

Curiosity and Privacy: The Management of Children's Sexual Interest in the Family

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Abstract: One early emerging aspect of sexual attraction in childhood may be the interest in the outer sex organs of other people. Particularly in early childhood the family as the primary rearing environment will be the place where sexual interest occurs first and where rules of modesty are socialized which set limits to the child's curiosity. Negative self-conscious emotions, such as shame and embarrassment, play an important role in this process. Results from three different studies with small samples of families (N = 10, 25, 41) conducted over the past ten years are combined to describe the interest of children (first to 10th year of life) in the sexual parts (genitals, breasts) of family members and how families deal with situations in which sexual interest may be most easily aroused (e.g., taking a shower, going to toilet, parental sex life). Methods were direct observation of children by their parents and interviews with the parents. The results are interpreted as continued interest of children in their parents beginning as early as the first year of life and maybe a reduction at the end of early childhood. Parents seem to be comfortable with nudity in the family in situations where it seems natural. Parental intercourse is hidden to the children but not tender body contact. There is more modesty in the toilet situation where genital shame is increased by shame about bodily wastes, particularly feces.

Key words: Childhood sexual development, sexual organs, family, shame and embarrassment, privacy.

Curiosity and Sexual Attraction

Sexual attraction to other people is often equated with sexual orientation, which is usually defined as the sex of the person one is attracted to (Meyer-Bahlburg, 1995). But sexual attraction may consist of many different facets. Knowledge of the sex of the desired person allows only for a rough categorization. The more aspects one knows -- of personality, physical appearance, styles of behavior, attitudes, social class and so on -- the more easily the sexual desire can be predicted.

In retrospective studies, the age people remember being sexually attracted to another person varies considerably. Many studies report a mean age at some time in prepuberty, somewhere between nine and eleven years (Cohen and Savin-Williams, 1996; McClintock and Herdt, 1996). But in several cases the answers of subjects point back much further into early childhood. Such a wide range of answers is typically associated with problems of remembrance, but also they can be attributed to the lack of a clear definition of what is meant by being sexually attracted to a person. As described above, people may react to different facets of sexual attraction, and there may also be developmental changes in what the characteristic aspects of sexual attraction are. Sexual attraction in childhood can be triggered by changes in the hormonal system (McClintock and Herdt, 1996), but may also be dependent on some other, generally not sex-related, aspects of personal development, e.g. the acquired stage of cognitive abilities, that determine how aspects of sexual life can be mentally represented (Goldman and Goldman, 1983). In addition to this, a certain degree of stimulation of sexual interest by environmental conditions needs to be present. Early in life, sexual attraction may just mean interest in the sexual parts of other people. Children build up mental representations of the surrounding world including the physical characteristics of people who take care of them. When children get older, the sex parts of the body become laden with meaning in different ways. For some children, the experience with the sex parts may be largely of a direct physical nature; for others their representation builds basically on abstract information conveyed verbally or by means of books etc. Some children may have experiences exclusively with their own bodies, others with those of other people also.

In our western culture, the normal rearing environment is now that of a small family consisting of parents and a few children who are tied to each other by strong emotional bonds. This is the environment in which the sexual characteristics of other people are explored for the first time. Freud (1961) stressed that the normal choice of a sexual object occurring in puberty takes pattern from early infantile models of the parents. But he did not describe systematically what the child is later looking for in his or her partner. Instead of characteristics belonging exclusively to the other person, one must probably consider if a partner is suitable to take over particular roles in rather complex relationship patterns in which sexuality is embedded.

However, observations in kindergarten reveal early intense relationships which seem to include sexual interest and emotional bonding to a person outside the family and remind us in many aspects of the love relationships of adults. These may be the relationships subjects in the studies cited above remember when they are asked about their first feelings of being sexually attracted. It is quite unclear if these relationships already take the pattern of the parental model. Nelly Wolffheim (1966), a psychoanalyst, briefly reports 24 cases of homo- or heterosexual erotic relationships in young children. With one exception, they are between three and six years of age. The majority of them are five years old, the age when, according to psychoanalytic theory, the oedipal situation becomes resolved and Wolffheim brings up the question of whether the erotic relationship with other children replaces the unsatisfying oedipal relation to parents.⁽²⁾

Sexual Privacy in the Family

For most people, sexual behavior is largely enacted in a private sphere -- a space in a physical sense or in the sense of information or knowledge to which access is

highly controlled. In such a space, intimacy between individuals or with oneself can grow; people can become deeply engaged with each other or with themselves without being afraid of being judged or assaulted. Even in sexual relationships, the desire for another person is limited to a certain extent by a private sphere.

Arrangements of a private sphere vary culturally, historically (see Duerr, 1988), and individually. However, a basic amount of privacy seems to be guaranteed in all societies. In western culture, certain body-related behavior (e.g., picking one's nose, applying make-up, intercourse), body parts (e.g., genitals, breasts), and excretory processes (e.g., defecation, spitting, menstruation) should not be perceivable (e.g., visible, to be heard or smelled) in public or are restricted to particular areas (e.g., sauna, nudist beach, ladies' room). Standards may have relaxed during the last three decades as far as the visibility of sexual behavior and body parts in public are concerned. However, the discussion about child sexual abuse and gender correct behavior codes have sharpened our perception of privacy. As Schmidt (1995) puts it - what is called for nowadays is a high degree of self-control even in the face of the strongest sexual stimuli. Elias (1992) has already referred to the role of emotions, particularly shame and embarrassment, in the historical transformation in which behavioral control became increasingly internalized. Modern functionalist emotion theories ascribe two functions to self-conscious emotions -- they help to insure the obedience to social rules and standards and they help to protect the private sphere (Izard, 1991; Malatesta, 1989). Our society offers a system of behavioral rules (e.g., to wear dresses) and material devices (e.g., toilet cabins, separate bed rooms for different family members and different purposes, see de Swaan, 1989) to protect the private sphere. At the same time, disobedience of the rules becomes a powerful stimulant for negative, self-conscious emotions in itself which are very aversive feelings for people.

Since the 1980s, psychology has increasingly studied shame, embarrassment and related emotions, but so far, not much is known about these self-conscious emotions in relation to the body and sexual behavior in particular.⁽³⁾ Failure to ensure privacy (e.g., nudity) or loss of bodily control (e.g., flatulence) are mentioned in several studies as antecedents of embarrassment (e.g., Miller, 1995; Keltner and Busnell, 1996). Shame is more readily used when studies deal with severe intrusions into the private bodily sphere, such as child sexual abuse (e.g., Andrews, 1997; Feiring et al., 1996). However, what counts as a severe intrusion may differ among societies. In countries, where coverage of the face is the rule for women in public, women who grew up or lived under these circumstances for a long period of time have probably internalized the rule and would be deeply ashamed if a stranger saw their faces. Even in western countries, shame may well occur in the case of public nudity depending on aspects of the situation. If a person presented him/herself nude voluntarily, maybe under the influence of alcohol, he/she will later be probably ashamed of the behavior. If it occurred as a mishap (immediate) embarrassment will be more likely.

The word 'shame' developed from an Indo-European root (scama) which means 'to hide, to cover oneself' (s. Wurmser, 1993). This may as well refer to the nonverbal behavior and action tendencies typically associated with the acute emotion of shame (e.g., to lower the head, wish to sink into the ground) as well as to the self-protective behavior mentioned above. Only anatomical names with latin roots remind one of the relation between shame and the external genital organs (pudenda, lat. pudere to be

ashamed) particularly the female genitalia (vulva). In a British study from the 1960s, middle class mothers tried to teach their children that their bodies were generally okay, nothing to be ashamed of, but that there are private parts which have to be dressed (Newson and Newson, in Rosenfeld et al., 1984). They tried to disconnect the emotion of shame from sexuality and privacy.

Early in life, children are socialized into the rules of privacy practiced in their family. The older they become, the more their social environment widens. They get in contact with new influences and the rules for proper bodily presentation, they have to process, become more complex.⁽⁴⁾ Even in the family, the rules have to adapt to changes -- changes in members (e.g., newborn children, step parents), and changes typical for parents and children as they proceed through the life cycle (e.g., puberty, aging of the parental body). There are few up-to-date studies that deal with the topic of bodily privacy or modesty in the family (e.g., Rosenfeld et al., 1984).

In the following, three investigations are presented. The first two, longitudinal studies (study 1 and 2) mainly center on children's discovery of their own bodies and those of other people. The results presented here deal with the interest of children in the genitals and breasts of other people, particularly their parents. Study 2 was done by A. Schmidt and is based on the concept that was developed for study 1. All information is quoted from Schmidt (1989). A third, cross-sectional study (study 3), mainly explores the development of bodily shame ⁽⁵⁾ in children and the rules of modesty in the family. In this study, bodily shame is viewed from two sides -- on the one hand, as it occurs in relation to the child's own body and protects the child himself ('self-directed shame'), and on the other, hand as it occurs in relation to other people's bodies, either as vicarious shame for a person the child identifies with or as consideration for the need of other people to have their physical privacy protected ('other-directed shame').

Design of the Studies

Participants

Study 1

Twenty-five families participated in the first study. With the exception of one family, one child was always in the focus of our attention (26 children, 1 pair of male twins in one family; 11 girls, 15 boys). The families lived in a middle-sized city in northern Bavaria, and in the surrounding area. Addresses of parents were taken from a bulletin published by the local marriage license bureau, containing notes on most children born in the local hospital, and from lists of birth preparation classes led by midwives. Some families learned about the project by word-of-mouth. Twenty-eight percent of the families who had been informed by at least one letter, agreed to be in the study. The topic was announced as body discovery in general and the genital aspect was not emphasized. The main reasons for not participating were the duration of the study (12 months) and the large amount of work involved.

The families were from various social backgrounds, although mostly middle class. Ten mothers and 12 fathers held a degree from high school, the rest had finished lower level types of schooling. The mothers were between 24 and 43 years old (mean = 29 years), the fathers were between 24 and 45 years old (mean = 32 years). At the end of their second year of life nine children had no siblings (mean = 1.9 children per family). At the second time of data collection, only three children remained without siblings.

Study 2

Ten families were in the investigation, one newborn child in each family (three girls, seven boys). The families were found via birth preparation classes. Twenty-six percent of the couples who had received brief information on the project decided to take part. At least 70% of the fathers and 80% of the mothers had obtained education comparable to a high school degree. The mothers were between 22 and 33 years old, the fathers between 23 and 39. The reasons to not participate were the same as in study 1.

Study 3⁽⁶⁾

Forty-one families agreed to be in the study. These are 20% of the families contacted. The addresses of most families were taken from the bulletin mentioned above. A few families learned about the study by a notice posted in a kindergarten or by word-of-mouth. Besides the delicate topic, the fact that their children themselves were to take part in the study made several parents react cautiously. Again, we concentrated mainly on one child in each family. The age of the children ranged from four to nine years. We studied between six and eight children in each age group and always about half of them were boys and the other half were girls (21 boys, 19 girls).

As in study 1, parents with higher education were overrepresented. 43.9% of the mothers and 56.1% of the fathers held a degree from high school, the rest had finished lower level types of schooling. On average, the parents were older than in the first study (mothers: 25 to 46 years, mean = 35 years; fathers: 27 to 48 years, mean = 38 years) and the families had a rather large number of children (mean = 2.3). Only three children had no siblings.

Data Collection

Study 1

Parents -- usually the mother -- observed their children longitudinally during their second year of life (1986 - 1987) (mean age at begin = 13 months 2 days, end = 24 months). The parents were instructed to report all new situations (situations with a new type of behavior, place, context, person, etc.) in which children discovered their own bodies, or those of other people, or reacted to what other people did to the children's bodies. The observations were recorded on audiotape or paper, were regularly collected by the researcher and discussed with the parents. When the children reached the age of 26 months, an interview was conducted which also included questions on genital discovery and on children's opportunities to be naked

and to see other people naked in the bath or on the toilet. When the children were in their sixth year of life (1991), the mothers were interviewed again.⁽⁷⁾

Study 2

The methods were similar to study 1. Observation started in most cases three weeks after birth, in one case nine weeks after birth and ended at the age of one year (1986 - 1987). The observers were interviewed twice -- when the child was 6 months and one year old.

Study 3

During a visit to the families home, qualitative interviews were conducted with both parents in separate rooms at the same time. The interview schedule covered six areas: (1) parental understanding of shame in general and of bodily shame in particular, (2) observations of bodily shame in their child concerning the child's body and (3) concerning the bodies of other people, (4) regulation of situations relevant to bodily shame in the family, (5) influences on the regulation of these situations, e.g., rules of modesty in the parental family of origin, (6) experiences of the child with these situations outside of the family and parental wishes of regulation.

A further meeting took place at the university of Bamberg. In a brief interview with one parent from each family, we followed up the experiences of the family after the interview and collected detailed information on the family (e.g., demographic data, living arrangements, social contacts of the child etc.). At the same time, a play interview was conducted with the child in another room.

Data Analysis

Study 1

The material collected by the parents contained not only specific reports, such as observations of events that took place at a certain day at a certain time, but also more generalized reports, that described how an event would normally progress over a certain period of time. All episodes collected over the year and during the interview were coded into a scheme which was derived from the theoretical background of behavior modification. Central pieces of information coded in separate columns were the age of the child, the body parts that were targets of behavior and the particular body-directed behavior, antecedents and consequences of body-directed behavior in the child and other people. In a second step, the content of the columns was classified in more detail. A system of categories was also developed for the interviews from the second and sixth year of children's lives (Boehnstedt, 1992; Schuhrke, 1991).⁽⁸⁾

Study 2

Methods of data analysis were similar to study 1.

Study 3

Methods of data analysis were similar to study 1. The central pieces of information were now the age of the child when an episode happened, body parts including bodily secretions or waste or body-directed behavior a child was ashamed of, the indicators parents used to identify shame in their children, the people in front of whom or for whom a child was ashamed. A system of categories was also developed for the analysis of the interviews.⁽⁹⁾

Results Curiosity about the genitals

In all three of the studies, the interest of children in the sexual characteristics of other people is well documented. In study 1 and 2, the curiosity about the genitals was analyzed in great detail. In the first year of life 50% (two girls, three boys) of the children in study 2 were curious about their fathers genitals. All of them tried to manipulate the genital parts. The following example was reported by a father when his son (C) was 28 weeks old (translated from Schmidt, 1989, p. 93):

C often reaches out for my penis; he is already strongly interested in it. For the first time it was during diapering; he sat between my legs and I was naked. He reaches out for it and tears it. He always wants to do this now when he sees my penis. But I do not allow it, because it is painful.

In the second year of life, parents observed interest in parents and siblings, sometimes also in children and adults who did not belong to the family. Usually the interest in the parental genitals preceded the interest in the genitals of siblings and other children ($n = 23, p < .01$).⁽¹⁰⁾ Twenty-four children (92,3%) were interested in their fathers' and 20 children (77%) in their mothers' genitals. The median age for the first interest in fathers and mothers was 18 months (range_f = 13 to >26 months, range_m = 14 to >26 months), interest in girls 21 months (seven children; range = 17 to >26 months), and interest in boys 20 months 15 days (12 children; range = 13 to >26 months).⁽¹¹⁾

In study 1, children's interest in the genitals of other people took on many forms that can be subsumed under six main categories (see table I). Children explored the genitals visually, they manipulated them (e.g., petting or tickling), covered or uncovered them, applied different kinds of care of the body to them (e.g., applying skin care, wiping with tissue), showed knowledge of the genitals by naming them or comparing them between people, and commented on functions or feelings in the genital area or behavior they applied to it. Children's interest in adult women was in most cases reported as behavior directed toward the pubic hair or to the genital area as a whole, but not to less visible structures. In girls the behavior was directed toward the genital area as a whole. Only one girl who was very experienced with her own body, tried to manipulate another girl's clitoris. Most of the reported interest in men and boys was directed toward their penis.

Table I. Percentage of girls and boys in their second year of life who showed different kinds of activity towards the genitals of male and female persons

Categories of Behavior	Girls (n = 11)		Boys (n = 15)		N = 26 Over All
	Males	Females	Males	Females	

Visual Exploration	81.8	36.4	73.3	66.7	84.6
Manipulation	72.7	45.5	66.7	53.3	73.1
Cover/Uncover	18.2	27.3	6.7	6.7	23.1
Care of the Body	9.1	9.1	0	0	7.7
Knowledge	81.8	54.5	60.0	40.0	76.9
Comments	45.5	18.2	13.3	13.3	30.8

Following the children of study 1 into their sixth year of life, the parents of all children had noticed some kind of curiosity concerning the genitals of other people. Only two children never tried to touch the genitals of other people. (12)

We compared the interest of children in the parental genitals in the second year of life to the 12 months before the interview in the sixth year of life and expected a reduction because of a satisfaction of curiosity in the children and growing restrictions by the parents. Although, the number of boys or girls who were interested in their mothers' genitals, and the number of girls who were interested in their fathers' genitals, decreased slightly, only the number of boys interested in their fathers diminished significantly ($c > 2$ (1, n = 15) = 3.6, one-tailed, $p \leq .05$). The same is true if we only look at touches. The numbers are slightly reduced or stay the same; only the numbers of boys who try to touch their fathers' genitals is significantly reduced ($c > 2$ (1, n = 15) = 2.8, one-tailed, $p \leq .05$). (13)

The curiosity in siblings cannot be compared as easily, because from the very beginning of study 1, we did not control for their number and gender in the sample and over the years, new siblings were born. As was expected, more children were interested in children outside the family at the second time of data collection ($c > 2$ (1, N = 26) = 8.1, one-tailed, $p \leq .01$). Overall, there were still as many children interested in parents as in other children (outside the family and siblings) (12 in girls, 18 in boys, 15 in mothers, and 16 in fathers). But for the mothers, it probably was difficult to know about their children's interests outside the house, because the children's life expanded into areas where their parents had no control -- particularly kindergarten.

Signs of emotional expression or arousal may be very important to determine how children evaluate their experiences with other people's genitals. During the detailed observation over the second year of life, no signs of sexual arousal were reported, but rather positive (e.g., joy, laughter, enthusiasm, or fascination), or neutral emotions (e.g., surprise or waiting with bated breath). A few children also experienced negative feelings (crying, cautious, afraid to do something, embarrassed, or uncomfortable). In these situations, the genitals seemed to have the quality of a strange, unknown object for the children. The physical contact with their parents' bodies in general may have an arousing quality for children, e.g., the warmth and pressure they feel, when they are on their parents' arms. Some children started to press their pelvic area in a rhythmical fashion to their parents' belly, a behavior which is known as arousing in other contexts (Kinsey, 1964; Lewis, 1965).

In study 3, we asked parents if they remembered situations when their children touched their parents' genitals or their mothers' breast (see next point). We counted only reports of intentional behavior, not touches that happened by chance or while the children cuddled their bodies up to their parents, and we counted only the occurrences during the last 12 months before the interview. Looking for possible developmental changes over the age groups we found a sharp reduction in the proportion of children who touched their fathers' genitals between six and seven years of age. In the younger age groups (20 children aged four to six years) this was reported about 70% of the children, in the older age groups (21 children aged seven to nine years) only about 14% ($p \leq .001$). The data did not show any differences between boys and girls. The maternal genitals had been touched only by one five year old and one seven year old child.

Curiosity about the breast

In study 1, in the second year of life, interest in mothers' breasts (the nipple or the whole breast) was reported in 21 children (80.1%) and in fathers' nipples in three children (11.5%). Although we found somewhat different behavior, it can basically be subsumed to the main categories described for the genitals (see table I). But there was no behavior belonging to the category 'care of the body', and more attempts were made to uncover this part of the body or manipulate it, although it was dressed. Again, as with the male penis, children's occupation took many forms -- e.g., pulling, biting, pinching, petting. Male and female nipples are visually pronounced parts of the body, and even small children can be very much aware of the nursing function of the female breast, particularly when they have younger siblings. One mother (M) observed the following situation when her 19 month old son (D) saw her naked about two months before the birth of a younger brother (translated by the author):

"D noticed how some milk came out of Ms breast. He was totally puzzled and pressed it over and over again. He put his finger into the milk and licked it from the finger. All of a sudden, he ran into the adjoining room and got a small plastic jug and held it underneath the nipple." (Note: M believes that D does not remember that he has been breast-fed himself.)

Interest in the maternal breast was reported for all except one child (96.2%), and only two children never attempted to touch the breast. In the second interview, still 19 children (73.1%) had shown interest during the last year and 15 (57.7%) had touched the breast also. Differently from children's interest in the genitals, neither gender was more curious about the maternal breast in the younger or the older age groups. In study 3, 68.3% had touched their mothers' breast and the reduction seemed to go on more continuously than in the case of the paternal genitals. Eighty-five percent of the younger age groups touched their mother's breasts and 52% of the older age groups ($p \leq .05$). In some cases the breast became a fascinating object for the whole family and had an erotic and a nourishing meaning. A mother of two daughters (K = sampled child, 5 years old) described this very lively in study 3 (translated by the author) and also how she felt that the behavior of the other family members intruded into her private sphere.

Interviewer: "What do you think, does it sometimes happen that children touch the genitals of their parents or their mother's breast?"

Mother: "I don't know how it is in other families. With us it happens quite often. Particularly the breast is something very fascinating for our children. Perhaps, because they recognize that I find my breasts very beautiful and that I like them, and my husband also likes them very much. He also includes the children often, according to the motto: 'Your Mom has terrific breasts, hasn't she!?' And the children often question me: 'Is there no more milk in it anymore?' Or they urge me: 'Mom, please make the milk spurt again.' "

Interviewer: "Ah!" (laughs)

Mother: "Yes. They want me to tell them how it was when they suckled at my breast. And they want to know: 'Mom, can't we have another baby?' or they ask: 'May I have a taste again?' -- Not a long time ago, for a while, they have tasted from time to time."

Interviewer: "Suckled, how it feels like?"

Mother: "Yes. But some time it became too much. I had a feeling as if everybody in the family grabs it whenever he wants to. I told my family: 'No, I don't want this anymore. You can touch my breast, but not constantly, and not without asking me -- I don't do this to you either.' Also, anything that is connected with the breast, e.g., a bra, is something very fascinating for the children. A short time ago, K has put on some of my dresses, jogging pants and a jacket, and then she opened the jacket and had a body underneath. I touched it and said: 'K, you should stuff it a bit.' But then I noticed that she did already wear one of my bras underneath." (laughs)

Bodily shame in children

Most of the parents in study 3 evaluate bodily shame as something which is valuable and necessary. Mothers probably appreciate bodily shame more than fathers do, because they question its value less often ($p \leq .05$), e.g., by telling that they personally would not have a problem walking around nude and that bodily shame is something forced upon a person by society, or that too much bodily shame is unhealthy. When parents spoke in terms of society about bodily shame, their argumentation went to the positive or to the negative; if they viewed bodily shame in terms of self-protection their evaluation was always positive.

We asked parents if they remembered situations in which their children were considerate of the need of privacy or the possibility of bodily shame in other people. Parents told us episodes which showed consideration for the needs of privacy in other people, but also vicarious shame. In a conservative analysis, we took only the earliest episodes into consideration that were rated as examples by the parents without doubt, and in which the behavior of the children was not related to direct attempts of other people to make them more considerate or ashamed. A comparison with bodily shame about children's own bodies shows that the ages of onset of self-directed shame and of other-directed shame are correlated ($r = .68, p < .001$). However, it is also true that other-directed shame occurs significantly later ($t = 3.52, p < .01$). In many cases the parents seem to be uncertain, if their children are considerate. In the conservative analysis the parents of only 68.3% of the children had noticed vicarious shame or consideration. If we take into account all reported episodes -- also the ones where parents were uncertain, or children needed an impulse from outside, or only the researcher classified the episode as shameful -- all

children showed signs of other-directed shame before the age of nine.⁽¹⁴⁾ No difference was found between boys and girls in the onset of other-directed shame (conservative analysis: $t = -1.21$, n.s., all episodes: $t = -.38$, n.s.).

Parents used a variety of cues as indicators of other-directed shame in children that were divided in three groups. The following statements are based on the number of children for which certain indicators were reported. The first group, labelled 'emotional cues', includes classic, nonverbal indicators of shame such as avoidance of eye contact, slumped posture etc., but these were very rarely recalled by the parents. In many episodes, parents spoke only of shame or embarrassment without mentioning further indicators. Other emotions or moods were also indicators (e.g., to be frightened, to feel insecure). In some emotion theories shame is only seen as one type of social anxiety and parents may have used fear-related words as synonyms for shame or embarrassment. However, some emotions may typically occur in the process of coping with shame or embarrassment and may therefore be indicative of shame or embarrassment.⁽¹⁵⁾ This may be the case for the second most common emotional indicator: to horse around, make fun of something or somebody. Another group of indicators are the 'cognitive-evaluative cues', e.g., if a child verbalizes the correct dressing codes. The most common one was to state that somebody is ashamed or should be ashamed. The third group are 'action-oriented cues'. The most common of these and the most common of all indicators was to withdraw from the situation.

Parental management of situations relevant to bodily shame

The experiences that children have with the sexual parts of other people are influenced by the developmental status of the child and by the opportunities the child has to get acquainted with these parts. In the samples reported in this article, nudity in the family is something most parents seem to be comfortable with. In study 1, both in the second and in the sixth year of life, all children were allowed to see other family members naked when they were taking a bath or shower. In study 3, parents were asked when they would accept nudity among family members -- if variables as sex of the family members, age of the child or type of situation would make any difference.

Most parents thought it is okay if children see their parents naked until puberty. Their answers on a possible age limit ranged between nine to ten years and 20 years of age. Many parents expected that children would dislike parental nudity at an earlier time than their parents, fewer expected the opposite ($\chi^2(1, n = 63) = 8.3$, $p \leq .01$). One should not underestimate the influence of children on parental bodily permissiveness. Only very few parents felt that their permissiveness decreased when children entered their lives, but a relatively large group of mothers but not of fathers ($p = .01$), reported that they became more permissive. Maybe that happened because the child was the first person who was so close to them. Their permissiveness mostly increased in situations relevant to care of the body and elimination of wastes and allowing somebody being very close during sleep. And parents expected to become more restrictive when their children would grow older or when they would feel that their children started to evaluate the parental bodily appearance in terms of sexuality or attractiveness.

According to parents, limitations of nudity among siblings occur usually in prepuberty and puberty (variation: six or seven years to 18 years). Most parents believed that the children themselves would start reducing nudity in front of siblings, fewer believed that the parents would have to regulate nudity ($\chi^2(1, n = 75) = 33.3, p < .001$). But parents believed they would intervene under certain conditions: if one child forces another one, if a child cannot defend himself, if there are sexual relations or touches among siblings, or if children are laughed at because of their bodily appearance. A common intervention to reduce erotic tension among siblings, or to establish a private sphere, is to give children separate rooms or at least to segregate the sexes.

Many parents, siblings and even other people who visited the family homes were confronted with the genital interest of children, when they went to the toilet. In study 1 in the second year of life, this was reported from 69.2% of the children. Going to the toilet is one of the few situations when the genitals become visible, and in addition to this, the elimination of wastes, particularly urine, is a fascinating process to children. In the second year of life, all children sometimes joined their parents when they went to the toilet. In the sixth year of life significantly less children did this ($\chi^2_{\text{mother}}(1, N = 26) = 3.06, \text{one-tailed}, p < .05, \chi^2_{\text{father}}(1, N = 24) = 9.3, \text{one-tailed}, p < .01$). Our studies show that the toilet situation is more restricted than the cleaning situation. In study 1, all children in their second and in their sixth year were allowed to come into the bathroom when other people took a shower or bath or washed themselves. In study 3, the parents were also asked if and how they protected themselves during the care of the body and while going to toilet.

More parents mentioned measures of protection for the toilet situation than for the body cleaning situation and the measures they mentioned were more restrictive, e.g., locking the door or telling children that one does not want to be disturbed. For both situations, many parents declared that they did not really protect themselves out of shame or embarrassment, but that they would just feel uneasy or disturbed by the curiosity or restlessness of the children.

Asked for expressions of physical affection between parents and what the children were allowed to watch, we developed the following categories from the parental answers: tenderness (e.g., to take into someone's arms, to cuddle, rarely to pet each other), eroticized kinds of tenderness (e.g., touch the breast, pinch into the buttocks), tenderness in bed (dressed), sexual prelude, intercourse, rest. Parents almost exclusively spoke about tenderness and intercourse and they distinguished sharply between them: 73 of 75 parents thought that they would not want their children to observe intercourse but no one mentioned tenderness, and 67 of 73 parents thought that it would be harmless when children observe tenderness. In many cases parents thought that it would even be desirable, because tenderness counterbalances quarrels between the parents. It is a sign that parents still like each other. Besides, children should learn how to be tender for their own future relationships. Twenty-five parents believed that the observation of intercourse might have negative consequences for children, but except for nine parents they confined this to certain conditions. Thirty-two parents frankly said that they would feel uneasy and that intercourse belongs to their private sphere from which the children are excluded. All couples described measures they used to protect their sex life. Mostly, they mentioned having sex when children are asleep, or that children sleep in separate

rooms sometimes far away from the parental room, or having sex when children are out of the house or are occupied playing. With the couples who had sex during the day when children were at home (37%), children were usually informed that their parents did not want to be disturbed and sometimes older siblings took care of the younger ones during this time. It is an open question if children know what parents do when they want to be by themselves. In general, very few parents locked the door when they had sex.

Discussion

The results show a strong and continued interest of children about the sexual body parts of other family members which starts as early as the first year of life and can be followed till the beginning of middle childhood. From this time onward the data are not sufficient to determine what happens to children's curiosity in the family. The results shed light particularly on the interest in the parental genitals and the maternal breast, but somewhat also on the interest in the genitals of siblings and other people. By means of the parental observations, children's interest in the second year of life could be described in great detail. It is expressed through many different kinds of behavior which show visual exploration, manipulation and also some cognitive reflection.

From the observations of children's interest in their own bodies we know that mothers accept or allow children genital self-exploration if it grows out of children's own impulses. However, mothers intentionally stimulate or further only knowledge and hygiene but not manipulation and self-stimulation (Schuhrke, 1991). Therefore we expected any kind of touch to be very restricted in the relation to other people also. Many children touched the parental sex parts. Mostly this was described for the maternal breast and the paternal genitals. Touches of the maternal genitals seemed to be somewhat less common than touches of the maternal breast or the paternal genitals. They are particularly rare according to the answers of mothers in study 3. This may be the case, because for mothers in study 3, the interest in their breasts seemed to be so prominent compared to the genital interest and also the mothers of study 1 were more used to detailed observation. Also the female genitals may be particularly shame prone. Duerr (1990) gives many examples of societies where the female genitals are reputed as ugly and disgusting and females are very much ashamed of their genital parts. However, even in societies where the genitals are viewed as beautiful, females show shame in the sense that they cover their genitals. The mothers in study 1 had been in the investigation for a long time and developed a trustful relationship with the researcher. Evidence for this may be seen in the willingness of all mothers to take part in a follow-up study when the children were five years old. The mothers in study 3 had only one face-to-face contact with the interviewer before the interview. Each family was visited at home once by the research team responsible for the interviews before data collection began.⁽¹⁶⁾

There may be a reduction of interest in the parental sex parts in general and touches in particular around the end of early childhood. In study 1, this was obvious between sons and fathers for interest in general and for touches, and in study 3, between children of both sexes and fathers for touches. This reduction can probably be attributed to a decrease of children's curiosity because they have gained enough

information about the sex parts and it can also be attributed to changes in parental modesty. Maybe Wolffheim's (1966) interpretation is correct: that the erotic interest in other children replaces the interest in parents. Our data also show an increase of interest in other children.

Parents feel comfortable with nudity in the family for a long time, and limitations seem to be more often initiated by the child than by the parents. But with touching of the genitals, the parents are more actively limiting it, and in many cases they mention earlier ages than with nudity. Again it seems that parents want sexual knowledge for their children, and therefore, in many cases, they allow for a certain amount of exploration. But as soon as they feel that sexuality becomes a part of the parent-child-relationship, they withdraw. What is interpreted as sexual is part of a script (see Simon and Gagnon, 1986), which despite societal regulations, has features that vary between individuals or families. For many parents, touching of the genital parts may already be sexual; for other parents it becomes sexual if they observe signs of arousal in themselves or their children, and some parents become afraid that their children mistake them for sex partners when the children's interest is very frequent and lasts for a long time.

In some situations, parents are more modest than in others. Parents find it perfectly acceptable when children are with other family members when they take a shower or bath or wash themselves. But parents feel more uneasy when children are with them when they go to the toilet. This is a difference which seems to exist at least for several decades in our western society (see de Swaan, 1989). There is also more body shame connected to defecation than to urination (Schuhrke, 1996). Although, children are constantly confronted with sexual behavior in the media, the sexual intercourse of their parents is still hidden to them. For our sample, one can summarize the attitude of the most liberal people as follows: 'Children should know about intercourse and that their parents do something like that, but no demonstration please!'

In the situations relevant to bodily shame we have looked at, parents relied more on the growing consideration of children than on locked doors. But consideration grows more slowly than the need for bodily privacy in the children themselves, because the cognitive processes required from the child are more complex.

In the opinion of many parents, the fear or expectation of shame or embarrassment is not the reason for protecting their bodily privacy in front of other family members. Further research is needed to explore the need for privacy and the emotions that emerge when privacy is violated. Interviews have to focus more on parents. They may actually not feel any shame when other family members are present, but at the same time they are probably oblivious to subtle behavioral adjustments they make. For example, parents may avoid to touch their genital parts except for hygiene and mothers may postpone the shaving of their pubic hair when others are around. As described in the introduction, shame in general is an emotion that occurs when internalized social standards are not met, rules are not complied with, or private information is disclosed to the public. In the emotion process, the self is evaluated negatively (Lewis, 1993). It is probably difficult for parents to realize that a negative emotion, such as shame, (or its milder form -- embarrassment) emerges among family members, particularly because on a conscious level they ascribe a positive

value to nudity in the family. Observation of nude people, for example, seems necessary for children to learn about physical sex differences.

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Notes

(1) Correspondence should be addressed to Department of Social Work, Evang. Fachhochschule Darmstadt, University of Applied Sciences, Zweifalltorweg 12, 64293 Darmstadt, Germany.

(2) Wolffheim summarizes the criteria that made her judge children's friendships as erotic (1966, p. 132): The children lived in kindergarten, sometimes also outside of it, predominantly with and in their friendship partners. They isolated themselves from the community and created and formed their fantasy games together. They were eager for physical touches, exchange of tenderness, and tried onanistic games. Jealousy, fights to have the partner all for oneself, dominance and submission, in some cases almost bondage, were conspicuous.

(3) For an excellent overview particularly centered around the developmental aspect see Fisher and Tangney (1995).

(4) Nudity may for example be okay in front of certain people and in certain places and in others it is not!

(5) The expression will be used in a broad sense which covers all behavior that shows that somebody protects bodily privacy and the emotions that occur when bodily privacy is endangered.

(6) Study 3 was funded by the Federal Centre of Health Education (FCHE) - Department of Sex Education, Contraception and Family Planning - Ostmerheimerstr. 220, D-51109 Köln.

(7) More details on data collection and observer reliability are reported in Schuhrke (1997, 1991).

(8) More details on the analysis of observations and the interviews and the interrater reliability are reported in Schuhrke (1997, 1991).

(9) The interrater reliability was checked and will be published in a book containing the complete analysis of all data of the project.

(10) One child was excluded from the comparison because of problems in dating the first episodes.

(11) For the calculation of the median, we only used the data of the children who developed an interest during the period of observation. In the information on the range, all children are included: a theoretical value of '>26 months' means 'no interest during the period of observation and till the final interview'.

(12) The expression 'to touch' includes 'manipulation', 'cover/uncover', and 'body care'.

(13) Thirty-one percent of the children touched their mothers' genitals and 46% their fathers' in the year before the second interview.

(14) The correlation and difference to self-directed shame is also found under this kind of analysis: $r = .49$, $p < .001$; $t = 4.3$, $p < .001$.

(15) Laughter and expressions of anger are discussed in the literature (see Tangney et al., 1992; Retzinger, 1987).

(16) From a study of Californian upper middle-class families in the 1970s, Rosenfeld, Bailey, Siegel, and Bailey (1986) report that 30% of 8- to-10-year old girls still touch the paternal genitals and 45% of the boys the maternal breasts or genitals.

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