

UNDERSTANDING HUMAN SEXUALITY



HYDE DELAMATER BYERS

SEVENTH CANADIAN EDITION

UNDERSTANDING HUMAN SEXUALITY

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Education



**Understanding Human Sexuality
Seventh Canadian Edition**

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To our family
Dorothy, Peter, Elizabeth, Margaret Laura, Luke
—J.S.H. & J.D.D.

To my family with so, so, so much love
Larry, Krista, Lionel, Alyssa, Josh
—E.S.B.

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Janet Shibley Hyde, the Helen Thompson Woolley Professor of Psychology and Gender & Women's Studies at the University of Wisconsin–Madison, received her education at Oberlin College and the University of California, Berkeley. She has taught a course in human sexuality since 1974, first at Bowling Green State University, then at Denison University, and now at the University of Wisconsin. Her research interests are in gender differences and gender-role development in childhood and adolescence. Author of the textbook *Half the Human Experience: The Psychology of Women*, she is a past president of the Society for the Scientific Study of Sexuality and is a Fellow of the American Psychological Association and the American Association for the Advancement of Science. She has received many other honours, including an award for excellence in teaching at Bowling Green State University, the Chancellor's Award for teaching at the University of Wisconsin, and the Kinsey Award from the Society for the Scientific Study of Sexuality for her contributions to sex research. In 2000–2001 she served as one of the three scientific editors for U.S. Surgeon General David Satcher's report *Promoting Sexual Health and Responsible Sexual Behavior*. She is married to John DeLamater.

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Contents in Brief

	<i>Preface</i>	<i>xiii</i>
CHAPTER 1	<i>Sexuality in Perspective</i>	<i>1</i>
CHAPTER 2	<i>Theoretical Perspectives on Sexuality</i>	<i>22</i>
CHAPTER 3	<i>Sex Research</i>	<i>47</i>
CHAPTER 4	<i>Sexual Anatomy</i>	<i>79</i>
CHAPTER 5	<i>Sex Hormones, Sexual Differentiation, and Menstruation</i>	<i>103</i>
CHAPTER 6	<i>Conception, Pregnancy, and Childbirth</i>	<i>130</i>
CHAPTER 7	<i>Contraception and Abortion</i>	<i>171</i>
CHAPTER 8	<i>Sexually Transmitted Infections</i>	<i>204</i>
CHAPTER 9	<i>Sexual Arousal</i>	<i>229</i>
CHAPTER 10	<i>Sexuality and the Life Cycle: Childhood and Adolescence</i>	<i>267</i>
CHAPTER 11	<i>Sexuality and the Life Cycle: Adulthood</i>	<i>297</i>
CHAPTER 12	<i>Attraction, Love, and Communication</i>	<i>332</i>
CHAPTER 13	<i>Gender and Sexuality</i>	<i>367</i>
CHAPTER 14	<i>Sexual Orientation and Identity: Gay, Lesbian, Bi, Straight, or Asexual?</i>	<i>395</i>
CHAPTER 15	<i>Variations in Sexual Behaviour</i>	<i>429</i>
CHAPTER 16	<i>Sexual Coercion</i>	<i>459</i>
CHAPTER 17	<i>Sex for Sale</i>	<i>487</i>
CHAPTER 18	<i>Sexual Disorders and Sex Therapy</i>	<i>524</i>
CHAPTER 19	<i>Sexuality Education</i>	<i>552</i>
CHAPTER 20	<i>Ethics, Religion, and Sexuality</i>	<i>See Connect® 2 Online</i>
	<i>References</i>	<i>RE-1</i>
	<i>Glossary</i>	<i>See Connect® 2 Online</i>
	<i>Index</i>	<i>IN-1</i>

Contents

Preface xiii

CHAPTER 1 Sexuality in Perspective 1

Sex and Gender 2

Influences on Sexuality 3

First Person: Paul: The Story of a Gay Anglican Priest 4

Religion • Science • The Media • The Internet

Cross-Cultural Perspectives on Sexuality 9

Variations in Sexual Techniques 9

A Sexually Diverse World: How Much Can Behaviours Vary? Sexuality in Two Societies 10

Masturbation • Premarital and Extramarital Sex • Sex with Same-Sex Partners • Standards of Attractiveness • Regional and Cultural Variation in Sexuality • The Significance of Cross-Cultural Studies

Cross-Species Perspectives on Sexuality 17

Masturbation • Same-Sex Sexual Behaviour • In What Ways Are Humans Unique? • The Nonsexual Uses of Sexual Behaviour

The Sexual Health Perspective 20

Critical THINKing Skill 21

Summary 22

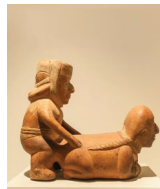
CHAPTER 2 Theoretical Perspectives on Sexuality 23

Evolutionary Perspectives 24

Evaluation of Sociobiology • Evolutionary Psychology

Psychological Theories 27

Psychoanalytic Theory • Learning Theory • Social Exchange Theory • Cognitive Theory



A Sexually Diverse World: Ritualized Same-Sex Sexual Activity in a Non-Western Society 32

Critical Theories 37

Feminist Theory • Queer Theory

Sociological Perspectives 38

Symbolic Interaction Theory • Sexual Scripts • Sexual Fields • Social Institutions

Theoretical Perspectives Revisited 45

Critical THINKing Skill 45

Summary 46

CHAPTER 3 Sex Research 47

Measuring Sex 48

Self-Reports • Behavioural Measures • Implicit Measures • Biological Measures

Issues in Sex Research 51

Milestones in Sex Research: Masters and Johnson: How Did They Study Sexual Response in the Laboratory? 52

Sampling • Accuracy of Measurement • Web-Based Surveys • Accuracy of Behavioural Observations • Extraneous Factors • Ethical Issues

Some Statistical Concepts 59

Average • Variability • Average versus Normal • Incidence versus Frequency • Correlation

The Major Sex Surveys 61

The Kinsey Report • Sexual Behaviour in the United States Today • Sexual Behaviour in Britain and Australia • Sexual Behaviour in Canada • The Canada Youth, Sexual Health, and HIV/AIDS Study • Magazine Surveys

Milestones in Sex Research: What Is the Legacy of Alfred C. Kinsey? 62

Studies of Special Populations 67

Media Content Analysis 67

First Person: Where Can I Go in Canada to Become a Sex Researcher? 68

Milestones in Sex Research: Confessions of a Scientist: The Career of Dr. William Fisher 70

Qualitative Methods 73

Experiments 74

Meta-Analysis 75

Critical THINKing Skill 76

Summary 77

CHAPTER 4

Sexual Anatomy 79

Genital Self-Image 80

Female Sexual Organs 81

- External Organs • Internal Organs*
- *The Breasts*

A Sexually Diverse World: What Is Female Genital Cutting? 84

Male Sexual Organs 90

- External Organs • Internal Organs*

Cancers of the Sex Organs 95

- Breast Cancer • Cancer of the Cervix, Endometrium, and Ovaries • Cancer of the Prostate • Cancer of the Testes*

First Person: Prostate Cancer, Gonadal Hormones, and My Brain 99

Critical THINKing Skill 102

Summary 102

CHAPTER 5

Sex Hormones, Sexual Differentiation, and Menstruation 103

Sex Hormones 104

- Sex Hormone Systems in Males • Sex Hormone Systems in Females • Biology of the Menstrual Cycle • The Phases of the Menstrual Cycle*

Milestones in Sex Research: Is Environmental Pollution Affecting the Endocrine System 108

Prenatal Sexual Differentiation 111

- Sex Chromosomes • Gonads • Prenatal Hormones and the Genitals • Descent of the Testes and Ovaries • Brain Differentiation • Homologous Organs • Atypical Prenatal Gender Differentiation*

Sexual Differentiation During Puberty 117

- Changes in Boys • Changes in Girls*

A Sexually Diverse World: Can Gender Be Assigned? The Story of David Reimer 118

Changes in Behaviour 124

- Psychological Aspects of the Menstrual Cycle • Fluctuations in Mood: Do Women Become Extra Emotional? • Fluctuations in Performance • Fluctuations in Sex Drive • What Causes the Fluctuations in Mood: Why Do Some Women Get Emotional?*

Critical THINKing Skill 128

Summary 129

CHAPTER 6

Conception, Pregnancy, and Childbirth 130

Conception 131

- Sperm Meets Egg: The Incredible Journey*
- *Improving the Chances of Conception: Making a Baby*

First Person: Planning a Pregnancy? 134

Development of the Conceptus 134

- The Embryo and Its Support Systems • Fetal Development*

Pregnancy 137

- The Stages of Pregnancy • Sex during Pregnancy • Nutrition during Pregnancy • Substances That May Result in Birth Defects • Detecting Birth Defects*

Birth 146

- The Beginning of Labour • The Stages of Labour • Caesarean Section (C-section) • Childbirth Options*

First Person: Giving Birth at Home: One Couple's Experience 152

After the Baby Is Born: The Postpartum Period 155

- Physical Changes • Psychological Changes • Attachment to the Baby • Sex during Postpartum*

Breast-Feeding 157

- Biological Mechanisms • Physical and Mental Health*

Pregnancy-Related Problems 159

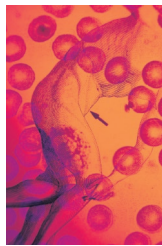
- Ectopic Pregnancy • Molar Pregnancy • Pseudocyesis • Pregnancy-Induced Hypertension • D (Rh) Incompatibility • Miscarriage (Spontaneous Abortion) • Preterm Birth*

Infertility 161

- Causes of Infertility • Psychological Aspects of Infertility • Treatment of Infertility*

Assisted Reproductive Technologies 163

- Assisted Insemination • Sperm Banks • Embryo Transfer • In Vitro Fertilization • GIFT and ZIFT*



- *Reproductive Cloning* • *Gender Selection*
- *Prenatal Genetic Diagnosis* • *The Legal and Ethical Challenges of New Reproductive Technologies*

Critical THINKing Skill 169

Summary 169

CHAPTER 7

Contraception and Abortion 171

Hormonal Methods 173

- The Combination Pill* • *Other Kinds of Pills* • *The Patch* • *The Vaginal Ring* • *Emergency Contraception* • *LARC*



First Person: A Brief History of Birth Control in Canada 174

Cervical Caps and the Sponge 180

- Cervical Caps* • *The Sponge*

Condoms 181

- The Male Condom* • *The Female Condom*

Spermicides 185

Douching 185

Withdrawal 186

Fertility Awareness (Rhythm) Methods 186

Sterilization 187

- Male Sterilization* • *Female Sterilization*

New Advances in Contraception 190

- Male Methods* • *Female Methods*

Milestones in Sex Research: History of the Development of Sophisticated Methods of Contraception 191

Psychological Aspects: Attitudes toward Contraception 192

Abortion 195

- Abortion Procedures* • *Medical Abortion* • *Psychological Aspects* • *Men and Abortion*

First Person: A History of Abortion in Canada: Focus on Dr. Henry Morgentaler 196

A Sexually Diverse World: Abortion in Cross-Cultural Perspective 200

Critical THINKing Skill 202

Summary 203

CHAPTER 8

Sexually Transmitted Infections 204

Chlamydia 206

- Symptoms* • *Treatment* • *Prevention*

HPV 207

- Diagnosis* • *Treatment* • *Vaccine*

Genital Herpes 209

- Symptoms* • *Treatment* • *Long-Term Consequences* • *Psychological Aspects: Coping with Herpes*

First Person: Coping with Herpes 210

HIV Infection and AIDS 212

- An Epidemic?* • *Transmission* • *The Virus* • *The Disease* • *Diagnosis* • *Treatment* • *Women, Children, Ethnic Minorities, and AIDS* • *Psychological Considerations in HIV/AIDS* • *Recent Progress in HIV/AIDS Research*

Gonorrhea 219

- Symptoms* • *Diagnosis* • *Treatment*

Syphilis 221

- Symptoms* • *Diagnosis* • *Treatment*

Viral Hepatitis 223

Trichomoniasis 223

Pubic Lice 223

Preventing STIs 224

First Person: Cool Lines about Safer Sex 225

Other Genital Infections 226

- Candida* • *Prostatitis*

Critical THINKing Skill 227

Summary 228

CHAPTER 9

Sexual Arousal 229

The Sexual Response Cycle 230

- Excitement* • *Orgasm* • *Resolution* • *More on Women's Orgasms*

Other Models of Sexual Response 235

- Kaplan's Triphasic Model* • *The Intimacy Model* • *The Dual Control Model* • *Emotion and Arousal*

Hormonal and Neural Bases of Sexual Behaviour 239

- The Brain, the Spinal Cord, and Sex* • *Brain Control of Sexual Response* • *Hormones and Sex*

Pheromones 246

Sexual Techniques 248

Milestones in Sex Research: What Happens in the Brain during Sex? 244

- Erogenous Zones* • *One-Person Sex* • *Two-Person Sex* • *Aphrodisiacs* • *Approaches to Lovemaking*

First Person: Sex Toys and Physical Disability 250

A Sexually Diverse World: What Is Tantric Sex? 260**Critical THINKing Skill 265****Summary 266****CHAPTER 10****Sexuality and the Life Cycle:
Childhood and
Adolescence 267****Data Sources 268****First Person: What Was Your First Sexual
Experience? 269****Infancy and the Preschool Years (Birth to 4 Years) 270**

Attachment • Self-Stimulation • Child-Child Encounters • Sexual Knowledge and Interests • Knowledge about Gender

Childhood (5 to 11 Years) 272

Masturbation • Mixed-Sex Behaviour • Same-Sex Behaviour • Sex Knowledge and Interests • Sexualization of Children

Adolescence (12 to 18 Years) 275

Masturbation • Same-Sex Sexual Behaviour • Mixed-Sex Sexual Behaviour • Too Early Sex • Adolescent Romantic Relationships • Internet Use, Risk, and Sexting • Contraceptive and Condom Use

**Milestones in Sex Research: What Impact Does Mass
Media Have on Adolescent Sexuality? 278****Late Adolescence (19 to 22 Years) 289**

Masturbation • Patterns of Mixed-Sex Behaviour • Casual Sex • Same-Sex Sexual Behaviour

**First Person: Becoming a Teen Mother: An Indigenous
Woman's Story 290****How Sexuality Aids in Development 294****Critical THINKing Skill 295****Summary 295****CHAPTER 11****Sexuality and the Life Cycle:
Adulthood 297****Sex and the Single Person 298**

Sexual Unfolding Development • The Never-Married • Being Single

Cohabitation 301**Marriage 304**

Frequency of Intercourse • Sexual Techniques • Negotiating

Sex • Masturbation • Sexual Satisfaction • Sexual Patterns • Sex and the Two-Career Family • Keeping Your Mate • Maintaining a Long-Term Relationship

Nonmonogamous Relationships 311

Extra-Relationship Sex • Open Nonmonogamous Relationships • Consequences of Nonmonogamous Relationships

**Milestones in Sex Research: Sex on the
Internet 314****Postrelationship Sex 319****Sex in Later Life 321**

Physical Changes in Women • Changes in Men • Attitudes about Sex and Older Adults • Sexual Behaviour

**Milestones in Sex Research: Older Adults Who Have
Optimal Sexual Experiences 328****Critical THINKing Skill 330****Summary 331****CHAPTER 12****Attraction, Love, and Communication 332****Attraction 333**

The Girl Next Door • Birds of a Feather • Physical Attractiveness • The Interpersonal Marketplace • From the Laboratory to Real Life • Attraction Online • Explaining Our Preferences

Intimacy 340

Defining Intimacy • Intimacy and Self-Disclosure • Measuring Intimacy

Theories of Love 343

Triangular Theory of Love • Attachment Theory of Love • Love as a Story • Passionate and Companionate Love • The Biology of Love

**Milestones in Sex Research: What Is
Jealousy? 346****Researching Love 350**

Measuring Love • Love and Adrenaline • Cross-Cultural Research

**First Person: Why I Chose to Have an Arranged
Marriage 354****Communication 354**

Communication and Relationships • Sexual Self-Disclosure • Being an Effective Communicator • Fighting Fair • Checking Out Sexy Signals • Gender Differences in Communication • Relationship Education

First Person: Sexuality and Disability: Constructing a Sexual Blueprint 358

Critical THINKing Skill 365

Summary 365

CHAPTER 13

Gender and Sexuality 367

Gender Roles and Stereotypes 368

Gender Schema Theory • The Traditional Sexual Script • Socialization • Gender Roles and Ethnicity



Gender Differences in Psychological Functioning 374

Milestones in Sex Research: Sex, Gender, and Sexual Orientation in Samoa 374

Gender Differences in Sexuality 376

Masturbation • Attitudes about Casual Sex • Use of Pornography • Arousal from Erotica • Orgasm Consistency • Sex Drive

Why the Differences? 380

Are the Differences Bogus? • Biological Factors • Cultural Factors • Other Factors

Beyond the Young Adults 384

Transgender 384

The Experiences of Trans Individuals • Sexual Orientation and Transgender Identity • Trans Health • The Medical and Surgical Transition Process • What Causes Gender Variance?

Milestones in Sex Research: Measuring Anti-Trans Prejudice 387

First Person: Matt: A Transman's Story 392

Critical THINKing Skill 393

Summary 394

CHAPTER 14

Sexual Orientation and Identity: Gay, Lesbian, Bi, Straight, or Asexual? 395

How Many People Are Gay, Lesbian, Bi, Straight, or Asexual? 398

Milestones in Sex Research: Asexuality: A Sexual Dysfunction, a Sexual Orientation, or Something Else? 400

Attitudes 402

Attitudes toward Gay Men and Lesbians • Attitudes toward Bisexuals • Attitudes toward Asexuals •

LGBs and the Law • Gay Men, Lesbians, and Bisexuals as a Minority Group

Life Experiences of LGB Individuals 408

LGB Development • Lesbian, Gay, and Bisexual Communities • Same-Sex Relationships • Lesbian and Gay Families

Milestones in Sex Research: Does Gaydar Exist? 409

First Person: Sexual Fluidity and Questioning 411

LGB Sexual Orientation and Mental Health 416

Sin and the Medical Model • Research Evidence • Can Sexual Orientation Be Changed by Psychotherapy?

First Person: Carolyn and cj: A Same-Sex Couple 417

What Determines Sexual Orientation? 419

Biological Theories • Learning Theory • Interactionist Theory • Sociological Theory • The Bottom Line

Differences between Gay Men and Lesbians 423

Sexual Orientation in Multicultural Perspective 424

A Final Note 426

Critical THINKing Skill 427

Summary 428

CHAPTER 15

Variations in Sexual Behaviour 429



When Is Sexual Behaviour Abnormal? 430

Defining Abnormal • The Normal–Abnormal Continuum

Sexual Addictions and Compulsions 432

Compulsive Sexual Behaviour

Fetishism 434

Why Do People Develop Fetishes?

Cross-Dressing 435

First Person: A Case History of a Shoe Fetishist 436

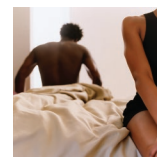
BDSM 438

Definitions • Sexual Sadism and Masochism • Causes of Preference for Sexual Sadomasochism • Bondage and Discipline • Dominance and Submission

First Person: The Pleasure of Kinky Sex: Trevor Jacques, a BDSM Practitioner and Advocate 440

Voyeurism and Exhibitionism 443

Voyeurism • Exhibitionism

Hypersexuality 445**Online Sexual Activity Use and Abuse 447****Other Sexual Variations 449***Asphyxiophilia • Zoophilia • Other Variations***Prevention and Treatment of Paraphilic Disorders 452***Prevention of Paraphilic and Nonparaphilic Disorders • Treatment of Paraphilic and Nonparaphilic Disorders • What Works?***Critical THINKing Skill 457****Summary 458****CHAPTER 16****Sexual Coercion 459****Sexual Assault 460***Statistics • Sexual Assault of Women by Acquaintances • Partner Sexual Assault of Women • The Impact of Sexual Assault on Women • Causes of Sexual Assault against Women • The Role of Alcohol in Sexual Assault of Women • Men Who Are Sexually Aggressive against Women • Ethnicity and Sexual Assault against Women • Sexual Assault against Men • Sexual Assault in Prison • Preventing Sexual Assault***First Person: A Sexual Assault Victim Tells Her Story 464****First Person: What to Do after a Sexual Assault 467****Child Sexual Abuse 472***Patterns of Child Sexual Abuse • Intrafamilial Sexual Abuse • Impact on the Victim • The Offenders • Treatment of Sex Offenders • Mandatory Notification of the Release of Sex Offenders • Preventing Child Sexual Abuse***Milestones in Sex Research: False Memory Syndrome? Recovered Memory? 476****Milestones in Sex Research: What Causes Pedophilia? 478****Sexual Harassment 482***Sexual Harassment at Work • Sexual Harassment in Education • Sex between Health Care Professionals and Clients or Patients***Critical THINKing Skill 485****Summary 486****CHAPTER 17****Sex for Sale 487****Commercial Sex Work 488***Female Sex Workers • Customers • Male Sex Workers • Transgender Sex Workers • Sex Tourism***Milestones in Sex Research: Talking Back: Stories of Sex Work in the Maritimes 496****First Person: Working Their Way through University 499****Pornography 503***Terms • Overview • The Pornography Industry • The Producers • The Customers • The Effects of Pornography • Issues Related to Pornography***First Person: Behind the Scene: Making X-Rated Videos 508****Critical THINKing Skill 522****Summary 523****CHAPTER 18****Sexual Disorders and Sex Therapy 524****Sexual Disorders 525***Disorders in Men • Disorders in Women***First Person: A Case of Female Orgasmic Disorder 530****What Causes Sexual Disorders? 530***Physical Causes • Drugs • Psychological Causes • Combined Cognitive and Physiological Factors • A New View of Women's Sexual Problems and Their Causes***Therapies for Sexual Disorders 539***Behaviour Therapy • Cognitive Behaviour Therapy • Couple Therapy • Specific Treatments for Specific Problems • Biomedical Therapies***First Person: A Case of Low Sexual Desire 541****Evaluating Sex Therapy 547****Some Practical Information 548***Avoiding Sexual Disorders • Choosing a Sex Therapist***Critical THINKing Skill 550****Summary 551****CHAPTER 19****Sexuality Education 552****Purposes of Sexuality Education 553****In the Home, in the School, or Somewhere Else? 554****What to Teach at Different Ages 555***Children's Sexual Knowledge • Children's Sexual Interests*

Attitudes toward School-Based Sexuality Education 556**The Curriculum 557**

Early Sex Education Programs • HIV/AIDS Risk Education • Abstinence-Only Programs • Comprehensive, Theoretically Based Programs • Condom Distribution • Sexual Diversity

The Teacher 563**Home-Based Sexuality Education 564****First Person: Talking to Your Children about Sex 565****Sexuality Education in the Community 567**

Sex Education by Health Care Professionals • Sex Education on the Internet

Effective Multicultural Sexuality Education 568**First Person: Sex Education for Persons with Developmental Disabilities 570****Critical THINKing Skill 571****Summary 572****CHAPTER 20****Ethics, Religion, and Sexuality****See Connect[®] 2 Online****References RE-1****Glossary See Connect[®] 2 Online****Index IN-1**

Preface

Continuing a Research-Based Tradition in Sexuality

Since its conception, *Understanding Human Sexuality* has achieved distinction and success by following the science of human sexuality. The first of the modern sexuality textbooks, *Understanding Human Sexuality* introduced this topic to students through the science that has uncovered what we know about the field. Groundbreaking when it first appeared, this research-based tradition continues to result in a contemporary, balanced introduction to human sexuality in an integrated learning system that engages students to learn about the content of the course, others, and themselves.

Our goal in creating the seventh Canadian edition of *Understanding Human Sexuality* was to maintain the best features of the highly regarded American textbook while continuing to provide a truly Canadian focus. Over the past two decades, *Understanding Human Sexuality* has been widely recognized for its comprehensive and multidisciplinary coverage of a broad range of topics, its commitment to excellent scholarship, and its appeal and accessibility to students. The seventh Canadian edition retains these strengths while incorporating the latest information about a range of sexual topics, including Internet issues related to sexuality, updated statistics, adolescent sexual behaviour, transgender individuals, the causes and treatment of sexual disorders, and legal decisions related to sex work. This inclusivity makes this seventh Canadian edition a comfortable and informative resource for many audiences.

Following the Science to Understand Human Sexuality

Understanding Human Sexuality is grounded in science and the research that informs this science. This foundation, drawn from several perspectives, is reflected by us, as the authors. We bring these differing perspectives to our introduction to human sexuality. Janet's background is in psychology and biology. John's is in sociology. Sandra's is in clinical psychology. The importance we place

on science comes from the desire to provide students with a holistic understanding of human sexuality based on the best available research and also on what we see and do as researchers ourselves. We each have active research careers and focus on differing aspects of human sexuality.

The quality of sex research is highly variable. One of our responsibilities as authors is to sift through available studies and present only those of the best quality and the greatest relevance and currency to this course. We are thrilled to observe that the quality of sex research improves every decade. In this edition, as much as possible, we continued to feature up-to-date studies of excellent quality in terms of their sampling, research design, and measurements.

A Book for Students

First and foremost, we have kept in mind that students want to learn about sexuality and that our job as writers is to help them do so effectively. We have covered topics completely, with as clear a presentation as possible, and have made a special effort to use language that is inclusive and will ultimately enlighten instead of intimidate. In the selection and preparation of illustrations for the book, our goal has always been to convey as much information as possible, simply and clearly, and to ensure that students with a range of gender and sexual identities can see themselves in the material they read.

This book assumes no prior university or college courses in biology, psychology, or sociology. It is designed as an introduction following the four major objectives of our own courses in human sexuality:

1. To provide students with an understanding of the methods and results of research that have contributed to our scientific knowledge about human sexuality, as well as the tools to read research reports and evaluate claims both critically and intelligently.
2. To provide practical information needed for everyday living, such as information on sexual anatomy,

contraception, sexually transmitted infections, and ways in which to deal with problems in sexual functioning.

3. To help students appreciate the fabulous diversity of human sexuality along many dimensions, including but not limited to age, gender identity, sexual orientation and identity, and ethnicity within Canada and in cultures around the world.
4. To help students feel more comfortable with thinking and talking about sex, both to broaden their knowledge base and to help them become responsible decision makers in their personal lives and in their roles as citizens and voters.

All of the above information is supported by research so that students feel confident that what they are learning is fact-based and can be easily applied to their lives or those around them.

Thinking Critically about Sexuality

Critical thinking is a well-developed area of psychological research with proven methods, and it is a new feature explored in this edition. Since we are not experts in critical thinking, we consulted with Dr. Diane Halpern, former president of the American Psychological Association and a faculty member at Claremont McKenna College in California. With Dr. Halpern's guidance, a critical thinking skill feature is included for each chapter in this seventh Canadian edition to ensure that the material continues to be accessible to all students. In Chapter 1, the first feature introduces students to the concepts and principles of critical thinking; in later chapters, specific skills are explained and applied to sexuality. Examples of these include the importance of sampling in research (Chapter 3), understanding the difference between anecdotal evidence and scientific evidence (Chapter 4), evaluating alternatives in making a health care decision (Chapter 6), understanding the concept of probability (Chapter 7), and decision making and problem solving (Chapter 10), to name a few.

Critical THINKing Skill

AN INTRODUCTION TO CRITICAL THINKING

In this and all other chapters in this textbook, you will find boxes labeled "Critical Thinking Skill." Each of these boxes is designed to improve your critical thinking skills as applied to sexuality, but the skills you learn will be useful in many other areas of life. According to Diane Halpern, an expert in critical thinking:

Critical thinking is the use of those cognitive skills or strategies that increases the probability of a desirable outcome. It is purposeful, reasoned, and goal directed. It is the kind of thinking involved in solving problems, formulating inferences, calculating likelihoods, and making decisions. . . . Critical thinking also involves evaluating the thinking process—the reasoning that went into the conclusion we have arrived at or the kinds of factors considered in making a decision (Halpern, 2002, p. 95).

Critical thinking is logical, rational, and free of self-deception. Critical thinking is also an attitude that people carry with them into situations, a belief that can and should be used to make better decisions. Over time, those with excellent critical thinking skills should experience better outcomes (e.g., making a good career choice or making a good decision about where to live) compared with those who have poor critical thinking skills (Halpern, 1998).

For these reasons, colleges and universities believe that it is important for students to improve their critical thinking skills. These skills are also increasingly important in the world of work, as our industrial, manufacturing economy has been replaced by a knowledge-based economy, and the ability to evaluate information carefully is a major asset.

Here's to better critical thinking by all of us!

What Makes the Seventh Canadian Edition of *Understanding Human Sexuality Unique?*

A Commitment to Canadian Content

First and foremost is the Canadian content. There are many ways in which sexuality in Canada is different from sexuality in other parts of the world—whether it's rates of breast-feeding, teenage pregnancy, and STIs; attitudes toward same-sex relationships; or laws regulating sexuality. These differences are reflected throughout the text in every chapter. Students are provided with information that is relevant to their own lives, their own experiences, and the communities they live in. By featuring research conducted in Canada, this textbook sheds light on the important work Canadian researchers continue to do on our behalf. Professors who reviewed past editions of this text have been extremely positive about the inclusion of Canadian content, enthusiastically praising both the extent and the relevance of Canadian information compared with other texts available. We have maintained these features in the seventh Canadian edition.

A Focus on Diversity and an Inclusive Approach

Second, in the seventh Canadian edition we have continued to pay special attention to making the text as inclusive as possible. Canada is a diverse nation with diverse sexual identities, so it is paramount that we use language that respects this diversity and does not make normative assumptions. We use "partner" rather than "spouse," and language that applies equally to gay, lesbian, bisexual, and heterosexual students as well as to both cisgender and transgender individuals. We have also highlighted sexuality in Canadian ethnocultural communities, including the Chinese, South Asian, Caribbean, and First Nations communities, as well as highlight regional differences between Canadians living in Quebec and those living in other provinces.


Canadian Legal Information in Every Chapter

Third, students will find discussion of Canadian laws and Canadian legal issues in each chapter. This includes the current laws related to same-sex relationships, sexual assault, child sexual abuse, contraception and abortion, pornography, and prostitution, among others. We have provided a complete list of the sexually related statutes in the *Criminal Code of Canada*, as well as a history of the evolution of some of these statutes.

Relevant, Engaging Pedagogy

Fourth, to understand human sexuality fully, one must recognize one's own sexuality, as well as the diversity of others. We highlight research and issues that are of particular interest to Canadian students in each chapter and provide support for student understanding of personal sexuality in several ways:

- The frank presentation of information helps students feel more at ease with thinking and talking about sex, increasing their comfort with a tension-causing topic and helping them make responsible decisions.
- **First Person** boxes share how sexuality may be experienced on the personal level. One such box features Fran Odette, a sexual health educator, whose mission is to educate people about sexuality and disabilities and the assumptions and misconceptions that are often made about this specific group.



First Person

Sex Toys and Physical Disability

All sorts of people use sex toys—people of all ages, abilities, genders, and sexual orientations. There is really no limit to who can benefit from the different sensations and types of stimulation that sex toys may provide. Sex toys can be especially enjoyable and helpful to people who have different abilities.

People with disabilities may experience multiple barriers to sexual pleasure. Some of these barriers are intangible. For instance, *ableism*, which is the oppression and stigmatization of people with disabilities, has worked to misrepresent people with disabilities as nonsexual. The historical medical model of disability posited people with disabilities as weak and infantile and in need of being cared for. This ableist, socially constructed identity did not allow people with disabilities dignity, autonomy, or access to their sexual rights. As political awareness around the rights of people with disabilities grew in the 1970s, the social model of disability began to replace the medical model. The social model of disability views disability holistically and differentiates between an *impairment* and a *disability*. An impairment is a bodily difference, such as having a limp; a disability is the way that an impairment is viewed by society as something that makes that person less able simply because their body does not conform to a norm. This social model of disability has been beneficial in that it recognizes that people with disabilities are whole people who deserve

important for all of us to re-imagine such limited ideas of who is sexual and who has the right to sexual pleasure.

There are also other more tangible barriers to individuals with physical disabilities experiencing sexual pleasure, and these ones can be easier to counter. These barriers are physical ones, such as different degrees of sensation and mobility, muscle spasticity, erectile difficulties, and an absence of vaginal lubrication. Sex toys can play a revolutionary role in helping to overcome these physical differences. That is, they can allow people to experience all new bodily sensations and stimulations. What are some ways in which the sex toys described later in this chapter can be used to help overcome the physical barriers experienced by people with disabilities?

Limited Sensation
Many people with different disabilities experience limited degrees of sensation at different points of their body. For example, people with spinal cord injuries, MS, or cerebral palsy, or who are taking certain medications may lack sensation in their genitals. Here, vibrators can play a crucial role in allowing them to feel sexual stimulation. People who have limited sensation may want to use a very strong vibrator either externally against their genitals (the clitoris or the shaft of the penis, for example) or internally (inside the vagina or anus). There are a plethora of vibrators each designed to stimulate different parts of the

- A **Sexually Diverse World** boxes present an appreciation of the fabulous diversity of human sexuality along many dimensions, including but not limited to age, sexual orientation, gender identity, and ethnicity within Canada and around the world.



A Sexually Diverse World

Can Gender Be Assigned? The Story of David Reimer

In Winnipeg in 1965, Janet Reimer gave birth to twin boys, Bruce and Brian. Six months later, the boys developed problems urinating and their doctor suggested that they be circumcised. However, the doctor did not use the standard procedure for circumcision and botched the surgery, burning off Bruce's entire penis. The Reimers were told that Bruce would have to live without a penis. Some months later, Janet Reimer saw a television program describing the pioneering work of Dr. John Money of Johns Hopkins University in Baltimore, Maryland. Money believed that gender is determined by how a child is raised, not by his or her biology, providing that assignment is done in infancy and the necessary surgeries and hormone treatments occur.

The Reimers consulted with Money and made the decision to raise Bruce as female even though they had been raising him as a boy up to that time. At the age of 21 months, Bruce's testicles were removed. The Reimers renamed their son Brenda, and following the counsel of Dr. Money, resolved not to tell their child the truth. However, despite taking hormones and receiving numerous surgeries, Brenda never really fit in as a girl. She preferred stereotypically male play (e.g., climbing trees) over playing with dolls, and she was frequently made fun of by other children for her masculine man-

Figure 5.10 David Reimer underwent gender reassignment after a botched surgery when he was six months old.



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- **Milestones in Sex Research** boxes provide students with an extended look at classic and new studies that influence our understanding of human sexuality, and the people that pioneered these developments.



Milestones in Sex Research

What Happens in the Brain during Sex?

Exacting advances in the technology of neuroimaging are giving us inside views of the human brain during various phases of sexual response.

Methods such as PET (positron emission tomography) and fMRI (functional magnetic resonance imaging) show which regions of the brain "light up" (have neurons most actively firing) while the individual is solving a math problem or thinking about something sad.

Sex researchers have adopted these techniques, with the goal of learning which regions of the brain are most involved in various aspects of sexuality. One of the challenges they have faced is that the participant cannot move while in an MRI scanner. Researchers have dealt with the problem by showing erotic videos to the person inside the scanner.

In one experiment, heterosexual men viewed erotic video clips, relaxing clips, and sports clips in random order (Arnouk et al., 2002). Meanwhile, their brains were being scanned in an MRI machine and the erection of the penis was measured. (One has to admit these men

processes and in guiding responsiveness to new environmental stimuli. Doubtless it was activated because of the man's attention to the erotic film.

Another study used fMRI to assess brain activation in both men and women while viewing erotic video segments (Kannan et al., 2002). This study found brain activation in roughly the same regions as the study discussed previously. Almost all regions responded similarly in women and men. This study also found evidence of activation of the amygdala during sexual arousal. The amygdala is part of the limbic system, and as noted in this chapter, plays a role in sexual response. The amygdala is known to be involved in emotion, and its activation speaks to the strong emotions—sometimes positive, sometimes negative—that are evoked by sexual stimuli.

Research with women with spinal-cord injury indicates that they experience sexual arousal and orgasm as a result of genital stimulation (Kosminsk & Whipple, 2005). The neural signals do not travel up the spinal cord, which has been damaged, but rather pass up the brain through the

- **Learning Objectives** at the beginning of each chapter provide a preview of topics to help students prepare for reading and studying.



LEARNING OBJECTIVES

After studying this chapter, you will be able to

- LO1 Analyze each contraceptive method.
- LO2 Describe the history of birth control and abortion in Canada and the reasons for contraceptive use personally and globally.
- LO3 Differentiate between perfect use and typical use failure rates for each contraceptive.
- LO4 Summarize the procedure for male and female sterilization and evaluate each.
- LO5 Explain the new advances in male and female contraception.
- LO6 Identify the psychological processes that influence

- **Key terms** are defined and placed on each page close to where the term is introduced for easy reference. In addition, all key terms are included in the Glossary.

volunteer bias: A bias in the results of sex surveys that arises when some people refuse to participate so that those who are in the sample are volunteers who may in some ways differ from those who refused to participate.

convenience sample: A sample chosen in a haphazard manner relative to the population of interest; not a random or probability sample.

purposeful distortion: Purposely giving false information in a survey.

social desirability: The tendency to distort answers to a survey in the direction perceived to be more acceptable.

Accuracy of Measurement
Earlier we described various methods for measuring sexuality. How accurate are those measures? We focus mainly on self-reports because they are used so frequently in sex research.

Purposeful Distortion
If you were an interviewer in a sex research project and a 50-year-old man said that he and his wife made love twice a day, would you believe him, or would

Distortion is a basic problem when using self-reports (McCallum & Peterson, 2012). To minimize distortion, participants must be strongly reminded of the fact that because the study will be used for scientific purposes, their reports must be as accurate as possible. They must also be assured that their responses will be completely anonymous. If they are not anonymous, people will be likely to hide behaviors that they do not want other people to know about or that embarrass them, such as an extramarital affair or a history of sex with animals. Researchers sometimes include additional scales or items that detect whether people are purposefully distorting their answers—for example, by giving only socially desirable responses. The phrasing of questions may also affect how likely people are to give honest answers (Figure 3.3). For example, people

- **End-of-chapter review tools** in each chapter include a chapter summary that reviews the main points discussed.

SUMMARY

Researchers measure various aspects of human sexuality by using (1) self-reports, (2) behavioural measures (e.g., direct observation, eye-tracking), (3) implicit measures (e.g., the IAT), and (4) biological measures (e.g., plethysmography, fMRI, pupil dilation). In web-based research, sex researchers collect data online, which is especially useful in tapping hidden populations.

Three crucial methodological issues in sex research are the following:

1. **Sampling:** Random samples or probability samples are best but are difficult to obtain because some people refuse to participate.
2. **The accuracy of measurement:** Much sex research relies on people's reports of their own sexual behaviour. Research shows that these self-reports are generally accurate (i.e., reliable and valid), but they can also be distorted in several ways, such as purposeful distortion, faulty memory, and difficulty estimating.
3. **Ethical issues:** Sex researchers, like all researchers, are bound by the rules of informed consent, protection from harm, and justice. Statistical concepts that are important for understanding reports of sex research include average, mean,

Our own courses are surveys, designed to provide students with a broad range of information about sexuality. Reflecting that approach, this book is intended to be complete and balanced in its coverage. For instructors who lack the time or resources to cover the entire book, or for those who prefer to rearrange the order of topics, we have written all the chapters to be fairly independent of one another.

What's New in the Seventh Canadian Edition?

Building on the first six editions, this text provides Canadian data wherever possible. It features Canadian research and researchers, describes sexuality in the major Canadian ethnocultural communities, highlights issues important to Canadian students, and ensures that inclusive language and visuals appear throughout. Some of the major content changes and additions to the seventh Canadian edition include the following:

Chapter 1 Sexuality in Perspective

- Updated statistics throughout chapter
- Updated images
- Introduced concept of *microaggressions* in the context of ethnic minorities, with extensions to sexual minorities
- Introduced concept of *intersectionality* and its impact
- Updated information on regional differences in sexuality between Quebec and the rest of Canada, as well as differing attitudes between Canada and the U.S.
- NEW Critical Thinking Skill box introduction

Chapter 2 Theoretical Perspectives on Sexuality

- Significantly reorganized and expanded chapter content
- Updated images
- Added new section on *critical theories*
- Introduced new sections on *feminist theory* and *queer theory*
- Substantially revised section on *sociological theories*: Order of presentation updated from the most specific social influences to the most general
- Added summary of *field theory*
- Updated Table 2.1: Summary of the Sexual Offences in the *Criminal Code of Canada* in 2017
- NEW Critical Thinking Skill box on the difference between truth and validity

Chapter 3 Sex Research

- Updated images
- Revised discussion on *meta-analysis*

- Updated discussion of *ethical issues* with new research on people who participate in sex research
- Added data on British (Natsal) and Australian (ASHR) surveys
- Included new section on the *validity of self-report data*
- NEW Critical Thinking Skill box on the importance of sampling

Chapter 4 Sexual Anatomy

- Revised feature on *female genital mutilation*
- Updated research on new drugs used in the prevention and treatment of breast cancer
- Updated recommendations by the Canadian Paediatric Society on male circumcision images
- NEW Critical Thinking Skill box on differences between anecdotal and scientific evidence

Chapter 5 Sex Hormones, Sexual Differentiation, and Menstruation

- Added study on epigenetic changes in the brain during prenatal sexual differentiation added
- Introduced information on recently discovered hormone *kisspeptin* and its role during puberty
- Added content from *DSM-5*
- Increased discussion on menstrual cycle fluctuations in mood
- NEW Critical Thinking Skill box on how scientific research can be applied to making policy decisions

Chapter 6 Conception, Pregnancy, and Childbirth

- Updated statistics throughout the chapter
- Updated coverage of psychological changes in fathers during pregnancy
- Revised discussion on effects of alcohol consumption during pregnancy
- Broadened discussion distinguishing *fetal alcohol spectrum disorder* and *fetal alcohol syndrome*
- Updated data on use of anesthetics during childbirth
- Added images on midwifery and home births
- Updated data on risks of HSV transmission to fetus during birth
- NEW Critical Thinking Skill box on evaluating health care alternatives

Chapter 7 Contraception and Abortion

- Introduced LARC (long-acting reversible contraceptives) category
- Introduced new methods of birth control: Ella and Skyla

- Added data on women denied abortions
- Added Ontario focus group study on female orgasm
- Updated images
- Updated material on cybersex
- NEW Critical Thinking Skill box on the concept of probability with respect to contraceptives

Chapter 8 Sexually Transmitted Infections

- Updated statistics throughout the chapter
- Complete revision of discussion on HIV/AIDS reflecting new view of HIV as manageable long-term disease
- Featured new developments in antiretroviral therapy (ART), treatment as prevention, and preexposure prophylaxis
- Updated discussion on HPV vaccine
- Added First Person feature describing cool lines about safer sex
- NEW Critical Thinking Skill box on the concept of probability with respect to sexually transmitted infections

Chapter 9 Sexual Arousal

- Updated statistics throughout chapter
- Section on brain imaging studies rewritten for greater clarity and accessibility
- NEW Critical Thinking Skill box on defending against everyday persuasive techniques

Chapter 10 Sexuality and the Life Cycle: Childhood and Adolescence

- Updated statistics throughout chapter, with special attention to frequencies of behaviours
- Improved coverage on trans individuals
- Expanded discussion of first intercourse
- Expanded coverage on casual sex in college
- Updated discussion of multi-person sex in late adolescence
- Revised First Person feature: Becoming a Teen Mother: An Indigenous Woman's Story
- Added coverage of adolescent views of ideal romantic relationships
- Updated discussion of postrelationship sex
- NEW Critical Thinking Skill box on decision making and problem solving

Chapter 11 Sexuality and the Life Cycle: Adulthood

- Added more inclusive language of cohabitating and same-sex relationships

- Expanded coverage of extra-dyadic sex
- Expanded discussion on use of electronic apps (e.g., Grindr and Tinder) to meet people, and the impact of this technology on initiating, maintaining, and terminating relationships
- Extensively revised discussion on menopause
- Added information on long-term relationships
- NEW Critical Thinking Skill box on hypothesis testing

Chapter 12 Attraction, Love, and Communication

- Updated statistics throughout the chapter
- Added research on the role of the Internet regarding where mixed-sex and same-sex individuals meet
- Increased discussion of the role of physical attractiveness and its relative importance in selecting mates
- Added new material on cross-cultural research testing hypothesis on sexual strategies theories and mating preferences
- Added new subsection on relationship education programs, their effectiveness, and their applications to military couples
- NEW Critical Thinking Skill box on the importance of clear communication

Chapter 13 Gender and Sexuality

- Introduced new term: *gender binary*
- Extensively revised transgender discussion
- Revised language to be much more inclusive to those who fall outside the gender binary
- Chapter content revised by authors in consultation with trans research expert and genderqueer individual
- Updated DSM-5 terminology and concepts
- Expanded discussion on vomeronasal organ and human pheromones
- Presented new evidence on recently identified gene coding for pheromone receptors
- NEW Critical Thinking Skill box on stereotyping

Chapter 14 Sexual Orientation and Identity: Gay, Lesbian, Bi, Straight, or Asexual?

- Updated statistics about attitudes on homosexuality around the world
- New Milestones in Sex Research feature: Does Gaydar Exist?
- Expanded discussion of the sexuality of sexual-minority women

- Added data on the resilience of LGB individuals
- Added new hypothesis on epigenetic factors in prenatal development
- Introduced new data on bisexuality
- Expanded research and discussion on “mostly heterosexuals”
- Expanded discussion on attitudes toward asexuality
- NEW Critical Thinking Skill Box on interpreting research findings

Chapter 15 Variations in Sexual Behaviour

- Updated research and statistics throughout the chapter
- Significantly revised language and discussion throughout chapter to align with DSM-5 criteria
- Added new research on *kink* communities and their varied practices
- Substantially revised Milestones in Sex Research feature on sexual addictions
- Expanded discussion on *hypersexuality* types and treatments
- Added more nuanced discussion of pornography use and types/categories of misuse
- Clarified differentiation between compulsive and addictive behaviours
- Revised section on treatments of sexual variations
- Clearly distinguished definitions of paraphilias and paraphilic disorders
- Added research on effectiveness of AA and 12-step treatment programs
- NEW Critical Thinking Skill Box on using diagnostic labels accurately

Chapter 16 Sexual Coercion

- Updated statistics throughout the chapter
- Added new section on the role of alcohol in sexual assault
- Added new material on sexual harassment and assault in the Canadian Armed Forces and the RCMP
- Added new section on consent
- Revised First Person box: What to Do after a Sexual Assault
- NEW Critical Thinking Skill box on analyzing an argument

Chapter 17 Sex for Sale

- Updated statistics throughout the chapter
- Added material on the intersection of social class and race in sex work venues

- Expanded discussion on role of technology in commercial sex work
- Added research on sex work as a career
- New First Person box: Working Their Way through University
- Expanded discussion of male sex workers and the venues in which they work
- Updated discussion on online pornography and the effects of exposure
- Added new subsection on pornographic producers
- Reorganized and updated material on consumers
- Introduced discussion of pornography addiction
- NEW Critical Thinking Skill box on identifying the differences between everyday beliefs and scientific evidence

Chapter 18 Sexual Disorders and Sex Therapy

- Updated DSM-5 terminology and concepts, while noting controversies over DSM-5 criteria
- Updated discussion of Viagra and similar drugs that are PDE5 inhibitors
- New discussion on *flibanserin*, the so-called “pink Viagra”
- Revised male hypoactive sexual desire disorder section
- Updated data on the effectiveness of various treatments
- NEW Critical Thinking Skill box on using diagnostic labels accurately

Chapter 19 Sexuality Education

- Updated statistics throughout the chapter
- Updated information on parental attitudes toward sexual health education
- NEW Critical Thinking Skill box on using science in forming public policy

Chapter 20 Ethics, Religion, and Sexuality

- Updated pro-life and pro-choice statements of religious groups
- New information on religious groups performing same-sex marriages
- NEW Critical Thinking Skill box on the difference between questions that can be decided by religious beliefs versus those that can be decided by scientific data

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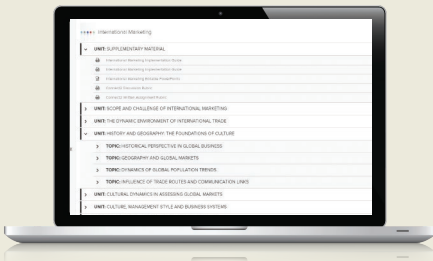
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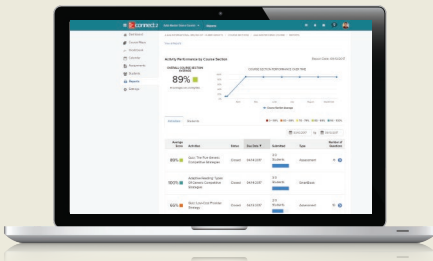
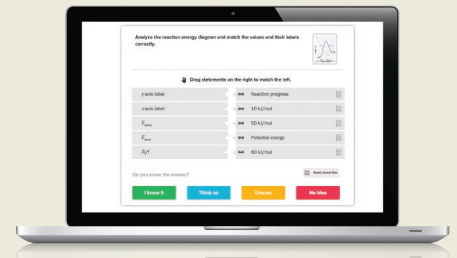
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CHAPTER 1

Sexuality in Perspective



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Are **YOU** Curious?

1. Do people in other cultures have sex the same way as people do in Canada?
2. Is Quebec a distinct society sexually speaking?
3. Is same-sex sexual behaviour found in other species?

Read this chapter to find out.

LEARNING OBJECTIVES

After studying this chapter, you will be able to

- L01** Identify some of the issues surrounding the terms sex and gender.
- L02** Show the influences on sexuality of religion, science, the media, and the Internet.
- L03** Describe the contributions of the major sex researchers to sex research and education.
- L04** Differentiate between sexual attitudes and behaviours in Canada and other cultures.
- L05** Identify the influences of social class, gender, ethnicity, and geographic region in the sexual behaviour of Canadians.
- L06** Compare sexual behaviour in humans and other species.
- L07** Explain the principles of the sexual health and sexual rights perspectives.

“You’re so beautiful,” he whispered. “I want a picture of you just like this with your face flushed and your lips wet and shiny.” . . . He tore open a foil packet he’d retrieved from his pocket. Mesmerized, she watched him sheath himself, amazed at how hard he was. She reached out to touch him, but he moved back, made sure she was ready, and then slid neatly inside her, so deeply she gasped. She contracted her muscles around him, and he closed his eyes and groaned, the sound so primal, it made her skin tingle.*

Human sexual behaviour is a diverse phenomenon. It occurs in different physical locations and social contexts, consists of a wide range of specific activities, and is perceived differently by different people. An individual engages in sexual activity on the basis of a complex set of motivations and organizes that activity on the basis of numerous external factors and influences. Thus, it is unlikely that the tools and concepts from any single scientific discipline will suffice to answer all or even most of the questions one might ask about sexual behaviour.†

Having children and healthy families are important goals to most Canadians, but some people cannot reach those goals without help. If there are technologies that can be used to help, a caring society should provide these. But there are misuses and harms, as well as benefits, that may come from use of the technologies—harms to both individuals and society.‡

* Debbi Rawlins. (2003). *Anything goes*. New York, NY: Harlequin Blaze.

† Laumann et al. (1994).

‡ Royal Commission on New Reproductive Technologies (1993).

Strikingly different though they may seem, all of the above quotations are talking about the same thing—sex. The first quotation is from a romance novel. It is intended to stimulate the reader’s fantasies and arousal. The second is from a scholarly book about sex. It aims to stimulate the brain but not the genitals. The third is from a Royal Commission on the treatment of infertility. It points out the complexity of many sexual issues. From reading these brief excerpts, we can quickly see that the topic of sexuality is diverse, complex, and fascinating.

Why study sex? Most people are curious about sex, particularly because exchanging sexual information is somewhat taboo in our culture, so curiosity motivates us to study sex. Sex is an important force in many people’s lives, so we have practical reasons for wanting to learn about it. Finally, most of us at various times experience concerns about our sexual functioning or wish that we could function better, and we hope that learning more about sex will help us. This book is designed to address all these needs. We’ll consider several perspectives on sexuality: the effects of religion, science, the media, and culture on our understanding of sexuality, as well as a sexual health perspective. These perspectives make it clear that the study of sexuality is

not confined to one discipline but rather is multidisciplinary. However, first we must draw an important distinction between *sex* and *gender*.

LO1

Sex and Gender

Sometimes the word *sex* is used ambiguously. In some cases *sex* refers to being male or female, and sometimes it refers to sexual behaviour or reproduction. In most cases, of course, the meaning is clear from the context. If you are filling out a job application form and one item says “Sex,” you don’t write, “I like it” or “As often as possible.” It is clear that your prospective employer wants to know whether you are a male or a female. In other cases, though, the meaning may be ambiguous. For example, when a book has the title *Sex and Temperament in Three Primitive Societies*, what is it about? Is it about the sexual practices of primitive people and whether having sex frequently gives them pleasant temperaments? Or is it about the kinds of personalities that males and females are expected to have in those societies? Not only does this use of the word *sex* create

ambiguities, but it also clouds our thinking about some important issues.

To remove—or at least reduce—this ambiguity, the term *sex* will be used in this book in contexts referring to sexual anatomy and sexual behaviour, and the term **gender** will be used to refer to being male or female. Almost all of the research that we discuss in this book has been based on scientists assuming the “gender binary,” the idea that there are only two genders, male and female.

This is a book about sex, not gender; it is about sexual behaviour and the biological, psychological, and social forces that influence it. Of course, although we are arguing that sex and gender are conceptually different, we would not try to argue that they are totally independent of each other. Certainly, gender roles—the ways in which males and females are expected to behave—exert a powerful influence on the way people behave sexually, and so one chapter will be devoted to gender connections to sexuality.

How should we define sex, aside from saying that it is different from gender? A biologist might define sexual behaviour as “any behavior that increases the likelihood of gametic union [union of sperm and egg]” (Bermant & Davidson, 1974). This definition emphasizes the reproductive function of sex. However, medical advances, such as the birth control pill, have allowed us to separate reproduction from sex. Most Canadians now have sex not only for procreation but also for pleasure and intimacy.¹

Noted sex researcher Alfred Kinsey defined sex as behaviour that leads to orgasm. Although this definition has some merits (it does not imply that sex must be associated with reproduction), it also presents some problems. If one person has intercourse with another person but does not have an orgasm, was that not sexual behaviour for her or him? If an individual has an orgasm through oral–genital stimulation, is that sex? Indeed, researchers in Canada have shown that undergraduate students have a very narrow definition of the term sex. Whereas almost everybody thought that penile–vaginal and penile–anal intercourse constituted having sex, only about one-quarter of participants thought that oral sex resulting in orgasm would be defined as sex (Byers,

Henderson, & Hobson, 2009; Randall & Byers, 2003; Trotter & Alderson, 2007). Our definition in this textbook includes much more than that, though.

To try to avoid some of these problems, **sexual behaviour** will be defined in this book as *behaviour that produces arousal and increases the chance of orgasm*.²

L02

Influences on Sexuality

Religion

Religion is a source of values and ethics regarding sexuality and, as such, is a powerful influence on the sexual attitudes and behaviour of many individuals. The moral code for each religion is unique—each religion has different views on what is right and what is wrong with respect to sexuality. Throughout most of recorded history, at least until about 100 years ago, religion (and rumour) provided most of the information that people had about sexuality, and in some cultures it still does. Here are a few historical examples of how different religions understood sexuality.

The ancient Greeks openly acknowledged both heterosexuality and homosexuality in their society and explained the existence of the two in a myth in which the original humans were double creatures with twice the normal number of limbs and organs; some were double males, some were double females, and some were half male and half female (LeVay, 1996). The gods, fearing the power of these creatures, split them in half, and forever after each one continued to search for its missing half. Heterosexuals were thought to have resulted from the splitting of the half male, half female; male homosexuals, from the splitting of the double male; and female homosexuals, from the splitting of the double female. It was through this mythology that the ancient Greeks understood sexual orientation and sexual desire.

Fifteenth-century Christians believed that “wet dreams” (nocturnal emissions) resulted from intercourse with tiny spiritual creatures called *incubi* and *succubi*, a notion put forth in a papal bull (an official document) of 1484 and a companion book, the *Malleus Maleficarum* (“witch’s hammer”). The *Malleus* became the official manual of the Inquisition, in which people, particularly women, were tried as witches. Wet dreams, sexual dysfunction, and sexual lust were seen to be caused by witchcraft (Hergenhahn, 2001).

Over the centuries, Muslims have believed that sexual intercourse is one of the finest pleasures of life, reflecting the teachings of the great prophet Muhammad. Sexuality is regarded primarily as a source of pleasure and only secondarily

gender: Being male, female, or some other gender such as trans.

sexual behaviour: Behaviour that produces arousal and increases the chance of orgasm.

¹ Actually, even in former times sex was not always associated with reproduction. For example, a man in 1850 might have fathered 10 children; using a very conservative estimate that he engaged in sexual intercourse 1500 times during his adult life (once a week for the 30 years from age 20 to age 50), only 10 in 1500 of those acts, or fewer than 1 percent, resulted in reproduction.

² This definition, though an improvement over some, still has its problems. For example, consider a woman who feels no arousal at all during intercourse. According to the definition, intercourse would not be sexual behaviour for her. However, intercourse would generally be something we would want to classify as sexual behaviour. It should be clear that defining sexual behaviour is difficult.



First Person

Paul: The Story of a Gay Anglican Priest

Paul was born in 1950, the second of two children, to upper-middle-class parents in Nova Scotia. His parents stressed the importance of education, and there was no question that Paul would go to university, something his parents had not done. Paul described his parents as old-fashioned—more like parents were in the 1930s than like parents in the 1950s.

By the age of five, Paul realized two things about how he was different than other children. First, he wasn't interested in typical childhood activities, such as sports. Second, he was attracted to boys, not girls. As a result, he was a loner and turned to reading, art, music, and painting. It also became very important to Paul to receive the approval of adults. Growing up, Paul's parents attended the Anglican Church every week, but religion was not emphasized in his home. Nonetheless, Paul was drawn to religion, especially the ritual, music, and artistic forms that were part of it.

Paul's parents never talked to him about sex. Indeed, he never heard his father mention anything sexual. He did hear his mother whisper and giggle about sexual issues with her friends. This lack of communication made him realize that his parents couldn't handle sexuality issues. Sexuality also was never mentioned by anyone connected with the Anglican Church, although Paul got the

impression that "it was seen as an unpleasantness." He played sex games, such as "You show me yours and I'll show you mine" with other boys, but he had no interest in playing these games with girls. He did not have bad feelings about his sexual orientation but sensed that this was something he should definitely not discuss with either his parents or his priest. The fact that he could not be open about his sexual orientation made him feel increasingly lonely as a teenager.

Paul's first sexual experimentation occurred in university with "no strings attached, conveniently available" partners. He found the opportunity to express his sexuality fulfilling. He fell in love three times but says he "got hurt every time." When he was 37, he became engaged to a woman who had been kind to him when he had been ill and wanted to marry him even though she knew that he was gay. In the end, he realized that he was confusing kindness with love and that he could never be faithful to her, so he called the engagement off.

At first Paul fought the idea of entering the ministry. However, in his 20s he realized that "he had no choice" but to study for the priesthood. According to Paul, his sexuality went underground as a result because he was aware that being gay was not something the Anglican

as a means of reproduction, although the way the laws of the Quran are carried out has varied considerably from country to country (Boonstra, 2001; Ilkharacan, 2001).

People of different religions hold different understandings of human sexuality, and these religious views often influence behaviour profoundly. The impact of religion on Canadians is particularly apparent in the discussion of homosexuality and abortion. For example, conservative Christians often use their interpretation of the Bible, an interpretation that is not shared by other Christian denominations, to justify their opposition to same-sex sexual behaviour and same-sex marriage. Other Canadians feel that these arguments have more to do with anti-gay prejudice and homophobia than with religion. A detailed discussion of religion and sexuality is provided in Chapter 20 (also see the First Person box).

L03 Science

It was against this background of religious understandings of sexuality that the scientific study of sex began

in the nineteenth century, although, of course, religious notions continue to influence our ideas about sexuality. In addition, the groundwork for an understanding of the biological aspects of sexuality had already been laid by the research of physicians and biologists. Dutch microscopist Anton van Leeuwenhoek (1632–1723) had discovered sperm swimming in human semen. In 1875 Oskar Hertwig (1849–1922) first observed the fertilization of the egg by the sperm in sea urchins, although the ovum in humans was not directly observed until the twentieth century.

Figure 1.3 presents a timeline of scientific research in sexuality since 1900. A major advance in the scientific understanding of the psychological aspects of human sexuality came with the work of Viennese physician Sigmund Freud (1856–1939; see Figure 1.1), founder of psychiatry and psychoanalysis. His ideas will be discussed in detail in Chapter 2.

It is important to recognize the cultural context in which Freud and the other early sex researchers crafted their research and writing. They began their work in the

Church would tolerate. When he was ordained as a priest at age 26, he resigned himself to never living in a loving, long-term relationship with another man. At the time, he felt that he could accept this because he had “married the church.” Nonetheless, he continued to have uncommitted sex (celibacy is not required of Anglican priests).

Paul feels that because he was not married to a woman, the church hierarchy assumed he was gay. However, they were careful to “never ask the question so that they would not have to deal with the answer.” Nonetheless, he feels that his career in the church was clearly impeded by his sexual orientation. For example, in contrast to married priests, he was not given the opportunity to move to other diocese to take on new challenges or to assume positions of leadership. He believes that the people in his parish also assumed he was gay. He heard reports of criticism of his sexual orientation by some of his parishioners, but these complaints did not go anywhere because there was never proof that he was gay. Nonetheless, the secrecy and lack of acceptance took their toll on Paul, and he developed an addiction to alcohol. Paul knew other gay priests, including a gay bishop who was a good friend and lover, who also were forced to hide their sexual orientation. Through it all, Paul never wavered in his commitment to his religion.

According to Paul, the official policy of the Anglican Church of Canada with respect to sexual orientation is that “heterosexual sex may be exercised within the confines of heterosexual marriage. Homosexuals must be celibate. Human rights do not enter the issue.” However, Paul feels that the actual reception that homosexual church members get depends on whom they talk to. Whereas some clergy are open and welcoming to people of all sexual orientations, others appear to be “waging a vendetta against anyone who is not heterosexual.”

Paul retired from the church at the age of 44 because of illness, although he remains a priest. Since that time, he has been more open about his sexuality. He has taken on the task of promoting the rights of non-heterosexuals within the church, trying to make the church more inclusive. This task was something he did not feel he could do when he was a parish priest. He would like the church to provide a safe environment in which people find spiritual sustenance and give support to one another without fear of reprisal. The Anglican Church appears to be moving in that direction; in 2016 it voted to accept same-sex marriage. However, there will need to be a second vote in 2020 before this becomes official policy.

Source: Based on an interview by Sandra Byers.

Victorian era, the late nineteenth century, both in North America and in Europe. Norms about sexuality were extraordinarily rigid and oppressive (see Figure 1.2). Historian Peter Gay characterized this repressive aspect of Victorian cultural norms as

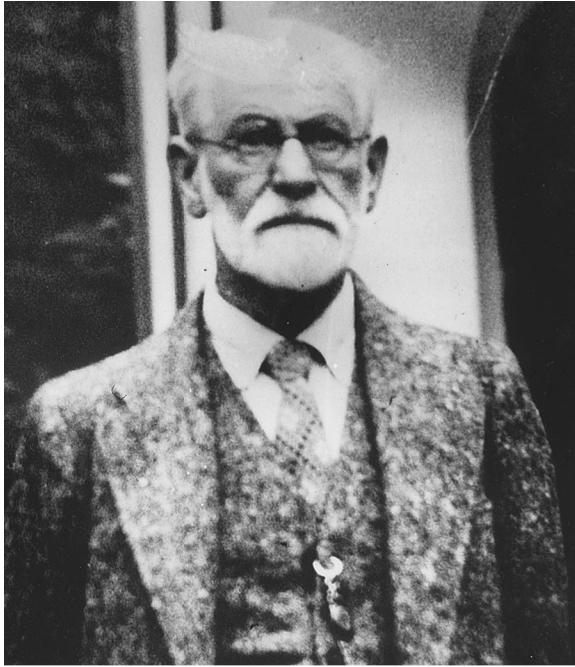
a devious and insincere world in which middle class husbands slaked their lust by keeping mistresses, frequenting prostitutes, or molesting children, while their wives, timid, dutiful, obedient, were sexually anesthetic and poured all their capacity for love into their housekeeping and their child-rearing. (Gay, 1984, p. 6)

Yet at the same time, the sexual behaviour of Victorians was sometimes in violation of societal norms and expectations. Dr. Clelia Mosher was a physician who spent 30 years conducting a sex survey of Victorian women in the United States. Although the sample was small (47 women) and nonrandom, her results provide an alternative description of female sexuality during this period. For example, despite the Victorian

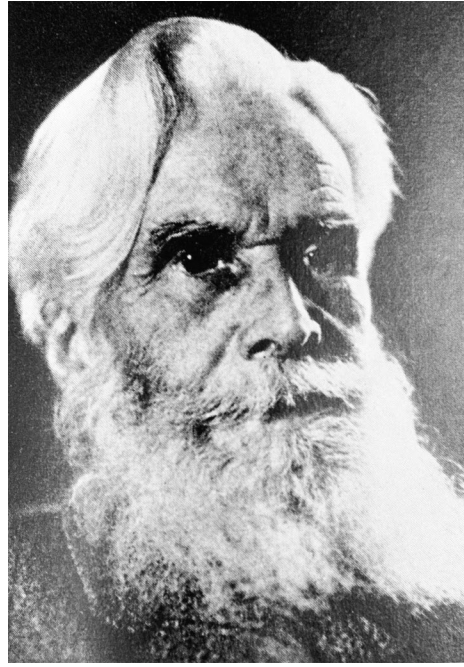
stereotype that women felt no sexual desire, 80 percent of women who answered the question said that they felt a desire for sexual intercourse. Similarly, 72 percent of women indicated that they experienced orgasm. One woman commented that sex had been unpleasant for her for years because of her “slow reaction” but “orgasm [occurs] if time is taken.” In his history of sexuality in the Victorian era, Gay (1984) documented the story of Mabel Loomis Todd, who, though married, carried on a lengthy affair with Austin Dickinson, a community leader in Amherst, Massachusetts. Many people knew about the “secret” affair, yet Mrs. Loomis Todd did not become an outcast.

An equally great—though not so well known—early contributor to the scientific study of sex was Henry Havelock Ellis (1859–1939; see Figure 1.1). A physician in Victorian England, he compiled a vast collection of information on sexuality—including medical and anthropological findings and case histories—which was published in a series of volumes entitled *Studies in the Psychology of Sex* beginning in 1896. Havelock Ellis was

Figure 1.1 Two important early sex researchers. (a) Sigmund Freud. (b) Henry Havelock Ellis.



(a) AP Photo



(b) ©Science Photo Library

Figure 1.2 The Victorian era, from which Freud and Ellis emerged, was characterized by extreme sexual repression. Here is an apparatus that was sold to prevent *onanism* (masturbation).



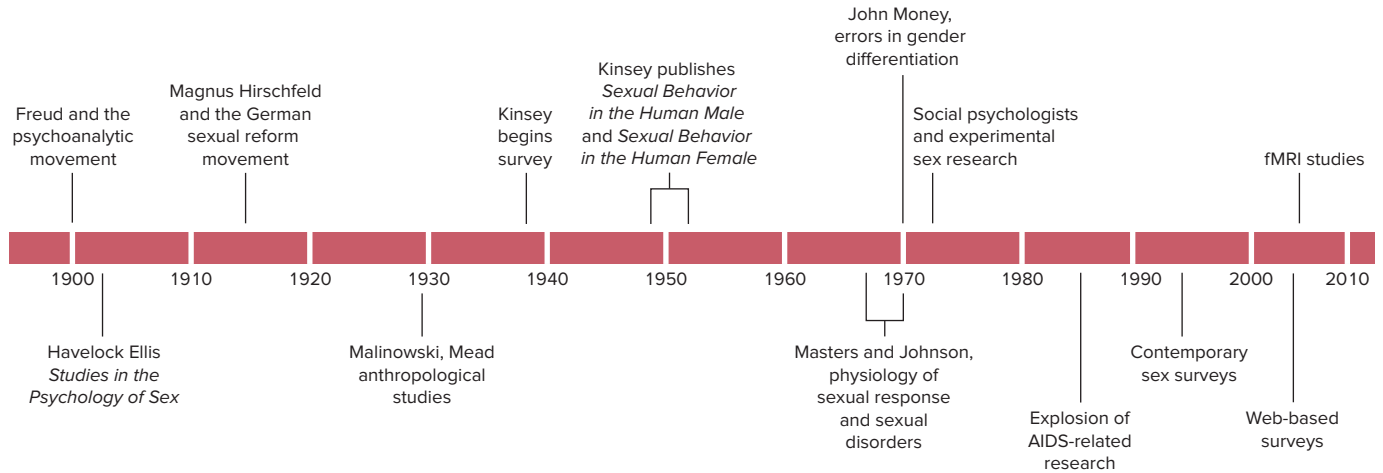
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a remarkably objective and tolerant scholar, particularly for his era. He believed that women, like men, are sexual creatures. A sexual reformer, he believed that sexual variations from the norm are often harmless, and he urged society to accept them. In his desire to collect information about human sexuality rather than to make judgments about it, he can be considered the forerunner of modern sex research (for his autobiography, see Ellis, 1939; numerous biographies exist).

Another important figure in nineteenth-century sex research was German psychiatrist Richard von Krafft-Ebing (1840–1902) (Oosterhuis, 2000). His special interest was so-called pathological sexuality. He managed to collect more than 200 case histories of “pathological” individuals, which appeared in his book entitled *Psychopathia Sexualis*. His work tended to be neither objective nor tolerant. Nonetheless, it has had a lasting impact. He created the concepts of sadism, masochism, and pedophilia. The terms *heterosexuality* and *homosexuality* entered the English language in the 1892 translation of his book (Oosterhuis, 2000). One of his case histories is presented in Chapter 15.

One other early contributor to the scientific understanding of sexuality deserves mention: German physician Magnus Hirschfeld (1868–1935). He founded the first sex research institute and administered the first large-scale sex survey, obtaining data from 10 000 people on a 130-item questionnaire. Unfortunately, most of the information he amassed was destroyed by the Nazis.

Figure 1.3 The history of scientific research on sex.



Hirschfeld also established the first journal devoted to the study of sexuality, established a marriage counseling service, worked for legal reforms, and gave advice on contraception and sex problems. His special interest, however, was homosexuality. He made important contributions as a pioneer sex researcher (Bullough, 1994).

In the twentieth century, major breakthroughs in the scientific understanding of sex came with the massive surveys of human sexual behaviour in the United States conducted by Alfred Kinsey and his colleagues in the 1940s, and with William Masters and Virginia Johnson's investigations of sexual disorders and the physiology of sexual response. These studies changed how people thought about sex and led to more open public discussion of sexuality (Connell & Hunt, 2006). At about the same time that the Kinsey research was being conducted, some anthropologists—most notably Margaret Mead and Bronislaw Malinowski—were beginning to collect data on sexual behaviour in other cultures. The 1990s saw a significant increase in research on sexuality in close relationships (Christopher & Sprecher, 2000).

A major national survey of the sexual behaviour of Canadians has never been conducted. However, Statistics Canada has included some questions about sexuality in several national surveys, such as the Canadian Community Health Survey, the National Population Health Survey, the General Social Survey, and the National Longitudinal Survey of Children and Youth. Canadian researchers have also conducted a large number of smaller investigations that have provided important information on a rich array of sexual topics (see Chapter 3 for a description of the work of some of these researchers).

The scientific study of sexuality has not emerged as a separate, unified academic discipline like biology or psychology or sociology, although some researchers

do call themselves sexologists. Rather, it tends to be interdisciplinary—a joint effort by biologists, psychologists, sociologists, anthropologists, and physicians (see Figure 1.3). This approach to understanding sexuality gives us a better view of humans in all their sexual complexity.

The Media

In terms of potency of influence, the mass media in North America today may play the same role that religion did in previous centuries. Canadians are influenced both by Canadian programs and, perhaps more so, by American prime-time television. Adolescents spend 11 hours per day with some form of mass media (Rideout, Foehr, & Roberts, 2010). Television viewing occupies the most time of all leisure activities, an average of 2.8 hours per day for those aged 15 and older (Bureau of Labor Statistics, 2016). An analysis of the 25 television programs most frequently viewed by adolescents indicated that, in a typical hour of viewing, adolescents are exposed to an average of 17 instances of sexual talk or sexual behaviour (Schooler et al., 2009). References to safer sex—both for sexually transmitted infection and pregnancy prevention—are rare. Only 2 percent of sexual scenes portray any sexual precautions. Many, but not most, Canadians (47 percent) think there is too much sexually explicit programming on prime-time TV (*Maclean's/Global Poll*, 2000; see Figure 1.4).

In short, the average Canadian's views about sexuality are likely to be much more influenced by the mass media than by scientific findings. Communications theorists believe that the media can have three types of influence (Brown, 2002; Kunkel et al., 2007). The first, called **cultivation**, refers to the notion that people begin to think that what they see on television and in other media really represents the mainstream of what happens

Figure 1.4 Sexual portrayals in the media have become much more explicit, as in this scene from *Twilight*.



©AF archive / Alamy

in our culture (Gerbner, Gross, & Morgan, 2002). For example, university students who watch soap operas are more likely than non-viewing students to overestimate the incidence of divorce. The second influence is **agenda-setting**. News reporters select what to report and what to ignore and, within the stories they report, what to emphasize. For example, in 1998 the U.S. media chose to highlight the sexual dalliances of President

Bill Clinton, suggesting to the public that these matters were important. In contrast, the Canadian media have rarely focused on the sexual activities of Canadian politicians. The media in many ways tell us what agenda to pay attention to. The third influence is **social learning**, a theory we will take up in detail in Chapter 2. The contention

cultivation: In communications theory, the view that exposure to the mass media makes people think that what they see there represents the mainstream of what really occurs.

agenda-setting: In communications theory, the idea that the media define what is important and what is not by which stories they cover.

social learning: In communications theory, the idea that the media provide role models whom we imitate.

here is that characters on television, in the movies, or in romance novels may serve as models whom we imitate, perhaps without even realizing it. Research has found, for example, that teens who watch more sexy television engage in first intercourse earlier than do other teens (Brown, 2002).

The Internet

The Internet is a powerful, mass media influence. Computer and Internet use is spreading more rapidly than any previous technology, and most North American homes with children have Internet access. In 2012, 83 percent of Canadian adults were online, for personal, non-business reasons (Statistics Canada, 2014); use of social networking sites, such as Facebook, and the viewing of videos on YouTube are especially common among youth. Many individuals engage in sexual activity online. For example, research in New Brunswick found that 86 percent of male students and 39 percent of female students had viewed erotic pictures or videos on the Internet; 25 percent of the men and 13 percent of the women had engaged in sexual activity with a partner online (Shaughnessy, Byers, & Walsh, 2011). Thus, people, and especially young people, not only access sexual material that is posted on the Internet by others but also share explicit information and pictures of themselves through webcams, instant messaging, and smartphones (i.e., sexting); engage in sexual activity with known and anonymous partners; and engage in sexual activity through virtual worlds, such as Second Life.

As we will discuss in later chapters, the Internet has the potential for both positive and negative effects on sexual health. A number of sites, such as that for the Society of Obstetricians and Gynaecologists of Canada (see www.sexualityandu.ca), provide excellent information about sexuality and promote sexual health. At the same time, a repeated, well-sampled study of youth between the ages of 10 and 17 indicated that, whereas in 2000, 19 percent had been sexually solicited on the Internet, by 2010 this had fallen to 9 percent (Mitchell et al., 2013). Most youth who received a solicitation responded by removing themselves from the situation (blocking the solicitor, leaving the site) or telling the solicitor to stop. Experts believe that there is greater online safety for youth today than in the past, for a number of reasons. One is that they receive more talks about online safety from teachers and police (Mitchell et al., 2013).

In the chapters that follow, we will examine the content of the media and the Internet on numerous sexual issues, and we will consider what effects exposure to this media content might have on viewers.

Let us now consider the perspectives on sexuality that are provided by scientific observations of humans in a wide variety of societies.

L04

Cross-Cultural Perspectives on Sexuality

Humans are a cultural species (Heine & Norenzayan, 2006). Although some other species are capable of learning from others, humans are unique in the way that cultural learning accumulates over time. What do anthropologists mean by the term *culture*? Generally, **culture** refers to traditional (that is, passed down from generation to generation) ideas and values transmitted to members of the group by symbols (such as language). These ideas and values then serve as the basis for patterns of behaviour observed in the group (S. Frayser, personal communication, 2004; Kroeber & Kluckhohn, 1963).

Ethnocentrism tends to influence people's understanding of human sexual behaviour. Most of us have had experience with sexuality in only one culture—Canada, for example—and we tend to view our sexual behaviour as the only pattern in existence and certainly as the only “natural” pattern. But anthropologists have discovered wide variations in sexual behaviour and attitudes from one culture to the next. There are even significant differences between Canada and the United States. For example, Canadians tend to have more permissive attitudes toward sexuality than Americans do. Some of these differences are summarized later in the chapter in Table 1.3. Considering variations across cultures should help us to put our own sexual behaviour in perspective.

The major generalization that emerges from cross-cultural studies (see Figure 1.5) is that all societies regulate sexual behaviour in some way, though the exact regulations vary greatly from one culture to the next (DeLamater, 1987). Apparently, no society has seen fit to leave sexuality totally unregulated, perhaps fearful that social disruption would result. As an example, **incest taboos** are nearly universal: Sex is regulated in that intercourse between blood relatives is prohibited (Gregersen, 1996). Most societies also condemn forced sexual relations, such as rape. Both incest and sexual assault are illegal in Canada.

Beyond this generalization, though, regulations vary greatly from one society to the next, and sexual behaviour and attitudes vary correspondingly (see the A Sexually Diverse World box. In fact, a comparison of data from 59 countries concluded that there are currently large differences in patterns of sexual behaviour from one region of the world to another (Wellings et al., 2006). Let's look at the ways in which various societies treat some key areas of human sexual behaviour.

Figure 1.5 Margaret Mead, an anthropologist, contributed much to the early cross-cultural study of sexuality.



AP Photo

Variations in Sexual Techniques

Kissing is one of the most common sexual techniques in our culture. It is also very common in most other societies (Gregersen, 1996). In a few societies, though, kissing is unknown. For example, when the Thonga of Africa first saw Europeans kissing, they laughed and said, “Look at them; they eat each other's saliva and dirt.” There is also some variation in techniques of kissing. For example, among the Kwakiutl of British Columbia and the Trobriand Islanders, kissing consisted of sucking the lips and tongue of the partner, permitting saliva to flow from one mouth to the other.

Cunnilingus (mouth stimulation of the female genitals) is fairly common in our society, and it occurs in a few other societies as well, especially in the South Pacific. A particularly interesting variation is reported on the island of Ponape: The man places a fish in the woman's vulva and then gradually licks it out prior to coitus.

Do people in other cultures have sex the same way as people do in Canada?

culture: Traditional ideas and values passed down from generation to generation within a group and transmitted to members of the group by symbols (such as language).

ethnocentrism: The tendency to regard our own ethnic group and culture as superior to others' and to believe that its customs and way of life are the standards by which other cultures should be judged.

incest taboos: Regulations prohibiting sexual interaction between close blood relatives, such as brother and sister or father and daughter.