

homemaker, where control, conflicts with a wife which calls for on the husband for being submissive. Among the many things she should do, sex may be low on her priority list.

This change may occur if she was often sexually approached when tired from doing her chores; or sex may have become a routine, boring demand on her time and commitments.

Other reasons for the change might be resentment or anger toward her husband for inadequate cooperation in rearing the children and caring for the home; suspicion of extramarital relationships by her husband; or the husband's attempt to introduce something into the sexual encounter that is distasteful to her.

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Significance of hair in sexual attractiveness

Q Women's hair has played a significant role as an important adjunct to fashion in sexual attractiveness. Does it have the same significance today as it had 100 years ago?

A It is generally believed that males assess sexual attractiveness primarily on the basis of physical appearance. Universally, the most prominent indicator of sexual attractiveness is physical health. Physical health is closely associated with reproductive stability, and consequently is the most uniform indicator of sexual attractiveness.

Other physical characteristics such as firm muscle tone, clear complexion, and beautiful hair, which are also associated with physical health, have become standard indicators of physical attractiveness. In this case, there is no reason to believe that any change has occurred in the sexual appeal of a woman's hair. It has always been, and will

Medical Aspects of Human Sexuality

Child who makes up stories

Q A young boy seems to "make up" stories about things that happened to him. Please comment.

A Of course, the situation largely depends on what the stories are about. If they are exceedingly bizarre, autistic fantasies, then the child should be evaluated clinically. Most likely, however, they are benign. Children conjure up imaginary playmates as nonneurotic defenses against loneliness, and they engage in all sorts of fantasies as part of their preparation for adult social roles. Sometimes they tell "tall tales" to get the attention of other people—but then, don't we all? Often, the stories woven by a child (or an adult, for that matter) can be analyzed to reveal important clues to the person's motives, interests, general world view, and other aspects of personality—much in the manner of the Thematic Apperception Test developed at Harvard by Murray, McClelland, and their colleagues. This does not require any "deep" interpretation as in Freudian psychoanalysis; most useful information is available at the surface level.

At the same time, the stories may simply represent recreational thought. Children who are raised in an environment that encourages creative imagination retain these skills into adulthood, when they are available for a variety of adaptive purposes. Perhaps the most important attribute of normal fantasy is that it is time-limited, so that the person can move flexibly between illusion and reality.

For sensitive clinical accounts of normal fantasy life, see JR Hilgard, *Personality and Hypnosis: A Study of Imaginative Involvement*, ed 2 (1979),

JL Singer, *The Inner World of Daydreaming* (1975), and L Breger, "The function of dreams" (*J Abnormal Psychol Monograph*, 1967). For a history of the TAT, see Zubin et al, *An Experimental Approach to Projective Techniques* (1965).

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Women's sexual recovery following coronary bypass

Q A female patient has successfully recovered from coronary bypass surgery. To what extent will this affect her sexual functioning?

A Women's sexual functioning after coronary bypass surgery (CABG) is dependent upon: (1) the presymptomatic level of sexual desire and frequency of intercourse; (2) the time frame after CABG; and (3) the partner's response to the illness and surgery. Women with the highest pre-illness intercourse frequency and sexual desire are initially the most adversely affected by cardiac symptoms and surgery. Fatigue and pain secondary to cardiac symptoms cause these women to lose their desire and stop having intercourse. Even four months after surgery, they have only partially regained their desire and are only beginning to resume sexual activity. One year after CABG, sexual desire and

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