

LINE ON LIFE

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AIDS and Erotophobia *

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We recently discovered that a basketball celebrity, Earvin "Magic" Johnson, is infected with **HIV** — the virus that eventually leads to **AIDS**. Public health officials hope this event will encourage the public — especially adolescents who engage in high-risk behaviors — to engage in "safer sex" if they do not abstain. The media are engaging in a more vigorous educational effort, giving more explicit information, especially in terms of the use of **condoms**.

Unfortunately, there are doubts about the effectiveness of any educational program due to the erotophobic tendencies in our society. **Erotophobia** involves an overall negative view toward anything related to sexuality — touching, nudity, sex education, erotic books and films, homosexuality, contraception and so on. The more erotophobic that people are, the more negative responses — anxiety, guilt, embarrassment, shame, etceteras — they will have toward erotic cues. These emotions will lead erotophobes — those who are high in erotophobia — to avoid any situation perceived as sexual.

Although avoidance can be adaptive, erotophobia can also be maladaptive. Specifically, it can interfere with gaining knowledge about sexuality, engaging in important health-related behaviors and avoiding unwanted pregnancies.

The more erotophobic people are, the less knowledge they have about sex and the less likely they are to take an elective course in human sexuality. Erotophobic students do just as well in most other courses as other students. If they do take a course in human sexuality, their erotophobia interferes with their performance. If the erotophobic students also have high self-esteem, sexual information about contraception and AIDS is *not* retained. Their self-confidence allows them to more efficiently "*tune out*" the unpleasant sexual information.

Because of general erotophobic attitudes in our culture, many people are uncomfortable in learning about sexual anatomy. Erotophobes find these issues even more aversive. Erotophobic women are less likely to examine themselves for breast cancer or get gynecological exams than other women. Erotophobes are more likely to avoid actions that prevent sexually transmitted diseases (STDs).

In fact, the best-documented effect of erotophobic attitudes is *interference with contraceptive use*. Although erotophobia does not reduce sexual activity, it does inhibit the use of contraceptives. There are five steps that are required for people to engage in effective use of contraceptives, including condoms. Erotophobia interferes with all of them.

1. **People need to learn the facts about sexuality and how to prevent STDs and unwanted pregnancies.** (Erotophobes are less interested in learning about sex-related topics.)
2. **People need to acknowledge to themselves that there is a possibility that they might engage in sexual intercourse.** (Erotophobes are less willing to think about sexual plans. To them, sex is seen as spontaneous and unplanned.)
3. **People need to obtain the necessary contraceptive materials from a pharmacy, physician, clinic or some other source.** (Erotophobes find it harder to reveal to others that they are sexually active by getting these materials.)
4. **People need to communicate with their partners and make mutual plans about contraception in their sexual activities.** (Erotophobes find it too embarrassing to discuss sexual topics.)
5. **People need to use these effective contraceptive methods — in this case, condoms — consistently and correctly.** (Erotophobes are reluctant to actually use contraceptives, especially those that require them to touch the genitals.)

Many adolescents have developed their erotophobia from their parents. The more erotophobic the parents are, the less information they give. Parents may not even feel comfortable enough to explain such concepts as menstruation or "*where babies come from*."

Even so — for effective contraception and control of STDs — we need to do more than just give information. We must deal with erotophobic attitudes, so students can feel **more comfortable** with sexual information. Lastly, students need to realize that they are **responsible** for their own sexuality and the consequences of their sexual acts.

* Adapted from Robert Baron and Donn Byrne's *Social Psychology: Understanding Human Interaction*, Allyn and Bacon Publishers, 1991, pages 516-519.