

The Language of Sexual Health at Lafayette College, 1970-2014

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Sexuality and the medical field have been inextricably intertwined for centuries, ever since behaviors considered “unnatural” were classified as disorders and diseases, such as homosexuality (Foucault 54). Although homosexuality was removed from the Diagnostic and Statistical Manual for Mental Disorders in the 1970s, the link between health and sexual behavior has not waned. Nowadays “sexual health” is generally related to the proliferation and prevention of sexually transmitted diseases (STDs) and infections (STIs). There is great power in controlling the discourse of what is healthy and what is not, including which behaviors are recommended and which are discouraged or even illegal. As a student at Lafayette College, I became interested in how my own institution talked about and provided for the sexual health of its students. What resources are made available to students regarding sexual and reproductive health? Are men and women receiving the same information? What preventative measures are being suggested?

I began my investigation in the College Archives in search of some old pamphlets or other resources related to sexual health. Instead of finding information that would have been distributed to students, I discovered a detailed history of the revitalization of the health services program at Lafayette, which occurred during the early 1970s along with the entrance of women on campus. This was also the period during which Bailey Health Center was being constructed. Many of the changes implemented to the program at Lafayette were in response to a survey of the health services conducted by the American College Health Association (ACHA), the report of which is dated from October 1970. The report detailed several important changes that it would like to see to the health program, notably in the area of education:

In discussion with students it would appear that the major health problem confronting them is in the area of sex education, sexual freedom, obtaining contraceptives from campus resources or within the community and back to the need for education. (Health Program Survey Report 57)

The students, it seems, were the driving force for change in the area of sexual health and education, as it is stated several times in the report that they were interested in access to contraceptives and programming related to human sexuality. Here, the students want discourse. They are interested in information and resources, but they also want a forum in which to openly discuss their own experiences and opinions regarding sexuality, relationships and "emotional attitudes" (Health Program Survey Report 57). Perhaps this is the students' attempt to take some control over their own sexualities and the discourse surrounding them.

In response to the ACHA survey, a Health Advisory Committee was created in 1971 to decide what improvements and changes would actually be made to the health services program. The committee was comprised of eight male medical doctors and alumni and three students, of which two were male and one was female (Members). It probably does not come as a surprise, despite its absurdity, that policy concerning women's health was largely decided on by men. Regardless, the committee produced a report in April of 1972 that outlined their recommendations for the health program at Lafayette, which included "serv[ing] the special needs of women" (Report). Specifically, the report calls for "care and assistance for *special* medical problems pertaining to women, such as vaginal infections" (Report; emphasis added). What is most interesting about this report is the constant referral to women's health as 'special', as though there is something abnormal or unusual about women needing care for their reproductive organs. This reinforces the notion that women are a marked category, somehow deviant from the 'normalness' of men. In addition to the language of the report labeling women's health as a 'special problem', the committee further alienated women by suggesting an extra cost for certain procedures; "Provide care, but add a fee, for routine medical care such as pelvic exams" (Report). It appears that the College finds vaginas 'problematic' so it seeks to regulate

them through demanding payment for their care whereas no comparable fees were noted for any 'male issues'.

Other relevant recommendations given by the Health Advisory Committee included lectures or panel discussions on "marriage and family living, human growth and development, human sexuality, the search for identity, etc." and the availability of literature on venereal diseases and contraception (Report). The change in language from the students' wishes in the ACHA report to these recommendations is quite stark. Whereas the students asked for open discussions on sexual freedom, sex education and contraceptives, the committee chose to substitute them for lectures on marriage and human development as if the two were comparable. Not only do lectures and panel discussions take away the agency of students to share their opinions and control the conversation, but the suggested topics seem to be intended to point students down the road to marriage and children rather than experimenting with sex in college. The College will provide literature on contraception and general sexual health and STDs, but it will not have those conversations with students.

Despite the seemingly lukewarm attitude of the College towards sexual behaviors, the Dean of Students Herman Kissiah wrote a memo to all Faculty Residents and Resident Advisors in 1973 concerning students who choose not to participate in sexual activity, "Unfortunately, the College appears to deny support to students whose lifestyle may not agree with the mores of their peers" (Kissiah). The memo implies that the College is doing nothing to stop students from succumbing to peer pressure and engaging in sexual activity, despite the fact that it is against their best moral judgment. Given the Report of the Health Advisory Committee, this hardly seems as though it is the case. The College may have been providing a few resources for students who chose to have sex, but it certainly was not encouraging it. The sort of moral panic that

Kissiah attempts to arouse over the issue is perhaps indicative of the general panic surrounding the sexual revolution at the time.

In 1979, the student body was surveyed regarding the health services that the college provided. This survey was not comprehensive, but it did ask a few questions about reproductive health. The results found that 67% of women felt that the gynecological services on campus were lacking and that 100% of women (and 96% of men) thought that there should be "special gynecological services" on campus (Student). There was no gynecologist associated with the health center at this time, so women who needed gynecological care could either see a general physician (who was male) or be referred to a specialist off campus in Easton. The resounding call for a gynecologist on campus was unfortunately not heard by the administration, as the College still had not hired one by the early 1990s. A second, more comprehensive survey was administered in 1982, which covered not only the health services, but also safety on campus and had a separate section devoted solely to women's health (and which was filled out only by women). Again, the women were strongly in favor of having a gynecologist on campus (78%), preferably a female one, who could perform pap smears, give pregnancy tests and also counsel them on family planning (Health). At the time, the college physician was able to prescribe the pill, but the College would not fill the prescriptions. 75% of women surveyed wanted other forms of contraception to be available on campus as well, including I.U.D.s, diaphragms and condoms – 73% even said they would be willing to pay extra for them (Health). Although the College did start filling prescriptions for the pill in the mid-'80s, it is amazing that it took them another 8 to 10 years after these surveys to actually give the students what they asked for – gynecological care on campus.

In the early 1990s, more services began to be offered at the health center, although there was still no indication that a full or part-time gynecologist had been hired. The newer services included birth control consultation, pap smears, pelvic exams, treatment for STDs and an on-site lab for pregnancy tests (Health Services Pamphlets). The pamphlets presenting these services to students are very plain, simply showing bulleted lists. In contrast, the most recent flyer on women's health services, which was posted in residence halls during spring 2014, is colorful and has "Be sure to take care of yourself! You deserve it!" printed across it. Whereas the older pamphlets merely provide information, the language of the new flyer is attempting to create a positive, encouraging and empowering atmosphere even before you walk in the door of the health center. Now you deserve to take advantage of these services, whereas before they were simply there if need be. Thankfully, the health center now has a part-time female gynecologist who offers a suite of services ranging from general examinations to emergency contraception.

In addition to my research in the archives, I used *The Lafayette* newspaper to look into a student run group called SERCH (Students Educating on Reproductive and Contraceptive Health) and followed articles written by the health education coordinator, Cindy Adams, during the mid-1990s to get a better sense of the discourse on sexual health that was being presented to students. SERCH was a particularly fascinating group that was founded in the fall of 1982 by three female students ("Student Organizations"). The student members of the club were trained as counsellors by Planned Parenthood and the Director of the Counselling Center at Lafayette so that they could serve as resources for other students that had concerns about reproductive and contraceptive health ("Student Organizations"). The student counsellors held group meetings once a week that were open to all students and would also arrange to meet with students individually, should they need more private counsel. *The Lafayette* wrote about SERCH on November 8, 1985, "When

asked why such a program as SERCH is important for men and women at Lafayette, [the president of SERCH] replied that, unlike alcohol, society represses sexual issues" ("SERCH"). The students have taken back the reins on sexual education through SERCH, as they control the production of the discourse that is provided for other students.

Unfortunately, the program did not survive the 1980s, as the name was changed in 1989 to Students Educating on Responsible College Health. This new group still covered topics related to sex, however, the focus of SERCH seemed to shift to cover more general health, notably nutrition and stress reduction. By 2000, the group seems to have entirely disbanded, as I could not find any more references to SERCH in the newspaper after that year. It is interesting that Lafayette does not continue to have student-to-student counselling programs, as it appears that SERCH was highly effective and well used by students on campus. Have students really become smarter about sexual health such that the program is no longer necessary? Or has the source of production of discourse simply changed?

From the administrative side, Cindy Adams, the health education coordinator, wrote a number of articles in *The Lafayette* related to sexual health that were intended to guide students' behaviors. Despite the variety of interest-grabbing titles ranging from "How to have sex at Lafayette" to "Safe sex: truth or dare?", Adams' message is always the same. She begins the articles with a statistic intended to scare students such as "the Bailey Health Center estimates that almost 40 percent of the students here have HPV" and then goes on to relate the cited problems of STDs and unplanned pregnancies to the hookup culture at Lafayette ("Healthful"). Adams will then elaborate on the dangers of having unprotected sex and having sex with multiple partners, "So, how can we make sex all that we want it to be **and** safe? The keys lie in commitment, common sense and condoms" ("Safe sex"; emphasis in original). While those three 'C's are

certainly important ideas to keep in mind and utilize when it comes to sex, Adams is really hoping to deter students from having intercourse in the first place. She lauds the values of abstinence in each article she writes (reinforced by survey data that states that a large percentage of students are not having sex) and then introduces the concept of “outercourse”, which she describes as “also highly effective, and less frustrating, are very low-risk activities such as passionate kissing, playing footsie, steamy love notes, cuddling, fully-dressed body rubbing, relaxing massages (with intact underwear, of course), etc. Let your imagination run wild!” (“Healthful”). Adams goes to great lengths to make this option sound like an appealing alternative to sex, and perhaps she succeeds, especially since she never mentions any benefits to having sex with a partner – the only information given about sex is negative and related to STDs and unplanned pregnancies that are said to ruin the rest of your life. How to have sex at Lafayette? Cindy Adams seems to be saying don’t – but if you have to, then wear a condom.

This sort of discourse has completely isolated sex from pleasure and instead labels sex as something dirty, and perhaps even deadly in the case of AIDS. Sex positive discussions, such as the ability of sex to enhance emotional connections between people or to create something beautiful, are completely shadowed by education that attempts to guilt and shame students into abstinence. What is this anti-sex rhetoric actually teaching students? It seems to just reproduce the societal unease and fear of sex and sexuality. Jeffrey Weeks might relate this to the idea of history as politics, where the people in power re-imagine historical events and mobilize them to reinterpret the present and reform contemporary memory (10). In this case, the AIDS crisis was used to reinterpret the meaning of safe sex and question the ideals of the sexual revolution, perhaps even naming it as responsible for the spread of AIDS. Unfortunately, students become

sexually numb in the process, unable to bring joy or pleasure into their intimate lives without the shadow of guilt.

The final area of the College that I investigated was the health center itself, where I picked up a copy of every pamphlet on sexual health that was available to students during the spring of 2014. The twelve pieces of literature available cover a suite of STDs and STIs, including HIV/AIDS (4 pamphlets), herpes (2 pamphlets) and HPV (2 pamphlets). It is worth noting that none of the pamphlets are produced by Lafayette, but by health organizations across the country. The first theme that emerges after surveying the literature is how outdated it is – the oldest pamphlet, which is about vaginitis, has a copyright date of 1985, while the newest (“HIV, STIs and Oral Sex”) was last revised in 2007. Most of the pamphlets fall in the middle, with the majority carrying copyright dates from the 1990s. While it may be the case that there has been no new information regarding these diseases and infections since the copyright dates, the presentation of the pamphlets could definitely be updated. There are three pamphlets that have no images at all and therefore come off as very clinical and dense, which may act as a deterrent if someone were deciding whether or not to read them.

For the remaining nine pamphlets that do have images, they can be separated into two categories: those that have photographs of real people (5 pamphlets) and those that have either no images of people or people that are illustrated (4 pamphlets). Those in the latter category are more inviting than those without pictures at all, but they are still lacking in relatability. The human aspect is removed and leaves the reader feeling that the diseases and infections being discussed are removed from their life. While the pamphlets should not, in my opinion, relay a sense of panic, they should still make it clear that STDs and STIs are real and do affect people's lives, so precautions should be taken to reduce the risk of contracting or spreading them. Two

pamphlets (“Vaginitis” and “Herpes”) have a photo on the cover that depicts some dead leaves and flowers. This image creates a sense of hopelessness and disgust regarding sexual infections – that “sick” vaginas are full of decay and are rotting away. Such an association does inspire panic, especially in a society where many women are already taught to be afraid or skeptical of their vaginas. The five pamphlets that do feature photographs of real people are the most attractive and are likely to get the most use by students seeking information. The people depicted represent a spectrum of races (although whites are shown most often) and they are mostly shown to be happy and/or strong, sending the message that you can do something about STDs and STIs, a diagnosis does not mean the end of your life. Regardless of whether the people are photographed or illustrated, subtle heteronormativity creeps into the pamphlets as all the couples depicted are heterosexual, even though some of the text mentions homosexual behavior.

Language is, of course, also important in analyzing the literature, as it contains the body of the information. The two most prevalent themes of the literature text were ‘get tested’ and ‘communicate with your partner’, both of which were advocated for in almost every pamphlet. These pieces of advice are also the most non-judgmental and realistic suggestions that the literature had to offer. Other repeated rhetoric in the pamphlets included strong advocacy for abstinence and monogamy and, much like Cindy Adams in *The Lafayette*, phrases that grudgingly tell you to use protection if you *have* to have sex. Additionally, with the exception of two pamphlets that are specifically targeted at men, the pamphlets seem to be implicitly directed at women. This places the responsibility for ensuring safe sex on the shoulders of women, whereas men are not asked to be as conscientious. The placement of women as the “gatekeepers” of sex is one of the sexist assumptions that fuels rape culture, so the reference to it in literature

on sexual health is highly problematic and could potentially lead to the shaming of women when STDs or unintended pregnancies occur.

The discourse surrounding sexual health at Lafayette has changed significantly since 1970 in terms of services and the availability of resources, yet at the same time the language itself has not changed very much. While the 1970s saw the refusal of the College to provide gynecological care or contraceptives to its students and the dissemination of messages lauding marriage and family, the 2000s are still fraught with subtle clues about abstinence, monogamy and the dangers of sex. Sex continues to be medicalized and behaviors regulated to maintain a “healthy” standard. Foucault’s theory about the compulsory nature of confession is strongly present within the discourse of sexual health today. You have to get tested for STDs and “confess” the results to past, current and future sexual partners as well as to your doctor so that the proper procedures can be administered. The College uses its policies and selective distribution of information to regulate sexual behavior and re-form the history of sexual health to include cautionary tales of sexually transmitted disease and unintended pregnancy, thus inspiring an atmosphere of shame, rather than pleasure or joy, surrounding sex. In order to open up the language surrounding sexual health at Lafayette in the future, the administration needs to take a step back and listen to students, they might be surprised to learn that students often already know what they need – just not how to ask for it.

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