”

Fox first heard Phil Sarrel at her orientation and clearly remembered him telling the students that if they did not start learning about and using contraception, statistically one-third of the women became pregnant. Fox “thought that was wonderful that he was honest and could be outspoken and wasn’t censored because I’m sure nobody at Yale ever said anything like that.” Sarrel also told the students he was starting a sex education course and wanted students to help him organize it. Fox jumped at the opportunity and became one of the core members of the Student Committee on Human Sexuality at Yale.

For Fox, helping with the course and writing the handbook was “a real eye opener.” Even just naming the course “Human Sexuality” was important to her: “It’s human when men and women are becoming men and women that this is something normal and I guess it was so refreshing because you had to suppress all this stuff for all this time.” She continued: “It gives some kind of freedom that it was something you didn’t have to worry about it or spend all this energy to suppress. So you could study, you could talk, and you wouldn’t have to take all this energy to not think or talk about certain things or to hide things.”

96 Fox interview.

97 Ibid.

98 Ibid.
freely about sexuality actually lessened the time she spent thinking and worrying about it. She was determined to help others as much as Phil Sarrel helped her.

Pepper Schwartz became involved with the handbook because she saw it as an extension of her work in the women’s liberation movement. Schwartz attended the coeducational Washington University in St. Louis as an undergraduate and came to Yale as a graduate student in sociology in 1968, the year before Yale admitted female undergraduates. When she arrived, “the paneled rooms and smoking jackets were foreign … and most graduate women seemed invisible.” Schwartz recalled that at that time, “I was just starting to get sort of a feminist perspective, and I was ticked at a lot of the inequities in the law.”

Being one of the few women on campus heightened her gender awareness and made her feel “increasingly uneasy about being a woman at Yale…. The power structure had never seemed particularly male to us before. But the pervasiveness of male hegemony at Yale made us realize we had always been controlled by men.” She and another female graduate student in the Sociology Department, Janet Lever, decided to study the characteristics of all male institutions and how “the values and norms we observed shaped the sexual roles and aspirations of the people we met.” They also wanted to understand how Yale changed when it admitted undergraduate women the following year in order to “get greater insight into the quality of male and female roles in general and the youth subculture we live in. We wanted to know what qualities constituted ‘masculinity’ and ‘femininity’ and we thought we could gain

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100 Pepper Schwartz, interviewed by the author, 30 March 2009, Seattle, Washington.
insights into these concepts by observing what people sought to protect in a period of flux and confusion.”  

As Schwartz researched her book, she became angrier about gender inequalities and as a result more involved with the women’s movement at Yale. She organized her own consciousness raising group in the Sociology Department, which eventually became Sociologists for Women in Society. As part of the research for their own book, Schwartz and Lever decided that being discussion leaders for Topics in Human Sexuality would be an excellent way to gain insights into the gender dynamics and sexual culture at Yale. In preparation for the course, she began to “read the books and I read a lot of other books that were coming out at the time that I thought either lacked big important parts of information or had it wrong, and there wasn’t research to be effective as a rebuttal.” She wanted to write this rebuttal and being part of the group that wrote *Sex and the Yale Student* offered her an opportunity.  

The other students involved in writing the handbook were also involved in various aspects of New Left politics. Unlike Schwartz, however, who was a leader of the women’s movement, most of the others described themselves as more rank and file members or interested observers and supporters of movements. All the authors opposed the Vietnam War and were keenly interested in the trials against the Black Panthers being held in New Haven in the early 1970s. As Rosalyn Milstein remembered, “I was certainly anti-war, and I mean I was feminist, but not in any organized group.” Debbie Bernick helped to set up a daycare

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102 Schwartz interview.

facility for Yale students and faculty, wrote a paper on women’s liberation for a philosophy course, and visited the newly formed women’s center on campus occasionally.\textsuperscript{104} She remembers, “But so many people I was friends with later on had been a little bit more active that year. Especially some of the freshmen women had been very active in the women’s center. So I’d say [I was a] participant, but not a leader in [women’s liberation].”\textsuperscript{105} Elaine Fox explained, “I wasn’t a bra-burning, flag-waving kind of feminist, but in some sense, activism or being at the head of the wave or whatever may have influenced me.”\textsuperscript{106}

The student-authors saw their work on the Yale handbook as part of New Left activism. Kerry Bloomingdale reflected that during the era there was “a realization that you didn’t have to be held back by mores and inhibitions” and a feeling that young people did not have to listen “to authority figures that really didn’t have much reasonable or rational to say, other than just being authority figures.” For him the handbook signaled a change in which young people believed “that the whole area of sexuality is something that could be enjoyed rather than avoided and could be shared with another person rather than swept under the carpet.” As Bernick described, “We knew that something revolutionary in terms of change was happening…We were organizing and we thought it was important. It was practical information that was really important to get out because of all this stuff was happening now. There were no rules. We were confused. We didn’t have that much guidance. We were experimenting.”\textsuperscript{107}

\textsuperscript{104} Deborah Bernick, interviewed by the author, 11 February 2008, New Haven, Connecticut.

\textsuperscript{105} Bernick interview.

\textsuperscript{106} Fox interview.

\textsuperscript{107} Bernick interview
The Yale booklet was a huge success. The Yale Student Committee on Human Sexuality used two thousand dollars of surplus funds from the Topics in Human Sexuality to print ten thousand copies. As with the Sexuality Counseling Service and the course, Yale administrators supported the book when first released largely due to their fears of pregnancy in the wake of coeducation. In a *New York Times* article, an official Yale spokesperson clarified: “It’s a student publication … which the university feels was desperately needed and therefore the students were given full cooperation with it.”  

The special assistant to the president of Yale, Elga Wasserman not only approved of the booklet but she also helped the committee logistically by letting them store all ten thousand copies in her office. As Phil Sarrel remembered, Kingman Brewster, the President of Yale, requested that the Committee on Human Sexuality “send over a hundred copies at a time [and] he puts them in his entry hall, so anyone entering the President’s house, there they are…. So that’s how supportive he was.” All the incoming students received the booklet as part of their orientation materials.

Nevertheless, the administration only supported the booklet up to a point. The booklet was so well done that the Student Committee on Human Sexuality also received and accepted a book offer from the New American Library. With partial subsidizing from a Ford Foundation grant that Phil Sarrel secured, Elaine Fox worked for an entire summer “expanding the booklet basically to make it more applicable to young people other than Yale

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109 Elaine Fox to Elga Wasserman, 24 August 1970 and Elga Wasserman to Elaine Fox, 28 August 1970; Box 13, Folder Sex Course, Sex Counseling, Office on the Education of Women, Yale University, Records (RU 821), Accession 19ND-A-086, YUL.

110 Sarrels interview.
students and pretty much college students across the country.”111 Yale lawyers, however, decided that the Committee could not use “the Yale name in the main title,” demanding that it be changed even after the publisher had printed the cover.112 Administrators justified their decision by arguing that Yale’s name could not appear in a non-university publication, but it is also clear that the University did not want to be associated with the booklet in any official way because of the potential criticism it might face. Therefore, the book was titled The Student Guide to Sex on Campus authored by the “Student Committee on Human Sexuality, Yale University.”

The sexuality handbook released at UNC was an even more controversial undertaking. In the summer of 1970, Crist recruited three medical students from around the country to work with him on a handbook: Tom Blush, Richard Mier, and Donald Rollins. As Rollins explained, “I don’t want to become a doctor just to push pills….I want to be in there helping with the real problems of society.”113 The medical students agreed with Crist that one of the most pressing “real problems” was the lack of sex education for college students. Calling themselves the “Sex Men,” the medical students, under Crist’s supervision, created a handbook tailored to UNC students, Elephants and Butterflies ... and Contraceptives.114

Originally, UNC’s Duplicate Service agreed to print Elephants and Butterflies with funds from the Rockefeller Foundation and various student organizations. It printed ten

111 Fox interview.

112 Erza M Eisen to Reuben A. Holden, 21 January 1971 and Reuben A. Holden to Erza M Eisen , 14 January 1971, Box 28, Folder 359, The Secretary’s Office, Yale University, Records Record Unit 52 (RU 52), YUL.


114 Richard Mier, Donald Rollins, and Thomas Blush, Elephants and Butterflies ... and Contraceptives, 1st ed. (Chapel Hill: ECOS, 1970), Box 6 TCP.
thousand copies in the first week of September but had to destroy all of them due to the administration’s objections to referencing UNC affiliates, the Population Center, and Crist.\textsuperscript{115} Administrators had begrudgingly dealt with student disruptions related to civil rights and Vietnam War protests in the previous years, and they saw this burgeoning movement as another step in the wrong direction.\textsuperscript{116} The Dean of Women claimed she recognized the need for sex education, contraception information, abortion information, and the booklet in general but still believed that the administration should deal with students’ sexuality by restricting their actions.\textsuperscript{117} Crist characterized Dean of Student Affairs C. O. Cathey as “an old timer here at the University … [who] is well aware of the problems of abortion and contraception for young people, but at times you get the opinion that he wants to continue with old ideas and traditions [rather than] change with the times.”\textsuperscript{118} The administration ultimately decided that the publication of the booklet would outrage taxpayers, alumni, the press, and not least, Jesse Helms, a journalist in North Carolina who would eventually become the state’s Republican senator and help to orchestrate the conservative resurgence in the 1970s.\textsuperscript{119}

\textsuperscript{115} Dr. J Hulka and Robert Blake to Dr. Moye Freymann, 11 September 1970, Box 6, Folder: Coed - Politics and, TCP.

\textsuperscript{116} Perhaps one of the most famous examples of student activism at UNC was the foodworkers protest of 1969. See Derek Williams, “‘It Wasn’t Slavery Time Anymore’: Foodworkers’ Strike at Chapel Hill, Spring 1969” (Ph.D. Diss., Chapel Hill, NC: University of North Carolina at Chapel Hill, 1979).

\textsuperscript{117} Memorandum by Crist, “Report on Conference with Dean of Women,” 11 August 1970; Crist to Dean Katherine Carmichael, 21 August 1970; and Charles H. Hendricks, MD to Isaac M. Taylor, MD, Dean, 21 September 1970, Box 6, Folder: Coed - Politics and, TCP. Also, see Katherine Kennedy Carmichael, “Notes Concerning the Activist Student Life at the University of North Carolina at Chapel Hill,” 8 July 1970, Box 2, Folder: Student Unrest, Records of the Office of the Dean of Women, Katherine Kennedy Carmichael Series, University Archives and Record Service, Wilson Library, University of North Carolina at Chapel Hill.

\textsuperscript{118} Memorandum by Crist, 12 August 1970, Box 6, TCP.

\textsuperscript{119} Ethel Nash to Moye [Freymann], 14 September 1970; Memo by Crist, 15 September 1970, Box 6, Folder: Coed - Politics and, TCP.
university refused to allocate funds for the printing and distribution of *Elephants and Butterflies* in the fall of 1970 or at any other time.\(^\text{120}\)

Crist lamented the struggle with the administration. “Putting it very mildly this book has caused an uproar on this campus.”\(^\text{121}\) Crist shot off letter after letter defending *Elephants and Butterflies*. Using rational and emotional persuasion, Crist argued, “I am not sure I have adequately justified in my mind the price the university wants to place on the young 21 year old female who might die from an illegal abortion or from unwanted pregnancy.”\(^\text{122}\) This was not just a political issue for him; it was life or death, and he would not relent until he got his way. Finally, ECOS, a non-profit, student-run printing service, printed and distributed *Elephants and Butterflies* on September 18, 1970.\(^\text{123}\) Ten thousand copies hit the stands of the student store, and within five days, all were gone; there were only about eighteen thousand undergraduate and graduate students at the time.\(^\text{124}\) Congratulatory letters and requests for copies of the booklet poured into Crist’s offices from across the country.\(^\text{125}\) Within six months, *Elephants and Butterflies* had its third printing and had found its way to universities all over the country from Harvard to the University of North Dakota, all custom-made to list local contraceptive and abortion providers.

\(^{120}\) Frederic Schroeder (Dean of Men) to Bill Griffin, 23 June 1972, Box 12 Human Sexuality, TCP.

\(^{121}\) Crist to Tom Blush, 24 September 1970, Box 7, Folder: E&B, TCP.

\(^{122}\) Crist to Dr. Arden C. Miller, 11 September 1970, Box 7, Folder: E&B, TCP.

\(^{123}\) This is not an acronym but the full name of the organization.


\(^{125}\) “Pregnancy Booklet Ready,” *Daily Tar Heel*, 18 September 1970, 1; and Memorandum by Crist, 12 October 1970, Box 6, Folder: Coeds and Politics, TCP.
While UNC and Yale managed to get their publications out despite administrative objections, students at the University of Massachusetts at Amherst (UMass) were not as fortunate. In 1969, a student complained that for “two years a group of women have attempted to bring birth control literature on campus. Every attempt has resulted in failure.” She explained, “The so-called officials or administrators refused to become involved in this overtly ‘scandalous’ action.” On October 6, 1970, eight students picked up the fight by forming the UMass Birth Control Committee in response to what they saw as the rising rates of venereal disease and problems of unwanted pregnancies on campus. They wanted “to publish an informative, up-to-date pamphlet on contraception, abortion and venereal disease” and “explore the psychological and physiological aspects of all three.” In a letter in the student paper they told their peers that the handbook would “contain information on where and how to get an abortion, and the cost for one. It will help you decide which form of contraception is best for you and your partner, and where to go to obtain it. It will give you all the facts about the venereal disease.”

By January 1971, however, the booklet had been postponed. A university attorney told the students that they could not go forth with their plan because although “publishing educational information on abortion and birth control is legal, ‘advertising’ persons or places that give out such information or help one procure either of the above is illegal: illegal to the extent that, if prosecuted, the chairman of BCBC could be sentenced to 3 years in prison.” Indeed, the Massachusetts law titled “Crimes against Chastity” forbade the advertising or

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127 UMass Birth Control Committee, letter to editor (or “To the University Community:) *Massachusetts Daily Collegian*, 4 November 1970.
distribution of abortion or birth control information. Boston University students, however, had produced a booklet and escaped legal action a few months prior. In their booklet’s opening pages, the student authors declared that their work was meant to be “a handy guide for students and … an act of civil disobedience” because it directly violated the “Crimes against Chastity” law. Neither Boston University nor its students ran into legal problems, but the UMass Birth Control Committee claimed that attorneys for their school told them that “as a state institution, we really can’t risk it.”

Although the University of Massachusetts students did not get their book published, students at dozens of other schools did. The basic content of the sexuality booklets did not vary much from school to school. The opening pages usually described the purpose of the booklet as providing students with information about sexuality that had been intentionally kept from them in the past. The booklet created at the University of Colorado at Boulder was “conceived with the idea that adequate birth control information is a necessity on any college campus.” The University of Houston booklet’s “purpose is to educate students to enable them to make a choice about human sexuality.” The Washington University handbook, *How to Have Intercourse … without Being Screwed*, was explicitly feminist:

> For too long, women have been at the mercy of the private physicians’ monopoly of contraceptive technology, a monopoly that has been accompanied by a moral tyranny

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132 Nancy Crampton, *Between Your Navel and Your Knees* (University of Houston Student Association, 1972).
that has denied medical care to a large subgroup of women…. The authors believe that women have the right to know about the kinds of assistance that are available for controlling conception and birth, and they believe women have the right to have access to this technology. One Purpose of this booklet is to give women the information they need, so that they can demand and obtain the kind of contraceptive they want.133

The booklets were supposed to be practical guides and therefore all had listings of local doctors, clinics, and agencies that would prescribe contraceptive devices and morning after treatments, perform pregnancy tests, had sexuality and pregnancy counseling services, and either perform abortions or give referrals.

Sexual responsibility, these handbooks all noted, involved not just access to services, but also honest sexual partnerships. UNC’s booklet opened with the lines: “We have made only one value judgment: unwanted pregnancies and venereal disease should and can be avoided. True lovers or true friends or true human beings must want to spare the person they love the pain and anguish brought by an unwanted pregnancy.”134 The authors presented the sufferers of unwanted pregnancies as lovers, friends, and human beings. They never used the word “women,” even though pregnancy obviously only affected their bodies. This gender-neutral language attempted to diminish the sexual double standard by encouraging men to accept responsibility for pregnancy prevention. The University of Colorado booklet was even more overt: “As sex is a dual responsibility, both partners should become aware of the available methods [of birth control] and thoroughly understand their operation…. And upon doing this, there will be freedom from the emotional upset of unwanted pregnancy and

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freedom to enjoy the relationship.”¹³⁵ Both partners taking responsibility for the consequences of sex prevented pregnancy and laid the foundation for trusting and happy relationships.

In promoting the ideal of mutual knowledge and understanding, most handbooks began with a section on female and male anatomy, physiology, and sexual function. As the McGill booklet proclaimed, “The ability to enjoy sexual intercourse … develops with knowledge of the human body.”¹³⁶ These anatomy sections usually had diagrams of sexual organs, explained the menstrual cycle, and detailed the process of conception. Most had an additional section on the female orgasm.¹³⁷ All described the physiological process of arousal and orgasm—usually based on Masters and Johnson’s research—and used feminist explanations. The three male medical students at UNC contended, “Not only are the anatomy and sensory areas more complex in the woman, but the traditional role as passive, submissive weaklings who have no active interest in sex is changing with our new generation of maturing students.”¹³⁸ In a section influenced by Philip and Lorna Sarrel’s experience in their counseling service, the Yale handbook walked a fine line between acknowledging women’s orgasms and placing too much emphasis on them. The students answered the question of “How do women feel if they ‘make love’ and don’t have an orgasm?” by rejoining, “Many men have set as a goal of their sex relations making their girlfriends come. For most women this is a kind of superficial goal.”¹³⁹ Like Lorna Sarrel, they believed “students as well as


¹³⁷ See Gerhard, *Desiring Revolution*.


¹³⁹ Student Committee on Human Sexuality, *Sex and the Yale Student*, 9.
others have been somewhat tyrannized about orgasms…. It is our feeling that concentration on mechanics and performance can spoil an otherwise close and meaningful relationship…. We advise couples to talk openly with each other about their response and its meaning for them and for the relationship.”

Therefore, the emphasis in this booklet and others was not only on the mechanics of sex but also on promoting an open and honest relationship between sexual partners.

Following the anatomy section, booklets discussed contraception. Most authors and editors considered this the most important section and devoted the most space to it. These sections addressed oral contraceptives, IUDs, diaphragms and jellies, vaginal spermicides and foams, condoms, and the morning-after pill, as well as less or not effective methods such as withdrawal and douching. Illustrations or photos, an explanation of how each method worked, their relative effectiveness, where to obtain them, and the advantages and disadvantages of each were given. Most handbooks even had some space dedicated to the proper use of the rhythm method, while warning about its lack of effectiveness. The information provided in these handbooks was much more thorough than many physicians gave their patients, and as in other sections, the authors emphasized the emotional and relationship side of contraceptives in addition to technical aspects. The authors of the UNC booklet called on students to “realize that honest, frank, and loving communication is the key to contraceptive effectiveness as well as sexual happiness in general. A man and a woman who make their needs and wants known to each other will have no trouble discussing contraception, but the couple who never really talks to each other will end up parents sooner

140 Ibid., 10.
than they expect." This statement called for students to strive for monogamous relationships cemented in communication, equality, and maturity.

In the contraceptives section, authors paid special attention to the Pill because of its popularity and the confusion it engendered. There were in-depth descriptions of how the Pill worked in easily understood terms. The handbooks also extensively discussed possible side effects of the Pill. Yet most tended to downplay its potentially deadly consequences, despite the attention given to it in the media and outcries by many feminists. The UNC handbook claimed, “The causal relationship between the Pill and blood-clotting disorders and between the Pill and breast cancer are still very uncertain.” Echoing physicians at UNC and Yale and other handbooks, the authors emphasized “that taking the Pill is still about 10 times safer for a woman than not taking the Pill and facing the hazards of pregnancy.” The Boston University handbook warned that women “should balance all [the Pill’s] potential side effects against the risk of becoming pregnant, in which case you will have an even greater chance of having these same side effects (as well as a baby!).” The McGill handbook evaluated the Pill through a “medical background” by claiming that the Pill, like “nearly every effective drug,” had a possible “disease and even a death rate.” Nevertheless, the handbook stated that the Pill remained the most effective form of contraceptive for some women and that other behaviors such as “tobacco and alcohol…are associated with a very heavy mortality” rate.

141 Ibid.
142 Mier, Rollins, and Blush, Elephants and Butterflies, 10. Also see Hansen, Garner, and Hilton, How to Have Intercourse ... Without Getting Screwed, 8; Birth Control Information Commission, The Boulder Birth Control Handbook, 2; Thurston, ed., Birth Control, Abortion, and V.D., 4.
143 Thurston, ed., Birth Control, Abortion, and V.D., 4.
Following the birth control section, the handbooks addressed abortion. These sections explained the medical procedures, listed referrals to persons and places that would perform abortions, and often provided a price guide. Even though legal restrictions existed, all booklets had some form of Yale’s message, “You do not have to have an illegal abortion. Repeat. You do not have to have an illegal abortion.”\(^{145}\) As another booklet put it, “Do not go to a butcher.”\(^{146}\) In hoping to drive this point home, *Sex and the Yale Student* described college students as a particularly advantaged group: “Opportunity to receive an abortion in this country discriminates against the poor, the ignorant, and the disadvantaged. The situation is getting better, but at this writing, college students are among a privileged group…. You are privileged because you have access to information that some would and many have given their lives for in previous times when abortion was a suppressed and criminal practice.”\(^{147}\)

Handbooks by students at other schools reflected the fact that they did not have the same network of physicians able to help them obtain safe abortions as at Yale and UNC. Some booklets referred students to New York clinics or to the Clergy Consultation Service which would then refer them to a legal or illegal practitioner they deemed safe.\(^{148}\) Others suggested that women fly to England or Puerto Rico.\(^{149}\) Due to the difficulty of securing a legal abortion in Massachusetts, the Boston University handbook acknowledged that, despite these options, some women would obtain illegal abortions and therefore, offered them some

\(^{145}\) Student Committee on Human Sexuality, *Sex and the Yale Student*. Emphasis in the original.

\(^{146}\) Ibid., 44; Mier, Rollins, and Blush, *Elephants and Butterflies*, 14.

\(^{147}\) Student Committee on Human Sexuality, *Sex and the Yale Student*, 48


\(^{149}\) For example, Gary Jones, ed., *Birth Control, Abortion and V.D.: A Guide for the University Student*, (The University of South Florida Office of Student Government: 1971).
“some general rules of caution” for one. The student authors warned against popular self-abortive techniques such as coat hangers, falling down stairs, taking quinine, and douching, which all could cause infection, sterility, or death. They suggested trying to find a licensed doctor or “a competent doctor with his license suspended for giving illegal abortions” and to make sure to inquire about the technique being used. They also recommended seeing a gynecologist before the abortion and getting the doctor to agree to see the patient after the illegal procedure, bringing cash to the appointment, avoiding being late, not discussing the abortion over the phone, preparing to spend the night if going out of town, and bringing a person for moral support for after the abortion. The final step was: “Be prepared for melodramatic [sic] touches” such as wearing a blindfold and the doctor wearing a mask during the entire interaction because of the fear of legal trouble. The writers of this book meant this as a practical guide, acknowledging that illegal abortion would be some women’s only choice.

The final sections in most handbooks addressed venereal disease. They described how venereal disease was spread and the symptoms students should look for. They emphasized that the two most common diseases, gonorrhea and syphilis, could be treated by penicillin, and therefore, it was most important to see a doctor as soon as symptoms appear. Most handbooks presented venereal disease as a rising epidemic among young people. The UNC booklet claimed, “There will be at least 1.6 million new cases of venereal disease infection appearing in 1970,” and the Boston University book tried to personalize the danger by citing

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150 Ibid.

151 Thurston, ed., *Birth Control, Abortion, and V.D.*, 13-14

152 Ibid., 15. See Cline, *Creating Choice* for an excellent overview of illegal abortions in Massachusetts that details each of these steps in oral history interviews.
that “over 45,000 cases of VD were treated in Boston in 1968. More than half of the people treated were under age 24."\textsuperscript{153} The Yale handbook, however, qualified the high statistics: “Cases of syphilis and gonorrhea have in recent years been quite rare at Yale, a fact that may be explained by the general decrease of college students’ experience with prostitutes.”\textsuperscript{154}

Topics in Human Sexuality and sexuality handbooks succeeded in democratizing knowledge about sexuality and promoting a feminist message. They also showed that students were very eager to obtain an education in sexuality. Unlike the clinics at UNC and Yale, the courses and handbooks were collaborative efforts between faculty and students and represented the embodiment of the student movements’ demands. Students who worked on these booklets became lay experts in sexuality, and in the following years, they would use this expertise to embark on new projects. One way in which they would do this was to form peer sexuality counseling and education services.

\textsuperscript{153} Mier, Rollins, and Blush, \textit{Elephants and Butterflies}, 16; Thurston, ed., \textit{Birth Control, Abortion, and V.D}, 17.

\textsuperscript{154} Student Committee on Human Sexuality, \textit{Sex and the Yale Student}, 51.
CHAPTER 6

“Getting Comfortable with the Whole Subject”: Peer Education and Counseling

The week of October 25, 1971 was typical for the University of North Carolina at Chapel Hill’s new student-run Human Sexuality and Information Service. Almost fifty students walked into the service’s office in the corner of the student union or used its telephone hotline number to ask questions about curiosities, concerns, and life-altering or threatening situations. One caller wondered if blood poisoning in the foot would cause his girlfriend to miss her period. Another student “called for specific information on abortion procedures and side effects at Memorial Hospital. She did not want help in decision making—she already had made the decision.”¹² A female college student asked about female orgasm, and a male student worried that he hadn’t experienced intercourse yet.³ A married student was contemplating an affair, and one caller used the service on behalf of her sister, a high school student who did not know how to obtain contraceptives.⁴ No questions were off

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¹ Judi, HSICS Call Sheet, 27 October 1971, Box 12, Folder: Human Sexuality Committee, Questions from Coeds, Takey Crist Papers, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina (hereafter cited as TCP).

² D. Brantly, HSICS Call Sheet, 26 October 1971, Box 12, Folder: Human Sexuality Committee, Questions from Coeds, TCP.

³ S. Tager, HSICS Call Sheet, 25 October 1971, Box 12, Folder: Human Sexuality Committee, Questions from Coeds, TCP.

⁴ Minna, HSICS Call Sheet, 26 October 1971 and Kathy Smock, HSICS Call Sheet, 22 October 1971, Box 12, Folder: Human Sexuality Committee, Questions from Coeds, TCP.
limits. The counselors, all in their late teens and early twenties, had trained for these moments and patiently listened to each caller’s situation and talked through it with her or him, giving information and referrals if needed.

Like other sexual liberation activists’ efforts, peer counseling and education programs promoted openness and honesty about sexuality, attempted to democratize sexual knowledge, and informed students about the products and services available to them. Although progressive physicians like Takey Crist and Philip Sarrel had begun creating medical services to address students’ sexual and reproductive problems, many students still did not trust health services affiliated with universities or did not want to make and pay for medical appointments to ask a single question. Furthermore, because of the turnover in students each year and because school and legal policies were changing so rapidly, there was a continuous need to keep students up to date about what types of services were available to them. These peer education and counseling programs filled this void of information and offered students an alternative to the traditional medical system.

These programs dovetailed with the women’s health movement, and their leaders were allies in the feminist struggle for gender and sexual equality. Like participants in the women’s health movement, student counselors and educators believed that they could liberate themselves by gaining knowledge about their bodies and passing it on to others. Both the student programs and the women’s health movement advocated self-help ideology that simultaneously drew upon and undermined physicians’ traditional roles as the sole

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5 The counseling service had many features of and can even be considered part of the women’s health movement that took off in 1969. For example, see Sandra Morgen, Into Our Own Hands: The Women’s Health Movement in the United States, 1969-1990 (New Brunswick, N.J.: Rutgers University Press, 2002).
authorities on health and sexuality. Within these programs, women and men worked together
to further reproductive justice and to promote a version of feminism that focused on changing
the consciousness of men as well as women. In addition to male-female alliances to fight
sexism, these programs also fostered gay-straight alliances to fight homophobia. They
became spaces in which gay and straight counselors talked openly about their sexuality and
practiced tolerance and understanding. Straight counselors not only learned about lesbian,
gay, and bisexual issues; they promoted an ethic of acceptance to their peers.

In addition, peer education and counseling programs were sites where students and
faculty cooperated and became allies. The programs at the University of Massachusetts
Amherst (UMass) and the University of North Carolina at Chapel Hill (UNC), for example,
were the result of student initiatives, and students enjoyed a high level of autonomy in
operating their programs. At the same time, they relied on faculty training, support, and
guidance. The abundance of help they received from university-run health services suggests
the extent to which some of these organizations were coming to support the goals and tactics
of sexual liberation activists. Indeed, by the early 1970s, faculty and student relationships
concerning sexuality had evolved from an antagonistic power struggle to a mutually
reinforcing alliance on many campuses.

In order to understand how the peer education program began at the University of
Massachusetts Amherst (UMass) in the late 1960s, one must first look at the motivation of its
Student Health Service Director, Dr. Robert Gage. UMass did not have a medical school,
whose OB/GYN departments often became the impetus for change regarding students’
reproductive health, as in the cases of Yale and the University of North Carolina. Robert
Gage was not an OB/GYN. He had a different approach to students’ sexual health problems, which centered on health education and consumer empowerment.

After graduating from Harvard Medical School in 1942 and spending eight years as the only doctor in a small Pennsylvanian town, Robert Gage moved to Amherst, Massachusetts. From 1950 to 1960, he worked at a private family practice and saw many students from UMass, his undergraduate alma mater. Gage recalled, “The health service at UMass was not especially student friendly and people stayed away from the health center in droves…. There was a physician on campus, but—and I want to be as charitable as possible—he was weary of the job.”\(^6\) In his private practice, Gage mainly treated students for “acute problems” that required a short course of treatment. He also fitted female students with diaphragms, and by doing so, he broke the law. Massachusetts and Connecticut were the last states to legalize birth control for married women when the Supreme Court handed down its ruling in \textit{Griswold v. Connecticut} in 1965, and in 1972, Massachusetts would also become a battleground for the Supreme Court’s decision to legalize birth control for unmarried women in \textit{Eisenstadt v. Baird}.\(^7\)

Through his work with students in his private practice, Gage became concerned about the healthcare students were receiving at UMass. When a position at the school opened up for the Director of Student Health Service in 1960, he jumped at the opportunity. The health service at the time was housed in old horse stables, a telling indication of the low regard that the school had for the service. Only one physician worked alongside a group of nurses who Gage explained “had been running the show…. They were protective and they were


judgmental.” Upon arriving, Gage immediately set about changing the attitude of “it’s raining outside, what are you doing without your boots on?” The physician did not believe patronizing the students was the best course of action: “Students had had enough of that sort of in loco parentis business…. I laid down some no-nos and some guidelines for [the nurses], and it turned out, once they got calmed down, we got along well.”

As Director of the Student Health Service, Gage began offering contraceptives to students gradually. During the first year, “there was no overt action … toward offering contraception services.” According to Gage, this was mainly due to the lack of privacy. The horse barn did not have separate examining rooms but rather cubicles separated by partitions, making it possible for students to hear what was going on with other students in adjacent cubicles. Like other universities across the country, however, the early 1960s were a time of exponential growth for UMass, which affected every department and program, including the health service. In 1960, the university approved a mandatory student fee for the service, which provided the funding needed to move into a new health center. With the student population rising, Gage also had the opportunity to hire approximately one new physician a year, which allowed him to create and shape the institution. He went about this process methodically. “We were not interested in some retired navy captain who wanted to have a part-time job. They had to believe in [what they were doing]. We made a conscious effort to get primarily young physicians. The first two or three were right out of internship or right out of residency.” This was going to be a young staff that would be more receptive to Gage’s

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8 Robert Gage, quoted in Cline, Creating Choice, 85.

guidance and to new approaches to medicine. They would also be closer to students’ ages and presumably, more in tune with their values and attitudes.

When Gage arrived at UMass, one of his top priorities was to build relationships with and gain the trust of students. He did this in part by giving talks in the dormitories about the health service’s programs and other health topics that were of interest to students. After a few meetings in female dormitories, Gage had developed a rapport with the students. The doctor recalled, “It was not long before the women became a little bolder in the questions they asked. And it became very clear that a lot of questions they had, as do all young people in their late teens, were about sexuality. They were having new adventures and they were uncertain about this.” During the talks, Gage “tried to present things factually, nonjudgmentally,” and as a result, students “seemed to be quite open and free in their questions.”

Soon, the one-hour talks were going on for as long as three hours, and the physician was booking one or two talks per week. Gage was clearly dedicated to his students but that dedication came at a price: “When you add that to a busy day, that was a backbreaker. My wife Peg and the children, incidentally, paid a heavy price for all this, because these were long days and long nights.”

Responding to a new facility, physicians, and a positive reputation, women slowly started coming to the Health Service for contraceptives. Just as he did in his private practice, Gage began fitting them for diaphragms. He remembered, “It was not long before the word got around, and we had quite a clientele for birth control. It became a substantial part of the business, because that’s what people were interested in.”

10 Robert Gage, quoted in Cline, Creating Choice, 84

11 Ibid.
student’s right to control her fertility and make her own sexual decisions, he could not publicly announce his services because providing birth control to unmarried women was illegal. Moreover, not all of the other physicians at the health service agreed with Gage’s stance, and Gage “agreed with the other physicians that if, for example, somebody was Catholic or had an ethical or moral objection that was fine, they were not going to be forced to fit diaphragms.”¹² As at other health centers, many women came to the health service for birth control, but depending on which doctor they saw, only some received it.

Based on his experiences with students in dorms and in his clinic, Gage realized that health education, including sex education, could and should be an important function of the Health Service. In 1963, he explained in his annual report, “That there is need [for health education] there can be no doubt; the ignorance of many freshmen in matters pertaining to health is appalling.” Unlike other health services at the time, most of which were solely interested in treating the basic ailments of students, Gage saw treatment, prevention, and education as intricately intertwined. He “view[ed] every professional contact with a student as in some small measure an opportunity for health education, and anticipate[d] that as time goes on and our staff is less harried we can make more of these opportunities.”¹³ Gage longed for “comprehensive and more structured health education projects,” but in the early and mid-1960s, he was “confined to making staff members available upon invitation by student groups, most frequently residence hall groups. The keen interest shown in these meetings is abundant evidence of the need they serve…. Only the lack of staff time prevents

¹² Ibid., 86.

¹³ Robert W. Gage, Annual Report: University Health Services, 1962-1963, 1963, series: Student Affairs, 30/15, Box: Student Affairs, Health services, Annual Reports 30/15, Folder: Annual Reports, 1962/63, 1963/4, Department of Special Collections and University Archives, University of Massachusetts Amherst (hereafter cited at UMA)
a more comprehensive program.” In 1966, he lamented, “The prospects for [a health education program] seem to grow dimmer each year, especially in view of the vast personnel resources which would be necessary to provide this type of instruction in a meaningful way.”

Limited by finances and personnel shortages, Gage did the best he could to educate the student body about sexuality and other health issues. In 1964, he collaborated with the university radio station to hold four biweekly shows in which sexuality was “subject to open and frank discussion,” covering topics such as “petting, pregnancy, abortion, and artificial insemination.” In the shows, four male doctors from the health services answered questions that students had put in boxes in the student union and health center. For Gage, the radio series “seemed to offer an opportunity for more widespread discussion and involvement of a larger and somewhat different segment of the campus population.” While in the same year the Berkeley campus was fraught with debates about sexual speech, Gage’s radio show did not cause an uproar. As at Yale and UNC, because faculty were the ones creating new forums for sexual speech, administrators felt far less threatened than when students or outsiders led the effort. Moreover, Gage used a similar technique to Phil Sarrel’s when he tried to involve


those he viewed as most likely to object to his program. He contacted “campus religious leaders of all faiths [about] the scheduling of these programs, and none expressed any objection or any need to participate.”\textsuperscript{18}

During the next few years, Gage continued to push for a health education program. An important opportunity presented itself in early 1966. After winter break that year, a female student came to Health Services fearing she was pregnant. The staff confirmed that she was. Unlike the vast majority of pregnant students, this woman did not want to terminate her pregnancy or drop out of school. She not only wanted to stay in school; she wanted to continue living in her dormitory while pregnant rather than giving up her education or delaying her graduation in May. Returning home for her was not an option because she felt her parents and community were not supportive of the pregnancy. Gage recalled that although the Dean of Women, Helen Curtis, “was a stout supporter of resources for women and a wonderful old political liberal,” she wanted the student removed from the university.\textsuperscript{19}

Like most schools, UMass routinely suspended or expelled pregnant students. Curtis and other administrators justified this position by arguing that a pregnant student would be a bad role model for other students, who would believe that there were no substantial consequences for breaching accepted sexual standards.

Gage and other School of Public Health faculty disagreed with the administrators’ stance on suspending pregnant students. The doctor believed, “No clear justification could be found for denying the request” of the pregnant student to remain in school because there had never been a study testing the hypothesis that a pregnant student would impact her peers’

\textsuperscript{18} Ibid.

\textsuperscript{19} Robert Gage, quoted in Cline, \textit{Creating Choice}, 86.
sexual morals and actions. He and faculty from the School of Public Health and the Sociology Department managed to convince administrators to let the women stay on campus so that they could form a research project “to evaluate the sex behavior and attitudes of women students in residence halls in an attempt to determine the influence which the presence of this student had upon these attitudes.”

As Gage expected, the study found that the university policy of expelling or suspending pregnant students because of their impact on peers had no justification. In the *Journal of American College Health Association*, the researchers claimed, “The presence of our pregnant student made no statistically significant difference in her peers’ attitudes toward pregnancy or premarital sexual relations.” They contended that these findings should fundamentally change how schools dealt with pregnant students: “The welfare of premaritally pregnant students *as individuals* require careful attention; a summary expulsion appears scientifically unwarranted as well as humanely inexcusable.” They even postulated, “The emotional upheaval created, or exacerbated, by a premarital pregnancy may be better dealt with in the university environment than in the student’s own home community.” “Customary policy,” they continued, “may be the worst possible, placing the student in a position of having to fend off both family and community while stripped of peer group support.” Even though they admitted that it would “be a significant extension of its

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21 Ibid.

traditional responsibilities,” they encouraged universities to consider how their health services might be used to aid the student by providing counseling and prenatal care and to help with the “disposition of the child” as well.\textsuperscript{23}

Based on their study, the UMass authors contended that universities and colleges needed to reevaluate how they defined and reacted to the sexual revolution. Noting the confusing conclusions of data about sexual behavior, they argued, “What we are seeing may simply be an increase in discussion alone. This may be a precursor to change in attitudes—and then behavior—or may be in lieu of further changes in either. In this respect there appears to be an increased willingness to discuss sexual matters freely as noted by scientific investigators as well as demonstrated amply in the mass media.” They concluded that one reason for the increased discussion was that the “discussants are confused about sexual matters and are seeking information from others, while reaping the secondary gain of apparent ‘emancipation’ from older social standards. From this point of view the discussion is derived from seeking knowledge rather than demonstrating the possession of experience.”\textsuperscript{24} While their study focused on one pregnant student’s impact on her peers in a dormitory, the authors used their findings to argue that hiding sexuality by making pregnant students invisible, attempting to curb students’ behavior with \textit{in local parentis} rules, and silencing discussion about sexuality were not only scientifically unjustified, they might be doing more harm than good. It was time for a new approach. Like other progressive college health physicians around the country, Gage wanted this approach to center on sex education:

\textsuperscript{23} Ibid.

\textsuperscript{24} Ibid., 254.
“If [pregnancy] prevention is a primary goal of the health program, the problem of unwanted pregnancies must be approached as an educational rather than a therapeutic exercise.”

The study of the pregnant student and its impact bolstered Gage’s case for health education, and after a decade of asking administrators for support, he finally received it. Funds were made available to hire an “an associate in health education,” and Gage chose Jane Zapka, a masters student in public health, to fill the position. Zapka came from the small town of Hadley, five miles down the road from Amherst, which she described as “very white and very Christian.” She graduated high school with a class of thirty-two and left her father and mother who worked as produce dealers to study biology at Skidmore College in New York. After Skidmore, she took a position as a biology teacher in Long Island, where she became increasingly interested in the mental health of children. A year later, in 1968, she left the school to return to western Massachusetts to pursue a master’s degree in Public Health.

Zapka and Gage got along splendidly, each respecting the other’s field of expertise and points of view. The rest of the medical staff, however, was less accepting of the newcomer. Zapka described Gage as an extraordinary man who “was motivated by helping young people develop in productive, meaningful ways.” He “took a lot of flak over … hiring me” because she was not a physician or a nurse. The young woman struggled to be accepted by the other staff of the Student Health Service. “One of the salient points that sticks out in

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26 Ibid.


28 Ibid.
my mind is that you would have a professional staff meeting once a month [with] the doctors and the psychologists, but I was termed ‘professional staff.’ One of the doctors there … turned to Dr. Gage, never looking at me, and says, “Well, while we discuss this, could the non-physician amongst us be excused.””29 Much to the dismay of the others, Gage kept Zapka in the room because he felt that her position as health educator was just as important as those of the doctors who treated students: “Physicians are good at what they do, if they are, but they can’t do everything. And I’ll say it bluntly: they haven’t been prepared for teaching and they are not good health educators. They haven’t thought in those terms. So Jane helped us.”30 Unlike many physicians, Gage was willing to relinquish authority and delegate power to those who had not attended medical school, a key factor in the emergence of peer education at UMass.

Zapka began her work as a health educator by focusing on one women’s dormitory, Orchard Hill. At first, she concentrated on building contacts and holding meetings with students, student counselors, heads of residence, and a few faculty members in order to develop strategies for implementing a health education program. This was going to be a collaborative effort in which the students themselves decided what type of education they needed and wanted.31 Zapka also started to hold orientations about the health service: “If somebody wanted to come to a group and explain what your health benefits were and all that,  

29 Ibid.

30 Robert Gage, quoted in Cline, Creating Choice, 87.

I did that.”

The central goals in all of these activities were to educate students about their health and health services and to build their trust.

Zapka’s tactics worked. In the fall of 1969, a group of sixteen female students approached her to request “instruction in birth control so that in turn they could educate the women in the dormitory where they lived.” The students “felt that certain health needs were not being met by the existing agencies on campus.” Zapka agreed: “The need for some sex education was inferred by the enthusiastic demand for courses, colloquia, lectures and discussions on various aspects of human sexuality.” After some planning, the students and Zapka decided to design a broad educational program that would “consider other aspects of sexuality” in addition to birth control. They began by “conduct[ing] informal surveys to estimate the level of knowledge among students” and to assess what type of sex education programs most interested them. The students and Zapka also held regular meetings, which focused on “giving background and factual information, reviewing social and cultural factors, as well as enhancing educational techniques.” The students then took these educational materials and techniques back to their dorms and held “sponsored group or corridor meetings [and] informal ‘rap’ sessions” that focused on issues relating to sexuality. Soon they were putting in so much time that the Honors Program at UMass gave the students special permission to obtain one credit hour for their work.

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32 Zapka interview.


34 Ibid.

The success of the program led the participants to continue their work as the formal Peer Sex Education (PSE) program. The stated goal of PSE was to work “toward knowledge and practice of peer education; making healthy sexuality a valued asset; and increasing awareness of resources at the University and in the larger community.”\textsuperscript{36} Not just about preventing pregnancy, this was a sex positive program designed to enhance students’ sexual lives. Gage emphasized, “The PSE program is seen, therefore, as one means of helping students establish a respect for life and its multitude of developmental opportunities and to build individual and social value systems around essential care of human interrelationship.”\textsuperscript{37}

PSE grew rapidly in the early 1970s. After its pilot year, the program recruited male as well as female counselors and spread to other residences. In 1970, two more dormitories were included. By 1971, eight men’s dormitories, nine women’s dormitories, and four coed dormitories had PSE counselors. In 1972, special efforts were made to reach out to fraternities and sororities.\textsuperscript{38} As the program grew, an Advisory Committee formed consisting of “two health educators, one mental health staff member, one Community Development staff trainer, and two students” who had participated in the PSE pilot project.\textsuperscript{39} The committee chose counselors, developed curriculum, and evaluated the program.\textsuperscript{40} Faculty

\textsuperscript{36} “University of Massachusetts, Amherst, Peer Sex Education Program”, n.d, Box 12, Folder: Human Sexuality, TCP.


\textsuperscript{38} “Peer Sex Ed Program Has Colloq, positions,” \textit{The Massachusetts Daily Collegian}, 19 November 1974; Robert W. Gage, \textit{Annual Report: University Health Services, 1971-72}, 1972, Series: Student Affairs, 30/15, Box: Student Affairs, Health services, Annual Reports 30/15, Folder: Annual Reports, 1971/72, UMA.

\textsuperscript{39} Zapka, “Student Involvement in University Health Programs”: 254.

\textsuperscript{40} “University of Massachusetts, Amherst, Peer Sex Education Program”, n.d, Box 12, Folder: Human Sexuality, TCP.
and students work together in executing a program. In many ways, it was the embodiment of the more general student movement that demanded a relevant education in which students were involved in creating and implementing programs.

As the program grew, it became both a formal and informal part of the university curricula. Each dormitory had a PSE counselor who participated in specially designed training activities. In recruitment efforts, members of the Advisory Committee visited each dorm to describe the program and answer students’ questions and ran advertisements in the student paper.41 A member of the Advisory Committee interviewed interested students and evaluated them based on an “awareness of vital issues related to campus life, ability to communicate effectively with others, empathy with the needs of others, and flexibility to ideas and beliefs of others.”42 Like other sexual liberation activities, PSE did not promote a single morality but helped students form their own value systems. As a PSE handbook advised, “Your attitudes and values will often be apparent, but don’t worry about it, for you have a right to your attitudes and values. It is critical, however, to respect the person who has differing attitudes and values. Share yourself but do not impose yourself. For the other, be a decision-clarifier, but not a decision-maker.” Educators were also encouraged to “be aware of your own frames of reference concerning sexual behavior, masculinity and femininity. Religious, ethnic, racial, and family backgrounds influence each person’s sexual lifestyle. It is important to be sensitive to these valid differences while at the same time dispelling sexual myths and fallacies—including those which we ourselves may hold.”43

42 Zapka, “Student Involvement in University Health Programs,” 254.
Each student selected to be in PSE took a three-credit School of Public Health course taught by Zapka and another health educator from the health service. The course, specially designed for PSE educators, met for three hours each week.\textsuperscript{44} As Zapka recalled, “We wanted it made clear: ‘If you want to do the course it’s not going to be casual.’ … They had tests, exams, papers, the whole business.”\textsuperscript{45} The course had what instructors called “content-orientated” material that gave students basic facts about sexuality, but their education did not end there. Zapka emphasized:

I think the easiest thing to talk about is, ‘Okay, what does the pill do and how does it work?’ … But once you get past that, you say, ‘Well, wait a minute … there’s a lot more.’ And the condom one was a great one because that required some kind of communication between men and women. So we spent a lot of time on that…. Our goal was really to look at sexual relationships because all of this notion of you’ve got to have birth control, but you want to have responsible sexuality. So there was a lot of emphasis on relationships and talking about it.

Although PSE mirrored the Human Sexuality Courses at Yale and UNC in much of its content, the PSE course was also geared toward training educators and counselors. The PSE course contained sections on “helping,” which discussed referral agencies and focused on educational techniques, including audio-visual techniques, handouts, and speakers. They also learned about “group dynamic and counseling skills,” making heavy use of “role playing sequences and analysis of group processes.”\textsuperscript{46} By 1974, it was clear that the women’s and gay liberation movements along with the civil rights movement and the counterculture had

\textsuperscript{44}“University of Massachusetts, Amherst, Peer Sex Education Program”, n.d, Box 12, Folder: Human Sexuality, TCP.

\textsuperscript{45}Jane Zapka, quoted in Cline, \textit{Creating Choice}, 96.

\textsuperscript{46}“University of Massachusetts, Amherst, Peer Sex Education Program”, n.d, Box 12, Folder: Human Sexuality, TCP.
shaped the ways in which PSE students learned about and taught sex. In addition to course topics on counseling and feedback skills, pregnancy and childbirth, PSE educators discussed “alternative modes of sexual behavior,” “use of sexual language,” “black and white sexuality,” “masculinity/femininity and sex roles,” and “contemporary alternative lifestyles.”47 Students learned about the power relationships embedded in sexual relationships and the different cultural meanings attached to sex and sexuality. During the semester, each student chose a project of interest to them. These ranged from specialized topics in sexuality, designing and implementing surveys, or the preparation of audiovisual materials.48 Even though this was a formal course with the usual classroom hierarchies between instructor and student, the instructors emphasized the message that “students can be most effective in working with other students in an educational, counseling, and supportive role.”49

When students became PSE educators in their residences, they continued their credited course work, meeting for a series of mini-workshops. There they discussed problematic situations they encountered, developed group dynamic skills, and “enhance[d] personal growth through sharing and examining attitudes and values of other counselors.” The students found that these workshops provided them with “a total support group.” The workshops also gave students the opportunity to further explore various topics in human sexuality. Some of the topics focused on contemporary issues such as population and global survival, rape and sexual behavior on campus, women’s liberation, race issues related to sexuality, religious sexual morality, and homosexuality. They also worked on developing

47 Ron Mauzer, What You Need to Know to Go PSE: Guidelines for In-Service Action.


counseling skills such as listening and feedback, referral resources and techniques, problem pregnancy counseling, pelvic exam and contraceptive services, and counseling for sexual inadequacy.  

PSE student educators mostly operated autonomously and were responsible for setting up and carrying out programs in their own dormitories in addition to providing advice and referrals in individual consultations. Although they were encouraged “to be helpful with basic sex counseling,” the PSE handbook made it clear that they “have been trained as sex educators, not sex therapists.” The handbook also emphasized that the role of a PSE participant was “coordinator/facilitator, not teacher.” They were told to provide their credentials to students but were encouraged “to declare strongly the fact that you are still learning and wish to be treated as another class member.” By drawing lines between “educator,” “teacher,” and “therapist,” the PSE coordinators protected the authority of the health services. As Zapka explained, “We were still responsible for them. What they did reflected on the health service. And that wasn’t always easy because people have all types of motivations for getting involved.” At the same time, not giving PSE students authority was a nonhierarchical way to present students with sex education and to get them thinking about various aspects of their sexual morality and choices.

50 Mauzer, *What You Need to Know to Go PSE*.


52 Mauzer, *What You Need to Know to Go PSE*.

53 Ibid., emphasis in original.

54 Jane Zapka, quoted in Cline, *Creating Choice*, 96.
Each dormitory’s PSE program looked different because of the autonomy of the student educators. Some PSE programs were informal, based on inviting guest lecturers and facilitating “rap sessions.” They also frequently used films about masturbation, female sexuality, the sexual response cycle, childbirth, homosexuality, decisions related to unplanned pregnancy, and venereal disease. Some educators offered interactive presentations by bringing in life-sized pelvic models, models for self-breast exams, and samples of various forms of contraception. Some took a formal approach by creating a colloquia format in which participating students received one credit. PSE educators were advised to have about eighteen students in each colloquium. “It is easier to handle and get to know a small group of people, thus providing a more relaxing, informal atmosphere.” A handbook coached, “If at all possible, there should be a fairly even distribution of males and females for sharing information, ideas, and feelings with each other without one sex dominating discussions.” Some PSE educators chose the topics for their seminars centering on anatomy and physiology, including seminars on menstruation, menopause, pregnancy, childbirth, and sexual response. Others examined the meaning of sex in different contexts such as pornography, masturbation, love and intimacy, sex roles, marriage and the family, alternative lifestyles, sex laws, sex and drugs, and rape. Some wanted to cover the unintended consequences of sex and focused on contraception, problem pregnancies, abortion, and

55 Mauzer, What You Need to Know to Go PSE; Annual Report: University Health Services, 1971-72, 1972, Series: Student Affairs, 30/15, Box: Student Affairs, Health services, Annual Reports 30/15, Folder: Annual Reports, 1971/72, UMA.

56 Annual Report: University Health Services, 1971-72, 1972, Series: Student Affairs, 30/15, Box: Student Affairs, Health services, Annual Reports 30/15, Folder: Annual Reports, 1971/72, UMA.
venereal disease. Others focused on sexual decision making. There really was no limit to what PSE students might do in their seminar.

PSE students not only helped their peers but also helped themselves. Indeed, a goal of PSE was to promote “personal growth” among the counselors because “anyone who seeks to be a helping person must work at the process of self growth.” The PSE job description even stated that students should “use an approach which is fun and/or rewarding to you.” As Zapka observed, “I think the PSE people got as much out of it for themselves as they did in educating the people around them. That was good. And it’s also rewarding in some of these things just so you can watch people’s faces and if you can just make them think about some of this stuff, this crazy behavior, that’s a good thing.”

PSE was deemed a great success. In 1971, Gage concluded, “By any measurement it appears to be one of the most significant activities of the entire health program.” By the spring of 1973, so many students were interested in becoming counselors that two PSE courses were offered. The student government allocated funds to PSE to be used to create a small library of informational booklets, to Xerox articles and pamphlets, to rent films, and to pay honoraria to guest speakers. Moreover, much to even the organizers’ surprise, PSE

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57 Mauzer, What You Need to Know to Go PSE. Emphasis in original

58 Ibid.

59 Zapka interview.


61 Annual Report: University Health Services, 1972-73, 1973, Series: Student Affairs, 30/15, Box: Student Affairs, Health services, Annual Reports 30/15, Folder: Annual Reports, 1972/73, UMA.

62 Annual Report: University Health Services, 1971-72, 1972, Series: Student Affairs, 30/15, Box Student Affairs, Health services, Annual Reports 30/15, Folder: Annual Reports, 1971/72, UMA.
secured Title X funding in 1972. The program was awarded a forty-five thousand dollar grant from the Department of Health, Education, and Welfare which it used to further expand the program to reach non-dormitory residences such as commuting students, married students, the Greek and minority communities.” Zapka recalled, “We used to call it ‘Nixon’s Token Sex-Ed Grant’ (If he know what we were doing he could have taken our money back!).”

Word about the successes of PSE traveled to other colleges, including the University of North Carolina at Chapel Hill. There, Takey Crist had been working hard to build a coalition of undergraduates to help him with his work on sex education at the school. He worked particularly closely with undergraduate Robert Wilson, an enthusiastic and tireless advocate of all sexual liberation activities on campus. Wilson had heard about UMass’s peer education program and was inspired to initiate something similar at UNC. Wilson believed that Crist’s course, health education clinic, and Elephants and Butterflies booklet, filled an important niche on campus and that these were positive steps in distributing information about sexuality to students. Yet he felt students still lacked “campus resources to aid students in integrating sexual expression into the context of interpersonal relationships,” and an “adequate formal loci” for students to obtain “the necessary information in this very

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63 Annual Report: University Health Services, 1972-73, 1973, Series: Student Affairs, 30/15, Box: Student Affairs, Health services, Annual Reports 30/15, Folder: Annual Reports, 1972/73, UMA.

64 Jane Zapka, quoted in Cline, Creating Choice, 95.

65 Robert Reid Wilson interviewed by author, Chapel Hill, North Carolina, 27 September 2005; “University of Massachusetts, Amherst, Peer Sex Education Program”, n.d, Box 12, Folder: Human Sexuality, TCP.
significant area.”*66 Further, Topics in Human Sexuality’s formality and the inherent hierarchy of the classroom dissuaded many students from seeking individual help. Only 250 students per semester could take the class, leaving the other 18,856 students with information unavailable and questions unanswered. Wilson felt students “needed as many educational outlets as possible” when it came to sexual issues in order to “help combat the sex education void of students prior to college life, to help assist them with questions and problems about their sexuality while they are in college, and to prepare them for their future life.”67 He thought a counseling service was exactly what UNC students needed.

Wilson’s passion for sexual liberation activism resulted from a life-changing experience he had at age sixteen: his girlfriend became pregnant. Wilson and his partner were certain that they wanted to abort the pregnancy but did not know where to turn. Finally, Wilson got up “enough chutzpah” to ask his Catholic priest to help him. To his astonishment, the priest “just kept a straight face and didn’t judge” him. Instead, he listened and then referred him to a Protestant pastor in Charlotte who, most likely, was part of the Clergy Consultation Service that aided women across the country in finding safe abortion practitioners.68 Armed with this new information, Wilson’s girlfriend and her father flew to London where she safely terminated the pregnancy. When it was over, Wilson could not forget his anxiety or the relief of “how lucky [he felt] to have gotten the answer that [he]

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68 Wilson interview. It should be noted that it was unusual for Catholic priests to refer parishioners to the Clergy Consultation Service. For more on this subject, see Cline, *Creating Choice: A Community Responds to the Need for Abortion and Birth Control, 1961-1973*, 113-15.
needed.” His experience proved to him “how little information was around anywhere,” and he “didn’t want anybody to go through that again.” Providing students with knowledge and services so they would never have to endure this sort of ordeal became his “drive” throughout his college days and after.

Wilson had a chance to act on his goal of helping others prevent and cope with problem pregnancies as a sophomore at UNC in 1970 when he was elected governor of Morrison Dormitory, the first coed dorm on campus. Wilson had become acquainted with a graduate student in the political science department who was advocating what he called “The Invisible University.” Like students around the country, this graduate student was promoting educational programs and classes on politics and social issues outside the official university curricula in order to give students a more “relevant” education. As part of the “invisible university,” Wilson decided to hold a series of educational theme months at Morrison Dormitory, believing October’s “Sexual Revolution Month” would be “the most important and informative” of the year. The goal of the month was to educate students about their bodies and promote sexual responsibility. Wilson set out displays of anatomical models, illegal abortion tools, and samples of contraceptive devices. He played films focusing on birth control, abortion, homosexuality, venereal disease, and childbirth. A women’s liberation group was invited to lead a discussion on the “Physiological and Ecological

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69 Wilson interview.

Aspects of Reproduction,” and of course, any sex education event at UNC would not be complete without a talk by Takey Crist.\textsuperscript{71}

After meeting at Sexual Revolution month, Crist and Wilson realized they shared similar beliefs and goals. Crist soon became a mentor to Wilson, and Wilson lent his help to the physician’s various endeavors. He became a key student organizer of Topics in Human Sexuality, helping with administration and teaching graduate students the skills they needed to lead small groups for the class. He even wrote his honor’s thesis on the effects of the course on students’ knowledge, attitudes, and behaviors. His next step would be to start a peer counseling service.

Wilson thought peer education and counseling offered something different than the professional medical organizations on campus and in the community. He believed “students would rather talk with students than an organization that they have never dealt with before. They would have more confidence with the students. Students need a place to go to ask what kind of sex life they want without moralizing.”\textsuperscript{72} Wilson and the other students formulated three goals for their service. First, it would “provide accurate and up-to-date information on the different aspects of sexuality.” Second, counselors would “refer students to the services offered by the University community dealing with sexuality,” and third, counselors would “talk, on a one-to-one basis, with students having problems in the realm of sexuality and interpersonal relations.”\textsuperscript{73} Unlike PSE at UMass, the UNC program would

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\textsuperscript{71} Jerry Klein, “‘Sex Month’ Entertains,”\textit{Daily Tar Heel}, 10 October 1970, 1.
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\textsuperscript{72} Human Sexuality Committee Board of Directors, “Minutes,” 14 September 1971, Box, 12, Folder: Human Sexuality-Committee for Human Sexuality, 1971, TCP.
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\textsuperscript{73} Wilson, “First Annual Report.”
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consist exclusively of one-on-one peer counseling rather than a formalized education program.

Wilson wanted the new counseling service to be independent from other organizations and hoped the staff, planning committee, and organizers would be students or other young people. Nevertheless, he knew he would need help from other organizations and experts. Wilson first went to the student government, which agreed to lend him space and funds to set up the counseling service. Crist supported the effort, but with the Health Education Clinic, speaking engagements around the country, and Topics in Human Sexuality, he was already over-extended. Wilson went to the Student Health Service, which had been revising its policies related to students’ sexual activities in response to the sexual liberation activists’ demands. It had also just created a position of “Coordinator of Health Education” filled by physician Caroline Dixon. Dixon’s previous job had been with the health services at UMass, so she was familiar with PSE. She had also worked with Zapka and gave talks on sex and drugs once a week to student groups. Wilson and Dixon agreed that as at UMass the UNC “peer-orientated service [would serve as an] intermediary function between the student and the professional.”

In early October 1971, Wilson placed advertisements in the campus newspaper for student volunteers for a new sexuality counseling team. Students were not given school credit for participation, which limited their access to university resources but also freed them from

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74 Wilson interview.


76 Carolyn S. Dixon to Bill Griffin, 28 September 1971, Box 12, Folder: Human Sexuality-Committee for Human Sexuality, 1971, TCP.

77 Baldwin and Wilson, "A Campus Peer Counseling Program in Human Sexuality."
excessive administrative supervision. Wilson felt “a training program to give student
counselors more than just the basic information would take months of work and was
completely unfeasible.” He decided that gaining intricate knowledge about anatomy and
physiology was less a priority than making sure potential counselors “develop a sensitivity to
the problems presented to them and to the needs of their counselees. The technical
knowledge could come from professional resources when needed.”

Thirty-seven people responded to the initial call for counselors and participated in
three three-hour training sessions run by Wilson, Dixon, and William Eastman, a
psychologist and marriage counselor at the health service. According to Wilson, Dixon
“presented probably the quickest and most precise explanation of physiology, anatomy,
contraception and pregnancy in the history of college education—a record two hours.”
Volunteers also heard a problem-pregnancy counselor speak about abortion. Finally, Wilson
and Eastman led role-playing exercises to ascertain whether volunteers had the “openness
and sensitivity” to become counselors. Wilson wanted to make sure counselors understood
that “we are not here to direct students as to right or wrong decisions, but to guide them as to
the choice of alternatives available. We never try to make their decisions for them.” Wilson
also tried to detect what he called the “Kama Sutra extremist,” who he believed “could
prematurely and unjustly influence decisions” of the student who used the service. Sexual
liberation activism promoted responsibility and rational choices. Training continued

78 Wilson, “First Annual Report.”
79 Ibid.
81 Wilson, “First Annual Report.”
throughout the school year. The counseling team met every two weeks to discuss policies, publicity schemes, and problematic cases and to hear talks by various professionals in the fields of sexuality and public health.

The Human Sexuality Information and Counseling Service officially opened on October 18, 1971. The office was open from 2:00 to 5:00 p.m. and 7:00 to 10:00 p.m. every weekday (the hours were expanded to 11:00 a.m. to 10:00 p.m. during the next semester because of the number of calls they received). The three counselors on duty during these hours offered in-person counseling as well as a telephone hotline for students who wished to remain anonymous. They made an effort to ensure that at least one male and one female counselor were available during the shifts so that students would have a choice of whom they wished to talk to. 82 Because all of the space in the Student Union had been reserved until the following May, the student government lent the counseling service part of its lobby, and each day the counselors reserved a room for individuals who wanted privacy. 83 With limited funds, the counselors bought a table, chairs, and bookshelves, which they filled with “free pamphlets, books to be checked out, and various displays of anatomy and contraceptive devices.” The makeshift space came together when Wilson hung his “trusty Indian-print bedspread” as a partition. 84

Counselors had a variety of reasons for joining the service. Some had taken Topics in Human Sexuality or had met Crist during his speaking tours and volunteered for personal or ideological reasons. Others joined the service because of “their lack of understanding of their

82 Human Sexuality Committee Board of Directors, “Minutes,” 14 September 1971, Box 12, Folder: Human Sexuality-Committee for Human Sexuality, 1971, TCP.

83 Robert Wilson, n.d. [1971], Box 12, Folder: Human Sexuality-Committee for Human Sexuality, 1971, TCP.

84 Wilson, “First Annual Report.”
own sexuality and of their need for more open interchange of ideas with others about sexuality.”  

Wilson found that, like him, “Unwanted pregnancies and other painful experiences of friends or of their own were the most common motivational forces behind their choice to be counselors. Most reasoned that only basic knowledge and self-assurance were needed to prevent many of those unfortunate situations.”

Sarah Spencer was a case in point. She joined because of her family’s experience with unwanted pregnancy. Growing up, she repeatedly heard stories from her mother about how her great-grandmother died from an illegal abortion in the 1910s. In part due to this family history, Spencer recalled:

I wasn’t terribly sexually active, there was just always that thought in the back of your mind: What would you do if you got pregnant?… When I was a young working woman and … I had enough money saved and I thought, ‘Okay, I’ve got enough money to pay for an abortion if I have to have an abortion.’ It was just like, okay, that’s there; I don’t even have to worry about that.”

Spencer joined the counseling service because she wanted women to be knowledgeable about their choices. “It’s always going to be traumatic when you face the [abortion] procedure or even face making the decision. Just knowing that you didn’t have this additional hurdle [of lacking information] that you have to get over something that’s illegal and potentially dangerous, just made all the difference in the world.”

It is important to note that a few of the counselors were not students. Spencer was twenty-six and engaged to a young professor at the university when she responded to an

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85 Wilson, “First Annual Report.”

86 Ibid.

87 Sara Spencer (pseudonym), interviewed by the author, Carrboro, NC, 13 February 2007.

88 Ibid.
advertisement for sexuality counselors in UNC’s student newspaper. An additional motivating factor behind joining the counseling service came from her situation with her fiancé. Spencer’s family did not approve of her living with a man who was not yet her husband and this made Spencer feel like she “was on the cutting edge of this non-marital sex…. So when I saw this ad about the sexuality service, it was like, ‘Yeah, this is actually something I’d really like to do.’ I’ve been through this and all this decision-making and a couple of my friends in college, one of my good friends had an abortion, illegal in those days.”

Counselor Alice Carlton was married to a graduate student whom she had met while working in the Teacher Corps in Little Rock. When she saw Wilson’s advertisement, “I can remember thinking, well, counseling might be an interesting career. So this will give me a little taste of it.”

As Spencer described, the counselors were “close in many ways. There was a lot of intimacy going on there because we had to share quite a bit… It was meeting a group of people about my age who I had something in common with. It wasn’t just the sex. Obviously, we were all pro-choice and pro- at least being supportive of people having sex.”

The counseling service also provided students with a sense of camaraderie in an age of large, depersonalized universities. As one student explained, “UNC at times can be a very cold, large institution. I have often felt that I was on the outside unable to penetrate its surface. The Counseling Service has provided me with a very needed activity and sense of belonging.”

This student also found that the service “has given me a great deal of confidence in

89 Ibid.

90 Alice Carlton, interviewed by the author, Chapel Hill, NC, 31 March 2006.

91 Spencer interview.
myself. After seven months of counseling I have come closer to understanding my own strengths and weakness, and have been able to openly communicate them.”

The best part [of being in the service] for me was how much I learned about sexuality and birth control and the community resources that we would refer people to and just getting comfortable with the whole subject. I can remember being with some friends who weren’t a part of this, who asked a question about it, wanted to know something about the morning after treatment. I said, “Well, after unprotected intercourse,” and I started into my little spiel just very matter of factly and they said, “[gasp] We didn’t know you were going to talk dirty.” We just got to be very comfortable talking about it.

Indeed, these students became experts on sexuality, and the service made them feel that they were the vanguard of a new sexual culture based on honesty and openness.

In the first year of its existence, the counseling service handled 1,091 cases, averaging fifty-two per week (See Table 1). The sheer number of cases suggests that students still had many unanswered questions about sex and its consequences and enthusiastically responded to the activities of sexual liberation activists. The most common questions involved birth control information and referral. These were mostly technical questions about how to obtain products, instructions for use, and the effectiveness of different methods. Other questions focused on “how to persuade the partner to bear some of the responsibility” for contraception or involved helping a woman to decide whether to use contraception. According to Wilson, “This usually necessitated convincing the female that she was already having intercourse. To

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92 Student quoted in Wilson, “First Annual Report.”

93 Carlton interview.

94 “Counseling Service Reports 1,091 cases,” *Daily Tar Heel*, 4 September 1971.

95 These documents were written by the counselors after they took calls from students. S. Tager, HSICS Call Sheet, 27 October 1971; Margaret Scales HSICS Call Sheet, October 28 1971; Cam Kay, HSICS Call Sheet, 18 October 1971; Kathie Gantt, HSICS Call Sheet, 17 October 1971; Judi, HSICS Call Sheet, 27 October 1971; Cam Kay HSICS Call Sheet, 25 October 1971; D. Brantly HSICS Call Sheet, 26 October 1971; Marc Gilfillan, HSICS Call Sheet, 25 October 1971; Kathy Smock HSICS Call Sheet, 22 October 1971, Box12, Folder: Human Sexuality Committee, Questions from Coeds, TCP.
accept contraception would mean to remove much of the guilt involved in pre-marital intercourse.”

Table 1: Human Sexuality Information and Counseling Service: Total Cases in the 1971-1972 School Year

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<tr>
<th>Types of Cases</th>
<th>Number Handled</th>
<th>Male Cases</th>
<th>Female Cases</th>
<th>Couples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive Information and Referral</td>
<td>242</td>
<td>81 (33%)</td>
<td>161 (66%)</td>
<td></td>
</tr>
<tr>
<td>General Information (basic questions that do not fall into other categories)</td>
<td>187</td>
<td>104 (66%)</td>
<td>83 (44%)</td>
<td></td>
</tr>
<tr>
<td>Pregnancy Information and Referral</td>
<td>134</td>
<td>52 (38%)</td>
<td>82 (62%)</td>
<td></td>
</tr>
<tr>
<td>Abortion Referral</td>
<td>116</td>
<td>59 (51%)</td>
<td>57 (49%)</td>
<td></td>
</tr>
<tr>
<td>Abortion Information (Without Referral)</td>
<td>36</td>
<td>17 (47%)</td>
<td>19 (53%)</td>
<td></td>
</tr>
<tr>
<td>Physiology and Sexual Variation</td>
<td>62</td>
<td>39 (63%)</td>
<td>22 (35%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Homosexuality</td>
<td>39</td>
<td>36 (92%)</td>
<td>3 (8%)</td>
<td></td>
</tr>
<tr>
<td>Sexual Inadequacies</td>
<td>32</td>
<td>15 (47%)</td>
<td>17 (55%)</td>
<td></td>
</tr>
<tr>
<td>Interpersonal Relationships</td>
<td>60</td>
<td>37 (53%)</td>
<td>22 (49%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Marital Problems</td>
<td>12</td>
<td>7 (58%)</td>
<td>4 (33%)</td>
<td>1 (8%)</td>
</tr>
<tr>
<td>Venereal Disease</td>
<td>49</td>
<td>14 (28%)</td>
<td>35 (71%)</td>
<td></td>
</tr>
<tr>
<td>Other Infections and infections</td>
<td>42</td>
<td>12 (29%)</td>
<td>30 (71%)</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>61</td>
<td>32 (53%)</td>
<td>29 (47%)</td>
<td></td>
</tr>
<tr>
<td>Programs (How to start a program at UNC or other campuses)</td>
<td>11</td>
<td>3 (27%)</td>
<td>8 (73%)</td>
<td></td>
</tr>
<tr>
<td>Pranks</td>
<td>8</td>
<td>?</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1091</strong></td>
<td><strong>508</strong></td>
<td><strong>572</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

Another popular topic involved pregnancy information and referral. Surprisingly, a number of students believed that pregnancy could occur in spite of a lack of penetration.

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96 Wilson, “First Annual Report.”

97 Ibid.

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Some thought that conception could occur through oral sex. One male student worried that “he had gotten his girl pregnant … even though she had on underpants, pantyhose, and slacks.” Counselors typically tried to alleviate some of the anxiety of students by providing them with scientific information and concrete steps a couple could take. For example, a counselor wrote the following report on an interaction with a student:

This dude was quite worried that his girl might be pregnant, even though he had not penetrated her. Although her period is not due for another week, she has tenderness of breasts, nausea, and additional vaginal discharge. I told him that although he could have inserted some semen with his fingers, it is highly unlikely that she is pregnant. I told him that pregnancy symptoms don’t appear until after the menstrual period is due and has been missed. Also, I said that there is a good chance that the girl’s anxiety would cause her menstrual period to come late. In general, the message I tried to deliver to him was that there was no cause for worry and that he could help his girl by re-assuring her of this. I also let him know that his girl would have to wait about 2 weeks after missing her menstrual period to get a pregnancy test. Told him not to hesitate to call back if his girl ever needed pregnancy counseling.

To confirm pregnancy, counselors guided women through the cheapest and fastest options on and off campus. For example, counselors told a man who called about his girlfriend who was not a student to go to the county health department rather than a private physician because it was the cheapest option. An important part of the service was providing “up-to-date information on the services, fees, staff and hours of other facilities offering help in the area surrounding Chapel Hill” and at UNC. Counselors referred students to these agencies in approximately thirty percent of all the cases.

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98 Cam Kay, HSICS Call Sheet, 25 October 1971, Box 12, Folder: Human Sexuality Committee, Questions from Coeds, TCP.

99 Ibid.

100 D. Brantly, HSICS Call Sheet, 26 October 1971, Box 12, Folder: Human Sexuality Committee, Questions from Coeds, TCP.

101 Wilson, “First Annual Report.”
The counselors received ninety-four calls in the first year about physiology, sexual variation, and sexual inadequacy. Calls from men about sexual inadequacy tended to focus either on impotence or premature ejaculation. Female callers usually inquired about painful intercourse or failure to reach orgasm. In such cases, counselors explained that many of the issues stemmed from psychological issues and suggested talking to a professional. Some calls focused on information about how to alter bodies, such as enlarge breasts, increase penis size, or grow more body hair. As Wilson astutely observed, this illustrated “the lack of acceptance of the person towards his own natural body.” The job of the counselor in these cases was to convince the student “that he or she is not abnormal or sexually undesirable.”

Indeed, counselors engaged in a type of consciousness raising by talking to these students about gender stereotypes and cultural ideals of beauty.

Other calls suggested that students still did not know what to make of the “sexual revolution.” Many felt that there was something wrong with them if they were not sexually active. This pressure seemed especially stressful for male students. One student revealed to a counselor that “his roommates and friends have been giving him a lot of hassle” for not having intercourse, and he “was feeling inadequate.” The counselors listened and assured these students that there was nothing wrong with them. When one student came in and “kept wanting a percentage estimate of how many people [at UNC] had had sex,” the counselor “turned the conversation to the idea that the sexual revolution in some quarters is believed to be mainly an ideological revolution.”

\[102\] Ibid.

\[103\] Marc Gilfillan, HSICS Call Sheet, 25 October 1971, Box 12, Folder: Human Sexuality Committee, Questions from Coeds, TCP.

\[104\] Jim Hackman HSICS Walk-in Sheet, 26 October 1971, Box 12, Folder: Human Sexuality Committee, Questions from Coeds, TCP.
“people felt freer to talk about aspects of sexuality, especially people of the opposite sexes talking together.”

When counselors received questions they could not answer, they called physicians at health service who had agreed to be on call during certain hours. These questions dealt with issues such as the reasons for abdominal pain after masturbation, the relationship between vitamin E and sexual potency, causes of missed periods beside pregnancy, and the possible impact of marijuana on pregnancy. Psychiatrists were usually also on call to help counselors with issues that arose. For example, when “a student brought his mother … because her husband had just left her, and she was in terrible emotional state,” the counselor did not know what to do, so she called Bill Eastman at the health service. “He coached me into trying to get her referred to somebody to talk to professionally and how it was important to be more directive because we were taught to be non-directive, listen and reflect. … So he calmed me down. It was great that I could call him and get some input. She went off even better.”

While counselors always referred students to professionals in cases they could not handle, persuading students to seek outside help often presented challenges. Wilson found that the most difficult part of referring students was “convincing the student of the confidentiality of his medical record kept by any professional service.” Students were especially skeptical of the Mental Health Service at UNC, fearing that future employers would find out about their visit. Because of these fears, “Students needing professional help

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105 Ibid.
106 HSICS, Questions referred to doctors, 29 November 1971 and 10 April 1972, 22 November 1973, Box 12, Folder: Human Sexuality Committee, Questions from Coeds, TCP.
107 Carlton interview.
sometimes refused to see anyone but our counselors.”\textsuperscript{108} Clearly, the service could not replace professional medical care in some cases, but it was still playing a vital role on campus and providing students with much needed information and counseling.

Students’ distrust of the Health Service and their reliance on the peer counseling service could exacerbate tensions between the two organizations at times. Although the service relied on doctors at the health service for information and referrals, a certain tension between the two institutions always existed under its surface of conviviality. Before the 1972 fall semester, Dixon emphasized to Wilson that she supported “the concept of peer counseling on this campus” but believed “certain adjustments need to be made in our relationship for the benefit of both the Student Health Service and your counseling bureau.” She reminded Wilson that the health service was “your prime supportive and endorsing agency” and conveyed to him, “We do not feel that we can continue in this supportive role without having some input into the quality of the end results.” She suggested that the service have a faculty advisor from health service who would play “a very active role … in the selection of new counselors, participating in and approving the counselors’ training program, periodically reviewing counseling service records as to the quality of handling and making appropriate instructive comments in this regard and approving any new projects or program undertaken by the group.”\textsuperscript{109} Takey Crist also demanded that the students inform the faculty members of the Human Sexuality Committee of their plans, so that the service would not jeopardize sexual liberation activism or faculty reputations and credibility.\textsuperscript{110} The student

\textsuperscript{108} Wilson, “First Annual Report.”

\textsuperscript{109} Caroline Dixon to Robert Wilson, 15 June 1972, Box 12, Folder: Human Sexuality Committee, 1972, TCP.

\textsuperscript{110} Crist to Wilson, 27 June 1972, Box 12, Folder: Human Sexuality Committee, 1972, TCP.
counselors took some suggestions to heart, but they also tended to ignore many of the faculty’s requests, which simultaneously led to increasing tensions with faculty and positive feelings of independence for the counselors.

Many of the counselors were part of other New Left movements that tended to distrust those in power. Sarah Spencer recalled, “I guess people had mostly pretty liberal politics and most of the people there were also involved in antiwar activities.”¹¹¹ In New York, where she lived previously, she had participated in anti-war demonstrations. Graduate student counselor Daniel Leonard had attended Catawba College in North Carolina, graduating in 1963, and during his time there, he became interested in the civil rights movement through the Student Christian Association.¹¹² He and other students at his all white college would march across town to the black college, and students from that college would march to Livingston in order to protest segregation.¹¹³ In 1969, he continued his civil rights work as a graduate student in pathology at UNC. Along with professors in the medical school, Leonard helped to train former cafeteria workers who were striking at UNC to become lab assistants.¹¹⁴

Others participated in the service because they saw the goals of the sexual liberation activism as central to second-wave feminism. Margaret Scales remembered, “I was not sexually active. I was not a lesbian. I was not in need of an abortion and all that. But, I was

¹¹¹ Spencer interview.
¹¹⁴ Ibid. For more on the Foodworkers strike, see J. Derek Williams, “‘It Wasn’t Slavery Time Anymore’: Foodworkers’ Strike at Chapel Hill, Spring 1969’ (Ph.D. Diss., University of North Carolina at Chapel Hill, 1979).
very interested in women’s health and as a feminist. … I was very interested in the information and the counseling—well, the information sharing part of it.”115 Alice Carlton recalled, “I was very interested in [feminism] and that was part of kind of my passion at this time.”116 Being part of the service also fostered Carlton’s feminism. In between counselees, Carlton would peruse the service’s library. “I remember Our Bodies, Ourselves was one of my first that was brand new. And we had some books by Masters and Johnson’s work. So while you were waiting for the phone to ring, you had time to read. I just remember … kind of gobbling it all up because we were all interested in sexuality.”117

Other counselors did not see themselves as feminists. Years later when asked about the counseling services’ relationship to the feminist movement, Wilson explained, “I don’t recall working with any feminist groups. I don’t think we were throwing around that term for us. I’m sure there were feminists that were part of the counseling service…. Certainly that movement was going on at the same time, but we weren’t affiliated in any way.”118 Sarah Spencer echoed this sentiment: “But in so far as feminism as we know it today, about women getting jobs, getting ahead in the world, getting out of the house, I don’t think the counseling service was really involved around that or if it even came up.”119 The service never advertised itself as a feminist organization but that does not mean that it was not an important organization of both women and men that promoted the emancipation of women. Moreover,

115 Margaret Scales and Taky Crist, interviewed by Johanna Schoen, Figure 8 Island, NC, 25 May 2002.
116 Carlton interview.
117 Ibid.
118 Wilson interview
119 Spencer interview.
it reveals the extent to which feminist ideas were becoming pervasive in progressive student circles even if they did not label them as such.

Whether or not the participants identified as feminists, the service promoted a brand of gender equality that entailed changing the consciousness of men and promoting male sexual responsibility. When looking at data about the counsellees’ questions during the first year of the service, Wilson was most troubled by the suggestion that “unfair sexual responsibility [was] placed on the female.” Most of the requests for birth control came from women, but when pregnancy was feared, a larger percent of male students called (See Table 1). As Wilson observed, “Once pregnancy was verified, the males sought to ‘alleviate the problem’ by requesting information on abortion. Only once the problem situation was quite visible did the males show as much concern as the females.” “The burden of contraception should not be placed on the female,” Wilson insisted, “It is the responsibility of the couple. The Human Sexuality Counseling Service must take steps towards educating the male in this area.”¹²⁰ The first step was to put posters in dormitories and fraternities advocating male responsibility. The posters featured a cartoon of a young man giving the “OK” sign with his fingers and had bold letters asking, “Hey Charlie … did you score last night?” The poster went on to pose a series of questions to the male student: “Was she on the Pill? Does she have an IUD? Did you remember your condom?” The final statement of the poster read, “Hey Charlie, birth control is your responsibility too!!”¹²¹ Sexual liberation activists believed that women had as much right to a fulfilling and pleasurable sex life as

¹²⁰ Wilson, “First Annual Report.”

¹²¹ Human Sexuality and Information Counseling Service, “Hey Charlie,” Box 12; Folder: Human Sexuality Committee, 1972, TCP.
men, but this fulfillment was impossible unless men shared in the burdens of preventing unwanted sexual consequences.

The service also paralleled the women’s health movement in its abortion counseling. In the beginning, counselors referred students wanting help obtaining abortions to outside agencies. In January 1972, ten counselors began training to be problem pregnancy counselors. These counselors took part in specialized training sessions each week for two months taught by psychiatrists and gynecologists, who taught them how to talk to women about their choices and how to describe procedures. Because of the restrictions on and high prices of therapeutic abortions in North Carolina, counselors often referred women to New York clinics, where abortion had been legalized in 1970. The counselors visited the clinics before recommending them to “see that they really are legitimate, see how clean they were, and talk to the people.” Carlton recalled, “I got to be in the room when someone had an early abortion and sit in on the counseling session that they always went through.” The people at the clinic recognized Carlton’s expertise: “I remember the director, there were two directors talked to me afterwards for my feedback on how well the counselor did…. I felt good that they wanted my input especially because I didn’t think she did such a good job.” These counselors became extremely educated about abortion and, as a result, were able to empower themselves and the women they helped.

In 1972, the counseling service expanded its focus to include lesbian, gay, and bisexual issues. This resulted in large part from outside pressure from the gay community,

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122 Carlton interview.
123 Spencer interview.
124 Carlton interview.
which was organizing a mass movement in the South as well as the rest of the country.\textsuperscript{125} Sara Spencer remembered that when the service began, counselors “had not gotten any training in gay counseling. So the gay people themselves, both men and women, came along and said, ‘If you’re going to have a sexuality counseling service on campus, this has got to be a component of it.’”\textsuperscript{126} These gay, lesbian, and bisexual counselors became “resources to the other counselors” and spoke to various groups on campus about gay issues. The service helped to create a network of lesbian, gay, and bisexual activists, while increasing their visibility on campus. As a direct result of engaging in these activities, counselor Daniel Leonard co-founded the first gay liberation organization at UNC in 1974.\textsuperscript{127}

The participation of lesbian, gay, and bisexual counselors in the service changed the consciousness of straight counselors and led to gay-straight alliances. Straight counselors had advocated acceptance of homosexual sexual acts and identities, but many had little personal experience with the gay community until those students joined the service. Wilson recruited gay members but felt some trepidation initially. When entering a meeting of gay men, Wilson thought himself “so liberal that I’m vulnerable to the idea of being gay, and I’m going to go in and be tapped with a magic wand and suddenly have interest in men.” He remembered, “It was like about six seconds [before] I was totally fine, and that was behind me and then we


\textsuperscript{126} Spencer interview.

\textsuperscript{127} Leonard interview.
went on to our business.” Margaret Scales gave a fellow female counselor, who was bisexual, a ride home one night. She recalls, “All of a sudden I got this sweat—I thought she was going to reach over and grab my crotch, and at that point, I realized that I was so unsophisticated. … So that was a great wake-up call for me.”

In order to foster gay-straight alliances and understanding, six gay counselors and six straight counselors began regular meetings. The purpose was to promote “a more open conversation among the counselors about sexuality in general and homosexuality specifically.” In March, the group organized a program for the entire counseling team on homosexuality with the goal of improving “each counselor’s understanding and sensitivity as he works with homosexual related cases in the future.” Carlton, who was straight, went to some of the meetings and remembered them as a great educational experience of “consciousness raising.” It was also a self-affirming experience for the gay counselors. Leonard claimed that these interactions within the service were “probably the first time that heterosexuals were accepting of my homosexuality … but I think the service affirmed everyone’s sexuality, whatever it was.” Another counselor reflected, “Most meaningful to me has been the group spirit and interaction; also the counselors’ response to me, as a person with homosexual feelings, has helped me to feel that I can stand tall, be proud and count

128 Wilson interview.
129 Scales and Crist interview.
130 Wilson, “First Annual Report.”
131 Carlton interview.
myself as an equal member of the human race.” As Wilson concluded, “Even if our Counselors were the only people who the Service helped … our existence is justified.”

Like the other aspects of sexual liberation activism, the Human Sexuality Information and Counseling Service caught the attention of the national press. Journalists from Esquire, Today’s Health, and Time journeyed to Chapel Hill to document the service. Wilson claimed that this “sensationalism has helped spread the word that one’s sexuality can be talked about, not just in whispers, but in general conversation.” Furthermore, Wilson received hundreds of letters from colleges and universities around the country asking for information about how to start their own sexuality services. UNC’s sexual liberation activists had not only captured the attention of their own student body, they had captured the imagination of the country by offering a new paradigm for sexual freedom and gender equality for America’s youth.
CHAPTER 7

Conclusion

Sexual liberation activists succeeded in transforming American universities. They opened many of the first contraceptive and sexuality counseling clinics on campuses, paving the way for student health services to reform their policies. They created classes that not only educated students about sexuality but also promoted an openly feminist agenda at a time when the women’s movement was just beginning to gain a mass following. They wrote sexuality handbooks to educate students about their bodies, promote mutual sexual responsibility, and gain practical information about the products and services available to them in their communities. They formed peer counseling and education services to help students with their individual sexual problems at a time when the sexual culture, as well the legal milieu, were changing rapidly. They ensured that sexuality would no longer be spoken about only in whispers and jokes; instead, it became a legitimate topic of discussion and inquiry.

By 1973, legislation, court cases, and college curricula across the United States had begun to align with many of sexual liberation activists’ beliefs and programs. In 1972, the Supreme Court established the right of unmarried people to access contraception.\(^1\) That same year, Title IX forbid gender discrimination in education programs that received federal funding, which essentially ended the practice of *in loco parentis* rules targeted at controlling

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women’s sexual expression. A year later, *Roe v. Wade* legalized abortion. These changes signaled the emergence of a new attitude towards unmarried women’s sexual expression and gave women a new ability to control their reproductive lives. As women’s studies programs and women’s centers sprouted up on campuses across the country, students had a variety of places on campus to learn about gender and sexuality. With all of these changes and the establishment of new programs, sexual liberation activists began to see the realization of opportunities for which they had been working.

Although they had achieved many of their goals by 1973, sexual liberation activists continued their quest to educate Americans about sexuality and to fight for reproductive justice and gender equality. Philip and Lorna Sarrel led the Sexuality Counseling Service and taught Topics in Human Sexuality at Yale into the 1990s. They also wrote a column for *Glamour Magazine* on sexual health. Philip Sarrel became increasingly interested in sexuality among older women and founded the Yale Menopause Program. In 1973, Takey Crist left the University of North Carolina to set up a women’s health clinic in his hometown of Jacksonville, North Carolina. Today, he is still active in protecting women’s choices and is one of the only abortion practitioners in eastern North Carolina. Robert Gage of the University of Massachusetts became the President of the American College Health Association, which gave him a platform for promoting a consumer health model and peer education programs to health service official across the country. He continued to influence

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5 Takey Crist, Interviewed by the author, 30 November 2007, Jacksonville, North Carolina.
the University of Massachusetts during the 1970s and 1980s as a Chancellor for Student Affairs and then Director of the School for Public Health. Many of the student sexual liberation activists, including Yale students Kerry Bloomingdale and Roslyn Milstein Meyer and UNC students Alice Carlton and Robert Wilson, followed their interest in helping people with emotional and sexual issues and became counselors and psychiatrists.

The efforts of these sexual liberation activists provide historians with a new perspective on the fluidity and interconnectedness within the New Left and on how it achieved institutional change. Many activists, from the founder of the Campus Sexual Freedom Forums to the students who worked on sexuality handbooks and counseling services, were influenced by or directly involved in the struggle for African American civil rights. They applied to issues of sexuality that movement’s questioning of social conventions and challenges to established hierarchies. These same students saw themselves as fighting against injustice when they attended Vietnam War protests or participated in feminist consciousness raising groups. Like many activists in the era, sexual liberation activists did not associate with a single movement, such as civil rights, women’s liberation, student power, or gay liberation, but rather saw themselves as part of them all and of a larger struggle for human liberation and social justice.

This study also reveals a web of alliances and ideologies within the New Left. Many scholars of the New Left emphasize generational conflicts and portray student radicals as

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advocating an “us versus them” attitude when it came to older people and established institutions. Sexual liberation activism complicates this narrative. It puts forth a model of change that centered on coalition building. Physicians and students worked together to create a more democratic university. This meant that physicians had to give up some of their power and authority and that students worked within a hierarchical system rather than just advocating for its destruction. Students, faculty, and administrators sat side-by-side on sexuality committees to decide how to implement new projects and curriculums. Professors relied on students’ input in order to tailor Topics in Human Sexuality to their needs and concerns. University health service personnel aided students in creating their own programs to educate and counsel their fellow students on sexual issues, subverting the traditional power relationship between health professionals and patients.

Within this strand of New Left activism, women and men worked together to achieve feminist goals. They fought against the assumption that preventing and aborting unwanted pregnancies were women’s issues alone. In their medical services, courses, handbooks, and peer counseling programs, they promoted an ideal of shared sexual responsibility and construed reproductive choice as a basic human right. They defined strict, traditional gender roles as harmful to both men and women and antithetical to healthy, satisfying sexual and emotional relationships. Although male activists seldom defined themselves as feminists, they clearly worked toward the goal of gender equality and their actions reveal the extent to which feminist ideas were embedded in the New Left’s thoughts and actions.

Today, Americans are still fighting over the meaning of the 1960s, and sexuality lies at the center of many of these battles. As Jacquelyn Hall argues, both historical memory and
historical amnesia are “powerful political weapon[s].”\textsuperscript{8} It is of critical importance that historians weigh in on the contests over how society remembers the sexual revolution by recovering what has been oversimplified, caricatured, and distorted. Conservatives continue to condemn the sexual revolution for “spreading anarchy and polymorphous perversity.”\textsuperscript{9} Pundits and politicians use this understanding of the sexual revolution discredit the achievements and aims of all the New Left movements, especially the civil rights and feminist movements. In waging their wars against reproductive rights, sex education, and gay marriage, conservatives insist that we must go back to an era before the sexual revolution tainted American values.

Sexual liberation activism stands at the heart of a very different narrative. In the years before the sexual revolution, a moral code demanded that sex should be contained in marriage. This proscription denied men and women access to birth control, abortion, and sex education. What this code did not do was prevent young, unmarried people from having sex. It was this disjuncture, and the fact that many women were forced to break the law and navigate often deadly roads to control their fertility, that sparked a revolution. Sexual liberation activists constituted a self-conscious political wing of this revolution on campuses. Contrary to conservatives’ depictions, they did not define the sexual revolution as sleeping with as many people as possible or throwing off all forms of restraint. When they talked of “revolution,” they talked of sexual responsibility, access to sexual knowledge, reproductive justice, and gender equality.


\textsuperscript{9} Ann H Coulter, \textit{Slander: Liberal Lies About the American Right} (Three Rivers Press, 2002), 252.
Now, students do not fear rejection and morality lectures when they go to their student health service to obtain contraceptives. They have a multitude of places to turn to on campus if they have concerns about their sexual lives or relationships. If a student wants to terminate a pregnancy, she can find a legal practitioner and will not face expulsion from school. Many students not only have the option to take courses to learn about anatomy and birth control but can also major in “Women, Gender, and Sexuality Studies.” These freedoms and opportunities did not exist for unmarried college students forty years ago on college campuses, and many are still fighting to reverse them. In this context, it is all the more important to remember how and why universities were transformed by a group of dedicated faculty and students. Sexual liberation activists provide us with a model of change based on coalition building that is as relevant today as it was forty years ago.
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