

PSY3122 Human Sexual Behaviour**Sexuality: Definitions and Dimensions**

-**sexuality** is a central aspect of being human throughout life

-it encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction

-sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships

-while sexuality can include all of these dimensions, not all of them are always experienced or expressed

-sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, and religious / spiritual factors

-this very broad definition is the World Health Organization's definition of sexuality

-definitions of sexuality from class:

-things that drive people to behave sexually

-drive to procreate and pass on genes

-biological and psychological development in terms of sex and gender

-an identity

-thoughts, emotions, and actions that pertain to sex

-arousal / pleasure

-motivations for sexual behaviour

-developmental stages throughout the lifespan regarding sex

-there are many definitions of human sexuality (everyone has their own definition)

6 Dimension Model of Human Sexuality**1) Biological Dimension**

-males and females have different sexual organs (genitals)

-hormones (sexual hormones = testosterone, estrogen, progesterone)

-secondary sex characteristics (e.g.: facial / pubic hair, breasts, voice deepening, fat distribution)

-genetics (e.g.: sex chromosomes)

-XX, XY

-natural selection

-biological explanations to behaviours all come down to spreading genes

-reproduction

-STIs (more accurate to say infections since many people do not show symptoms of disease)

-infection allows for the idea of being asymptomatic

-contraception

-sexual response

-a term that encompasses all the physiological changes that occur with sexual stimulation

-includes erection, lubrication, ejaculation, orgasm, etc.

2) Socio-Cultural Dimension

-provides norms

-media provides norms and codes of attraction, gender stereotypes, etc.

-laws

-education (regarding sex)

-provides meaning / interpretation of sex (e.g.: for procreation vs. for intimacy / love)

-rituals / rites (e.g.: rites of passage)

3) Religious Dimension (i.e.: moral, spiritual, and religious dimensions of sexuality)

- rules of conduct (what you should and should not do regarding sexuality)
- rituals (e.g.: weddings / marriage in relation to sex)
- consequences for non-compliance of the rules of conduct
- interpretations / meanings of sexual conduct
- values (religion provides guidelines for what is important regarding sex; same with spirituality and morality)
- ethics (what is the right thing to do)

4) Emotional Dimension

- lust
- shame
- love
- affection
- confusion
- ecstasy
- hate / anger
- fear
- frustration
- indifference
- basically any emotion can be experienced with sex

5) Psychological Dimensions

- the mental aspect of sexuality
- kinks / fetishes
- expectations
- sexual orientation
- addiction
- fantasies (i.e.: eroticism)
 - it is very subjective to the person
- trauma
- sexual identity

6) Cognitive Dimension

- involves cognitions
- acquired information regarding sex
- perspectives about sex
- by taking this course, we are working on our cognitive dimension of sexuality

Theoretical Perspectives

- read chapter 2
- feminist and queer theory not in textbook
- theories guide our understanding of sexuality
- human sexuality is multidisciplinary

- most research is based on these different perspectives
 - pay attention to the different vocabulary used by each perspective
 - each perspective asks different types of questions and focuses on different things
 - no one single theory completely explains sexuality

1) Evolutionary Perspectives

-sociobiology

-this perspective studies the biological basis of social behaviour (including sexual behaviour) in animals and humans

-evolutionary = relates to Darwin

-involves concepts such as natural selection, survival of the fittest, offspring, etc.

-Darwin's Theory of evolution (i.e.: natural selection, adaptive behaviours and traits for mate selection, reproductive success, genetic transmission) is understood as being the principal motivator of all human sexual behaviour

-we keep adaptive behaviours and get rid of non-adaptive behaviours

-the evolutionary perspective focuses on mate selection, reproductive success, genetic transmission, etc.

-these are understood as the principal motivators of sexual behaviour in this particular perspective

-the evolutionary perspective asks how these behaviours lead to sexual success / survival of the offspring

-e.g.: for males, reproductive success comes from having many women

-a lot of the explanation as to why men cheat more than women involves its adaptiveness (you can spread your genes faster)

-if they can impregnate the most women, this ensures survival of their offspring

-mate selection

-e.g.: female mate selection depends on a male who has power and resources, while a male would choose a healthy, younger women which allows for more survival potential / ensures health and survival of offspring

-the evolutionary perspective explains sexual behaviour as a biological program

-e.g.: according to sociobiology, premature ejaculation may be positive

-you can spread your genes faster

2) Psychological Theories: Psychoanalytic Theory

-Freud proposed that sexuality and eroticism are fundamental forces of life

-he developed a theory of personality, the stages of psychosexual development with their corresponding erogenous zones, the Oedipus complex, and the role of the unconscious to explain human sexual behaviour

-psychoanalytic theory / psychoanalysis = Freud

-theory of personality (id, ego, superego)

-the libido is found in the id

-id = instinct

-ego = realistic part that mediates the id and the super-ego

-super-ego = moralizing role / conscience

-stages of psychosexual development:

1) Oral

2) Anal

3) Phallic

4) Latent

5) Genital

-Oedipus complex is in the phallic stage

-boys are in competition with their dad for their mother

-they have a fear of castration by their father (i.e.: castration anxiety)

-this is resolved by repressing sexual desires for their mother, identifying with the father, and eventually marrying someone who reminds them of their mother

-Electra complex

- girl realizes she doesn't have a penis
- thinks that the father can give her a penis (i.e.: penis envy)
- realizes it cannot / won't happen and represses her desires for the penis
- identifies with the mother

-if you have a fixation on any one of the stages, it can affect sexual development

-e.g.: if the Oedipus complex is not resolved, this may affect sexual orientation, gender identity, sexual identity, and may cause other sexual dysfunctions

-Freud explained in a historical context

- Freud psychoanalyzed everyone
- he wrote to his friend that after doing psychoanalysis with his friends' daughters, he found sexual abuse
- in order to compensate, he developed the Oedipus complex for girls
- it explained that the sexual desire experienced between daughter and father is put into the unconscious

-criticisms of the psychoanalytic theory

- the focus is on sexual motivation and the unconscious in determining behaviour
- this is difficult to validate scientifically since it is not universal

-new science / modern psychoanalytic theory = neuro-psychoanalysis

- involves taking pictures of the brain and unconscious activity

-psychoanalytic theory:

-it explains sexual orientation and defines anything else other than heterosexuality as abnormal

-it explains fetishes

-e.g.: an explanation for erectile dysfunction involves the fear of the vagina castrating the male, according to psychoanalysis

-e.g.: fetish objects are replacements for the penis; it becomes a phallic symbol that calms the castration anxiety, allowing for sexual arousal

Psychological Theories: Learning Theory

-this perspective explains how human sexual behaviour is learned and shaped through various interpersonal learning paradigms such as classical conditioning, operant conditioning, behavioural modification, and social learning

-classical conditioning

-takes place when a conditioned stimulus is paired with an original unconditioned stimulus

-pairing of a neutral stimulus / context to something sexual so that the neutral stimulus eventually evokes a sexual response

- operant conditioning
 - a person is more likely to repeat a behaviour if it is rewarded (i.e.: reinforcement)
 - focuses on the importance of rewards and punishments in learning behaviour
 - e.g.: Christian religions may be against masturbation and they may punish you by flagellation
 - e.g.: if a woman feels pain during intercourse, this may influence her sexual behaviour
- behavioural modification
 - techniques used to change an individual's behaviour based on classical and operant conditioning principles
 - used with pedophiles
 - e.g.: show pedophiles of naked adults and showing a child, which then results in a shock to extinguish their sexual arousal which comes when they are shown the picture of the child
- social learning / modelling / observational learning
 - based on operant conditioning, imitation, and identification
 - acquiring knowledge or skills when observing role models
 - reading, hearing, watching role models
 - e.g.: a same gender parent (father, uncle, brother, etc.) may serve as models as to how to behave sexually
 - one has to identify with a model in order to imitate them
- social exchange theory
 - assumes people will choose actions that maximize rewards and minimize costs
 - e.g.: with mate selection, we choose partners who can provide financial, emotional, and practical characteristics
 - we want to feel close feel good feelings when finding a mate
 - there is a cost/benefit ratio of sexuality

Psychological Theories: Cognitive Theories

- this perspective focuses on how people's perception, labelling, and evaluations of events (whether positively or negatively) influences their sexual behaviour
 - perception and labelling
 - e.g.: if a male loses his erection during a sexual encounter, they can have a positive or negative attitude toward it
 - perceptions of situations can determine your behaviour
- gender schema theory

-a cognitive theory that explains how individuals become gendered in society, and how sex-linked characteristics are maintained and transmitted to other members of a culture

-a **schema** is an organized pattern of thought or behavior that organizes categories of information and the relationships among them

-it can also be described as a mental structure of preconceived ideas, a framework representing some aspect of the world, or a system of organizing and perceiving new information

-we have schemas of male and female behaviours

-e.g.: different ideas of male and female sexuality

-if an idea does not fit a schema, it is hard to retain that idea

3) Sociological Perspectives

-explains human sexual behaviour using the 4 levels of analysis (i.e.: macro, subcultural, interpersonal, and individual) as being shaped by norms and expectations defined by social institutions and socialization processes (e.g.: religion, law, medicine, media, family, etc.)

-symbolic interaction theory

-proposes that a person's behaviour is constructed through his or her interactions with others

-successful communication and goal seeking depends on shared meanings

-sexual scripts theory

-a set of learned responses (e.g.: behaviours, gestures, rules, expectations, etc.) that are understood as appropriate in a given sexual situation

-e.g.: cultural script of foreplay

-it is the etiquette / script / recipe of sexual behaviours

-we have to do certain things in certain sexual situations

-Reiss' Sociological Theory

-all societies regard sexuality as important because it is associated with physical pleasure and personal self-disclosure

-sexuality is linked to a system of kinship, power, and ideology

4) Feminist Theory

-refutes the heterosexual male model of sexuality

-qualitative driven methodology gives a "voice" to both women and men

-less focus on penetration

-not based on empirical evidence

-uses qualitative methods

-a feminist approach is applied to male sexuality

-e.g.: open ended questions about sex life

-qualitative = subjective experiences of sex

5) Queer Theory Perspective

- refutes the model of sexuality that claims heterosexuality as its origin
- queer studies examine how diversity and variations in sex, gender, and desires (i.e.: "sexualities") are constructed and queer studies abandon the category of "homosexual"
- the queer theory grew out of lesbian and gay studies
- it focuses on different combinations between sex, gender, and desires (i.e.: on diversity and variations)
 - studies show how a variety of sexualities are constructed
- look at the quiz and answer key for these sections
 - these will be the types of questions asked about chapter 2

Cross-Cultural Perspectives

- there are many different perspectives regarding sexuality across different cultures
 - e.g.: polygamy (marriage with more than one partner) vs. Monogamy (part of Canadian law)
 - 2 forms:
 - 1) Polyandry
 - 1 woman marries many men
 - 2) polygyny
 - one man marries many women
 - more common in the world than polyandry
 - e.g.: men have different forms of greeting each other (i.e.: handshaking vs. Kissing)
 - e.g.: prostitution laws
 - it is legal in some countries and illegal in others
 - e.g.: arranged marriages
 - e.g.: male and female circumcision (genital modification)
 - the WHO calls this genital mutilation which puts judgment on this concept
 - it is illegal in some countries
 - e.g.: acceptance of public displays of affection
 - e.g.: differences of nudity in media
 - nudity is more accepted / more free in Europe and less free to show nudity in Canada

Why do we study sexual behaviours in different cultures?

- cross-cultural studies allow us to see the differences in sexual behaviour, as well as what we have in common (i.e.: things that are universal)

-it provides insight into the ways in which culture influences sexual behaviour

-ethnocentrism

- it is a biased perspective
 - involves taking your own ethnicity / culture / society as the point of reference
 - there is a judgment involved, such that your view is the best and is the one to compare against all others
 - the way ethnologists write descriptions about sexual behaviours is from their own perspective, even though they try to avoid bias
- diversity and universality of sexual norms

-it illustrates the importance of LEARNING in shaping human sexual behaviour

- all of our differences are not due to biological reasons
- e.g.: a woman's biological makeup is similar in Bolivia compared to a woman from Taiwan

-the differences exist because of learning

-there is no society / culture that allows a free-for-all expression of sexuality

-every single society / culture will shape / limit one's sexual expression to different degrees

-the **permissive-restrictive continuum** in terms of sexual norms

-this is a continuum

-a **permissive society** is characterized by positive and tolerant attitudes toward sexual expression or the freedom of sexual expression

-this occurs because these societies see sexuality as a normal part of an individual's development

-a **semi-restrictive society** is in the middle of the continuum

-it has a certain tolerance toward sexual expression but will limit certain practices a little bit more than a permissive society

-they have more rules about what you can and cannot do compared to a permissive society

-there is usually a clear line between having a freedom to express sexuality and if you cross this line, you go into the deviant / uncommon / unacceptable behaviours

-restrictive societies

- seek to restrain and control sexual expression in a very rigid way
- may be ignorant or uneducated about the role of certain aspects of sexuality in an individual's development

-e.g.: some societies don't make the link between intercourse and having babies, menstruation and conception, etc.

-they may judge certain aspects of sexuality in a negative way as well

-Canada is around the semi-restrictive area on the continuum

-the **low anxiety - high anxiety continuum** in terms of sexual norms

-anxiety = everything that contributes toward fears, taboos, restricting things because of a fear of the unknown or negative consequences, etc.

-all societies / cultures shape and limit their sexual behaviour

-to what degree depends on their permissiveness or restrictiveness

-cross-cultural perspectives demonstrate how "sexual normalcy" is a relative concept

-sexual normalcy depends on what culture you are in

-e.g.: sexual contact between younger boys and older men may be seen as normal in some cultures / societies, but is probably illegal in Canada

-cross-cultural perspectives demonstrate how cultural attitudes, customs, and beliefs about sex and sexuality assign MEANING to the individual's sexual behaviour

-the behaviour can be the same (e.g.: masturbation)

-however, the meaning that the behaviour of masturbation can have in different cultures is different

-don't need to know detailed examples about different cultures other than the 3 to come

-e.g.: masturbation by females may be seen as assuring sexual health in some societies, while in other societies, boys avoid touching their penis / masturbation such that they even avoid touching it when they pee due to their fears of punishment

-e.g.: same sex contact may be normal in some cultures

-the meaning behind this activity may be that the more sperm the boy can ingest, the more it assures him virility / strength to be a courageous warrior

-therefore, assigning meaning to the behaviour is important

-cross-cultural perspectives are essential in analyzing sexually related problems and is key in finding solutions

-you have to understand the social and cultural context in order to understand a sexual behaviour or a problematic behaviour

-e.g.: to prevent AIDS in Ottawa, you may want to put a condom machine in the high school washroom, but that would not work in Africa since there are more gender inequalities, different health practices, different view on condoms, etc.

3 Cultures

-the names of the anthropologists are not important

-be able to recognize which norms belong to which society

1) The Mangaia of the Polynesian Cook Islands

-Marshall (1970s)

-sex was a very open topic for discussion (especially joking about sex)

-from an early age, boys and girls were encouraged to participate in masturbation, sexual games with their friends, etc.

-at the age of about puberty (around 12-14), when the boy is able to ejaculate and when the girl had their first period (menarche), they were separated

-both genders have their rites of passage (a ritual / ceremony that signals the passing from childhood into adulthood / sexual maturity)

-for the boys, they underwent **superincision** (a genital modification) and this was done in groups

-this indicated a life of pleasure to follow

-the father organized this process with 'the expert' who took a shell and slid it inside the foreskin, took a razor, and made an incision all the way up to the pubic area / body (but not a deep incision)

-the idea was that once it healed, it opens the foreskin into flaps that exposed the glands but did not remove any tissue like a circumcision

-when the incision was made, they put herbs and other remedies and bandaged it

-during the time of healing, the boy was segregated from girls / women and had to follow a strict diet and was instructed by the expert in sexual techniques (all verbally)

-e.g.: how to stimulate a woman's body (her breasts, genitals, etc.), how to hold off their ejaculation so that the partner had 2 to 3 orgasms before he ejaculated, techniques of erotic caressing, cunnilingus, etc.

-once the superincision healed, his first sexual encounter was with a sexually experienced woman

-during intercourse with this woman, his scab would come off

-from there, he was allowed to choose to have partners of his own age

-for girls, they were put into seclusion and taught by an adult female about pelvic and vulvar movements in order to experience sexual pleasure and orgasm

-they were then able to seek out partners of their own age

-the Manguaians were encouraged to have many sexual partners

-they saw sex as a game

-there were no attachments during this adolescent period (period after the rite of passage and before they got married)

- at around 20 years old, they married for love and got to choose their spouse
- the most erotic part of the woman's body for the Māngaians was the mons veneris / mons pubis
 - tattoos of penises on a woman's thigh are seen as them being proud of their many partners
- Māngaian males, through the age of 30, averaged 2-3 orgasms nearly everyday
- from 48 and older, if they had sex 2-3 times a week on average, with 1 orgasm each time
- they were ignorant of the link between sexual intercourse and conception
 - they believed you made a baby by having sex with the same person often
 - when they got married and had sex with the same person, they thought it would result in a baby
 - the arrival of a baby had a positive influence on the couple's sex life
- there was an emphasis on lengthy and enjoyable sexual experiences and sustaining the movements of sexual intercourse
- they believed that abstinence from sex caused physical harm
- 1% of the females were virgins at marriage
 - these were usually the chief's daughters
- there was a 5% divorce rate
- there was no negative judgements about being pregnant outside of marriage
- the Māngaians are on the permissive end of the permissive-restrictive continuum
- the Māngaians are on the low-anxiety end of the low-high anxiety continuum

2) The People of the Irish Island of Inis Beag

- John Messenger (1950s-1960s)
- is an island that lies off the coast of Ireland
- island is populated mostly by Roman Catholics (population = 350 people)
- sex is associated with guilt and sinfulness
 - e.g.: saying "she is pregnant" is taboo because of its link to sexuality
- no formal sex education
 - boys are generally more educated
 - this education comes from older boys / adults or from animals on the farm
- mothers taught their daughters that they have to submit to their husband's animal cravings in order to obey God's injunction to be fruitful and multiply
- before marriage, boys and girls (males and females) socialized apart
 - marriage was arranged by the Church (who also kept track of whom was related to whom)
 - the average age of marriage was 36 years for men and 25 years for women
 - there was no period of courtship (dating) and no pre-marital sex / sexual contact since the marriage was arranged

- marriage was arranged for economic and reproductive purposes
- love between husband and wife was rare
- the residents of Inis Beag did not believe it was normal for women to experience orgasm
 - pleasure during sex was seen as deviant
- men believed that sexual activity would drain their strength
 - they did not engage in sex if they had to work hard on the fields
- because of the taboos against nudity, married couples engaged in intercourse (always initiated by the husband) wearing their underclothes
 - sex involved a short period of kissing on the mouth, touching the woman's buttocks, and then to intercourse in missionary position and ending in the man's ejaculation and him falling asleep
 - sex was performed in an atmosphere of tension and guilt
- the average number of children per couple = 7
- Inis Beag is on the restrictive end of the continuum and on the high-anxiety end of the continuum
- this sexual repression is seen in Highland dancing
 - the focus is on the feet / legs (and less on the body / hips / face)

3) The Mehinaku Indians of Central Brazil

- Thomas Gregor (1960s-1970s)
- open about sex and express little shame about sexual desire
- sex is central in their activities, pre-occupations, and symbolism of all their people
 - e.g.: parents openly joke about sex to their children
 - there is a matter-of-fact attitude toward sex
- early childhood
 - much of the knowledge of genitalia is acquired in sexual play and exploration
 - some is also taught through myths
 - by the time children enter adolescence, they have had sexual experience (through sex play with other friends and the tolerance for sex play)
- puberty and menarche
 - both genders go into seclusion
 - the males take certain medicines and follow a strict diet
 - the females, during menstruation, are viewed as dangerous
 - after the girls come out of seclusion, they are married off (since pregnancy out of marriage is not accepted)
- as adults, the Mehinaku participate in a system of extra-marital sexuality
 - marriages were arranged for economic reasons, and not because of love

- adults had extra-marital affairs
 - men were motivated toward this by sexual desires
 - women were motivated toward this by physical contact and gifts
 - men and women are very sexually attracted to each other and often talk about it
- the villagers' pleasure is tempered by the anxious consequences about sex
 - men feared that intercourse would make them ill, stunt their growth, sap their vitality as wrestlers, attract dangerous spirits, impair their skills as hunters / fishers, etc.
- men did not engage in foreplay nor touch the genitals of their partners (the vagina was considered as dangerous)
- menstruation and vaginal secretions were considered dangerous
 - e.g.: they can contaminate food and even lead to paralysis
 - there was no sex during menstruation
- there was a 1 year ban on sexual intercourse after giving birth to a child
- the most common sexual position was while seated
 - women got to make the choice
 - missionary position was not popular because it left them vulnerable to insects
- women do not experience orgasm
 - there is no word for orgasm in their language
- an analogy is made between sex and food (i.e.: sex and eating)
 - e.g.: the genitals of one sex are considered the food for the other sex
 - e.g.: attractiveness varies from flavorless to deliciousness
 - semen makes the vagina delicious
- fish is a gift to a lover / wife
 - fish is the currency that rewards sexuality
- the Mehinaku are closer to the permissive end of the continuum, but are on the high-anxiety end of the continuum
 - therefore, not all permissive societies have low anxiety
 - there is great sexual freedom and permissiveness but with a lot of sexual anxiety

Small Group Discussion Activity

- briefly discuss Canadian norms with regard to the following sexual behaviours:
 - age at first experience of sexual intercourse (pg. 280 in the book)
 - the median is more important for this type of measurement (i.e.: the age at which 50% of people first had intercourse)
 - the median age in Canada = 17
 - the median age has not changed over the last 20 years (it has gone up slightly)

-also depends on what province you live in (e.g.: it is earlier in Quebec); look at the subgroups in the book

-homosexuality (pg. 396-399)

- becoming more accepted
- more common because people are coming out more; the incidence is increasing because of an increase freedom from persecution
- more tolerated (tolerated is distinct from accepted)
- legalization is not 100% unanimous

-masturbation (pg. 308; stats not Canadian)

- there is a double standard
 - how we view masturbation with males vs. females; adolescent males vs. adult males

-extramarital / extradyadic sex (pg. 315-315)

- the general attitude is that it is not acceptable; it is wrong most of the time
- extradyadic reflects that there is an increasing number of common-law marriages
- it is not as common as we think
 - women = 6-15%
 - men = 10-25%
- the definition of extramarital sex varies (i.e.: is it intercourse, flirting, sexting, etc.)

-all kind of depend on education, culture, race, gender, where you live, etc.

-in Canada, there is no large scale, national study done on sexual behaviours and attitudes among Canadian adults

- we have American studies on these topics
- we generalize American data to use for Canadians
- Canadians are more permissive than Americans when it comes to sexuality
 - Americans are more religious
 - Canada is more multicultural / has more diversity
 - Canadians have tighter bonds with their European heritage
 - the number of conservative Christians and the political power they wield is greater (i.e.: the Bible belt makes up a great portion of the population and they have lots of political power; this lobbying power of religious groups is not found in Canada)

-inter-provincial differences

- knowledge about sexuality is mostly from surveys (i.e.: it is the number one method to obtain data about sex)
 - however, small sample sizes makes this research not representative of the entire Canadian population

-Quebec is a distinct population / society

-statistically, Quebec is such a different province that it skews the rest of Canadian statistics

- Quebec is more permissive
 - the historical reason is that before the 1960s, the Church controlled everything and they secularized education, health, and social services

-other provinces did not have such a significant shift in values

-there are also differences between urban and rural cities

-surveys have a significant vulnerability with regards to sex research (i.e.: BIASES IN SURVEYS)

-sex research is limited because it relies heavily on surveys

-social desirability

-people give wrong answers to fit social norms

-people give untruthful answers because of social desirability (social desirability causes bias)

-if you are a male and want to be socially desirable, you may inflate numbers (since males having many partners is seen as desirable), whereas women underestimate their numbers because that is more desirable

-volunteer bias

-someone who is more open about sexuality is more willing to do survey

-people who volunteer are usually more liberal-valued, more permissive, have more experience sexually, have more diverse forms of sexual experience, etc., and this skews results such that it seems like we are more permissive than we really are

-this volunteer bias creates data that is not representative of the actual Canadian population

-memory is another reason why we give untruthful / biased answers (i.e.: memory causes bias)

-e.g.: the average length of sexual counters in minutes; however, it is hard to estimate the actual time

-difficulty in understanding the questions (this causes bias)

-e.g.: frequency of sex per month (but what counts as sex? Intercourse? Oral sex? Masturbation? Etc.)

-e.g.: number of affairs (what counts as an affair?)

-convenience samples

-we do a lot of research on university of students because they are **easy to reach**

-this results in a cohort effect

-women are more willing to participate in sex research in a university setting; men are more willing to participate in sex research in a public setting

-surveys only show correlations (not cause and effect relationships)

-who pays for surveys?

-CBC / Maclean's are interested in what sells magazines

-they are a commercial company

-they want sensationalized, attention-grabbing topics

- a lot of sex research is done by pharmaceutical companies
 - they have a preventative, health-related focus
- we need to ask 'with whom are the researchers affiliated with'?

Biopsychosocial Aspects of Sexuality and Reproductive Anatomy

- we have invented many words to refer to our sexual organs
 - shows ambivalence about sex
 - it is taboo to talk about our body parts that we have invented expressions so we don't have to say the real work
 - yet, we can still use these words because we are not a restrictive society
- it is not easy talking about our genitals / sex organs
 - it may be intimidating
 - we use these words to make it less intimidating / less embarrassing
- words convey meaning
 - language conveys meaning in a society
 - the words that we have for our genitals convey meaning
 - this meaning teaches us how to think and what to feel about our genitals
 - e.g.: sometimes genitals will have more of an immature meaning (i.e.: pee-pee) that focuses on the non-sexual functions of it
- context is important when using language
 - e.g.: if you are with your partner and use anatomically correct terms, it is not in the right context
 - e.g.: using slang terms when discussing with your doctor
- in our society, we are not comfortable talking about our genitals
 - we use words to dissipate the tension and making it less intimidating
 - words that we have invented to replace the terms for genitals are used as insults
 - this underlines the importance of the ambivalence we have about genitals
 - can be used to degrade people; it is taboo to talk about it and sexuality
 - but we place importance on sex and pleasure
- this discomfort / embarrassment about the subject comes from the hidden / mysterious nature of it
 - we don't have the trivialization of the genitals like people in Europe do (it is more free over there)
 - it comes from social norms
 - in Canada, it is fairly taboo
 - dominant religions in Canada reinforce the taboo nature of this
 - non-procreative referral to sexuality has negative judgments

-dolls with no genitals (e.g: Barbie's)

-absent

-no visual cue

-children want to learn about themselves through their environment and through toys

-these figures provide them with no answers / may misinform them

-"boy has a penis and girl doesn't" implies they are lacking and they are defined by what they don't have

-"boy has a wee wee and girl has a pee pee"

-implies this is a different part of your body that has different rules and we don't talk about it

-"boy has a penis and girl has a vagina"

-implies that it is okay to talk about

-talks about the differences in a neutral way

-term for external genitals of females = vulva

-3 reasons why it is important to use correct language when talking to children about genitals and teaching them about meaning

-it is about meaning

-you are teaching children how to think and feel about the genitals

-by omission, we are conveying meaning

1) it gives them the tools to understand their bodies and words to describe their experiences

-when you give someone a word to describe their experience, it is very empowering and helps up understand each other

2) it gives an attitude with which they adopt a positive regard towards their body

-it is more of a matter-of-fact type of discussion

-it fosters a knowledgeable, positive, confident, and responsible attitude

3) it sets the tone for how they will understand and feel about their sexuality in general throughout their life

Erogenous Zone

-part of the body, when stimulated, it produces sexual arousal / sexual pleasure

-includes the genitals

-to be considered erogenous, the body part must have (i.e.: the erogenous zones are defined by / determined by):

-nerves (tactile nerves; the nerve endings can capture tactile stimulation / touch)

-the way they are being touched influences the erogenous zone (e.g.: a doctor touching your ear versus your partner touching your ear)

-blood flow (vascularised)

-when there is an increase in blood flow, it becomes sensitive

-experience

- learning

- context

 - i.e.: intention behind the stimulation

- interpretation

 - positive interpretation in terms of sexual and pleasure

 - e.g.: back massage may not be considered sexual by everyone, even if done by a partner

- what our society tells us should be erogenous (i.e.: socio-cultural norms)

 - we are told what should be erogenous zones, what body parts should be giving us pleasure, etc.

- primary and secondary erogenous zones

 - primary = genitals

 - secondary = more through learning and experience

 - erogenous zones can be basically any part of the body

- individual differences / preferences are determined by experience / learning / socio-cultural norms

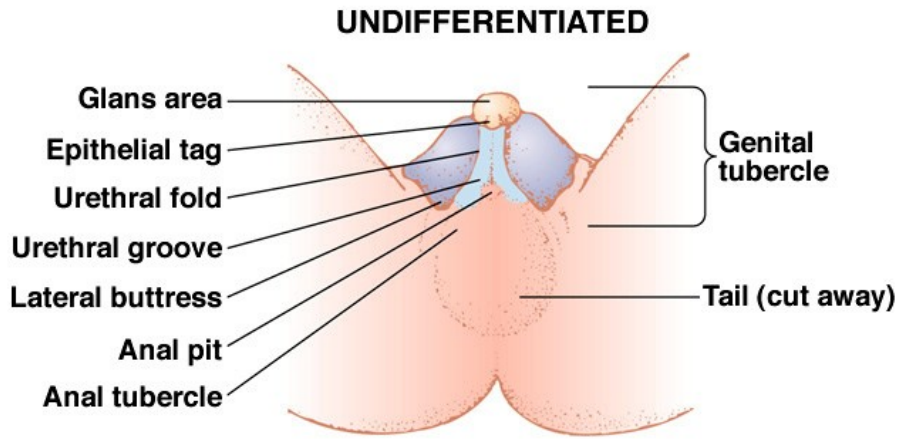
 - e.g.: perineum may be considered as an erogenous zone in some people

 - interpretation, learning, experience, etc., bring on these individual differences

 - everyone has the same number of nerve endings there (cannot be biological)

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Development of M/F External Genitals



-at 7 weeks of gestation, the fetus is equipped to develop into either male or female external genitals)

gestation, the fetus develop into either (internal and

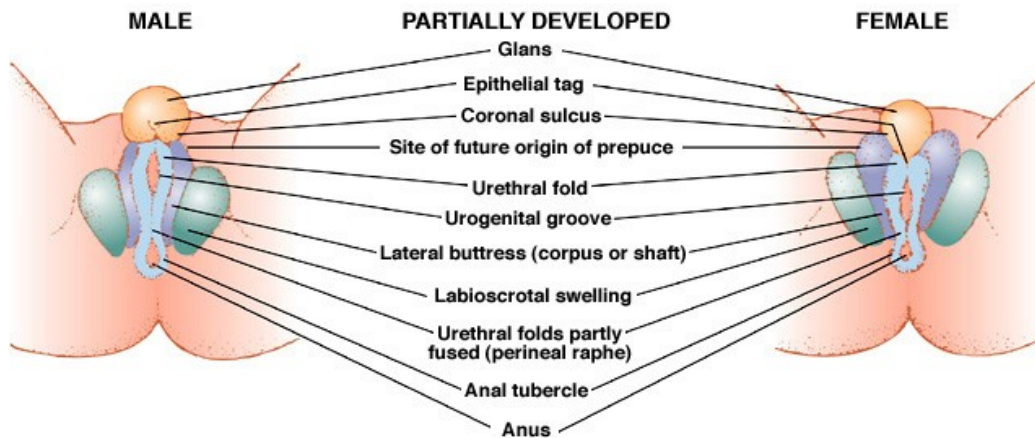
-depends on chromosomal and hormonal factors

-know that this is what you find in both male and female before they start differentiating

-don't need to know exact words / definitions

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Development of M/F External Genitals



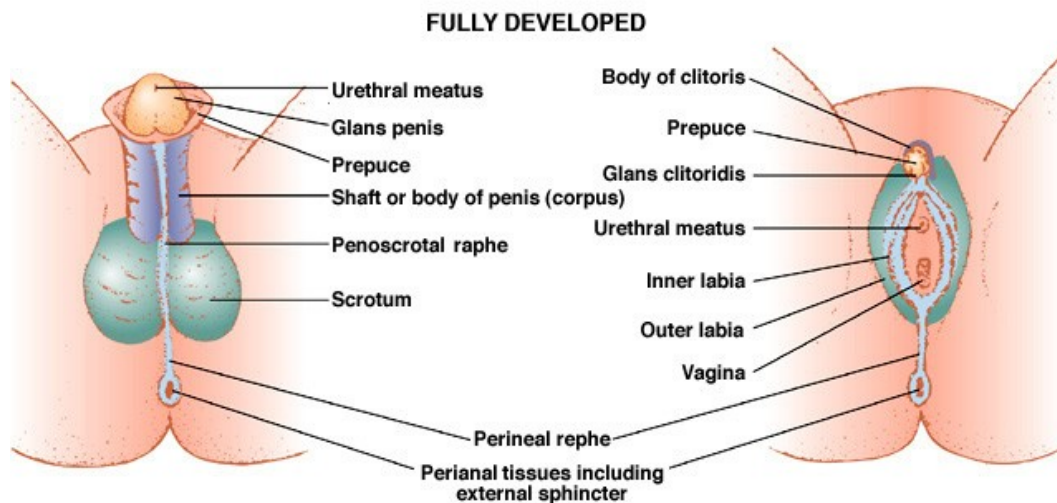
-differentiation occurs up to 12 weeks

-glands of male become tip of penis

- glands of female become tip of clitoris
- labioscrotal swelling
 - in males, it fuses together (seen as line running down penis and scrotum)
 - in females, it stays separated, resulting in the labia

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Development of M/F External Genitals



Homologous Organs

- organs in the male and female that develop from the same embryonic tissue
- the organ comes from the same embryonic tissue in males and females
- e.g.: the penis is homologous to the clitoris, the scrotum is homologous to the outer labia

Analogous Organs

- organs in the male and female that have similar function but do not come from the same embryonic tissue
- e.g.: Cowper's glands in the male and Bartholin's gland in the female

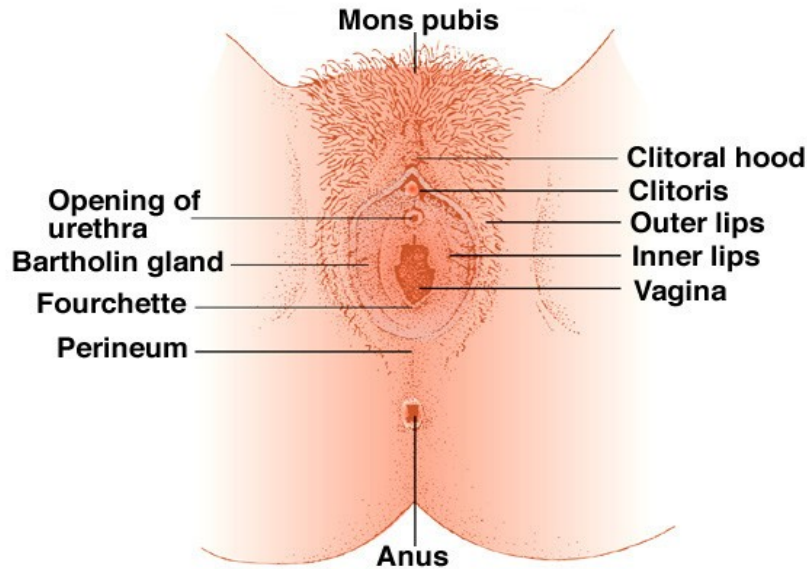
-organs can be both homologous and analogous

Female Sexual Organs

-classified into 2 categories:

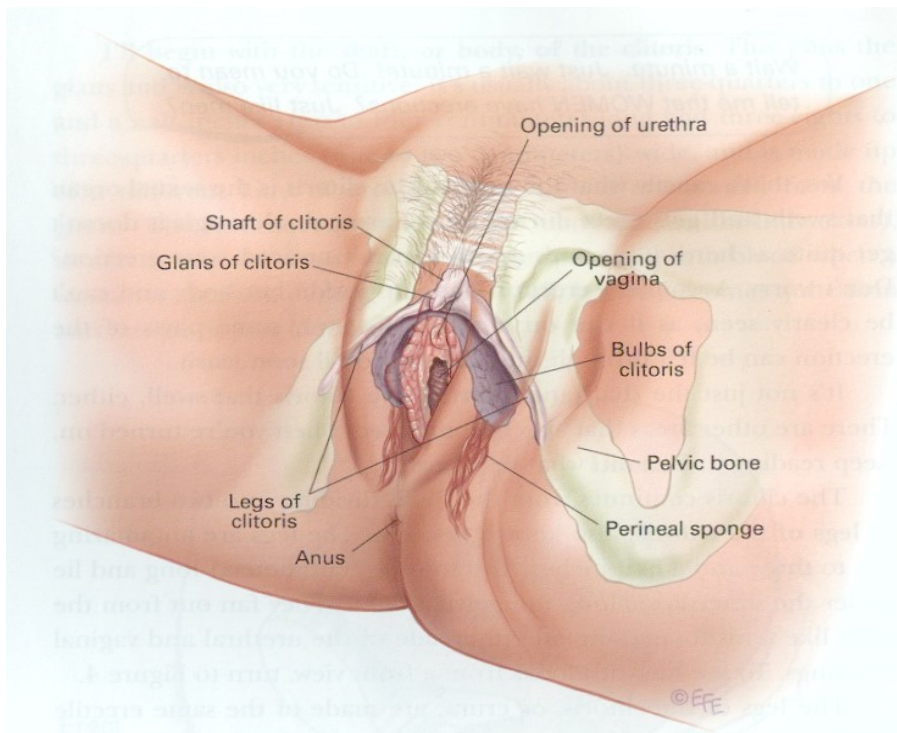
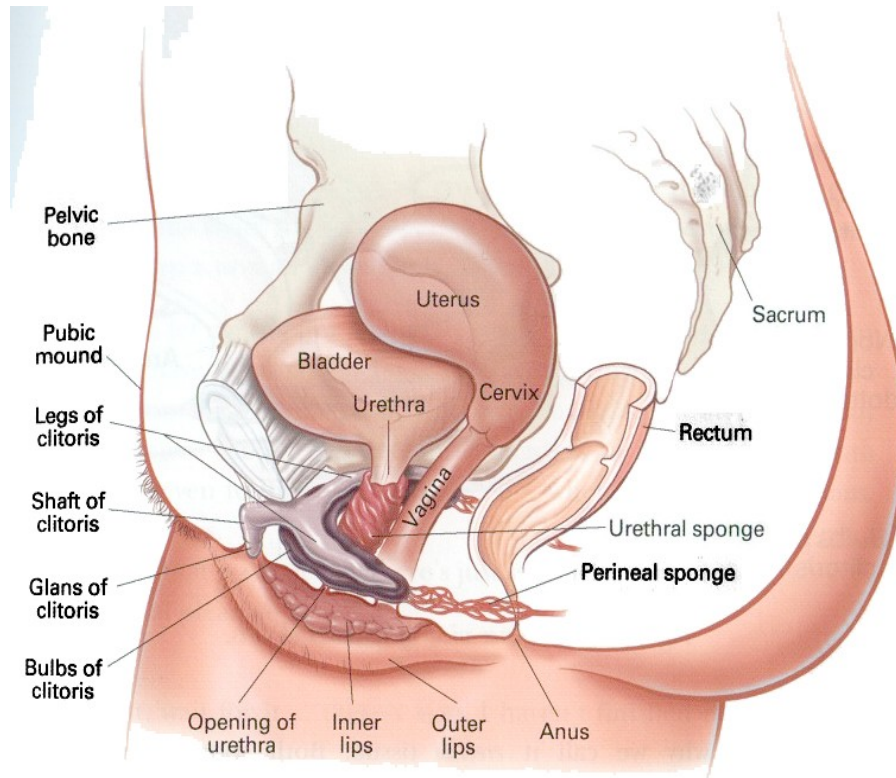
1) External Organs

The Vulva



- mons pubis
 - adipose tissue that covers pubic bone
 - has pubic hair
 - sensitive to tactile stimulation; richly innervated
- outer labia
 - vascularised
 - richly innervated
 - has pubic hair
- inner labia
 - hairless
 - clitoral hood; partially / entirely covers the clitoris
 - very vascularized
 - homologous to the penile shaft
 - may change colour as the woman is sexually stimulated due to vascularity
- vestibule
 - space between inner labia
 - richly innervated that captures tactile sensation
 - contains vagina
 - highly vascularised
- shapes of vulvas are unique for every woman

The Clitoris



-mainly an
-only
are external

internal structure
the glands of the clitoris

-wishbone-shaped structure
-goes around the urethra and the vagina from the shaft of the clitoris

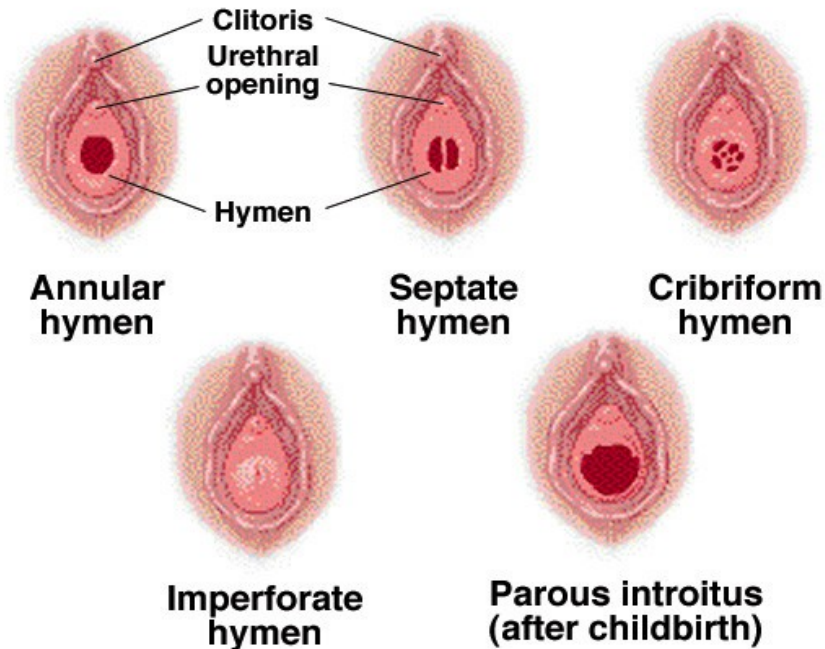
-known as cavernous bodies (corpus cavernosum; also found in penis); these are the legs of the clitoris
-they are like little sponges that get engorged with blood when the female is sexually aroused
-increase in volume, become more rigid, etc.

- bulbs of the clitoris (vestibular bulbs)
 - these are veins that are grouped together
 - when there is sexual arousal, the increase in volume and the whole area becomes extremely sensitive

- highly vascularised and innervated for tactile reception

- the only function of the clitoris is pleasure
 - it is not involved in elimination or reproduction
 - it is homologous with the penis

Various Types of Hymens



-can be
(e.g.:

horseback riding, gymnastics) and is not a good indicator of sexual history / virginity
 -some women are not born with hymen
 -size, shape, etc., are very unique
 -only humans and horses have hymen

torn at any time
tampons,

-the hymen is a small / thin membrane of tissue that partially covers the entrance to the vagina
 -different shapes and sizes
 -is flexible

-myths

-first time a girl has intercourse, the hymen will rip and there will be blood and pain (not much truth)

-hymen is not responsible for the pain experienced
 -during sex there may be tension in the muscles of the pelvic floor which causes the pain
 -tension is from the apprehension of having sex for the first time

-to prepare for first intromission (first time having sex), you can exercise the pelvic floor muscle to make it more flexible
 -this will significantly change the experience of the tension

-it is not the hymen that causes the pain
 -more apprehension / less relaxed = less arousal = less lubrication = more painful

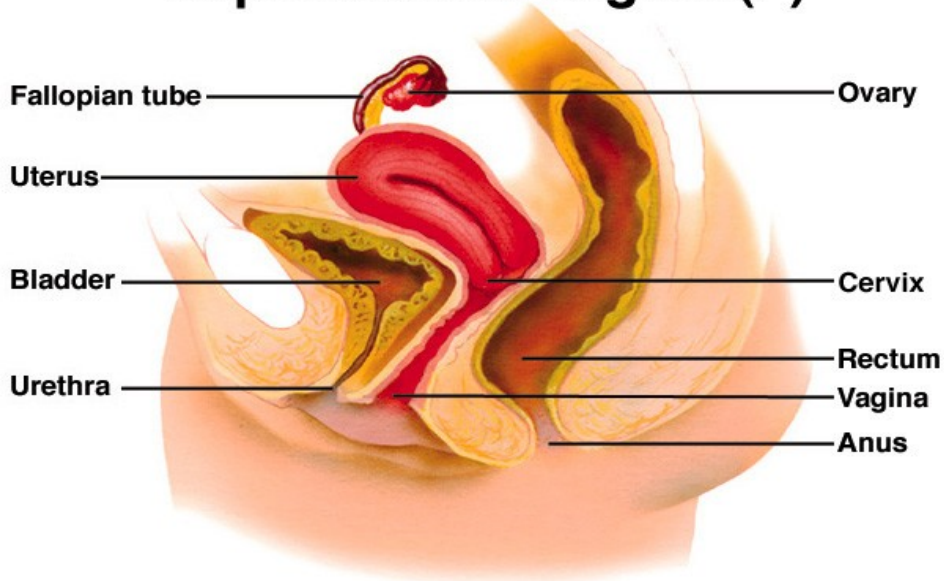
-the membrane has capillaries that run through it
 -when the membrane is stretched out, the capillaries may rupture (size of capillary will determine volume of blood lost)
 -quantity of blood varies

-if there is not enough natural lubrication, the friction can cause micro tears in the vagina, causing bleeding

2) Internal Organs

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Internal Sexual & Reproductive Organs(F)



a) Vagina

- not an open tube
 - potential space
 - is acidic
 - divided into 3
 - the only nerve endings with tactile reception is found at the first 1/3 of the vagina (closest to entrance of vagina)
 - posterior 2/3 of the vagina has no tactile reception
 - the mucosa / vaginal walls are like the inside of your cheek
 - it is always humid and has secretions
 - the normal secretions are created by the cervix (this depends on the menstrual cycle)
 - controls the acidity of the vagina
 - characteristics of secretions are different depending on the menstrual cycle
 - anus and rectum
 - the vagina is a straight angle inward
 - the anus is on an in-and-up angle; you have to find the right angle
 - although the muscle of the anus has lots of nerve endings and highly vascularised, it is a different muscle (different type of muscle) compared to the pelvic floor muscle
 - anus muscle is a sphincter (it is always contracted and obeys different laws)
 - for the sphincter to dilate, it responds to messages from the brain
 - insertion into anus abruptly can cause spasm of the sphincter and cause intense pain
 - you must gradually and slowly dilate the sphincter
 - inside the rectum, there is no natural lubrication (not the same as vaginal mucosa)
 - you need artificial lubrication
 - easier to get micro tears due to lack of lubrication; easier to cause bleeding

- anal intercourse has the highest transmission rate for blood borne viruses due to the ability for micro-tearing
- fecal matter / bacteria inside the rectum
- important to wear condoms

b) Uterus

c) Ovaries

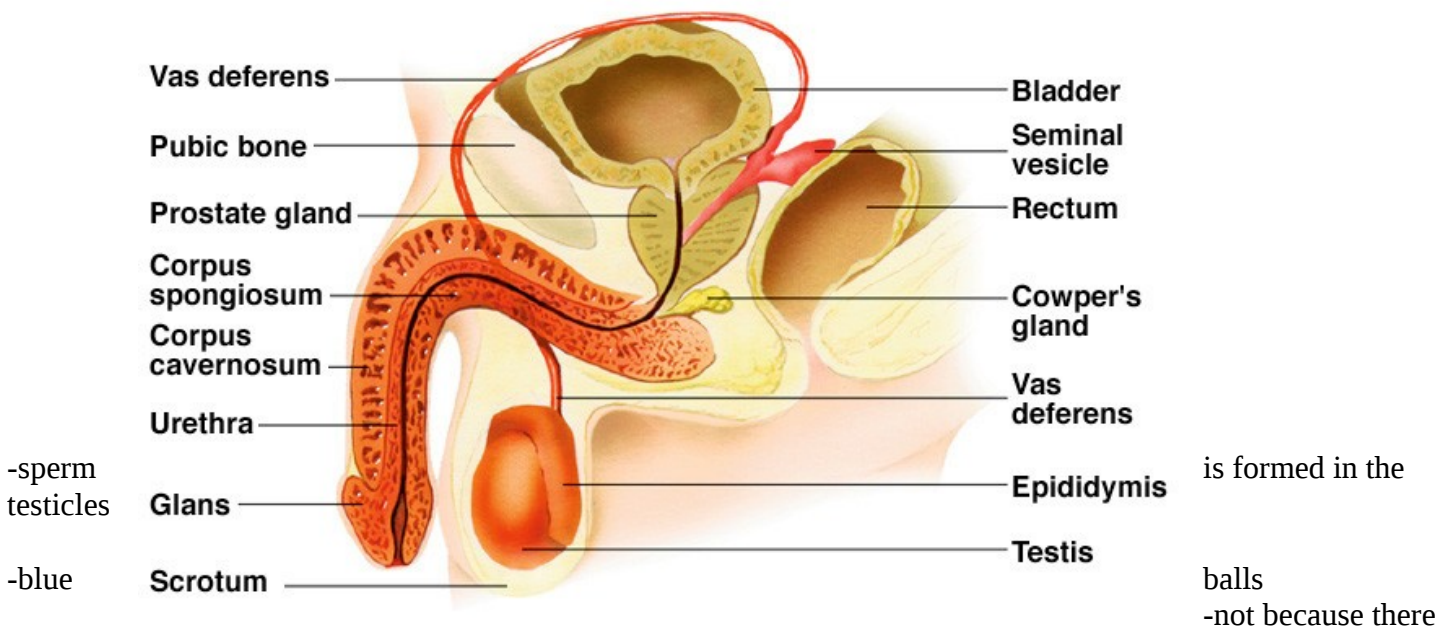
d) Fallopian Tubes

Male External Sexual Organs

-men have a lot more symbolism / phallic symbols compared to women

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Male Sexual & Reproductive Organs



is too much sperm

- discomfort that is experienced is due to pooled blood (genitals have been engorged for such a long time due to maintained sexual arousal but no release of tension)
- when blood pools in an area for a long time, it becomes achy
- stop stimulation to stop blue balls
- release of ejaculate to stop blue balls
- when there is no longer any stimulation, the blood is removed

-testicles

- sperm are produced in Leydig cells

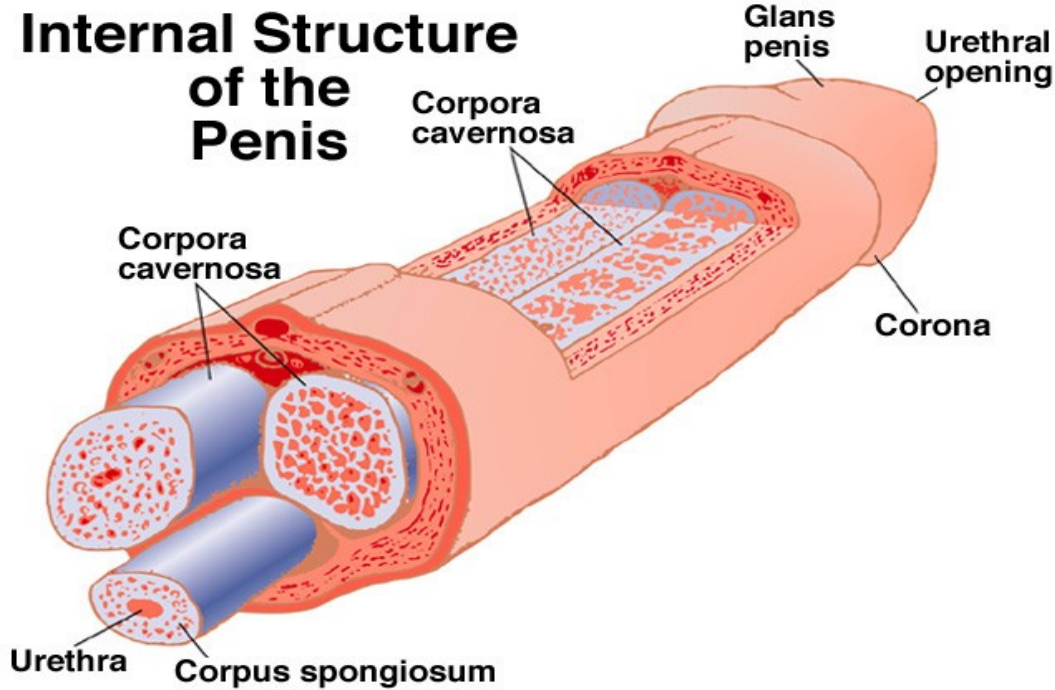
-epididymis

- stores sperm for up to 6 weeks
- sperm mature here

- if there is no ejaculation, the body reabsorbs the old sperm
- ejaculatory duct in prostate
 - sperm travel from vas deferens to prostate
- seminal vesicles
 - contain secretions that is ejaculated
 - substance is high in fructose
 - gives energy for sperm to swim
 - start swimming in seminal vesicle secretions
 - secretions are responsible for 70% of the volume that is ejaculated
- prostate
 - secretes a substance that contributes to the ejaculate
 - 30% of the ejaculate is from prostate secretion
- the actual sperm account for less than 1% of the ejaculated volume
- secretions from the prostate give ejaculate the whitish colour and provides the specific odour of ejaculate
- bitter taste = people who drink, smoke, etc.
- bold / intense taste = people who have eaten spicy, fatty foods, milk products, chocolate, brocolli, asparagus
- milder taste = vegetarian diet (i.e.: lots of fruits)
- sweet = diabetics, pre-diabetic, fermented beverages
- prostate = G-spot for men

- Peronie's disease
 - curve that is accentuated to an extent that makes erection painful and any intercourse almost impossible due to pain
 - albugenia (is fibrous) is calcified / hardens and makes the tissue less flexible / malleable
 - may be due to genetic predisposition
 - treatment includes topical cream to make fibrous tissue more flexible, up to surgery
- phimosis
 - when the foreskin doesn't retract and is very tight around the glans
 - creates problems with infections
 - rare in our society for men to go with phimosis for their lives
 - treatment is circumcision
 - adult circumcision is used to remedy this
 - baby boy's foreskin is tight around the glans
 - not until age 5 or 6 that the foreskin can be completely retracted
 - it is supposed to eventually retract

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-on **page 82**, note the difference between the spongy body and corpora cavernosa

-corpus spongiosum

-urethra runs through it

-clitoris has no spongy body; only 2 cavernous bodies

-erection is not muscular, there is no bone involved

-erection is purely a vascular phenomenon

-due to blood that gets trapped in cavernosum

-blood flows into the cavernous bodies and spongy bodies, causing an increase in volume

-veins bring blood from penis back to the heart (main vein in penis is dorsal vein)

-as the bodies increase in volume, they put pressure on the albugenia (rigid tissue that stops expansion)

-dorsal vein is compressed to blood cannot leave and gets trapped

-the coronal ridge and the frenulum (attaches the foreskin to the glands at the base of the head)

-the size of a man's penis is determined by:

-correlated proportions to the size of feet

-body size

-race

-distance between tip of middle finger and palm of hand)

-genetics

-circulating levels of testosterone

-two of the above

-none of the above

-ANSWER: genetics only

- Masters and Johnson study on size of penis
 - compared penis size of 2 people at rest and at erection
 - erection is the great equalizer
 - there is a long continuum of sizes of flaccid penises
 - when it comes to erection, the proportion of growth is more important in the smaller size compared to the larger size (i.e.: growers vs. Show-ers)

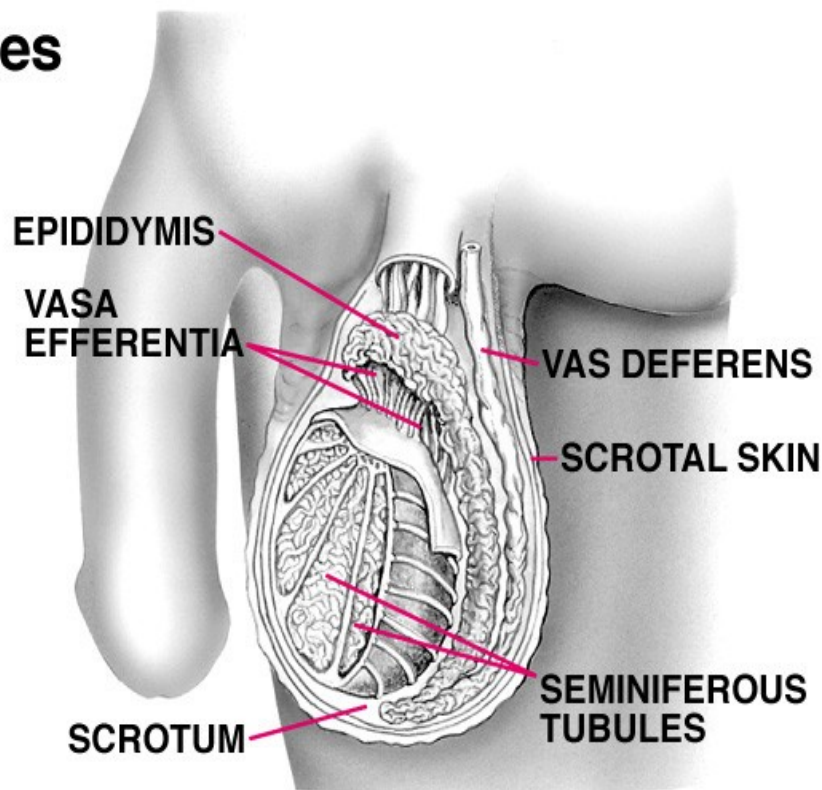
Circumcision

- surgical cutting away or the removal of the foreskin
- done for cultural and religious reasons
- in terms of who has the most sensitivity, circumcision does not affect the sensitivity of the penis
 - warm thermal thresholds
 - cold thresholds
 - vibration
 - pressure
 - spatial perception
 - these aspects were tested
 - there were no differences in these tests between circumcised and uncircumcised men
- advantages of circumcision in terms of HIV, STIs, infections (in book)

Male Internal Sexual Organs

- for the exam, know structures, functions, a little on reproductive function, etc.
 - myths, rumours, false information

Testes



Breast

- most diagnosed Canadian
- causal
 - (hormone therapy), cigarette
- diagnosis through of breast, and biopsy

-treatments

- radiation therapy, chemotherapy, hormone therapy, surgery
- lumpectomy, simple mastectomy (entire breast tissue is removed but muscle and axillary contents are undisturbed, and radical mastectomy (surgery in which breast and underlying muscle and lymph nodes are removed)

-these can be psychologically traumatic

Cancer of the Cervix

- 95% of cervical cancer cases are caused by HPV
 - HPV is the #1 most common STI in Canada and in the world
 - chlamydia is the most reported bacteria STI
- risk factors include:
 - early intercourse, multiple partners
- it is curable in its early stages
- diagnosis is through Pap test
 - pap tests do not test for STIs
 - they test for abnormal cells in the cervix that may indicate cancer
 - it is a myth / misconception that pap tests test for STIs
- vaccination programs in Canada protect against HPV type 16, 18, 6, 11 (Gardasil)

Cancer

frequently cancer in women

factors include: genetics, HRT replacement viruses, obesity, smoking, etc.

is usually self-examination mammography,

- there are over 40 strains of HPV
 - vaccines only protect against some
 - HPV is usually associated with warts but warts may not always show up depending on the strain (i.e.: it can be symptomatic or asymptomatic)

-typically we vaccinate girls before they become sexually active (approved for females from 9-45 years old)

- vaccinations may also be effective for males (but it is not free)
 - this is approved for males aged 9-26

- for STIs, understand the difference between bacterial and viral infections
 - bacterial infections are treated by anti-biotics
 - viruses are unaffected by antibiotics
 - viruses are usually for life (though they can remain dormant)
 - e.g.: HSV

Cancer of the Prostate

- most commonly diagnosed cancer in men
- generally affecting older men (60 years old +)

-symptoms

- frequent urge to urinate
- difficulty in urination
- difficulty in emptying the bladder

-diagnosis

- digital palpitation examination via rectum
 - men 40+ should have a yearly exam

-blood testing for PSA (prostate-specific antigen) levels

Cancer of the Testes

-mostly diagnosed in young men (15-34 years old)

-symptoms

- painless lump in the testes
- slight enlargement or change in consistency of the testes
- pain in lower abdomen or groin

-diagnosis

- testicular self-examination
- examination by doctor
- ultrasound

-early diagnosis = 95% survival rate

- if you catch it early, the results are positive
- people often don't get it diagnosed early because they may be embarrassed

-cause is unknown

-e.g.: Tom Green, Lance Armstrong

The Physiology of Sexual Response

Masters and Johnson

-they are responsible for the majority of knowledge about sexual response
-they were mainly interested in knowing what men and women had in common in terms of physiology

-sexual response

- our body's reaction to sexual stimulation
- our psycho-physiological reaction to sexual stimulation

-4 stages of sexual response

- a person's body will go through the 4 stages when sexually stimulated
- the 4 stages may be different in duration, but it is always in the same order
- orgasm is usually the shortest phase

1) Excitement

2) Plateau

-in the book, plateau is called late excitement (it will be called plateau on the exam)

3) Orgasm

4) Resolution

-there are 2 basic physiological processes that occur during these stages

-all the physiological changes that the person undergoes can be boiled down to 2 processes
-every single physiological change can be traced back to these 2 processes with regard to sexual response

1) Vasocongestion

- vascular congestion
- engorgement of vessels with blood
- may result in changes in sensitivity, colour, etc., of the tissue

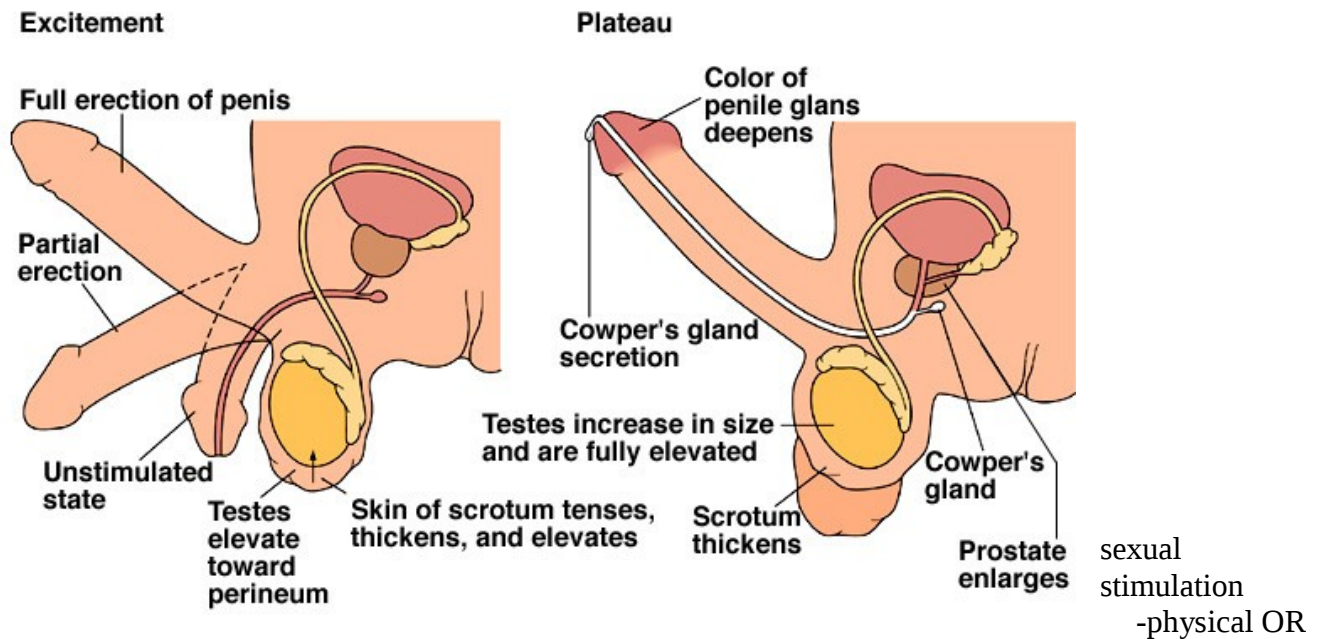
2) Myotonia

- muscular tension

Male Sexual Response

-we know more about male sexual response, especially erection, due to research about erection by pharmaceutical companies

Man's Genitals During Sexual Response Cycle



psychological stimulation that brings on a physiological response

Excitement Phase

- involves the erection
 - however, erection may also occur during REM sleep (i.e.: without sexual stimulation)
- REM cycles = dreaming
- erection during REM sleep has nothing to do with the content of the dreams
- it is a physiological-neurological reflex
- morning wood
 - because the bladder is full, it exerts pressure on the internal structures (e.g.: nerves, prostate) which produces internal stimulation
 - this is **FALSE**
- morning wood has nothing to do with having a full bladder or having to pee
- it is due to REM sleep
 - it occurs when we are coming out of an REM cycle
- asphyxiation
 - causes peripheral vessel dilation (since you are cutting oxygen off from the body)

- erection can also occur while under general anaesthesia
- partial erections
 - when using heavy force, erection or partial erection can occur
 - e.g.: lifting groceries, children straining hard to go poo
- spontaneous erections
 - occur commonly during puberty

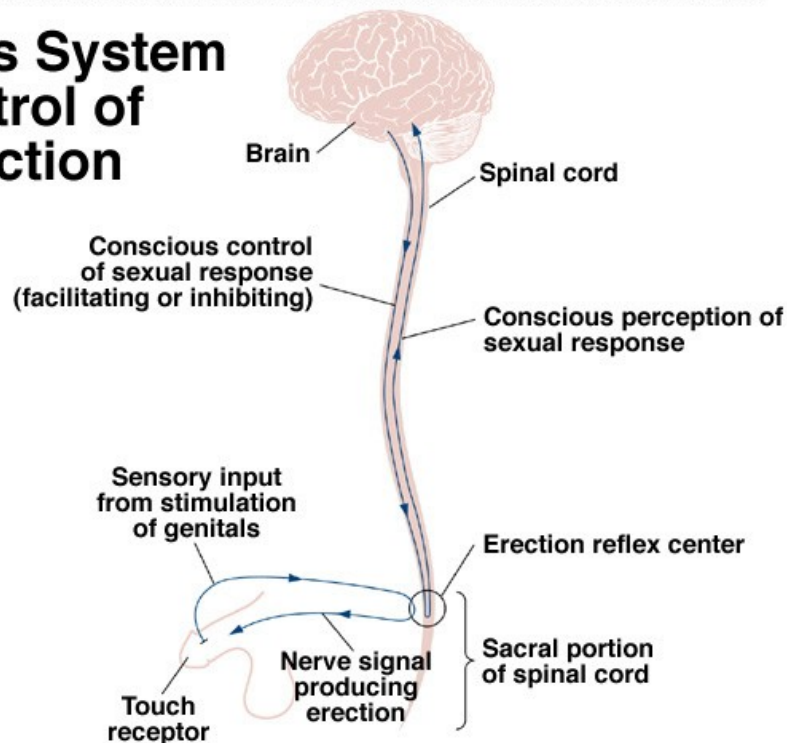
Mechanism of Erection

- erection is produced by a spinal reflex
- it can also be produced by tactile stimulation of the genitals and fantasy
- response time can be affected by many factors such as age, alcohol, and fatigue
 - response time = how long it takes to get an erection
- other situations producing erection (see above)
- the ANS has 2 branches (sympathetic and parasympathetic)
 - sympathetic = flight or flight response (excitement, arousal)
 - parasympathetic = rest and digest
- there are muscles that control the dilation and constriction of the vessels
 - these are smooth muscles
 - we have no voluntary control of these
- at rest, the arteries are constricted
- during erection, the arteries are dilated
- with regards to the nervous system and erection, we need to look at the smooth muscles
 - at rest, the muscles around the arteries are constricted (i.e.: input from sympathetic nervous system)
 - during erection = increased blood flow = dilation = parasympathetic input
 - if a male is extremely anxious, erection is extremely difficult due to sympathetic input during anxiety
 - after erection = vasoconstriction = sympathetic input
- viagra was originally used for cardiovascular disease
 - a side-effect was erection
 - viagra does not bring on sexual desire (in men and women, it is testosterone that is responsible for sexual desire, physiologically speaking)
 - the role of testosterone and erection is not clear
 - it is now used for men with erectile dysfunction (i.e.: they cannot obtain or maintain an erection sufficient for sexual intercourse)
 - viagra belongs to a family of PDE5 inhibitors
 - viagra keeps blood flow to the penis at the right levels; prevents the vessels from constricting

- if women take viagra, the results are no better than a placebo
 - they are not more aroused / pleased
 - perhaps they are more 'wet'
 - for men, erection is a symbol of arousal
 - for women, they do not place much importance on being wet in relation to arousal
- it must be taken 24 hours before you think you are going to have sexual activity
- it can take up to 8 times of trying viagra for it to work
- cialis = "weekend viagra"
 - it stays in the system for 36 hours
 - you have the weekend to void it from your system
- levitra = quick onset (20 minutes)
- if a man has a lot of anxiety, it will neutralize the effects of any ED medication
- there is a small risk of priapism (prolonged erection even after orgasm)
 - in the ER, they inject something to constrict smooth muscles (preventing erection)
- penile injections or MUSE (alprostadil; a urethral suppository) were used to treat ED before PDE5 drugs
- viagra does not help with premature ejaculation

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Nervous System Control of Erection

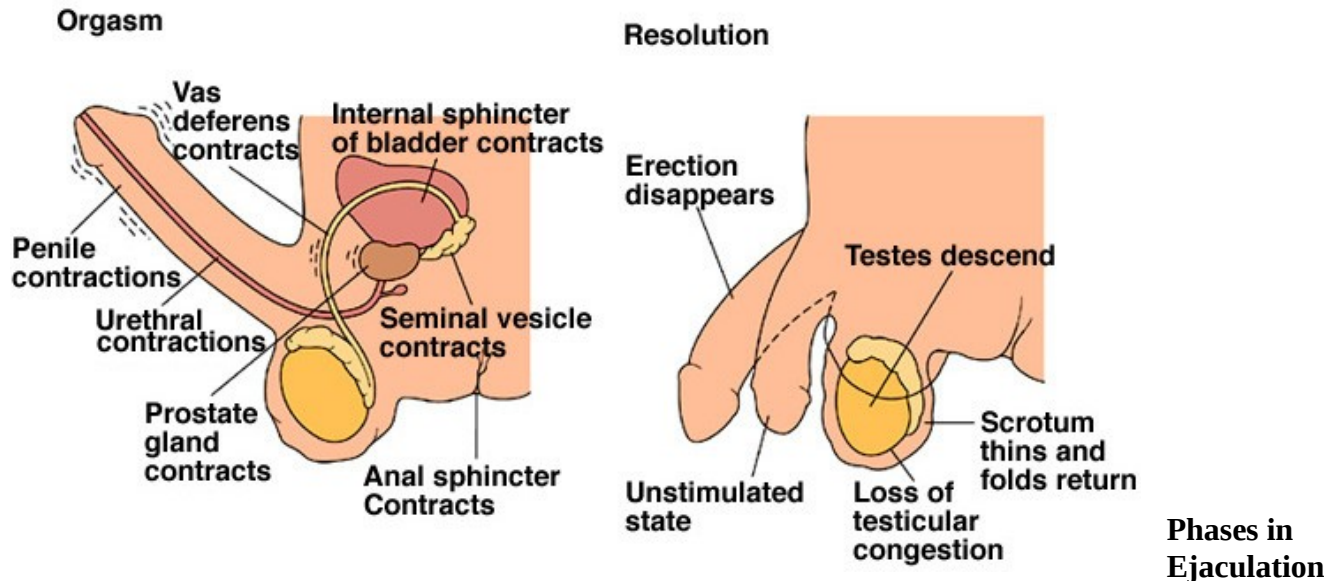


- there are 2 different pathways for erection
 - nerve signals producing erection
 - involves more of the sensory input
 - goes through the sacral portion of the spinal cord
 - it is a spinal reflex
 - conscious perception of sexual response
 - goes through the brain, unlike the spinal reflex
 - the best erection uses both pathways at the same time
 - people with spinal cord injuries can still have erection through spinal reflex, depending on severity of damage

Plateau

- increased evidence of vasocongestion
- color of the penile glands deepens
- scrotum thickens
- testes elevate
- cowper's glands secretes some fluid (amount of fluid can vary)
 - this is the pre-cum fluid
 - it is not ejaculation
 - it is alkaline (this neutralizes acidity)
 - sperm do not live well in an acidic environment
 - the urethra is acidic after carrying urine
 - the cowper's glands neutralizes pH to allow sperm to survive and transmit across the urethra
 - this also lubricates the glands of the penis (for insertion)
 - this is a possible method by which women can get pregnant
 - there can be sperm in these secretions
- muscle tension builds up during the plateau phase
 - due to voluntary and involuntary control

Man's Genitals During Sexual Response Cycle



2

1) Emission Phase

-between the end of the plateau phase and right before the start of orgasm

-involves putting secretion from the testes, the seminal vesicles (responsible for 70% of ejaculate volume), the prostate (30% of ejaculate volume) all into the ejaculatory duct

-it is the period of time that it takes for all the secretions to be put under pressure inside the ejaculatory duct

-the internal sphincter of the prostate / bladder closes so it is hard to urinate

- we don't want to expel / ejaculate urine so the door must be closed
- this occurs as soon as a full erection is achieved

-during emission, the seminal vesicles, vas def, and prostate secrete their substances and it is all contained in the ejaculatory duct

-at the end of the emission phase, the external sphincter of the prostate closes

- once it closes, this is the "point of no return"
- no matter what is going on, ejaculation will occur
- "ejaculatory inevitability"

-men who have premature ejaculation always have a sense that they are about to close the external sphincter

2) Expulsion Phase

-right after the orgasm stage

-occurs right after the external sphincter is closed

-a neurological message is sent to the brain and there is a contraction that expels all the ejaculate out of the urethra

-this involves 3-5 rhythmic contractions 0.8 seconds apart

-we can ejaculate without orgasm (this goes against what Masters and Johnson said)

-orgasm occurs in the limbic system

-men do not even have to have an erection to ejaculate

-there are different mechanisms

-ejaculation and orgasm are separate from erection

-retrograde ejaculation

-after the emission phase, when it is time to expel, instead of going out of the urethra, it is thrown back into the bladder

-this signals that there is something wrong with the internal sphincter of the prostate

-this creates a dry orgasm

-nothing comes out of the urethra

-semen ends up coming out once you urinate

-in some cultures, they manipulate the prostate so that the internal sphincter is loosened

-this results in a form of birth control by retrograde ejaculation

-anahedonic ejaculation

-there is no pleasure of climax but there is an ejaculation

-some men can have orgasms without ejaculation

-according to Masters and Johnson, men cannot have multiple orgasms

-however, some men can practice to have an ejaculation the first orgasm and then have consecutive orgasms that do not have any semen

-they go up to right before the point of no return so that they feel orgasm but do not ejaculate

Resolution

-the body returns to the unaroused state

-this phase takes about 15 to 30 minutes

-there is a gradual return of pulse rate, blood pressure, and breathing rate back to the unaroused levels

-refractory period

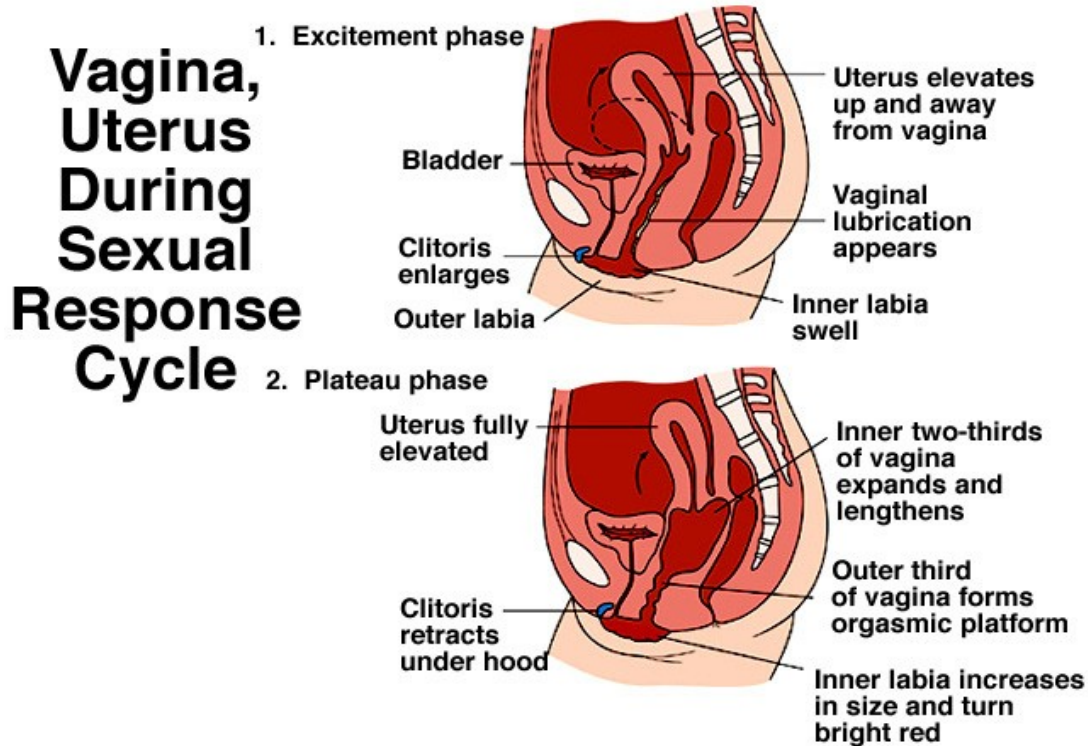
-this is the time during which men are incapable of being physically aroused again, producing an erection, or experiencing orgasm

-duration depends on many factors (especially age)

-young men may have a 30 second refractory period while a 40 year old man may have a 20 minute refractory period, and a 90 year old man may have a 24 hour refractory period

Female Sexual Response

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Excitement Phase

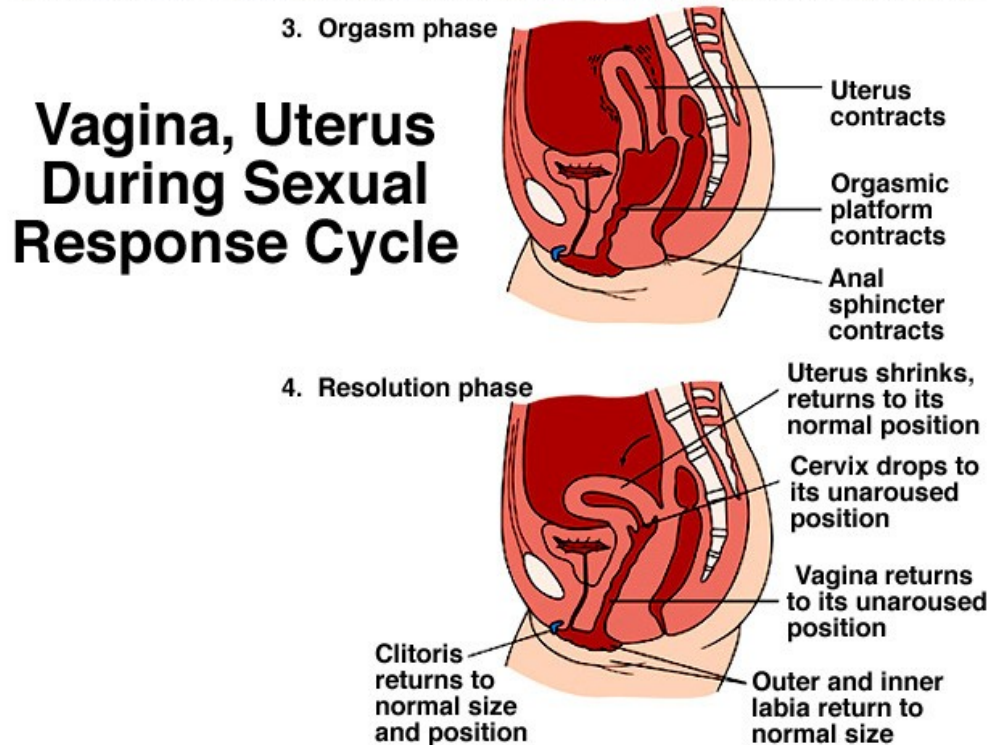
- involves vasocongestion
- the clitoris enlarges
- inner labia swells
- vaginal lubrication (the physiological manifestation of vasocongestion)

Plateau Phase

- the "**tenting effect**" described by Masters and Johnson
 - the inner 2/3 of the vagina expands and lengthens
 - this creates a "seminal pool" right at the door of the uterus
- the clitoris retracts (M and J did not expect this)
- vaginal lubrication persists through the plateau phase from the excitement phase
 - this helps neutralize the acidity of the vagina
 - this lubrication is a blood product (it is like the walls of the vagina are "sweating")
 - lubrication comes from the vaginal walls and is basically a highly filtered blood plasma product
 - helps reduce friction during intercourse
 - it is influenced by the hormone estrogen
 - post-menopausal women will have little vaginal lubrication due to the significant drop in estrogen

- the outer 1/3 of the vagina forms the orgasmic platform
 - this is due to engorgement of blood
 - the entrance of the vagina gets tighter
- the inner labia increases in size and turns bright red due to vasocongestion
 - the change in color is called the "sexual skin" by M and J and they said that orgasm is imminent at this point

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Orgasm

- females point of no
- at any moment, the arousal can be lost or the orgasm can be interrupted

do not have a return

- the uterus contracts
- the orgasmic platform (outer 1/3 portion) contracts
- anal sphincter contracts
- contractions occur 5-15 times at 0.8 second intervals, with diminishing intensity

Resolution Phase

- everything returns to normal size and position
- M and J: women do not have a refractory period and can experience multiple orgasms

Results of the Masters and Johnson Research

- clitoral orgasm
 - all orgasms are physiologically similar and triggered by the clitoris
- according to M and J, for women, all orgasms are the same and triggered by the clitoris

- multiple orgasms
 - a series of orgasms occurring within a short period of time
 - if stimulation continues to occur, women can experience another orgasm without a refractory period (which occurs in men)
 - after M and J, this has been contested
 - there is anecdotal evidence of woman not being able to have more orgasms because they are too sensitive and it may hurt
- the 4 phases are observed in individuals of all sexual orientations
 - the only differences observed were in the way of being sexual (i.e.: expression of sexuality)
 - same sex couples were more sensual, less genital / intercourse focused, and had a longer excitement stage

Other Findings "Post-M&J"

- male ejaculation and orgasm are separate processes
- the G-spot and female ejaculation (expulsion)
 - Grafenberg spot
 - it is an area on the anterior wall of the vagina
 - it is inside the wall of the vagina
 - by stimulating the anterior wall of the vagina, past the pubic bone, there is an erectile phenomena that goes on
 - this produces a pleasurable feeling, followed by an urge to pee, which if overridden, can lead to orgasm
 - we don't know what is inside the wall
 - hypotheses
 - peri-urethral gland
 - a gland around the urethra
 - skene glands
 - homologous to the prostate gland
 - implies that this is the female prostate
 - it is a gland leftover from sexual dimorphism
 - if this hypothesis is true, not everyone may have a G-spot because you don't know how much is leftover
 - some women may have many skene glands and others may have a pafew
 - the G spot is more of a G zone
 - it is closely associated with the back end of the clitoris
 - there is a clitoral network that connects the clitoris to the vaginal wall / urethra / vulva

- this creates a clitoral-urethral-vaginal complex

- the G-spot is sometimes linked with female expulsion / ejaculation

- there is anecdotal evidence that it is not just expulsion through the urethra, but is also associated with orgasm through clitoral stimulation

- some women may expulse liquid through the urethra

- the quantity can range from an imperceptible amount to a lot of liquid

- some say it is like urine, some say it is more like prostate fluid because it contains the same enzymes

- this promotes the idea of the female prostate (skene glands)

- multiple orgasm experience in males

- when it comes to sexual pleasure and orgasm, there is a cultural expectation of the best way to get an orgasm

- there is a lot of pressure for women to have orgasm during PVI because men do

- women sometimes fake orgasm

Cognitive-Physiological Models

Kaplan's Triphasic Model

- Kaplan added sexual desire to her model

- Kaplan has a 3 phase model

1) Sexual Desire

- the cognitive component to sex is important

2) Vasocongestion (excitement)

- similar to the excitement stage in M and J's 4 stages

3) Muscular Contractions (Orgasm)

- Kaplan removed resolution because to her, it was like going back to baseline

- know the difference between M and J vs. Kaplan

- in order to understand dysfunction, we need to know normal function

- in both:

- there is orgasm that occurs at the end

- there is excitement

Socionormative Ideas About Sex

Sexual Experience

- has cultural influence

- has sexual script

-this gives a certain idea of how a social situation / sexual situation should go, how it should go, with whom, when, etc _

-sexual script refers to socionormative ideas of sex

-sexual scripts are mostly heterocentric (applies to heterosexuals)

1) sexual desire, lust, interest, sexual attraction, sexual signals / looks, etc.

2) kissing

3) clothes off

-manual stimulation of genitals

-begin to lie down

-oral stimulation of genitals

4) intercourse

5) orgasm / ejaculation

-it is said to be "achieved"

-this sexual script is the "**Sexual Experience Centered on the Big O (Orgasm)**"

-aka "didjacum" / did you have an orgasm?

-this script is socialized through our culture and media (we learn this script from the media on our culture)

-this script is perpetuated by society, friends, family, media, etc.

-historically, the origin of this script is from reproduction

-these are the steps required for reproduction

-erection should be maintained from the point of kissing to orgasm

-lubrication should be maintained from the point of kissing to orgasm or at least to intercourse

-female orgasm is not important for reproduction

-steps 1-3 of this script = foreplay

-steps 4-5 of this script = sex

-this script is a performance-based model

-if you do all these steps and have the physiological manifestations that go along with it, then you can get to intercourse and orgasm, where orgasm is the goal

-this script is goal-oriented

-the goal is orgasm (a simultaneous orgasm; both male and female cum at the same time)

-orgasm is used to measure sexual satisfaction

-the advantage of this script / goal-oriented model:

-allows time for mental and physical preparation for PVI (penis in vagina intercourse)

-sets standards for a first date

- allows both partners to be on the same page; they won't have to discuss when to have sex

- they will know what to expect and when to expect it without having to talk about it (it implicitly implies that talking about sex is uncomfortable and anxiety provoking)

- in our society, we have eroticized silence

- it is awkward to talk about sex because it has never been shown as something

- our society says that "silence is sexy"; there is no discussion about what one wants, where one wants to go, what a person prefers, where they want to be stimulated, protection, contraception, etc.

- this has been socialized (e.g.: porn)

- this script can provide satisfaction for some people

- disadvantages of this eroticizing silence

- puts pressure such that we have to follow a script

- e.g.: this is what is supposed to happen and if I stop it, it will be a big deal

- satisfaction could be minimal since we are just following a "recipe"

- it may not provide maximum pleasure, and without being able to talk about it, we won't know what provides pleasure

- the dangers of non-verbal communications are perceptions / risks of misinterpretation

- in our society, we consent to sexual activity by non-verbal, non-resistance

- by not resisting, non-verbally, we consent to sex

- this is dangerous because we are not able to assert ourself (if we do assert ourself, it might go against this normative script)

- a lot of women who have had sexual trauma can sometimes freeze during sex

- this can be misinterpreted as consent

- therefore, this eroticization of silence can be dangerous

-disadvantages of this script

- expectation that sex should always end in orgasm

- if this expectation is not fulfilled, we feel feelings of failure

- this pressure to achieve orgasm can lead people to fake orgasm

- 51% of women fake orgasm in university years

- 25% of males fake orgasm (university males)

- women fake orgasms to fulfill cultural expectations

- in the female sexual response, PVI does not equate to orgasm

- orgasm is mostly brought on by clitoral stimulation

- women may fake orgasm to please the male

- there is a lot of pressure in heterocentric relationships for the male to give the female an orgasm, otherwise, they are a bad lover

- you can't really "give" an orgasm to another person, in the literal sense

- it is based on the experience / perception of the perceiver

- this lying is known as "altruistic deceit"

- women may fake orgasm to end things more quickly

- in this script, after orgasm, sex is finished

- women may fake orgasm because it is easy for them to do it without getting caught

- women may fake orgasm to appear normal / fulfill the social script

- if she has difficulties, at least she can seem normal by faking

- men may fake orgasm:

- to protect partner's feelings (prevent feelings of inadequacy)

- to appear normal

- basically same reasons as women

- to wrap it up

- doesn't represent female sexual response (orgasm comes from clitoral stimulation as opposed to just intercourse)

- doesn't apply to same sex couples since it is heterocentric

- this script links intercourse and orgasm as its end-goals

- for same-sex couples, reproduction doesn't apply (this script originates from reproduction)

- same sex couples may not feel the pressure to live up to this script because it doesn't apply to them; they don't have to conform to the conventional ways of

having

sex

- same-sex sex is often stereotyped

- since the predominant script involves intercourse, we think they have anal intercourse and orgasm

- anal intercourse is not the top priority for same-sex couples

- with women, we might think they use strap-ons since our script says sex must involve intercourse

- this script influences our views of same-sex sex and this may be a disadvantage for us

- boredom in the routine

- fetishes may not be part of the script

- prevents tapping into other things with erotic potential

- since this script is very physically-performance based, erection is important to lead up to intercourse

- erection must be maintained to orgasm

- this is a disadvantage of the "phallogentric" model

-if the female does not maintain lubrication we can always use lube, but once you lose the erection, intercourse cannot be achieved

-the penis provides the pleasure necessary to achieve orgasm

-pharmaceutical companies say that erectile dysfunction is an obstacle to sex, when actually, ED is just an obstacle to intercourse; men have all kinds of other

to stimulate the female

ways

-our culture has 'distain' on a flaccid penis

-in reality, erections come and go in a sexual experience (because it is a performance based model, the pressure to perform and maintain erection is always

there)

-performance anxiety can occur

-this model sets us up for performance anxiety

-e.g.: if you ejaculate during stage 2, it is experienced as a failure (you did not reach intercourse and the fact that our script says that sex is over once you ejaculate)

-e.g.: if the female does not achieve orgasm, she may feel inadequate, be afraid of how the male feels, etc.

-when sex is viewed as a performance, it brings on a fear of failure which creates a vicious cycle

-e.g.: if a person ejaculates during stage 2, that feeling will stay with him and create a fear of failing / not being able to perform

-it is a fear of failure (the failure for the body to respond the way it should)

-when a person has a fear of failure, it leads to anxiety / worry, which leads to the "spectatoring effect"

-it is like a hyper-vigilance about one's body performance

-highly self-observant

-when we become a spectator of what is going on in our body, there is a disconnect between the mind, the heart, and the body

-the person is all in their mind, rather than connected with their partner

-when there is disconnect, actual sexual functioning is affected and this leads back to performance anxiety (cycle is perpetuated)

-what happens to people who can't perform or who's bodies can't perform (e.g.: paraplegic, illness, take medications that prevent sexual response, etc)?

-their sex life is drastically reduced because of this particular sexual script

-after accidents, people think their sex life is over because they can't fulfill this sexual script

-this script is "ableist"

-people who can't perform the physical tasks involved in this sexual script are discriminated against with this model

-they cannot have sex because their bodies are disabled

-"I can't fit with this script"

- it is a linear model
 - there are specific stages you need to complete to move on
 - it requires a progression

Sexual Disorders

- a sexual disorder is a problem with sexual response that causes a person mental distress
 - the term sexual dysfunction is also used

-can be primary or secondary

-can be generalized or situational

-look at the DSM-IV summary from blackboard

-there are 3 categories of disorders

1) Sexual Dysfunction

-we will focus on this

- involves sexual arousal disorders
- orgasm disorders
- sexual pain disorders
- sexual dysfunctions due to general medical conditions

-it is a problem that causes a person mental distress

-the DSM lists the diagnostic categories of what is considered a disorder and is a point of reference for scientific researchers

-it is academically and medically used

-disorder can be primary or secondary

-primary

- was this disorder always there since the person started their sexual career?
- e.g.: did they have ED since they started having sex?

-secondary sexual disorder

- onset is after a period of adequate functioning (something triggered it)
- causes can be biological, psychological, relational, etc.
- it is "acquired"

-the DSM only recognized biological, psychological, or both combined, but not relational causes

-sexual disorders can also be recognized as generalized or situational

-situational

- the problem is present only in certain situations
- e.g.: ED only with his wife of 2 years and not with his mistress
- e.g.: can only experience orgasm when alone

- generalized
 - disorder occurs across the board (i.e.: no matter the situation)
 - a biological cause would be generalized

2) Gender Identity Disorders

- people who have distress in identifying with their biological sex and their gender
- feeling like they are in the wrong gender

3) Paraphilia

- atypical sexual behaviours that are deemed to be a psychopathology

Disorders of Sexual Desire

-hypoactive sexual desire

- inhibited or low sexual desire
- it is in the DSM
- e.g.: a person who would say “I don’t have any interest / desire in sex and I could go without it for the rest of my life”; the only thing is that my partner does have interest
- there is a normal amount of sexual desire in our culture (too much or too little = sexual dysfunction)
 - this is culturally created and we have no empirical evidence of this
- many causes (not all biological); look in book

-hyperactive sexual desire is not a disorder in the DSM

- sexual addiction is not a diagnoses either
- it would fall under an OCD (it would be an obsessive compulsion)

-discrepancy of sexual desire

- partners have considerably different levels of sexual desire
- not a diagnosis in DSM
- it is a sexual difficulty many couples face
- different levels of sexual desire between couples
 - in relationships, there is usually a “honeymoon” phase (caused by biological factors like hormones) and then you start to get back into your normal rhythm / routine
 - everyone has a normal rhythm for sexual desire and this can change throughout life depending on circumstances
 - couples start to negotiate differences in all kinds of aspects of their relationship
 - how they negotiate these differences will lead to feelings of satisfaction or dissatisfaction
 - sexually, if the negotiations don’t go well, there are lots of unexpressed feelings
 - we have to work through all these problems and feelings to get down to the original problem
- discrepancy = their ideas of sex and sexual experience are too different
 - if they have a hard time negotiating, they tend to **polarize**
 - e.g.: one always want sex and one never want sex
 - the discrepancy seems very huge
 - frequency isn’t always a good point of reference for sexual desire

- quality may be more important than quantity
- there is no normal frequency of sex, empirically speaking
- the one who wants it more often will feel rejected and gets tired of being rejected, may feel inadequate, awkward
- after a lot of rejection, the person will stop asking

- you end up with a lot of disconnect and there is a “let’s get it over with” attitude
- the intentions may be good
- this is reminiscent of sexual assault
 - the one who does not really feel like having sex is disconnected (she is doing it to appease him) from her body
- the long term effect is a disconnect from the body and it becomes hard to reconnect with the body
- she is shutting herself out from her body because she doesn’t really desire this

- the long term effect may also produce an aversion
 - she is saying yes but she really means no
 - cuts off all affection in fear that it may lead to somewhere she doesn’t want to go
 - aversion may lead to anxiety

- on the other end of the spectrum (the person who does want sex), he is basically relieving himself
 - the sex is probably very uninvolved

-sexual aversion

- phobic reaction to sexuality and sex
- e.g.: the act of sex, something very specific like vulvas, etc., causes panic, fear, anxiety
- different from hypoactive sexual desire (they are not repulsed about sex, while sexual aversion has negative reactions toward sex)

Kinds of Male Sexual Disorders

-erectile disorder

- the inability to obtain an erection or maintain one

- primary ED
 - the man has never had an erection sufficient to have intercourse

- secondary ED
 - the man at one time was able to have satisfactory erections but now no longer is able

- older men have more problems than younger men in terms of ED because:
 - they are more vulnerable to CVD (blood flow is not as good)
 - illness, rather than the aging body, is responsible for prevalence of ED in older men
 - e.g.: diabetes, CVD, etc.

- older people are the most medicated population
 - this medication may impact erections / sexual functioning

- prostate health
 - can affect ability to have erection

- surgeries
- lifestyle
 - e.g.: smoking (causes vascular damage in the penis), drinking
 - e.g.: sedentary lifestyle
 - e.g.: diet
 - lifestyle in youth affects sexual function later on

-in heterosexual relationship, it is the man who usually decides when to stop having sex

-premature ejaculation

-sexual disorder in which the man ejaculates too soon and he feels he cannot control when he ejaculates

- no empirical evidence to define premature ejaculation
- DSM: premature ejaculation = ejaculation before he wishes

-myths

- a man can last a long time during penetration during intercourse
 - pornography shows endurance during deep thrusting
 - no man can sustain this endurance in reality*

-a person who does not have PE, does things subtly to prevent it

- e.g.: go slower, shallower, things to modulate arousal and slow it down
- part of treatment for PE, is to get to know your body a little bit more; concentrate on the levels of arousal
- during ejaculation, our muscles tense; if we tense even more, we trick our body and we ejaculate faster

-one of the tricks is to relax your muscles and trick your body into thinking you are still at the arousal level and away from the 'point of no return'

- there are situations where we ejaculate before we want or quicker than normal
 - e.g.: anxiety of inexperience, after a long period of time from the last ejaculation, and if it is a new partner (it is the novelty of it)

-male orgasmic disorder

- the male cannot have an orgasm, even though he is highly aroused
- usually associated with PVI
- there is little interest in this, scientifically, since our cultures want to last longer in bed

Kinds of Female Sexual Disorders

-female sexual arousal disorder

- lack of response to sexual stimulation
- lack of lubrication

-female orgasmic disorder

- inability to have an orgasm
- primary OD
 - the woman has never experienced an orgasm
 - masturbation exercises are helpful to discover the body
- secondary OD
 - the woman had orgasms at some time in her life but not longer does so
- situational OD
 - woman has orgasms in some situations but not others

Painful Intercourse

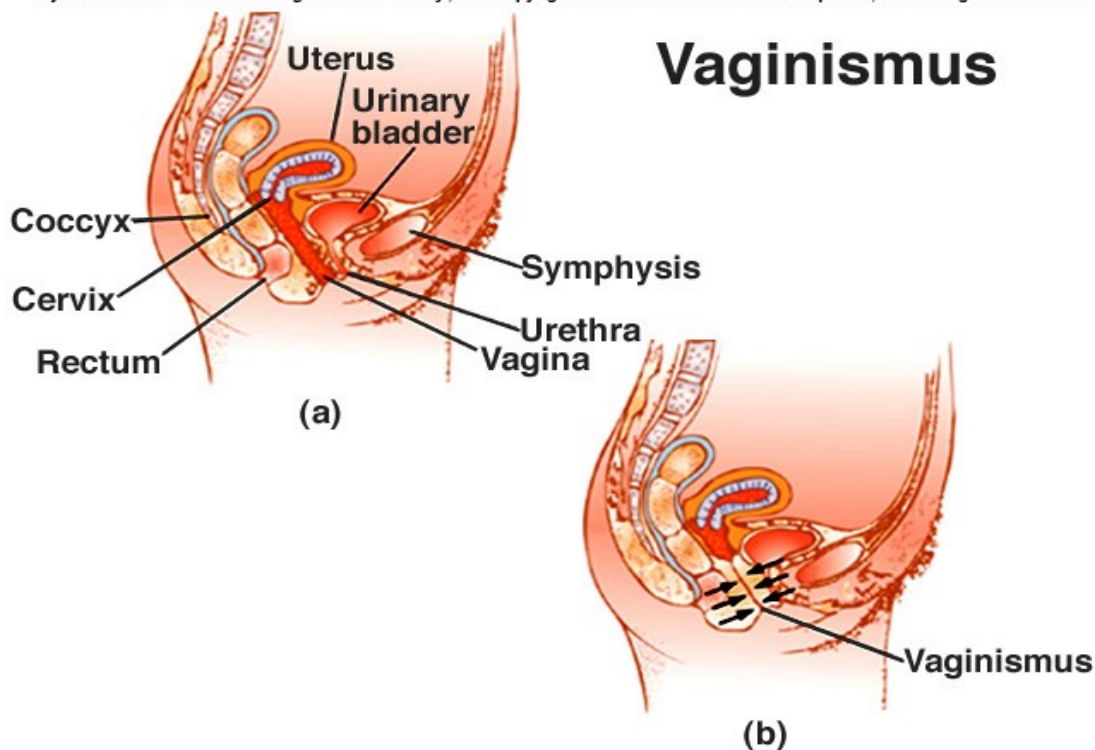
-dyspareunia

- pain experienced during intercourse / sexual activity
- experienced in both men and women
- due to medical factors

-vaginismus

- spastic contraction of muscles surrounding the entrance to the vagina, sometimes so severe that it makes intercourse impossible
- it is usually a reaction to intercourse or some kind of insertion
- it is a response to anticipated pain during intercourse
- the female can still enjoy other kinds of sex, just not intercourse

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What Sexual

-read sexual the

Causes Disorder?

causes of disorders in book

-for the exam, have a good example pool for the different types of causes

1) Physical Causes

-these are organic factors

-drugs, alcohol, illicit or recreational drugs, prescription drugs, etc.

2) Psychological Causes

-prior learning

-the things that people have learned earlier

-immediate causes

-various things that happen in the act of love making itself that inhibit the sexual response

-e.g.: anxieties such as fear of failure

-e.g.: cognitive interference

-thoughts that distract the person from focusing on the erotic experience

-e.g.: failure of the partners to communicate

-e.g.: failure to engage in effective, sexually stimulating behaviour

3) Interpersonal Factors

-communication problems

-disturbances or distress in a couple's relationship

-anger or resentment toward one's partner

-intimacy problems in the relationship

STI Transmission

-steady increase in Chlamydia, gonorrhoea in high school / university students

-most of the risk factors that explain this transmission is due to:

-no condom use

-sex with the opposite sex

-new sexual partner in the past 2 months

-more than 1 sexual partner in the past 6 months

-if it is not the lack of education, access to healthcare, etc., what factors may lead people into choosing not to use condoms?

-heat of the moment; don't want to stall to put a condom on

-too much trust in relationships

-embarrassment

-too expensive

-lack of education in high school (some schools promote abstinence)

-skip condoms to avoid embarrassment / awkward

- not knowing for sure if you are clean (being asymptomatic)
- sense of invincibility
- people often use condoms for birth control rather than STIs
 - if the female is on the pill, men may skip condoms

- pleasure; better sensation without them

- media doesn't show people putting on condoms and we may be influenced by them

- we may judge people who use condoms
 - if a new partner starts using condoms, we may think they have a lot of sex and could possibly have an infection

- "deal with it later" attitude
 - especially with bacterial infections

- are often intoxicated during sex
 - might find it hard to put on a condom
 - alcohol influences judgment

- researchers hypothesized "safe-sex fatigue"
 - caused by hearing too much about safe-sex

- we expect our partner to bring up anything
 - if they say something it's because they have something
 - if you don't say anything, there is an implicit understanding

- trust
 - if you are in a committed relationship and on birth control, wearing condoms may be seen as a lack of trust / being unfaithful

- other researchers say that the script for heterosexuals is that the females decide
 - they decide the sexual activity and if a condom will be used
 - they are the gatekeepers

- STIs are a reality
- find funner ways to introduce safety
- introduce hysteria

Sexuality and the Life Cycle: Childhood and Adolescence

-why do we get anxious when we think about kids and sexuality?

-anything that has to do with children and having sex is not acceptable due to negative associations

-e.g.: pedophilia, sexual abuse toward children, child pornography, etc.

-sometimes it is seen as abuse

-the notion of sexuality and children

(0 years) |-----| (90 years)

-in our cultural ideals, people become sexual beings at puberty (e.g.: we start to discuss sexuality, may start being sexually active, etc) and people are seen as no longer sexual when they are old (maybe around 75 years old) or when menopause / andropause occurs (around 50s)

-our culture says that we are sexual between puberty and menopause / old age

-this timeframe also coincides with the reproductive years

-there is a correlation to when people are able to reproduce and no longer able to produce and when they engage in sexual activity and do not engage in sexual activity

-this results in the idea that children and old people are asexual

-the truth is that sexuality is broader than the scope of reproduction and sexual reproduction

-we are always sexual

-the forms that it takes will manifest itself differently for every individual and across the lifespan

-our sexual expression changes naturally across the lifespan

Something to Keep in Mind

-when we talk about childhood sexuality, we have to keep in mind where this data comes from

-there are a lot of ethical issues with regard to sexuality and children

-consent

-you have to be 18 to consent to sexual research

-if you are younger, your parents must give consent

-many parents will not give consent for people to research their children about sexuality

-they hesitate and are afraid because the information might traumatize the child

-if we start talking to children about sex, they might be traumatized or they will try to reproduce everything they just heard about

-it may put ideas in their head about sexuality

-this is one of the biggest arguments against sex education in schools, but research shows the contrary

-there is actually a delay in the first experience in terms of intercourse and sexual activity of those who have had (early) sexual education

-there is no proof that they become more sexual at an earlier age if they have early sex education

-data sources

-surveys

-interviews of children

-adolescent sexuality research is problem driven

-data can come from observation in their natural habitat (e.g.: in daycares, playgrounds, etc.) but it is mostly surveys with people who observe the children in their natural habitat (e.g.: parents, teachers, daycare teachers, etc.) and the surveys ask the teachers / parents about the sexuality of the children

-when you ask daycare workers and parents to report what they have seen, there is a bias

-e.g.: social expectations / norms and social desirability
-they might hide facts and observations to meet cultural expectations of children and their assumed asexuality

-we also ask adults on surveys regarding their sexuality as children
-there are problems with memory and this leads to bias

-research is problem driven in adolescent sexuality research

-research is always looking at negative outcomes (e.g.: STIs, condom use, teenage pregnancy, sexual coercion, etc.) and is not really interested in finding sexual values, sexual pleasure, sexual desirability, etc.

-it seems to be more problem / prevention driven

Childhood and Adolescent Psychosexual Development and Sexual Behaviour

-psychosexual development

-how the cognitions and psychology develop, along with their sexual expression
-i.e.: how they externalize their sexual needs

1) Infancy (0 to 2 years)

-attachment

-the psychological bond that forms between an infant and the mother, father, or caregiver
-a psychological bond through physical bonds
-research suggests that the adult style of attachment is similar to the attachment style they developed in childhood

-it is the physical affection we develop with our caregivers / parents and is important because it shapes how comfortable children are with physical affection in their later years

-gender identification

-there are 3 steps of gender identification

-gender awareness stage (stage 1)

-knowing about boy-girl differences
-the first stage occurs in infancy

-at around 2 or 3 years old, we figure out we are either a boy or a girl and that the world is divided into 2 genders

- the infant develops an awareness that there are 2 genders and strongly identifies with one (e.g.: boys and girls have different tasks, play with different toys, etc.

- they typically identify with one due to their environment

- it becomes part of their self-concept

- they identify mostly through visual / aesthetics that are stereotypical

- e.g.: physical traits a person has that distinguishes whether they are a boy or a girl (e.g.: long hair vs. short hair, bow in hair vs. no bow in hair)

-non-genital sensual experiences

- their bodies react to pleasurable stimuli in a "sexual" way

- e.g.: vasocongestion in their genital area

- it is common to see boys with erections during bathing, breast feeding, changing, etc.

- they are experiencing such pleasurable experiences that boys may have erections and girls may lubricate

- sometimes, women feel guilty and are afraid of what is going on

- they think they are being abusive because they are eliciting a sexual response in the child and therefore, is doing something abusive

- it has nothing to do with eroticism

- the child is experiencing something pleasurable and this response is a generalized response / automatic reflex

-exploratory genital manipulation

- the baby begins to touch all parts of their body when they develop the necessary motor skills

- it is purely exploratory

- it has a function to soothe, reduce tension, and acts as a distraction

- people may think this is masturbation

- masturbation does not occur until later

- it has a clear sexual intention of relieving sexual tension and with the intent of experiencing orgasm

- there is no part of their body that they see as taboo until they have a reaction from their parents

-interprets parent's non-verbal reactions

- they interpret the parent's facial expression, tone of voice, etc.

- they learn how they should feel and react to their body through their parents' non-verbal reactions

-if the parents show a positive expression, they usually have a softer voice

-if the parents show a negative expression, they usually have a harsher tone of voice, their face is more negative, etc.

-e.g.: if the parent grabs the baby's hand and takes it away firmly, the baby will learn

-language

-they begin the development of language

-using the correct terms allows them to develop a proper sexual self-concept

2) Early Childhood (3 to 7 years)

-children from 3-5 may be the most sexually active (for both boys and girls)

-gender identification

-gender stability (stage 2 of gender identification)

-with stage 1, the child can distinguish between male and female

-gender stability comes at around 4 years of age

-they have started to develop the cognitive capacity to understand that they are a boy or a girl and will remain the same into adulthood

-before gender stability, they think it is easy to switch genders

-with gender stability, they know that the genders are not interchangeable

-because they are very stereotypes in their categories of male and female, they may be confused when they see someone that doesn't fit into that category

-e.g.: man with long hair and earrings may seem like a female

-gender constancy (stage 3 of gender identification)

-occurs at around age 5-7

-they realize that no matter what a person is wearing / what they look like, they person has a gender that is stable and constant

-the child is able to understand that anatomy and gender are permanent, even though a person's appearance may change

-they become more flexible in terms of the fact that a man will always be a man even if they have long hair

-toys, media, etc., highly influence the development of these gender roles (even if parents don't necessarily display these gender roles)

-adults tend to attribute adult motivation to childhood sexual behaviour

-e.g.: Elliot's first kiss video

-what they do is normal, natural, and serves a function

-gender role socialization

-e.g.: toys, activities, media, role models, etc., that show what is okay for boys and girls and this creates / socializes gender roles

-exhibitionist stage

-occurs at around 3-4

-e.g.: spreading your legs in front of everyone

-90% of toddlers go through an exhibitionist stage

-this is about the child learning about their gender and about their bodies

-self-stimulation

-at around 3 years old, they are not aware of the ideas of genital-sexual relations and sexuality in general

-they are interested in exploring their bodies and doing what feels good

-both boys and girls engage in self-stimulation (as opposed to masturbation, which has the intention of orgasm)

-they have discovered that there are parts of their body that feel good when you touch it

-boys tend to do it more than girls

-it is typically more obvious for boys than girls when they are self-stimulating and so this results in a higher rate of reporting for male self-stimulation

-sexual behaviour in general is the same in terms of frequency for boys and girls

-parental reaction is important

-they send the message that their actions are not acceptable if they have a negative reaction

-this does not extinguish the behaviour (in operant terms)

-the child will continue doing it but will feel guilty

-they do it secretly and are ashamed of their bodies

-it is appropriate to teach the children the etiquette of self-stimulation

-you should set rules for times when this is appropriate

-e.g.: say something that validates what they are doing, acknowledge that there are times and places when it is appropriate, teach them that it is private (like how we teach them to eat at the dinner table, how we use our voices when we are at home, etc.) indoor

-child sex play

- occurs when children become more social and start playing with their friends
- occurs at around 5-7 years of age
- there are certain functions of child sex play
- learning happens through play
 - they try to integrate things they have seen or learned in their play
- there is no pre-meditation in this play
 - the sexual element is very spontaneously integrated into the play
- yellow flags
 - when we tell a child no, but they continue to do it
 - when a child is doing a sexual act but appears to not enjoy it / is not having fun
 - when a child is coercive with other children
- child sex play serves the functions of:
 - satisfying curiosity
 - allowing for comparison
 - comparison allows them to distinguish / associate with different or similar genders
 - reassurance
 - they can be reassured that the functions / looks of their genitals are the same

3) Preadolescence (8 to 12 years)

-latency or modesty

- Freud said that the child goes into the latency phase
 - sexual desires are replaced by other desires (e.g.: school)
- however, this is actually seen as modesty
 - the child has learned how to behave in certain contexts

- they know what is appropriate and what is not

- maybe they have brought their sexual behaviour into the private realm of their lives

- it might seem like they are no longer as sexual, but it is actually them being modest

- e.g.: wanting to shower by themselves

- research shows that sexual interest and activities steadily increase during childhood

- sexual behaviours are less tolerated as you get older and so, their sexuality seems to be more "latent"

-masturbation

- by the end of this period, most children have the ability to stimulate themselves to orgasm

- boys masturbate more than girls and reach orgasm more frequently

- boys often discover masturbation from each other (or from reading) and may do it together (e.g.: circle jerks), while girls often discover it by accident

- boys will talk about it with each other

-other-sex sexual games and sexual contact

- children at this age have some knowledge about sex and are curious

- however, their ideas are often incomplete or erroneous

- they may not fully understand the concept of sexuality or their information may be completely wrong

- there is a nervous excitement about adult sexuality during their age

- games may include truth or dare, spin the bottle, etc.

- this acts as a rehearsal for sexual behaviours

- sexual play teaches interpersonal and physical skills that will be developed as they mature

- later in this age bracket, a positive interest for the opposite gender (for heterosexuals) develops

- occurs at around 11 or 12 years old

- they begin to engage in group dating, parties, school dances, etc.

- the nature of the sexual activities are experimental, initiating, and exploratory

-gay and lesbian people date people of opposite genders as well, in order to conform to societal expectations

-gender segregation

-occurs at around age 8 or 9

-boys and girls overwhelmingly prefer same-gender friends to opposite gender friends

-boys hang out with boys; girls hang out with girls

-they prefer being with the same gender and this is also reinforced by the institutions (e.g.: girl scouts, boy scouts, girls' sports teams, boys' sports teams, etc.)

-the opportunities for sexual experimentation are often restricted to members of the same gender during this time

-same-gender experimentation is common in childhood, even with heterosexual children

-e.g.: 2 boys (10 years old) who are looking at naked ladies on the internet

-there is no erotic attraction between the boys

-this sex play (at this age) has functions of reassurance in terms of body image (i.e.: reassuring them that their bodies are working the same way), gender identity (i.e.: "I am a guy and like to look at these pictures and he is a guy and is doing the same thing, and sexual orientation ("we both like women with big boobs"))

-it functions to reassure them that what they both like are the same

-sex play with same-gender friends does not lead to adult homosexual orientation

-many people with homosexual orientations have experiences with same-gender friends, but so do heterosexual people

-childhood sex play is not indicative of future orientation

-sibling sex

-involves sexual contact with siblings or close relatives

-sometimes, it may occur as abuse (especially with older people coercing the child)

-the line is drawn when the age difference is about 5 years

-the psychosexual development of a child progresses and matures with age

-the function of sexual expression at 12 years old is vastly different than the sexual expression / sexual concept of a 6 year old

-often involves mutual sexual curiosity

-it can be harmful when there is a large difference in age or when coercive force is used

-sexual interference by a parent

-the functions / intentions of sexual expression are completely different when comparing an adult parent to a child

-adult sexuality may interfere with the progress / development

-sexual abuse interferes with a child's psychosexual development

-their motivations are different (e.g.: pleasure vs. Curiosity / exploration)

4) Adolescence (13 to 19 years)

-increased sexual interest

-bodily changes

-sex hormones

-cultural expectations

-masturbation and sexual fantasies develop at this time

-boys masturbate less when they have regular sexual intercourse, while for girls, it increases

-girls may not achieve orgasm during sex and so they try to achieve it by masturbation

-boys supplement sex with masturbation

-boys tend to reinforce the social acceptability of it and talk about it more

-same-sex sexual behaviour

-other-sex sexual behaviour among gay and lesbian youth

-other-sex sexual behaviour

-dating and sexual exploration

-sexual intercourse

-motives for engaging in intercourse

-love

-physical arousal and pleasure

-peer pressure

- peer pressure does not have a huge impact on when a teenager will start having sexual intercourse

- whether they think all their friends are doing it is more important

- if you think your friends are doing it, you are more likely to do it

- it is the perceived notion of what their friends are doing that has a heavier weighting in determining intercourse

What are the top 3 issues about sex and sexuality that teens are concerned about or preoccupied with? (group discussion)

- fear of being judged

- judged by friends negatively or positively

- judged by your partner if you want to wait longer / don't decide to do it

- judged on your performance and expectations of performance (e.g.: rumours might start spreading)

- what is the sexual script? How are we supposed to "do it"?

- keeping it a secret from parents / adults

- leads to lies, stories, etc.

- sexual orientation

- coming out to friends may be of concern

- there are many fears / judgments associated with coming out

- keeping it a secret from adults (e.g.: parents, teachers, principles, etc.)

- fears of who to trust

- milestones we are expected to reach by a certain age

- conforming to social expectations

- body image

- fear of being judged about body image

- applies to both males and females

- sexual reputation in school

- double standard for males and females

- females often seen as sluts

- males often seen as cool

- pregnancy and STIs

- does this fear come naturally or is it taught?

- sexting

- trusting someone with something that is very intimate

- feelings of guilt in terms of the law and in terms of trusting someone with something intimate

- preoccupied with relationships and relationship status

-rumours

- preoccupied about other people's relationships
- gossip

-the socio-cultural dimension is mostly what teens are concerned about

-the psychological dimension also preoccupies them

-teens actually learn about the biological aspect (e.g.: preventing STIs, pregnancy, etc.)

-therefore, teens aren't really getting their needs met by the sexual education they learn from school

-what they are really preoccupied with is not being properly addressed (i.e.: we need to address the socio-cultural dimension)

-in order to find answers and get information on dealing with these issues, teens go to the internet / media, their friends, etc.

Dominant Discourses on Sexuality

-social-constructivist perspective

- our ideas about sex / sexuality is shaped by society
- we are who we told we are (until we get to a certain point and say "I might be different")

Dominant Discourses on Male Sexuality (Male Sexual Stereotypes)

- male sexuality is dirty, animalistic, perverted
- guys always initiate
 - conversation
 - going out
 - sex
 - the next sexual activity (they choreograph sex)
 - this causes us to come off as overly aggressive, rejection (we are not really told how to manage rejection in a healthy way)
- guys are always thinking about sex
- guys are only concerned about their own pleasure
- takes all the responsibility for sexual interaction
 - victims of blame (e.g.: poor performance)
- all motives are about sex
 - always have hidden agendas about sex
 - friendly actions often get misinterpreted for wanting sex
 - nice gestures misinterpreted for flirting
- guys are sexually out of control
- men like to be in control and they are always active rather than passive
- guys don't have feelings
- Gary Brooks
 - talks about 3 sexual stereotypes / cultural expectations around male sexuality that are the most damaging
 - 1) always thinking about sex / animalistic / out of control
 - "male sexual desire is ferocious and omnipresent "
 - their sexuality seems stronger than them
 - they can't help it
 - boys will be boys
 - this idea is valued and celebrated in our media
 - it appears like a strong drive that needs immediate gratification and the tension is always there
 - this is damaging because this idea is central to being masculine
 - if you are a guy and are not always horny, our society says there is something wrong with you
 - this causes stress with ideas of having male teachers, registering child into boy scouts, etc., because all male motivations are due to this stereotypic, predatory nature of males
 - men protect other females, who are not potential partners, from other men
 - this is because of the perpetuation of this stereotype

-e.g.: fathers protecting daughters from other males

2) they are only concerned about their own pleasure (NON-RELATIONAL)

-the dominant discourse about male sexuality is "non-relational"

-it becomes a competition for access to women's bodies

-women become objects

-as long as you are willing, it is okay

-when you start objectifying women, they take on qualities that make it easy to take away their humanity

-e.g.: "she is a good lay"

-she is just a thing

-it makes it easy for men to just kick them aside and this can lead to violence

-sexuality is non-relational

-e.g.: porn

-there is no relationship between male and female

-there is no dialogue

-they are just there to have sex

-there are very few models that socialize men how to have real relationships, with real women, talking about real things

3) men have sexuality that is disconnected from their feelings

-"men cannot say no"

-when they say no to sex, the women may think they are not sex enough, that the guy is gay, that the guy has a problem, etc.

-our cultures gives very little attention to needs for affection, sensuality, intimacy, etc., but we put those sexual needs on a pedestal

-men find it hard to ask to have those needs fulfilled other than through sex

-guys are always the initiators and can't be passive

-they can't receive / enjoy what is being given

-they are always actively seeking

-they can't be vulnerable

Dominant Discourses on Female Sexuality (Female Sexual Stereotypes)

-women don't like sex and are "non-sexual", especially with age

-they use it to manipulate men into getting what they want (something that is not sex, because that is not what they want)

-women are experienced virgins

-they must be innocent in public, but wild in private

-women are always looking for a long term relationship

-all women want to get married, remain monogamous, and have children

- women are always asking for an invitation when they are acting friendly
 - women are not initiators
 - they need to be invited

- women are objects of attention
 - it is important for them to receive compliments

- women in bars want to hook up
 - women who look good / sexy want to hook up

- women are very emotional with regards to sex
 - they are confused with regards to what they want
 - they change what they want everyday
 - they say one thing, but act another way
 - emotionally unstable, confused

- sexy look = younger
 - sexual desirable
 - there is a specific body type that makes them sexually desirable

- women are expected to be hairless

- Deborah Tolman (female sexuality writer)
 - "women are objects of desire and not desirous subjects" (1)
 - they don't have sexual desire / feeling / interest
 - they are objects of men's desires or other people's desires

 - it is about how to please men, how to be desirable, how to be sexy

 - female sexuality is a sexuality that is disconnected from her body (2)
 - "she only thinks with her clitoris" is not really a popular saying because our culture makes female sexuality one that is disconnected from her body

 - double bind (3)
 - the women must confront a double bind
 - if you do have sex you will be seen as a slut, if you don't have sex you will be seen as a prude / cocktease

 - it is like women can't say yes
 - they can't express their desires for sex or you will be seen as very aggressive

 - if something bad happens, your judgment will be put into call if you are very sexually aggressive

 - there are prejudices against people who have sex a lot

 - how do women get through this double bind?

-token resistance

-the women may really want to have sex but can't show that she is easy / has a bad character, etc.

-they will resist a little bit and then go full out later

-this gives the idea that they are not easy, even if they really want you

-they do not want to be seen as a slut

-dangers: guys may think that a no is a yes, they just need to try a little harder and it will eventually come around

-this strategy is caused by the gender expectations that women cannot talk about their sexual desire because of this double bind

Video - Dreamworlds 3: Desire, Sex, and Power in Music Video

-bottom line in terms of what the producer thinks the problem is

-which stereotypes are reinforced through music videos?

-link between music and sexual violence

1) Techniques of Storytelling

-females attract attention and help tell story

-help draw viewers into the fantasy being told

2) Constructing Femininity

-the most important aspect of a female is her sexuality

-women are presented as aggressors

-women outnumber men and is a technique for music videos in the absence of creativity

-femininity is defined in terms of a powerful man

-women are in constant state of sexual arousal and rely on men for emotional stability

-characters are drawn from adolescent male fantasy

3) The Pornographic Imagination

-females defined only by sexuality and only used to satisfy the man

4) The Ways of Looking

-women invite a look from the camera

-mirrors; show that females want to be looked at and look at themselves the same way

-their function is to be looked at, like a landscape or an object

- camera angles reinforces this view
- presents women as an object of male gaze
- reflects the pornographic imagination / gaze

-the way in which they are filmed communicates ideas about them
 -focuses on only 1 aspect of females, detracts from seeing women as having feelings, desires, dreams, etc.

-the problem of music videos is that females are present as nothing else, but objects
 -they should include intellectual, emotional, creative, independent, spiritual, religious, etc.
 -objectivity needs to be balanced

-there is nothing wrong with it in and of itself
 -to have women seen only as objects is the problem

-these images and stories work their way into the actual population
 -they take on these ideals

5) Female Artists: Trapped in the Pornographic Imagination

- women artists must present themselves as primarily sexual beings
- pressures to conform
- female performers take on the roles that the pornographic imagination dictates

6) Masculinity and Control

- masculinity is tied to power, intimidation, and force
 - women are shown as under the control of males in music videos
- women never say no in the dream world and welcome masculine aggression
- male violence against women takes on an erotic quality
- ideas of male entitlement are glamorized

-violent language and violence itself is not far behind from the objectification of women

-bottom line

- femininity is almost exclusively defined through sexuality, as seen through music videos
- women are objectified to certain parts of their body
 - all other aspects of being human are removed
 - these women lose their humanity

-whose values and visions are guiding us?
 -music corporations, adolescent male fantasy (i.e.: the pornographic imagination),
 people behind the cameras (i.e.: directors who are male, old, white, in positions of power,

directors who have done pornography in the past; the pornographic gaze (came from somewhere)

- there is not discussion of sexuality
 - the visions / values / ways we portray sexuality (male and female) are so narrow
 - it is okay to have a little bit, when it is amongst a bunch of other aspects
 - when it is only female objectivity / sexuality and male power / aggression / control / entitlement, it is not acceptable

-the link between images of sexuality and sexual violence against women in real life

-images we have of male / female sexuality do not directly cause men to assault women

-there is no direct link

-there is an indirect link

- the images bring up normalization of sexual violence, eroticizes sexual violence, create a framework, etc., which provides attitudes, beliefs, assumptions, and understandings that legitimize this behaviour

-it makes us more tolerant and desensitizes us to these behaviours

-there are no consequences of this behaviour seen in music videos

-music videos is one of the only ways sexuality is presented

- we become more complacent
- we think this is how sexuality is supposed to be

-2 components that lead to values, attitudes, beliefs, that may lead a male to sexual assault

-female objectification

- dehumanizes women

-male entitlement

-music videos are shown without music

- music may mask the images
- we may get carried away in the music
- puts emphasis on the images itself

-music videos only show narrow definitions of what is desirable

Gender and Sexual Diversity: Lessons from the Rainbow Community

-sexual attraction:

-is fluid

-it changes throughout life

-depends on cultural context and expectations

-e.g.: we often have different priorities in life

-depends on needs

-varies in intensity

-is complex and beautiful

-involves behaviour vs. Identity

-behaviour does not make identity

-e.g.: fooling around with the same sex does not make you gay

-perhaps you are doing it out of curiosity

Sexual Orientation

-gay

-a person, generally a man, who is (sexually / emotionally / physically) attracted to members of the same gender, most of the time

- "most of the time" because it is an approximation of your usual identity / typical behaviours

-lesbian

-same as gay, but for women

-bisexual

-a person who feels attraction toward 2 genders

-pansexual / omnisexual

-a person who feels attraction toward many genders

-queer

-an umbrella term used for sexualities and genders that fall outside of perceived heterosexual / monogamous norms

Sex and Gender

- sex
 - refers to biological sex
 - it is your "biological package"
 - includes chromosomes, hormone balance, how you define yourself, how you think about having sex and how you associate that with your own body, secondary characteristics (e.g.: facial hair, broadness of shoulders, etc.)
 - e.g.: hormones, gonads, chromosomes, voice, etc.
 - medical notions of sex are based on European / white people
 - it may have underlying racism
 - definitions of sex are diverse
 - it is more than just male or female
- gender
 - e.g.: man, woman, genderqueer, agender, etc.
 - it is your social sex
 - do you feel like you are a man / woman / both / neither?
 - genderqueer
 - gender does not fit into the traditional European binary
 - "non-binary"
- gender expression
 - e.g.: clothes, mannerisms, etc.
 - it is how you express yourself and how it is read in the world you live in, in different cultures, and in different spaces
 - e.g.: how you are perceived in the city vs. Country
 - a female who is dressed like a lumberjack may be perceived as female and straight in the country, but may be perceived as lesbian in the city
 - clothes, mannerisms, intonations, etc., can signal masculinity / femininity
- perceived gender / sex and experience
 - we can be perceived as a gender that we are not / that we don't identify with
 - it involves how an outsider perceives your gender
- all these categories are dynamic
 - it depends on how you are perceived, as well as how you react to these perceptions

Gender and Sex Identity

- sex, attraction, relationships, and gender are all based on ideals
- sex and gender is mostly due to knowledge of self
 - sexual identity vs. Sexual desire

-self = identity

-transgender

- identifies with a gender different than the one assigned to them at birth
- we are all assigned genders and sexes at birth

-cisgender

- identifies with the same gender as the one assigned to them at birth

-transexual / cissexual

- same as transgender / cisgender, but for one's sex

-with transexuals, they don't identify with parts of the biological package they were born with

-e.g.: they may chose to make modifications

-modifying your body does not mean you are transexual, however

-e.g.: birth control modifies the hormones in your body, but that does not make you transexual

-transexuality may be based on your intent

-trans

-umbrella term for identities outside of societal expectations of sex / gender / gendered behaviour

-intersexed

-state of one's sex being ambiguous at birth, or at a later time, through variations in gonads, chromosomes, genitals, or other physical sexual characteristics

-we may end up forcing surgery on infants so that their genitals look proper / normal

-asexual

- a person who identifies as not feeling sexual attraction or desire
- they can be romantic or aromantic (no romantic attraction / desire)

-genderqueer

-identifies as outside of, or both of, the categories of man / woman or female / male

-gender binary

-the notion that there are only 2 genders (i.e.: man or woman) and that you must always be one or the other

-biological determinism

-the notion that your physical assigned sex at birth, or some other immutable characteristic, solely determines the outcome of your gender identity

-"you are born with a vagina and that is why you must love men and wear skirts / dresses"

Heterosexism and Homophobia

-what is queer?

- things that are intentionally gender, sex, and love creative
- making your own rules

-homophobia

- fear / disgust toward LGBTQ people (or people perceived as such)
- explicit exclusion

-heterosexism

- the idea that heterosexual attraction is the ideal, and that all deviation from it is less good / problematic / sick / dangerous
- implicit inclusion

-e.g.: asking which one is the girl and which one is the guy in the relationship (i.e.: which one is more feminine and which one is more masculine)

- there is an expectation that in a couple, there is a masculine and a feminine person, as in heterosexual relationships

-assuming that everyone has a relationship based on heterosexual standards

-implicit = less obvious

-internalized homophobia

-fear / disgust towards LGBTQ people felt by a person towards themselves, who themselves experience homosexual attraction

-this attitude is a symptom of having internalized prejudice and stereotypes

-e.g.: trying to appear as straight as possible, even though you are gay and showing other people's public displays of affection

-gender expression / practices does not mean sexual orientation

Cissexism and Transphobia

-transphobia

- fear / disgust toward trans people or people who are perceived as gender variant
- explicit exclusion

-transmisogyny

-a particularly vile form of misogyny aimed at trans women, which results from an intersection of being a woman (i.e.: facing sexism) and trans (i.e.: facing transphobia)

-misogyny = sexism toward women

-cissexism

-the idea that cissexual bodies and cisgender identities are ideal, and that any deviation from them is less good / problematic / dangerous

-implicit exclusion

-e.g.: being trans is listed in the DSM

-it does not need to have malicious intent to be considered cissexism

Examples of Situations (Homophobia, Heterosexism, or Internalized Homophobia)

1) Someone wrote FAG on the washroom stall

- homophobia
- it is direct / explicit

2) A B&B refuses to serve gay couples, because according to the owner, they make too much noise and have wild sex parties

- homophobia
- it is explicit

3) Martin makes sure to never wear pink, because even though he is gay, he does not want to look effeminate

- internalized homophobia
- taking on shaming and responding to that by being ashamed of being gay

4) A psychology professor teases a chatty student and asks him, "So, does your girlfriend get annoyed with you talking all the time?"

- heterosexism
- it is implicit; he is assuming that the student is heterosexual

5) A woman teases her boyfriend and calls him gay, after he lets her know he is into anal stimulation

- homophobia
- making fun of the fact that having anal sex is being gay

6) A bisexual man does not want to become a hairstylist, because even though his family is fine with this sexuality, he doesn't want to "become a stereotype"

- internalized homophobia
- he does not want to be perceived as someone with same-gender attractions

Examples of Situations (Cissexism, Transphobia, or Homophobia)

1) The sales person at a clothing store tells a man to leave, after they find out he was trying on skirts

- transphobia
- they feel uncomfortable around the person who may be a trans-woman

2) A man has murdered a trans woman. He claims that they were on a date, she deceived him, and when he found out she had a penis during sex, he panicked.

- homophobia because of fear of sex with a man
- transphobia because the woman has a penis and the violence is targeted toward her

3) The cover of a tabloid reads: "The first pregnant man". Inside, it reads that he is "not really a man" but a female-to-male transsexual (Thomas Beattie).

- cissexism

4) A young trans guy isn't sure which washrooms are safe for him to use on campus/

- cissexism
- university has no gender neutral washrooms

5) A therapist asks a client why would she bother transitioning if she is "just going to date woman and be a lesbian anyways, why not just stay a man?"

- homophobia and cissexism / heterosexism

Consequences of Heterosexism, Homophobia, and Internalized Homophobia

- Internalized homophobia
 - Distress
 - Difficulties in sexual and identity development
 - Difficulty integrating in hetero and LGBTQ communities
 - Desire to conform
 - Higher risk sexual behaviours if lacking social support to seek knowledge
 - Intersection between internalized homophobia and transsexuality
- Transphobia
 - At least two people killed per month because they are trans/perceived as trans in North America. Most hate crimes towards LGBTQ people actually target gender non-conforming folk.
 - Many situations are scary: dates, washrooms, gender segregated prisons, traveling abroad, etc.
- Cissexism
 - Access to basic services restricted: washrooms, I.D. cards, clothes, feminine hygiene products, housing, education, health, therapy, etc.
 - Access to emergency services: mental health, shelters, hospital, police, etc.
 - Difficulty developing identity with few positive role models
 - Assumptions of what is beautiful/sexy/natural make it difficult to form romantic relationships for some
 - Having to « come out » comes at a big price
 - Reparative therapy on gender non-conforming children.

Resiliency and Affirmation in Queer Communities

- ACT UP! Helped organize emergency shelter, food, and medication during the AIDS crisis of the 80s
- Support groups, meal exchanges, drop-in centres, support lines, and other creative solutions to marginalization have happened since heterosexism started
- We are finding more ways to tell our stories, to share our knowledge, to collaborate, and are having positive impacts on hetero culture as well
- We are a vibrant, diverse bunch, and we are valued members of your community – more than “it gets better”, we are making it better

How to Support Someone Who Just came Out / Disclosed

- Use the same tone of voice
- Keep it confidential
- Ask what they need
- Avoid judging and don't assume
- Be supportive at all times
- Don't make cruel jokes, or rely on stereotypes
- The person can be sure, unsure, neutral, not care, anxious – it's normal to have a range of emotional reactions when coming out ! And it's okay to change our minds J
- Realize sex, sexuality, and gender are way more complicated than what you'd learn in a 1 hour psychology class (but that keeps life fun!)

What to do In Case of Discrimination

- Ensure everyone is physically safe
- Provide or find emotional support
- Document as much as possible
- Seek consent before taking action and ask what the person needs
- Seek out resources, with consent (e.g. CEHR, Pride Centre, PTS, etc)
- Do not speak for people!
- You can also ask the person in advance how to respond if you anticipate negative responses

Conclusion

- Notions of homophobia, transphobia, and sexism have changed a lot in 50 years, but we still have a ways to go!
- There are many more resources for health professionals these days – ask!
- Now is the time to worry about ethics, and not so much about what sex acts or gender presentations are « appropriate »

Variations of Sexual Orientation

-conceptualization

-the way we think about sexual orientations as a concept, how we understand it, and how we define it

-causes of homosexuality according to other textbooks

-implicit in this is that there is a deviation from the norm and that there is something wrong with homosexuality

-biological factors

-genetics

-brain structures

-right-handedness / left-handedness

-birth order

-psychological

-psychoanalytic perspective of psychosexual development

-dominant mother / absent father

-environmental causes

-49% of people believe that people are born with their sexual orientation

-today, our understanding of homosexual orientation is that there is most likely a biopsychosocial interaction, but we don't know the exact interaction

-there seems to be evidence for a biological predisposition for an exclusively homosexual orientation

-i.e.: they've always been attracted to the same gender, constantly, with 0 attraction to the opposite gender

-according to the NHLSH, 1.8 men consider themselves exclusively homosexual and 1.4 for women

-this has been found through twin studies

-biological determinism (if we were to find genetic factors) would have a great impact on society and social policy

Conceptual Models of Sexual Orientation

1) Pre-Kinsey Dichotomous Model

-before Kinsey, our conceptualization of sexual orientation was dichotomous

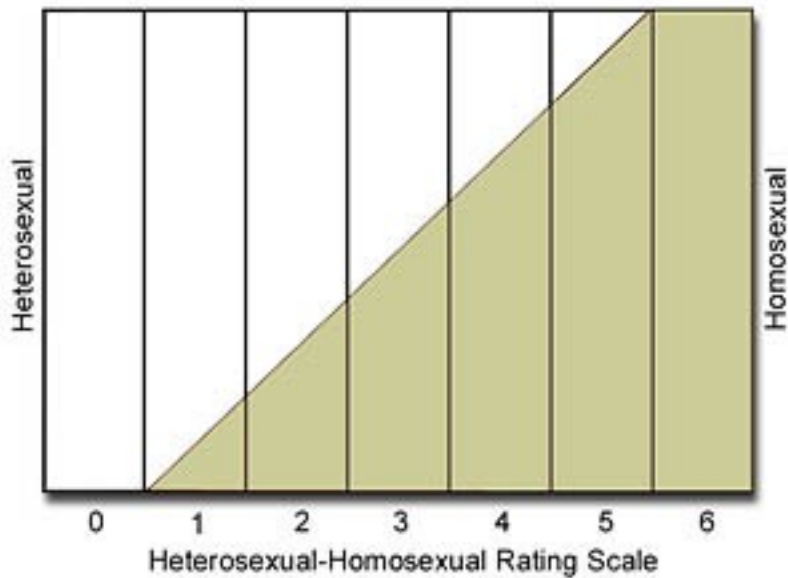
-homosexual or heterosexual (one or the other)

2) Kinsey Sexual Orientation Scale (1948)

- brought empirical validation to sexual research
- interested in knowing number of orgasms experienced with same-sex or other-sex people
- based on behaviour
 - number of activities you were having, number of orgasms experienced, number of fantasies, number of orgasms experienced during fantasies, etc.
 - very behaviourally based
- sexual orientation scale devised through this data
- bi-polar, linear scale
 - scoring from 0-6
 - 0 = exclusively heterosexual
 - 6 = exclusively homosexual
- wanted to break down the idea that people were 'either / or'
 - there was a lot of grey area in between that
- scale infers bisexuality
- scale still gives labels
 - e.g.: i'm 4 on the Kinsey scale
- men seem to cluster around the poles / extremities; women cluster to a lesser extent
- on exam, we might need to compare the models

Ranking behaviour and "psychologic reactions"

- 0- Exclusively heterosexual with no homosexual
- 1- Predominantly heterosexual, only incidentally homosexual
- 2- Predominantly heterosexual, but more than incidentally homosexual
- 3- Equally heterosexual and homosexual
- 4- Predominantly homosexual, but more than incidentally heterosexual
- 5- Predominantly homosexual, only incidentally heterosexual
- 6- Exclusively homosexual



3) Storm's Two-Dimensional Scheme (1980)

-studied sexual / erotic fantasies

-discovered that Kinsey's scale didn't capture what he saw in his research

-he researched bisexuals

-bisexuals have the same amount of fantasizing between same-sex and other sex compared to homosexuals and heterosexuals

-we must find ourself on both the X and Y axes

-high to low homoeroticism

-high to low heteroeroticism

-where they intersect, it corresponds to a quadrant that gives a label for your sexual orientation

-e.g.: high in homoeroticism and low in heteroeroticism = homosexual

-e.g.: high in both homoeroticism and heteroeroticism = bisexual

-100% attracted to opposite sex and 100% attracted to same sex

-first time we talk about asexuality in a model that also deals with eroticism

-the idea of asexuality being a sexual orientation only resurfaced recently (within past 10 years) with the website AVEN, which defines asexuality as no urge to act on

sexual attraction, not turned on by other people

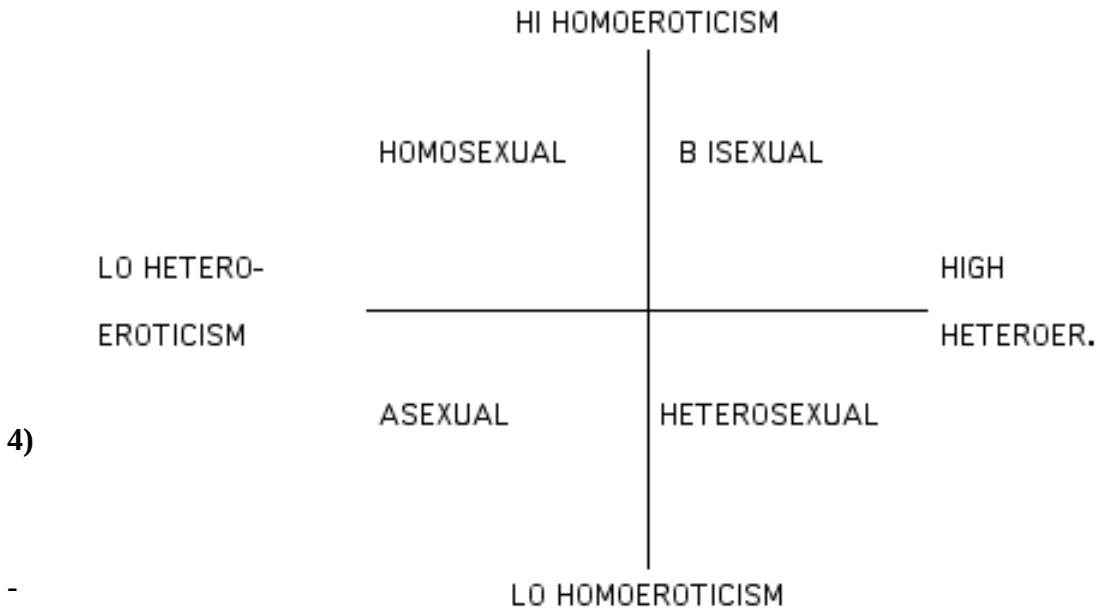
-1% of people in a study experienced the criteria for asexuality that was defined by AVEN

-73% of individuals identified as asexual have never had intercourse, did masturbate, but felt no interest in partnered sexual expression, and did not feel distress about their sexuality (different study)

-critique

-asexuality is seen as a negative in Storm's model and separate from other identities

-however, you can be asexual and predominately homo, hetero, bi



Klein's Sexual Orientation Grid

no a scale, axis, etc.; it is a grid

-sexual identity / orientation is very complex and depends on many variables

-it is composed of many other variables other than just behaviours and fantasies

-7 variables to consider that are part of our sexual orientation

1) Sexual attraction

-which gender are you sexually attracted to

-kind of applies a kinsey scale to all 7 variables

2) Sexual behaviour

-who are you having sexual contact with

3) Sexual fantasies

-who is in your sexual fantasies

4) Emotional preference

-who do you feel the closest to, who do you self-disclose the most to, emotionally intimate with, etc.

5) Social preference

-who do you hang out with, who do you feel the most comfortable with just hanging around, who is dominant in your social network

-social attraction is part of sexual orientation

6) self-identification (F)

-uses a different scale than other variables

-who do you identify as

7) hetero-gay lifestyle (G)

- this has been revised since
- it is a very old concept to have a gay lifestyle
- revisions have talked more about community involvement
- gay lifestyle (example of revision)
 - gay only = lives in gay village, gay-friendly services, active in gay community / parades, etc., and don't go outside of gay environment

-past, present, ideal

- this is a projected future concept
- this implies that sexual orientation can be fluid
 - it can stay the same or can greatly change
- the concept that sexual orientation can be fluid over time is new to this model (as opposed to Kinsey or Storm)
 - when you rank yourself on their scales, it seems like you are fixed with that orientation

-this grid can answer many questions

- e.g.: are you bisexual if you fantasize about same sex and opposite sex together?
 - fill in the grid to answer questions
- there are many possible combinations

-there is no "total" column

- there is no cumulative effect
- therefore, there is no label that is given with this grid
- the only label is through self-identification
- the person may define themselves as hetero only but having sexual fantasies of same sex does not mean they are abnormal

-disadvantages / critiques

- does not consider asexuality (i.e.: no "none of the above" category)
- having an "ideal" may put judgment on present or past
- having "somewhat more" category may lose some of its objectivity (no definite ranges; can vary with the individual)

-advantages

- not comparing with else
- makes it more

- 1- Other sex only
- 2- Other sex mostly
- 3- Other sex somewhat more
- 4- Both sexes equally
- 5- Same sex somewhat more
- 6- Same sex mostly
- 7- Same sex only

F & G:

- 1- Hetero only

Variable	Past	Present	Ideal
A. Sexual Attraction			
B. Sexual Behaviour			
C. Sexual Fantasies			
D. Emotional Preference			
E. Social Preference			
F. Self-Identification			
G. Hetero/Gay			

anyone subjective

- 2- Hetero mostly
- 3- Hetero somewhat more
- 4- Equally
- 5- Gay somewhat more
- 6- Gay mostly
- 7- Gay only

Sexual Coercion and Rape

-question for sexual assault, coercion, and consent will be on "Asking For it: The Ethics of Erotics of Sexual Consent" OR a question from the chapter

- individual differences in rape propensity
 - are there some characteristics that distinguish men who commit rape compared to those who don't?
- we will only be talking about men who sexually victimize women and the female victims are over the age of 14

Sexual Assault

-3 levels in regards to legal terminology:

1) Simple Sexual Assault

-minor or no physical injuries to the victim

2) Sexual Assault with a Weapon

-involves sexual assault with a weapon or the threat of using a weapon

3) Aggravated Sexual Assault

-wounding / disfiguration of the victim is involved

Rape

-non-consensual sexual contact

- may be any kind of sexual contact

-sex obtained with the use of force or threat of the use of force

Sexual Coercion

-non-consensual

- coercive = intimidation, pressure, threats

Forced Copulation

-raping with regards to non-human species

- negating the female's choice of mating and when they will mate
- apparent in several non-human species

Asking For It: Ethics and Eroticism of Sexual Consent

- situation where "yes" does not mean yes
 - under duress / threat
 - if you don't fully understand / misunderstand what you are agreeing to
 - yes, so that the person will stop asking
 - intoxication / handicapped
 - when you say yes but are not capable of consent
 - when a person isn't in their right mindset (e.g.: drunk, mentally handicapped, drugs, etc.)
 - pressure / coercion
 - when there is an age difference / position of power

- situation where "no" might not mean no
 - role playing
 - token resistance
 - different understandings of no based on cultural norms
 - hypnotism
 - if you don't know the English language
 - no may mean "try harder"

- what is the default? Yes or no? (if nothing is said, what is in place?)
 - body language may be read instead
 - naturally, people want to keep going and that is implied
 - ethically, no response = no
 - in our culture, no response = yes
 - the only thing that is yes, is yes
 - just because there is no "no", it does not mean there is a yes
 - yes must have consent
 - this is the **affirmative consent standard** *
 - for there to be consent, there must be some affirmation

- consent is like "the right of way" *
 - it is not something you have
 - it is something the other person has to give it to you
 - if someone else doesn't give it to you, you don't have it, no matter what you think you are entitled to have

- requires explicit verbal consent

-the danger of body language is that it is too easily misinterpreted

-epistemology

-theory of knowledge

-how we come to know what we know

-epistemological responsibility *

-your responsibility to know

-held accountable whether you know or not

-someone who initiates sexual behaviour has the epistemological responsibility for consent

-principles are gender neutral

-no act confers consent to any other act *

-consent must be given anew, with each new level of sexual intimacy

-there is usually a general sense of what we are talking about; the details don't matter

-in the absence of an affirmative consent standard, one act may confer consent to the following act
-you cannot really have a fully erotic experience without an affirmative consent standard

-promotes safety, justice, and equality

-anti-sexual assault message is not anti-sex

-it promotes safety, but eroticism at the same time

-due to affirmative consent standard

-it is not just the ethics of sexual consent, but the eroticism of sexual consent

-promotes safe environment where someone can express themselves and their eroticism

-alcohol, drugs, and first encounters

-if you have been initiating sexual activity when you are too drunk or high to know if you have consent, you don't know if it is sexual assault

-this is the default answer

-you can't know if you have sexually assaulted or raped someone

-affirmative consent standard leads to more eroticism

-it can allow for hotter sex because the person being approached for sex feels safer

-being able to know exactly what your partner wants to do

Diversity of Sexual Behaviour

-know the DSM summary

-understand descriptions of paraphilic disorders

-be able to recognize a behaviour based on a description

-the hint might not even be in the DSM

Criminal Code of Canada (CCC)

-know examples of sexual behaviours that are against the law

IN FOCUS 2.2

L07 What Are the Sexual Offences in the Criminal Code of Canada in 2010?

Offence	Description	Sentence
Sexual assault	Sexual assault involving minor or no physical injuries to the victim	10 years
Sexual assault with a weapon or threats	Sexual assault with a weapon, threats, or causing bodily harm, use of restricted or prohibited firearm, or use of any firearm if the offence involves a criminal organization	14 years
Aggravated sexual assault	Sexual assault resulting in wounding, maiming, or disfiguring or endangering the life of the victim, use of restricted or prohibited firearm, or use of any firearm if the offence involves a criminal organization	Life
Sexual interference	Direct or indirect touching (for a sexual purpose) of a person under the age of 16 using a part of the body or an object	10 years
Invitation to sexual touching	Inviting, counselling, or inciting a person under the age of 16 to touch (for a sexual purpose) the body of any person directly or indirectly with a part of the body or with an object	10 years
Sexual exploitation	Sexual interference or invitation to sexual touching by a person in a position of trust or authority toward a young person aged 16 to 18 with whom the young person is in a position of dependency or toward a person with a disability	10 years
Parent or guardian procuring, permitting sexual activity, or corrupting children	A parent or guardian or other person enticing or forcing a person under 18 to engage in an act prohibited under the Code or permitting them to engage in such an act on their premises	5 years
Corrupting children	Engaging in adultery or sexual immorality in the home of a child rendering the home unfit for the child	2 years
Luring a child	Using a computer to facilitate the commission of a sexual offence against a child under 18 years	10 years
Incest	When an individual has sexual intercourse with a person that has a known defined blood relationship with them	14 years
Anal intercourse	Anal intercourse between two people if either is under 18 or if more than two people take part or are present or if engaged in a public place	10 years

Adapted by permission of Canada Law Book, a division of Thomson Reuters Canada Limited, from *Martin's Online Criminal Code*, eds. Edward L. Green, The Honourable Justice Marc Rosenberg, and Marie Henein, (A91350-11) <http://clb5.canadalawbook.ca/>.

-6 criteria

we use to judge sexual behaviour as abnormal

- depending on what theorist you are using, there may be more or less
- we will use a model with 6 criteria

1) Statistical Criteria

-how many people in a given population engage in this behaviour ?

-e.g.: percentage, majority / minority, etc.

-sexual minority = everything outside of the socionormative ideas about sex (i.e.: "vanilla sex"); anyone who prefers or engages in sex outside the social norm; usually sexual orientation aside from straight

- this is purely statistical (just numbers)
- there is no judgement

-just because sexual behaviour is engaged in by a minority does not make it a bad thing; sexual behaviour engaged in by a majority does not make it a good thing

-generally speaking, any behaviour that finds itself outside of the sacrament of marriage between a man and woman (male and female) for reproductive purposes is subject to some degree of judgment in terms of sin and

2) Moral Values of a Religion

-sins vs. Virtues (as opposed to abnormal vs. Normal)

-right or wrong

-immoral / moral according to the religion

-evil / good

-consult scriptures (sacred writings)

1) Bible (old testament, new testament)

2) Catechism

3) the Book of Mormon

4) Quran

5) Torah

-abnormality = that which goes against the written word, the word of God, goes against God's will, an abomination, against nature that God intended it to be (i.e.: biological determinism), etc.

-e.g.: sex before marriage, sodomy, adultery

3) The Law

-abnormality defined as illegal

-illegal / legal

-criminal act

-refers to the criminal code (of Canada), Charter of Rights and Liberties, etc.

-e.g.: multiple wives (only allowed to marry one person), incest, pedophilia, anal sex under the age of 18,

-pg. 40, 41 of the actual textbook (chapter 2) = sexual behaviours that are illegal (might be on exam) according to the criminal code of Canada

-consent is the main determinant of legality

-without consent, you have a victim

-the law is interested in protecting people

-homosexuality is made legal in 1969 (removed from criminal code of Canada) and removed from the DSM in the early 70s

4) Medical Authorities (e.g.: Mental Health Professionals)

-e.g.: psychologists, general practitioners, sexologists, psychiatrists*

- reference to the Diagnostic and Statistical Manual of the American Psychiatric Association
- dysfunctional / functional
- disorder
 - a diagnosis of mental illness (i.e.: psychopathology)
- in the DSM-IV-R, there are 3 categories of sexual disorders
 - gender identity disorder (incongruence between one's assigned gender and gender identity)
 - sexual dysfunctions
 - sexual desire disorders, sexual arousal disorders, sexual pain disorders, sexual orgasm disorders, etc.
 - paraphilia
 - e.g.: exhibitionism, fetishism, voyeurism, sadism, masochism, zoophilia, pedophilia, etc.

5) Social Norms

- acceptable / unacceptable
- disgusting
- bizarre
- expected / usual vs. Unusual
 - e.g.: we could expect a person in Canada to have sexual intercourse before getting married; it is acceptable
- unconventional vs conventional
- where can we look in a society to determine whether a sexual behaviour is acceptable / unacceptable?
 - it is reflected in MEDIA
 - it reflects and also shapes social norms
- media can shape / influence what is acceptable / unacceptable in terms of sexual behaviour
 - e.g.: media coverage of Miley Cyrus shaped Canadians to find teen sex more acceptable
 - e.g.: media coverage of laws regarding sex work may make it seem more acceptable
 - e.g.: lesbian and gay relationships in television shows makes it seem more acceptable; in the past it was nearly non-existent
 - used to be secondary and used as comic relief
 - now, main characters may be gay and lesbian, with more to their life than just their sexuality / sex life
 - shows them in a different light
- involves a social consensus to what is acceptable / what we may be offended by, etc.
 - consensus can depend on who controls the media

- e.g.: the government (CRTC), parent groups, etc.
- they decide what we can and can't see, depending on the time of day, etc.

-e.g.: people who give an age-rating to movies

- consensus is very culturally based
- e.g.: in Europe, sexual tolerance is more open
 - we can see more nudity in the media
 - what they find acceptable is different than what is acceptable in Canada, which is different than what is acceptable in USA

6) Personal Values and Beliefs

-the whole idea of "live and let live"

-this is in the realm of individual

-the sexual behaviour is said to be egosyntonic / egodystonic

- egosyntonic
 - ego = the self
 - syntonic = synchrony / harmony
 - synchrony / harmony with the self

- egodystonic
 - in conflict with personal values

- people's values are very subjective
- people have different values

-sexual values can include love, pleasure / hedonic, satisfaction (sexual, relationship, etc.)

-behaviour can be egosyntonic / egodystonic

- e.g.: pedophile
 - if they believe that is up to them to show the child sex practices and they believe it is pleasurable / acceptable in other societies, it is egosyntonic
 - they justify their actions

- some pedophiles believe that their pedophilia is wrong / dangerous
 - egodystonic belief
 - they know they should be protecting children and their behaviour is not one that fulfills that

Vignette	Normal?	Abnormal?	Why?
1) a couple enjoys experiencing with sadomasochistic roleplay using bondage (e.g.: tying up, spanking) and go to private parties	-normal, as long as they are consenting, respect, choices and limits are discussed, etc. -this is just an idea		

where they play with other couples	brainstormed in class		
2) a woman succeeds in training her cat to lick her vulva to orgasm and she does it when the opportunity presents itself (i.e.: alone in the house and feels like doing it)		-there is a social taboo about bestiality and may be illegal -this is just an idea brainstormed in class (see below for full analysis)	
3) a man sits at his computer for hours, masturbating continuously to pornographic images of straight, explicit sex (i.e.: mainstream porn); when he starts he can't stop, loses track of time, and often neglects his responsibilities at home and at work (e.g.: he once forgot to pick up his kid at school)		-masturbation is normal, but not being able to control yourself is not normal -this is just an idea brainstormed in class (see below for full analysis)	

Vignette 1

-statistical

- practiced by a minority
- abnormal

-religion

- sinful
- it goes against the scriptures
- it does not involve procreation and is not restricted to husband and wife

-the law

- legal
- there is consent and everybody is in the age that can consent

-medical authorities

- sexual sadism / masochism is in the DSM
- considered paraphilia / sexual disorder / psychopathology according to the DSM

-social norms

- unusual, unconventional, not really represented in the media

-personal values and beliefs

-2 ways to answer this

-in terms of the doer ('them') = egosyntonic

-in terms of yourself = egodystonic

Vignette 2

-statistical

-practiced by a minority = abnormal

-religion

-sinful

-outside of procreation, not male and female

-enzyme in acrosome is species specific

-the law

-illegal

-animals cannot consent

-medical authorities

-zoophilia is in the DSM

-this behaviour is assessed / judged as disordered / psychopathology

-it is a paraphilic behaviour

-zoophilia vs. Bestiality

-zoophilia is more of a psychological term

-there is a sexual arousal with the animal

-bestiality is more of a legal term

-involves more of an opportunity to have sex with the animal

-there may not be arousal with the animal

-social norms

-behaviour is unconventional, disgusting, bizarre, unacceptable, etc.

-not really seen in media; when it is, it is about desperation / depravity

-personal values and beliefs

-for her, it is egosyntonic

-"in harmony with her values"

-she trained her cat to do it, so it must be what she wants

-however, some people may have lots of shame and thus, it would be egodystonic

-given a choice between a human or an animal, she would likely choose a human to have sexual relations with

-for us, it is egodystonic

-it is in conflict with our values

Vignette 3

-statistical

- majority of people watch porn
- the element that constitutes the minority is the fact that it has become debilitating
 - sexual addiction, sexual compulsion, lack of self-control, etc.

-only a minority of men feel they don't have control of their behaviour

-religion

- immoral / sinful
- not for procreation, not between a male and female, etc

-the law

-legal; he is looking at adults (legal), is an adult himself, and there is no need for consent

- he may be charged for child neglect, but it would not be because he was addicted to porn
 - if it is illegal, it is only the neglectful aspect and that aspect alone

-medical authorities

- hypersexuality is an OCD
- hypersexuality / sexual addiction / sexual compulsion is not in the DSM
- only the OCD aspect is in the DSM
- he would meet the criteria as having a compulsion in the DSM-IV

-social norms

- guys who masturbate to mainstream porn is acceptable
- the component that makes it unacceptable is losing control, the addictive aspect, not being able to stop, etc.

-often represented in media (not the neglect part)

-personal values and beliefs

-for him

- it is egodystonic
- he has lost control of his behaviours and cannot stop

-statistical criteria change over time

-moral values of a religion do not change over time

- interpretations of the writings change over time, however
- it is a slow process

-the law changes over time

-medical authorities / DSM change over time

- only things related to DSM-IV-R will be on exam

-social norms change over time

-personal values and beliefs change over time

- e.g.: different at 10, 20, 30, etc.

-there is no cumulative effect of the 6 criteria

-you have to assess each criteria independently

-criteria can be interdependent (e.g.: between social norms and the law), but we cannot add up each criteria / we cannot average it out (e.g.: 4 normal vs. 3 abnormal = normal)

-normality / abnormality depends on what criteria you use to assess the behaviour; each criteria must be considered individually