

Communications Officer

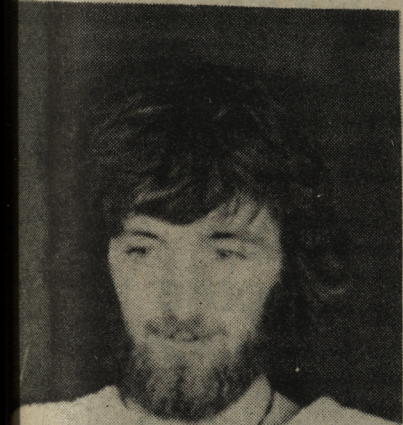


Pat O'Brien

I would like to make the position of Communications Officer into a legitimate executive position. Not only should I be held responsible for CIMN and the Cadre but also be a liason between the administration, the community at large and the student body. Communications officer can and should be an important position and I intend to make it so.

I offer an honest interest and lots of enthusiasm, a year of experience on student council, knowledge of the internal workings of the Cadre and CIMN.

Pat O'Brien

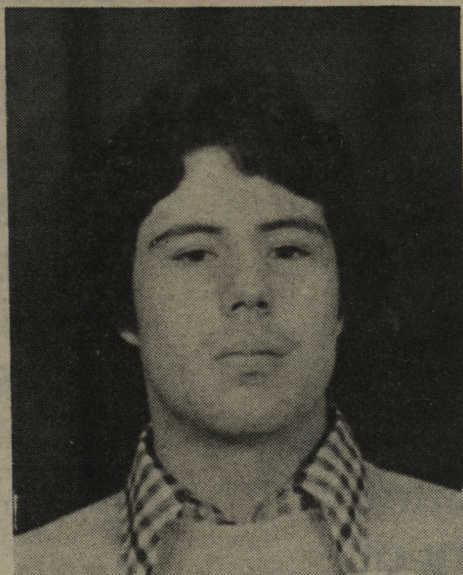


Gerald McKenna

There are a few things I would like to see next year. Some of these are to see that the yearbook is completed on time, that the S.J.C. is set up early in the fall, a good Orientation Week, a better Fall Fest than last year, a better Photo Club and Movie Club, and better communication between Council and the student body.

Student Union should have me on Council because Vice-President is in charge of all sub-committees. In the past few years I have worked on most of the sub-

Vice-President



Mike McMahon

I will do my best to maintain the positive as well as enthusiastic attitude which is presently being displayed by UPEI students through the Cadre and CIMN.

I will have a Student Directory printed and available to the Student Body in October.

I am running for this office because I feel I am a capable individual and have worked with CIMN for a year and a half. I have done some writing and a little layout work for the Cadre. I am presently on the Campus Police, Personnel Board and am just finishing up my position on the Winter Carnival Committee. I feel my previous experience and enthusiasm will be an asset to my position.

Mike McMahon



Michael O'Brien

Wait for my Campaign.

Mike O'Brien

committees and have done what I think has been a fairly good job. I have worked on Orientation Week, Fall Fest, Winter Carnival, Electoral Board, Personnel Board, Campus Police, Bartender, Social Committee, and the Photo and Movie Clubs.

Gerald McKenna

The right to say "no"

Dr. Walter Wren—

University of Windsor

Case 1—A freshman came to see me at the university infirmary complaining of swollen glands, fever and a rash. It was infectious mononucleosis, a diagnosis that considerably relieved the young man. It turned out that he had thought he had VD. I asked if there was a possibility. His answer was startling—because of the ignorance revealed.

He was a virgin, he explained. Technically a virgin, he said, because he had engaged in "heavy" petting with his girlfriend to orgasm. And his sexually active roommate (male) had recently been treated for gonorrhoea. So he felt he had ground for concern. I was able to allay his concern.

In the course of our conversation, he brought another worry: Was it normal for a man his age (19) to be a virgin? He was really asking if he was abnormal. Was he homosexual?

His answers to my questions revealed no hint of overt homosexual impulses and no fear of heterosexual relationships. He was very much involved in sports and was carrying a heavy academic load, a combination that left him little time and energy for sexual intercourse. In fact, he seemed healthily heterosexual but anxious. More anxious than he should be. It turned out that much of his anxiety was based on the fact that he had decided against having a sexual relationship with his present girlfriend—much to her disdain. Since he was not all that involved with her and did not feel the need for a sexual relationship, I thought his decision was not only appropriate, but normal—and I told him so.

This college freshmen's ignorance of sexual basics was not particularly unusual—even in this supposedly enlightened age of the new morality. His roommate, the one who had been treated for gonorrhoea, was back in the infirmary a few days later. He had shared his antibiotic pills with his girlfriend. The result: neither had been adequately treated.

Case 2—A 17 year old freshman woman came to the student health clinic that same week for a consultation. She said she was homesick. She was doing well academically and she had a boyfriend she liked a lot. But she was homesick. It turned out that the boyfriend was the real problem. Two years older than she, he was pushing her to have sexual intercourse. She was reluctant, she told me, "to go all the way." She was not ready, she said. Not because of fear of pregnancy or parental disapproval, not because she was afraid of sex, but because she felt that sex would interfere with her life as a student, with her plans for herself, with her studies, her freedom. She did not want to be tied down. And she felt sex should be a commitment. Her most anguishing problem, however, was the attitude of the other girls in her dormitory. She talked about her boyfriend and his desires and she had explained her reservations, obviously expecting support from her peers. Instead, she had been hurt to find them abrasively scornful of her virginity.

Our conversation centered about how she could cope with the attitude of these girls with whom she was living, more than how she could cope with her boyfriend's insistence on sex. Talking seemed to help, and a few weeks later, she reported that life as the "virgin queen" in her dormitory was rather unpleasant, but tolerable. She said she could handle the scorn of her girl "friends" and she was continuing to date the young man, whom she still liked very much.

For several weeks, she vacillated between deciding to go to bed with him or never see him again. As a physician, I felt totally useless. All I could do was listen while she talked out her problem. Finally, she decided there was no solution. At least not in that time and not in that place. She decided to leave the university.

If she had found support among her girlfriends, she might have decided differently. But they were brutally unhelpful. In fact, they seemed to relish her distress.

Her choice of virginity had made her an outcast. She came to recognize that her openness about her feelings had made her doubly vulnerable.

Case 3—A young teacher complaining of frequent colds, nervousness and fatigue of such intensity that she could barely struggle through the day. General physical and laboratory examination failed to reveal abnormality.

I asked about her social life. She was obviously uneasy but answered my questions openly enough. Then I asked about her sexual life. She burst into tears. "If you tell me that what I need is a good lay, I'm going to leave," she sobbed. "That's what the last doctor I went to see, told me."

I was upset to learn that a colleague had diagnosed her problem this crudely. I reassured her that I wasn't going to recommend anything of the sort, and her story poured out.

She had two very serious boyfriends and had considered marriage, but each man insisted on a sexual relationship before marriage and she wasn't ready. I pointed out that her physical complaints could be related to her ambivalence about premarital sex. It was easier for her to be ill than to say no.

She accepted this but asked what she was going to do. I told her I thought she should remain a virgin until she was ready to stop being a virgin. She was to do whatever made her most comfortable and not to concern herself about either of the men's desires.

When seen several months later she felt much better, had little fatigue and was still a virgin. Being able to say "no" definitely and flatly had been a great relief.

None of the above cases is particularly unusual but demonstrates a couple of myths widely held by adults:

- 1) that young people know all about sex
- 2) that most young adults revel in the pleasures of sex, unencumbered by the inhibitions of the past. Both of these are pure fantasy.

While the work of Masters and Johnson over the past two decades has done much to place human sexual response in proper context, while it has helped to destroy old myths and taboos and helped people of both sexes to accept and enjoy their own sexuality, it has created a whole new series of myths. The youth rebellion against Victorian morality has not really liberated them, but has transferred sex into an ideology. The new ideology is that sex is good and good sex means orgasm and anybody can. The result has been to turn the pleasures of sex into a duty. Along with all this goes the "knowledge" that if you don't have intercourse, you'll go crazy—and that virginity is a hang-up.

To my mind, this new ideology is as cruel and dictatorial as Victorian prudery. It embraces the belief that sexual competence and gratification are easily obtained, disregarding some of the undesirable side-effects of sexual activity. It has used better contraceptive measures, easier abortion and more effective diagnosis and treatment of venereal disease, as arguments to make virginity irrelevant. It refuses to accept virginity as a reasonable, (usually temporary) way of life. In this atmosphere where chastity is considered actually harmful, the new morality allows no choice, it's "liberal" or nothing and that liberation does not include the freedom to say "no."

And that's what this article is all about—to reassure those who are neither desirous of or ready for a sexual relationship, that they are not wrong or "hung-up." Respect and responsibility for the sexual partner are as valid as they ever were. And the notion that sex on a trial basis is less of a commitment than marriage and therefore is less upsetting when the relationship ends is also pure myth. Rejection is rejection, whether we call it divorce, puppy love or the turmoil of the young adult. And it hurts; and you're the victim; and sex with a victim is never good sex.

Cases excerpted from an article by Richard V. Lee M.D., Director of Medical Clinics, Yale University.