



HUMAN  
SEXUALITY

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**ROGER R. HOCK**

FOURTH EDITION

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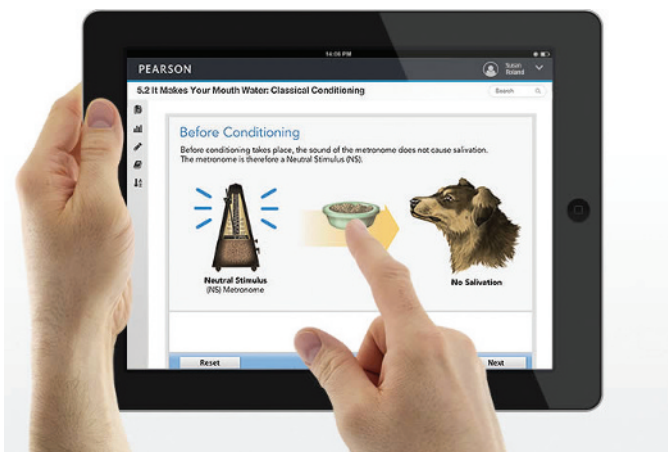
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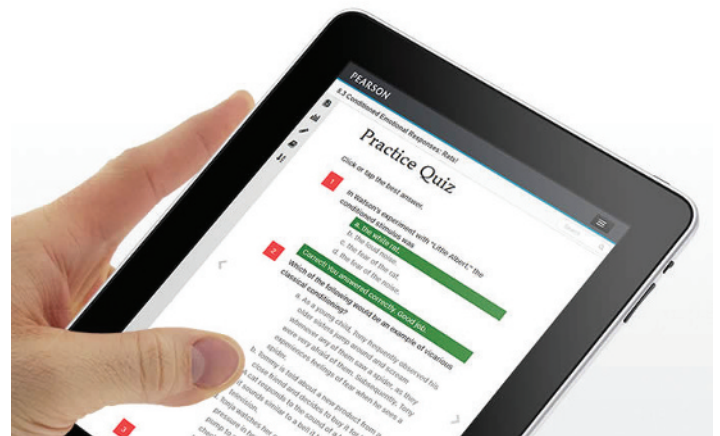
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# Human Sexuality

Fourth Edition

**Roger R. Hock**

*Mendocino College*

**PEARSON**

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# From the Author

Dear Students,

Welcome to the fourth edition of *Human Sexuality*. I know most students do not read textbook prefaces (even when you are asked to!). That's OK. I understand. I usually didn't read them either when I was a student. Obviously, however, *you* are reading this, so you are a welcome exception to the rule! I first want to take just a few minutes to summarize seven fundamental principles I followed as I planned, developed, wrote, and revised this book. I also want to highlight briefly some of the changes, updates, and revisions you will find in this edition.

My goal continues to be sharing with you the rich and complex field of human sexuality in ways that are up-to-date, engaging, authoritative, understandable, and relevant to *your life*. In addition, this preface includes descriptions and explanations of the key features throughout the textbook.

Human Sexuality is a class that offers you many opportunities to acquire knowledge and information that serves you throughout your life. With that in mind, you may want to keep this book in your personal library. I can assure you, that for one reason or another, probably sooner rather than later, you will want to look something up!

Now, read on and enjoy your journey through the fascinating world of human sexuality.

Roger R. Hock

# Preface

## Guiding Principles

Seven principles have influenced me every step along the way in all my teaching and writings about human sexuality. Please take a minute to review these principles and keep them in mind as you read through this text.

## Choice, Awareness, Rights and Responsibilities

### Personal Choice and Consent

An assumption throughout this text is that *you* are in charge of your personal sexual choices and that it is your responsibility to make decisions that are right for you, that you can feel good about, and that do not harm you or anyone else. You are in control of your sexuality and no one may ever, under any circumstances, take that control away from you. This applies to everything including others judging you, ridiculing or embarrassing you, and subjecting you to any type of sexual victimization and assault. By taking this course, you have consented to reading and learning about the topics in this book. However, if, at any time, you do not feel comfortable with the course material, you have the right to choose *not* to read or view it. If these feelings occur at any point, you should discuss them with your instructor.

### Authoritative Information

The content of this text is based on the most up-to-date, scientific research available at press time. You can be assured as you read that you are receiving recent, accurate information on every topic discussed.

### Real-Life Relevancy

Every effort has been made to ensure that this text is relevant and meaningful to you. Human sexuality is not hypothetical, theoretical, or abstract; it is real. In this text, you will acquire information and knowledge that you will apply and use in your life now and in the future.

## Physical and Emotional Health and Wellness

In virtually all chapters, this text focuses on specific, as well as general, sexual health issues to increase your knowledge of them and enhance your level of comfort in seeking care and treatment for sexually-related health problems, if necessary.

## Comfort With and Acceptance of Your Own Sexuality

One of the highlights of this book is a focus on the importance of developing your personal “sexual philosophy.” Developing a clear sense of your sexual identity, needs, desires, goals, and personal sexual rights helps you navigate a happy, well-adjusted sexual life. When you are faced with sexual situations, your sexual philosophy guides you in making the choices that are right for you so that you are in charge of the sexual situations in your life instead of the other way around.

## Critical Analysis of Research and Information about Sexuality

This text provides you with the skills to evaluate intelligently and critically the vast amount of sexual information you receive from the media, your friends and acquaintances, and (maybe) your parents. It should come as no surprise to you that much of that information may be flawed or just plain wrong. This book helps put to rest any misconceptions you may have about sexuality and help you become an informed consumer of sexual information.

## Awareness of and Respect for Sexual Diversity

The information in this text strengthens your understanding of the complex sexual world around you and how you fit into it. Enhancing your respect for and appreciation of the full range of human diversity is a major goal of this book.



# FEATURES

## Choice, Awareness, Responsibility

### Choice: Making Decisions That Are Right for You

Every effort has been made to ensure that this text is relevant and meaningful to you. In this text, you will acquire information and knowledge to help you make choices and decisions in your life that are right for you.

#### Since You Asked

1. I'm not sure about this class. I'm afraid it's going to be so embarrassing! (see page 6)
2. Do we really need a course about sex? I'm married and have a child. I'd say I probably know everything I need to know. (see page 9)
3. Is it normal to have an orgasm by masturbating but never to have one during intercourse? (see page 13)
4. I am 21 years old and had a "wet dream" two weeks ago. Is that normal at my age? (see page 13)
5. Why did my high school stop the sex ed class? Now they're saying we should just all wait until marriage to have sex. No one's really going to do that, are they? (see page 13)
6. My parents never had "the talk" with me. Were they just embarrassed, or did they think I would learn on my own? (see page 14)
7. How is it possible to study people's sexual lives when it's such a private, personal experience? (see page 17)
8. Is it really ethical to study people's actual sexual behaviors? (see page 29)

**Since You Asked.** Each chapter opens with a list of student questions gathered from the author's human sexuality classes. Each question is referenced to a page number in the chapter where the answer and discussion of the issue may be found.

#### Focus on Your Feelings

Sex is emotional. Virtually every emotion you can think of can be involved. Students studying human sexuality often experience unexpected emotional reactions. These reactions range from positive, happy, even euphoric feelings to discomfort, embarrassment, shock, anger confusion, fear, or various combinations of these and other emotions. Your personal, individual reactions will depend on your attitudes about sexual issues, your family and religious background, and your past and present sexual and relationship experiences. For example, here are two journal entries from students in the author's human sexuality classes:

I was raised in a very strict religious household. Sex was never discussed, and even mentioning anything related to sex was not allowed. I'm learning a lot in this course, but I find it very difficult to read the material and participate in the class discussions. I'm embarrassed and feel that I am doing something wrong (guilt). This is why I have missed so many classes.

Maya, first-year student

I've never told anyone this before, but from the time I was 8 until I was 12, I was sexually molested by my father. When we were in class discussing sexual abuse, it brought all this back to me. I don't know if I should get some counseling. I never thought it really bothered me, but now I'm not so sure.

Rick, sophomore

Many (and luckily most) people have generally positive emotions and experiences about sex and sexuality. But in your human sexuality class, you should expect to experience emotions that you would not usually feel in other courses. These emotions are completely normal. However, if you find that you are having feelings that are bothersome, or if they interfere with your ability to enjoy and do well in this course, it would be a good idea to discuss them in private with your instructor or perhaps with a professional counselor (usually available through your college's counseling services). Remember, you should never feel forced to read material or attend classes that would be emotionally painful for you. Your sexuality professor should be willing and open to discuss with you ways of reducing your discomfort and maximizing your benefit from this class.

**Focus on Your Feelings.** The study of human sexuality sometimes evokes unexpected emotions and/or reaction to some of the more provocative topics, such as sexual violence, sexually transmitted infections, and pornography, to name just a few. This feature appears early in each chapter and is intended to alert you to these possible reactions, reassure you that they are normal, and let you know you are not the only one feeling them.

**Self-Discovery.** Because sexuality is a natural part of being human, your exploration will involve some self-discovery. To that end, this feature offers you many opportunities to learn about yourself as a unique sexual person. The “Self-Discoveries” may contain information to help you become better informed about your sexual body, or better understand your relationships with others, or appreciate the rich variations of human sexuality.

## Self-Discovery

### Guidelines for Sexual Communication

1. Know What You Want
  - Decide what you want and don't want in a relationship before becoming sexually involved.
  - Evaluate your personal sexual expectations and needs.
  - Behave in a manner that is consistent with your sexual philosophy and value system.
  - Be open with your partner by communicating your sexual philosophy to him or her.
  - Understand that two people can want different things and have differing sexual values and philosophies without one of them being “wrong.”
2. Insist on Your Right to Postpone a Sexual Relationship
  - Set your own pace, one that is comfortable for you as the relationship progresses.
  - Wait until trust, comfort, and open communication exist in the relationship.
3. Be Responsible if You Decide to Engage in “Casual Sex”
  - Be open and honest with your partner about your desires if you want to proceed slowly.
  - Be honest with yourself and your partner if your commitment is limited to mutual enjoyment.
  - Consider whether or not this type of activity fits your personal sexual philosophy.
  - Be sure both partners want to be sexual.
  - Be sure neither partner feels coerced in any way by the other.
  - Respect your own and each other's feelings of self-worth.
  - Be sure that the responsibility to use precautions against sexually transmitted infections and unwanted pregnancy is mutually agreed upon.

SOURCE: Adapted from Michigan State University Counseling Center (2003).

**Your Sexual Philosophy.** As you proceed through these pages, this feature offers you the opportunity to develop your personal sexual philosophy by considering how the material in each chapter may relate to you and your life. It is my hope that this will help prepare and guide you as you are faced with personal choices about sexual attitudes and behaviors, or find yourself in a position to advise someone about sexual issues. The idea behind developing a clear personal sexual philosophy is that through the process of learning who you are, what you want and don't want, and planning ahead, you will be in charge of sexual situations as they arise in your life, instead of finding that the situations are in charge of you.

## Your Sexual Philosophy

### Studying Human Sexuality

As mentioned at the beginning of the chapter, you will have the opportunity to integrate the material throughout this text into *your own personal sexual philosophy*. You will see this feature at the close of every chapter, along with a brief explanation of how the chapter's information may fit into the sexual philosophy you are developing, and will continue to develop, throughout your life.

The basic idea behind this feature is to encourage you to do some thinking about and preparation for your life as a sexual being, now and in the future. As noted early in this chapter, your sexual philosophy is about *knowing who you are, what you want and don't want, and planning ahead*. If you take the time now to consider and explore your sexual feelings, attitudes, desires, and preferences and to form your sexual “rules for life,” you will be far better equipped to be in control of your sexual life and to make healthy, informed choices about your sexual behaviors. Although no one can plan for every future event in life, having your sexual philosophy in place helps you take charge of sexual situations when they arise, rather than allowing the situations to take charge of you.

Chapter 1 contributes to your sexual philosophy in two major ways. First, it is crucial for you to gather as much accurate information as possible, now and in the future, about experiencing and understanding human sexuality, so that the choices and decisions you make about sex and relationships are based on a solid foundation of knowledge. Second, learning to analyze sexuality research *critically* will enable you to evaluate what you hear, see, and read about sex. Then you will be equipped to incorporate into your personal life the best information that will enhance your sexual enjoyment, satisfaction, health, and fulfillment. Many students have remarked that their human sexuality course was one of the most fascinating and *personally useful* courses in all of their higher education.

**Sex Is More Than Intercourse.** A running theme throughout the book is that sex is far more than heterosexual intercourse. It appears as a small symbol and reminder box in nearly every chapter. This idea, indicated by this symbol, is intended to remind you that a wide range of sexual activities in addition to, or instead of, intercourse can offer sexual intimacy and satisfaction without engaging in risky or unwanted behaviors. Many of you may find that this idea seems strange at first, so it appears frequently throughout the book to help you incorporate it into your thinking about sex.

## Awareness: Your Health and the Sexual World Around You

Increased awareness of physical and psychological health relating to sexuality helps you make choices that are right for you. And learning to respect and appreciate the fascinating range of human diversity enhances your understanding of the complex sexual world around you and how and where you fit into it.

### In Touch With Your Sexual Health

#### The Health Benefits of Orgasm

Recent research has revealed a number of health benefits associated with orgasm. Note that the findings cited here are based primarily on correlational research that has shown a connection between orgasm and these health benefits. The extent to which orgasm causes the benefit will require additional research.

Health Benefit	Research Findings
General health	An orgasm at least once or twice per week appears to strengthen the immune system's ability to resist flu and other viruses.
Pain relief	Some women find that an orgasm's release of hormones and muscle contractions help relieve the pain of menstrual cramps and raise pain tolerance in general.
Lower cancer rate	Men who have more than five ejaculations per week during their twenties have a significantly lower rate of prostate cancer later in life.
Mood enhancement	Orgasms increase estrogen and endorphins, which tend to improve mood and ward off depression in women.
Longer life	Men who have two or more orgasms per week live significantly longer than men who have fewer.
Greater feelings of intimacy	The hormone oxytocin, which may play a role in feelings of love and intimacy, increases five-fold at orgasm.
Less heart disease	Studies have shown that men who have at least three orgasms per week are 50% less likely to die of heart disease.
Better sleep	The neurotransmitter dopamine, released during orgasm, triggers a stress-reducing, sleep-inducing response that may last up to two hours.

**SOURCES:** Giles et al., 2003; Komisaruk & Whipple, 1995; Resnick, 2002; Komisaruk, Beyer-Flores, & Whipple, 2006; Levin, 2007; Smith, Frankel, & Yarnell, 1997; Weeks & James, 1999; Whipple, 2000.

**In Touch with Your Sexual Health.** Increasing your awareness of sexual health issues is a guiding theme throughout this book. This frequent feature appears whenever a health issue is relevant to the topic being discussed and requires special attention. These features may involve sexual infections and diseases, problems in the functioning of the sexual body, or sexual issues that may cause psychological difficulties or emotional pain.

### Sexuality and Culture

#### The HIV/AIDS Pandemic

HIV and AIDS have become a pandemic and one of the greatest health threats of our time (see UNAIDS, 2010). A staggering 1.6 million deaths were attributed to HIV infection in 2012, and it is estimated that over 35 million people throughout the world are currently living with HIV infection. Over 6,000 people are newly infected with HIV every day and over 4,000 die from AIDS-related illnesses daily. In the last decade, the number

of people living with HIV infection has steadily increased, as indicated in Figure 8.5a. This appears to be a discouraging statistic, but in reality, it has somewhat of a silver lining. Although more people have become infected, more have also been living with HIV and not converting to AIDS. This is evident from Figure 8.5b, which shows a global decrease in new HIV infections over the same period. More importantly, as you

**Sexuality and Culture.** This feature focuses on topics from diverse cultural practices and customs. The world of human sexuality is rich in cultural, subcultural, and ethnic diversity. To increase awareness of this richness, multicultural topics are integrated throughout the text and highlighted in the "Sexuality and Culture" Features.

## Responsibility: Living an Informed, Ethical, and Analytical Life as You Relate to the Complex World of Human Sexuality

Each of us is responsible for our own decisions. Making the right choices for yourself and being aware of health and diversity issues come only when you are an informed consumer of sexual information. This text provides you with the skills to evaluate intelligently and critically the vast amount of sexual information you receive almost constantly from the media, from your friends and acquaintances, and from your family; it will help put to rest any misconceptions you may have about sexuality.

### Sexuality, Ethics, and the Law.

Issues of ethics and the law are often an important part of discussions of sexuality, and it is our responsibility to be aware of these key topics.

Examples of some issues include the ethics of informing potential intimate partners about sexually transmitted infections, the ethical consideration of sex-preselection in childbirth, Megan's Law and sex offenders, and the crime of child pornography.

### Sexuality, Ethics, and the Law

#### Sex-Preselection Technology

The worldwide social and ethical considerations in the face of increasingly available methods for allowing prospective parents to select the sex of their children are disturbing. What, for example, might these procedures mean for male-female sex ratios in countries such as China, India, or the Middle East, where boy babies are highly prized and preferred over girls? The effect of China's one-child policy has been to increase the desire for male infants to the point that hundreds of thousands, and perhaps millions, of baby girls are secretly abandoned to orphanages or even killed every year so that the parents may try again for a boy (Banister, 2004; Lubman, 2000). Researchers estimate that over the next 20 years, these countries will see an excess of as much as 20% more young men than women. This has the potential effects of fewer men marrying, a basic cultural expectation in these cultures, leading to social exclusion of more men, increased violence, and possibly an increase in prostitution and other crimes (Hesketh, Lu, & Xing, 2011).

Recognizing the future sociological implications of infant sex selection, China and India have passed laws prohibiting abortions based on parental sex preferences (Mudur, 2002). In addition, China has begun to restrict assisted fertility clinics that may be engaged in pre-pregnancy sex-selection technologies and to reward families monetarily who have only one son or who have no son but have and keep two daughters (Bumgarner, 2007; Glenn, 2004; Kalb, Nadeau, & Schafer, 2004). Although the technology allowing for the *preselection*

of the sex of children (prior to conception) may help reduce sex-based abortions, the consequences of such a choice to the population of countries that place a high value on male offspring could be devastating to the gender balance in those countries in future decades.

Moreover, the social and scientific ethical considerations of sex preselection are far-reaching. Even in the medical profession in the U.S., a great deal of disagreement exists (see Puri & Nachtigall, 2010). A survey of primary care physicians (PCPs) and physicians who are sex-selection technology providers (SSTPs), found that PCPs were concerned about how sex selection leads to medically unnecessary expensive and invasive medical procedures, how it fuels the fire of gender stereotyping and discrimination, and how it leads to child neglect of children who are the "wrong" sex. SSTPs believed that sex selection is a reproductive right that women should have, that it allows parents to plan for family sex balance, and helps prevent unwanted pregnancies and sex-based abortions.

This example demonstrates how the issue of sex-preselection is extremely complex and will likely remain so for the foreseeable future because it is here to stay. Individuals, couples, cultures, and countries must approach the issues in their own way and from their own legal, moral, and ethical perspectives. As with so many new and emerging technologies, scientific advances in human sexuality may be used for positive or negative ends, and the choices we make must therefore be as informed and accurate as possible.

### Historical Perspectives

#### Anatomy in the Dark Ages

Throughout history, and even today to some extent, human sexual anatomy was seen as a shameful subject for study or discussion. Why? Because such topics might excite people and cause them to engage in "impure acts." Consequently, the study of sexual anatomy prior to the nineteenth century was wildly misguided (Stolberg, 2003). Here is a partial list of early beliefs about human sexual anatomy—all of them erroneous

### Historical Perspectives.

This feature highlights significant people or events and gives you key information about the history of the study of human sexuality.

## Evaluating Sexual Research

### “What Men and Women Really Want in Bed! Take Our Reader’s Survey”

How much of your sexual knowledge have you obtained from newsstand magazines? A favorite feature, often found in magazines such as *Redbook*, *Cosmopolitan*, *New Woman*, *Playboy*, *Playgirl*, and *Esquire* (and many others), is the survey that asks readers to respond by mail or online to questions about sex. The magazines then report the findings from the survey in a subsequent issue a month or two later. Can you see a flaw in this survey methodology? Even if the items on the survey are constructed properly (and usually they are not), the responses are bound to be seriously biased. First, all respondents are readers of that particular magazine and would not, therefore, represent the general population. In fact, all magazines are intentionally targeted at a very specific audience, such as single, working women; professional men between the ages of 20 and 45; or parents. Second, only a small percentage of readers will take the time and energy to respond to the survey (see Table 1.6 on page 22 comparing volunteers to nonvolunteers in sexual research). These eager participants certainly usually are not typical of the overall population. Their responses may not even be representative of the readers of that magazine, much less you or me or most other people.

The bottom line is that surveys such as these can be fun and titillating and may, on occasion, offer some interesting information for conversation or gossip, but they should not be considered scientific and cannot be relied on for meaningful sexual knowledge.

Surveys such as those summarized in Table 1.5 are some of the larger scientific and relatively valid sexuality surveys conducted over the past 60 years or so. Most of these researchers made an effort to avoid the problems discussed in this box. You will see references to these surveys—along with other smaller survey studies that have been published in professional, scientific journals—throughout this book.



Most surveys in popular magazines rely on biased samples and lack validity.

## Evaluating Sexual Research.

When it comes to sexuality, stories circulating throughout the media often take on a life of their own and seem attractive and believable. However, often they simply perpetuate myths and falsehoods or create new ones. Therefore, throughout this book are features that shed some light on how you can critically analyze sexual stories and research you may come across in newspapers, magazines, online, or on TV. This, in turn, will help you become a more skilled consumer of sexual research findings by learning to evaluate sexual research before accepting what you see or read as fact.

## Have You Considered?

1. Would you ever volunteer to be a participant in a study such as Masters and Johnson’s research in the 1960s? Why or why not? Discuss your opinion about the ethics of such research.
2. Explain why many women do not routinely experience orgasm during heterosexual intercourse.
3. Can you think of an “aphrodisiac” you have heard of that was not mentioned in the chapter? Because aphrodisiacs have never been shown scientifically to have any real effect on sexual desire, why do you think people believe in the ones you’ve heard of?
4. Which of the various models of sexual response discussed in the chapter do you feel is most accurate? Which seems most questionable to you? Explain your answers.
5. In your opinion, what is the most important reason for people to study and understand the process of human sexual responding? Why?
6. For many couples, the goal of lovemaking is orgasm. Explain why many sex researchers and therapists claim that this detracts from a satisfying sexual experience.

**Have You Considered?** At the end of each chapter are several problems relating to the chapter’s content. These are designed to help you understand the material in the chapter, but, more than that, they encourage you to consider and analyze what you have learned, what the information means to you, and how you can apply it to real life.

# NEW TO THE FOURTH EDITION

Although some aspects of the study of human sexuality remain fairly constant, other issues are dynamic and evolve over time. Every chapter in this text covers topics and discusses issues that are constantly changing. This new edition reflects those changes to ensure that the material is as current as possible and keeps you up-to-date on the research and historical events that compose the field of human sexuality. Here's just a sampling, chapter-by-chapter, of some of the changes in the world of human sexuality that I have added, updated, revised, or expanded for the fourth edition of this text:

## *A Sampling of Topics, Discussions, and Features, New to the Fourth Edition of Human Sexuality*

### OVERALL

- Over 450 new and updated references from the latest discoveries and research in the field.
- Revised and updated statistics throughout the book to those most recently available. These include, but are not limited to, statistics relating to: contraception, sexually transmitted infections, pregnancy and birth, sexual orientation, sexual aggression (domestic violence, rape, child sexual abuse, and sexual harassment), prostitution, and pornography
- Text-wide update to the diagnostic criteria in the American Psychiatric Association's 2013 revision of the *Diagnostic and Statistical Manual* (The DSM-5). These are especially relevant to the text's coverage of sexual problems (Chapter 7) and paraphilias (Chapter 14)
- Updates of photos, drawings, graphs, figures, and other art to maintain text freshness and currency
- Greater inclusion and integration of sexual diversity throughout the text
- Enhanced emphasis on *consent* as it relates to all sexuality discussions and activities
- Addition of topical, current-event items to enhance text currency
- Newly added learning objectives and review questions to all chapter sections

### CHAPTER 1: STUDYING HUMAN SEXUALITY

- New "Sexuality and Culture" feature highlighting recent changes in sex education in China
- Enhanced emphasis on the issue of *consent* in all aspects of sexual education, research, and activities

- A new "In Touch with Your Sexual Health" feature clarifying the main categories of relevant health issues, including physical, emotional, and psychological problems
- Topical addition: New "Evaluating Sexual Research" critical-thinking feature: "How could this Happen? *Father Who Went to Hospital for Kidney Stones Discovers He Is a Woman*"

### CHAPTER 2: SEXUAL ANATOMY

- Updated discussion of current controversy surrounding male circumcision
- Newly updated maps, statistics, and discussion on current global status of female genital mutilation
- Latest information concerning urinary tract infections and development of E. coli vaccine which will prevent most UTIs
- Most current guidelines on mammograms, breast self-examination, and breast health recommendations
- DSM-5 update on *premenstrual dysphoric disorder* diagnostics

### CHAPTER 3: THE PHYSIOLOGY OF SEXUAL RESPONSE

- Modified conceptualizations of Masters and Johnson's model of sexual response: merging excitement and plateau phases
- Greater emphasis on alternatives to Masters and Johnson model of sexual response
- Updates on G-spot and female ejaculation discussions
- Addition of Janssen and Bancroft's "Dual Control Theory" of sexual response
- Topical addition: Reference to the new cable TV bio-pic series, "The Masters of Sex," dramatizing the careers and discoveries of William Masters and Virginia Johnson
- Revision of the "New View" approach to female sexual response

### CHAPTER 4: INTIMATE RELATIONSHIPS

- Increased coverage and integration of all sexual orientations throughout chapter
- Added discussion of information technology and social networking as they relate to trust and control in relationships ("cyberspying")
- Increased emphasis on relationship abuse in gay and lesbian relationships
- New "power and control" wheel applied to non-heterosexual relationships

**CHAPTER 5: CONTRACEPTION: PLANNING AND PREVENTING**

- New visual conceptualization of contraception types based on overall effectiveness
- Latest research on Cowper’s gland secretions, sperm cells, and the withdrawal method of contraception
- Topical addition: Legal bans and confiscation of condoms in some countries attempting to reduce sex trade activity
- Efforts to reinvent the condom to increase acceptability: Development of “origami condom” and *The Gates Foundation* condom-design competition
- Latest research suggesting reduced hormonal contraceptive effectiveness with increased body weight
- Latest, specific guidelines for missed contraceptive pills
- New reversible contraceptive IUD: *Skyla*
- Greater detail on reasons for vasectomy failure

**CHAPTER 6: SEXUAL BEHAVIORS: EXPERIENCING SEXUAL PLEASURE**

- New discussion of interplay of cybersex and sexual fantasy
- New research on kissing as erotic activity
- Recent data from *National Survey of Sexual Health and Behavior* (NSSHB) incorporated throughout chapter

**CHAPTER 7: SEXUAL PROBLEMS AND SOLUTIONS**

- Chapter significantly revised to reflect DSM-5 diagnostic guidelines including:
- Sexual disorders now divided into: Sexual desire, interest, or arousal disorders; disorders of orgasm; and sexual pain disorders
- Diagnosis of sexual disorders requires duration of problem for a minimum of six months and is causing significant psychological or emotional distress
- Disorders less focused on heterosexual intercourse
- Dyspareunia and vaginismus diagnoses eliminated and combined into *genito-pelvic pain/penetration disorder* (GPPPD)
- Disorders now classified as lifelong versus acquired and/or generalized versus situational

**CHAPTER 8: SEXUALLY TRANSMITTED INFECTIONS/ DISEASES**

- Updated statistics on incidence and prevalence worldwide
- Greater emphasis on problem of the asymptomatic nature of most STIs
- Current cervical cancer prevention guidelines, including recommendations for HPV (genital warts) screenings
- Role of HPV in anal and oral cancers and recommendation for HPV vaccine for boys as well as girls

- Revised and greater detail of HIV pandemic globally and by region, including some new, optimistic downward trends
- Added discussion of HIV2
- New CDC recommendation for use of antiretroviral medication, Truvada, to help prevent transmission of virus

**CHAPTER 9: CONCEPTION, PREGNANCY, AND BIRTH**

- Enhanced discussion to clarify distinction between conception and pregnancy
- Detailed discussion of tobacco smoke as teratogen, including secondhand absorption, leading to higher rates of ectopic pregnancy, miscarriage, preterm births, and stillbirths
- New DNA-based blood test to determine sex of embryo at 7 weeks gestation (and how this relates to sex-selection debate)
- Update on high C-section rates and surrounding medical debate
- Discussion of state-level legal challenges to *Roe v. Wade* over past decade
- Expanded discussion of abortion issues

**CHAPTER 10: GENDER: EXPECTATIONS, ROLES, AND BEHAVIORS**

- Terminology change from “intersex” to “Disorders of Gender Development” as specified by the DSM-5
- Addition of detailed criteria for medical approval of gender reassignment surgery
- Enhanced discussion of transgender children and possible medical interventions to forestall puberty
- Topical addition: California’s 2013 law requiring public schools to allow students to adopt their self-identified gender identity, participate in sports and other activities accordingly, and use the restroom and other facilities aligning with their gender identity
- Extended discussion of gender-linked aggression to include social alienation as a form of aggression in girls
- Clarification of the “overlapping curve model” of gender differences

**CHAPTER 11: SEXUAL ORIENTATION**

- Updates of same-sex marriage laws as recently as possible up to press time
- Recent updates of American Psychological Association’s position statements on sexual orientation
- Revised discussion of legal status of homosexuality in various countries
- Topical addition: Uganda’s 2014 law imposing a 14-year prison sentence for first-time offenders engaging in “homosexual acts”

- Recent research on the erroneous, yet wide acceptance, of a “gay gene” theory
- Addition of research showing anti-gay bias by students toward instructors
- Update on hate crime statistics based on sexual orientation from 2009 to present

#### CHAPTER 12: SEXUAL DEVELOPMENT THROUGHOUT LIFE

- Update on what constitutes troubling or problematic sexual behavior in young children
- “Final word” on comprehensive sex education versus abstinence-only programs
- Addition of new statistics on teen dating violence
- Inclusion of schools’ efforts to create more open, accepting, and safe environments for teens who are gay, lesbian, transgender, or questioning their gender identity or sexual orientation
- Information on protecting teens from dangers of cybersex
- Addition of new data on teen condom use
- New trends in cohabitation

#### CHAPTER 13: SEXUAL AGGRESSION AND VIOLENCE: RAPE, CHILD SEXUAL ABUSE, AND SEXUAL HARASSMENT

- Greater focus on central issue of *consent* for any type of sexually related behavior
- Addition of feature on sexual violence in the military
- Discussion of new, broader FBI definition of rape that includes more forms of penetration and includes rape of men
- Cultural comparisons of child sexual abuse rates
- Addition of self-evaluation instrument for victims of predator (date-rape) drugs
- Discussion of “cyberharassment”

#### CHAPTER 14: PARAPHILIC DISORDERS: ATYPICAL SEXUAL BEHAVIORS

- Full chapter revision reflecting DSM-5 changes in clinical criteria of paraphilia diagnoses
- Distinction between a “paraphilia” and a “paraphilic disorder”
- Addition that non-victimizing paraphilia diagnosis must involve “personal distress”
- Explanation that for victimizing paraphilias, simple *desire* for paraphilic behavior is adequate for diagnosis
- Explanation that “sexual addiction” is not deemed a paraphilia; classified as “hypersexual disorder”

- Update on medication therapy for paraphilias, especially SSRIs

#### CHAPTER 15: THE SEXUAL MARKETPLACE: PROSTITUTION AND PORNOGRAPHY

- Updates on issue of legalization or decriminalization of prostitution
- Topical addition: Attempts to add male sex workers in Nevada brothels (to service women customers)
- Discussion of effectiveness (or lack thereof) of the Victims of Trafficking and Violence Protection Act (VTVPA) of 2000
- Updated statistics on crack cocaine use among sex trade workers (estimates up to 95%)
- Addition of new “Sexuality, Ethics, and the Law” feature on the use of “john school” to reduce demand for prostitution
- Discussion of the effects of pornography on intimate relationships
- Update of battle against child pornography on a global scale
- New efforts to consolidate sexually explicit sites under .xxx top-level domain
- Discussion of major Internet providers’ (i.e. Google) efforts to remove child abuse sites from World Wide Web

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# TEACHING AND LEARNING

## Supplementary Materials

In today's world of higher education, a good text is only one element of a comprehensive learning package. *Human Sexuality's* supplement creators are experienced authors and professors of human sexuality who have developed high-quality supplements for instructors and students.

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#### Instructor's Resource Manual (IRM)

In this abundant collection of resources for each chapter, instructors will find activities, exercises, assignments, hand-outs, and demos for in-class use. The material for each chapter is organized in an easy-to-use chapter "Lecture Guide" outline. This resource saves prep work and helps you make maximum use of classroom time. The IRM is available for download from the Instructor's Resource Center at <http://www.pearsonhighered.com/irc>

#### Test Item File

This test bank includes multiple-choice, true-false, short-answer, and essay questions for each chapter. All questions are noted by type—applied, conceptual, or factual—and the difficulty level is given for each. The Test Item File is available for download from the Instructor's Resource Center at <http://www.pearsonhighered.com/irc>

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#### PowerPoint Presentation

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# Collaboration, Expertise, Accuracy, Thank-Yous

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*Roger Hock*

# About the Author

**Roger R. Hock, PhD**, is a professor of psychology and human sexuality at Mendocino College in northern California. He received his MA in Psychology from San Diego State University and his PhD in Psychology from the University of California at San Diego. He is also the author of *Forty Studies that Changed Psychology: Explorations into the History of Psychological Research* (Pearson, 2012) and coauthor (with Meg Kennedy Dugan) of *It's My Life Now: Starting over after an Abusive Relationship or Domestic Violence* (Routledge, 2006), and (with Amy Marin) *Psychology*, a soon-to-be released digital introductory psychology textbook from Pearson Education.

Dr. Hock has been teaching psychology and human sexuality for over twenty-five years. Human Sexuality is his favorite class to teach and is consistently one of the most popular among students. He believes that Human Sexuality is an essential course for college students because the topics covered are fundamental to our lives and our identities as humans. He asserts that the human sexuality course should be a requirement for all undergraduate college and university students. Why? Because the material in this course touches everyone, in countless ways, throughout their lives. But, more importantly, students, upon entering college as adults, often lack a complete and current understanding of at least some, if not many, key issues that combine to create the complexities of humans as sexual beings. Sex education in grades K–12 tends to be incomplete, inadequate, sometimes misleading, and too often, nonexistent. Moreover, not all parents are willing or able to impart the necessary and correct information to their children. Students in higher education clearly need and deserve the knowledge they acquire in this class.



# A Sexual History Time Line

The world of human sexuality has been marked by many influential historical events. To illustrate, we journey back over 150 years of significant events that have changed our views, lives, laws, and attitudes with respect to human sexuality (relevant chapter numbers are in parentheses).

1846 U.S. patent issued for first diaphragm contraceptive device (5)

1873 Congress passes Comstock Act outlawing distribution of contraception information and devices (5)

1874 Women's Christian Temperance Union founded to oppose men's drinking of alcohol and engaging in "immoral acts" (15)

1897 Havelock Ellis publishes first of six-volume, *Studies in the Psychology of Sex*; advocating sex as pleasurable, central function in life (6)

1909 Sigmund Freud lectures at Clark University in Massachusetts; introduces U.S. to his theories of sex as primary driving force in human nature (1)

1916 Margaret Sanger arrested and jailed for opening first birth control clinic in Brooklyn signaling change in sexual norms; marks separation of sex from reproduction for women (5)

1920s Widespread introduction of automobile offers privacy and independence for dating couples (4)

1923 John Kellogg becomes president of Battle Creek Sanitarium; promotes plain foods such as corn flakes in order to prevent sexual feelings and discourage masturbation (6)

1953 Hugh Hefner publishes first issue of *Playboy Magazine* (15)



1953 Christine Jorgensen is among first to undergo male-to-female "sex change" operation (10)

1953 Publication of Kinsey Institute's *Sexual Behavior of the Human Female*; sells 250,000 copies (1, 6)



1966 Publication of *Human Sexual Response* by Masters and Johnson revolutionizes public understanding of sexual physiology (3, 6, 7)

1975 U.S. Civil Service Administration lifts ban on hiring gays and lesbians (11)

1976 *The Hite Report* is published detailing sexual fantasies and behaviors of women (1, 6)

1969 Huge rock concert at Woodstock marks culmination of "hippie free love" movement (6)

1950

1960

1970

1980

1934 Catholic Church forms "Legion of Decency" to evaluate and rate films; Hollywood responds by reducing sexual content of movies (15)

1934 Appeals court overturns ruling of James Joyce's *Ulysses* as obscene, signaling liberalization of obscenity laws (15)

1936 U.S. Federal Court overturns Comstock Act's anti-contraception laws (5)

1942 Planned Parenthood Federation of America founded; advocates family planning and sexual satisfaction in marriage (5)



1948 Publication of Kinsey Institute's *Sexual Behavior and the Human Male*; sold 200,000 copies and was on *New York Times* bestseller list for 27 weeks (1, 6)

1950 Existence of "zone of erogenous feeling" on wall of vagina suggested by Ernst Grafenberg (now known as the G-Spot) (2)

1960 *Feminine Mystique* by Betty Friedan published; signals beginning of feminist movement (10)

1960 Food and Drug Administration approves first oral contraceptive; trade name: "Enovid" (5)

1969 Police clash violently with patrons of Stonewall Inn, a gay bar in New York's Greenwich Village; marks beginning of gay rights movement (11)

1970 Feature film *The Boys in the Band* first wide-release movie with openly gay plot and characters (11)

1972 *Rocky Horror Picture Show* shakes up gender stereotypes (10)

1973 The American Psychiatric Association (APA) votes to remove homosexuality from list of psychological disorders (11)

1973 U.S. Supreme Court, in landmark decision in case of *Roe vs. Wade*; declares a woman's right to an abortion is protected by her constitutional right to privacy, effectively legalizing abortion (5, 9)



1978 Birth of Louise Brown, first infant conceived through in vitro fertilization, dubbed "test tube baby" by media (9)

1979 California first state to classify forced sex by husband on wife as rape (13)

(Numbers in parentheses indicate text chapters for additional information)

2013

The revised APA disorders guide, The DSM-5, adds "Premenstrual Dysphoric Disorder" (PMDD), a severe form of PMS, to list of official psychiatric diagnoses



2013

Showtime TV debuts new biopic series, "Masters of Sex," about the lives and work of sex research pioneers, William Masters and Virginia Johnson (3, 6, 7)

2013

New innovative contraceptive, the "Origami Condom" is announced (5)



2013

The morning-after contraceptive pill, Plan-B One Step becomes available without a prescription for girls of all ages (5)

2013

The Boy Scouts of America allow gay Scouts to join; gay Scout leaders still banned (11)



2013

California becomes first state to pass law ensuring transgender students (K-12) equal access to facilities and school activities consistent with their gender identity (10)

2007

Studies show "abstinence-only" sex education fails to reduce teen pregnancy or STIs (1, 12)

2007

U.S. Supreme Court upholds ban on late-term abortions regardless of health of mother; weakens *Roe vs. Wade* (9)

2007

Millions of doses of Gardasil, a new vaccine that prevents HPV (genital warts) and cervical cancer, were distributed in the U.S. Immunization recommended for girls 9-12. (8)

2010

The Trevor Project is formed with the goal of ending suicide among LGBTQ youth by providing life-saving and life-affirming resources: [www.thetrevorproject.org](http://www.thetrevorproject.org) (11)

2010

Gays and lesbians allowed to serve openly in the U.S. military; repeal of "Don't ask, don't tell"

1998

The Clinton-Lewinsky sex scandal story breaks (13)

1998

Viagra approved by FDA for treatment of erectile disorder (7)

2003

The U.S. Supreme Court strikes down all Texas sodomy laws (6, 11)

2002

So called "rape drugs" become major problem on college campuses (13)

1994

Publication of *Sex in America*, first large-scale survey of sexual behavior in U.S. since Kinsey Reports (1, 4, 6, 7, 11)

1997

Ellen Degeneres comes out as gay on popular T.V. show *Ellen* (11)

1983

Human Immunodeficiency Virus (HIV) isolated as cause of Acquired Immune Deficiency Syndrome (AIDS); found in homosexual and heterosexual populations (8)

1990

2000

2010

1981

First unexplained deaths from unusual infections seen among gay men in San Francisco and New York. First dubbed "Gay-related Immune Deficiency;" street name: "gay plague" this was the beginning of the HIV/AIDS epidemic in the U.S. (8, 11)

1993

FDA approves first female condom, trade name, "Reality" (5)



1999

Human papilloma virus found to be the leading cause of cervical cancer (8)

2004

Massachusetts is first state to legalize gay marriages (11)

2008

Transgender man gives birth to healthy baby girl (10)



2008

U.S. Supreme Court declares death penalty illegal (cruel and unusual punishment) for child rape (14)

2008

New study confirms that sex remains important part of life into 70s, 80s and beyond (12)

2011

Teen birth rates drop to all low in California (12)

2011

New York becomes 6th (and largest) state to legalize same-sex marriage (11)



2012

California becomes first state to ban "reparative therapy" which falsely purports to convert gay teens to heterosexuality (11)

2012

Anti-HIV drug Truvada approved as preventive for HIV infection when taken daily before and after exposure to virus (5)

2014

Pope Francis officially apologizes for priest sex abuse; begins program of tougher protections and punishments (13, 14)

2014

Number of states legalizing same-sex marriage reaches 32 (plus Washington DC). (11)

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# Chapter 1

# Studying Human Sexuality



## Learning Objectives

After you read and study this chapter you will be able to:

- 1.1** Review the key issues people should be aware of to enjoy a healthy experience of human sexuality.
- 1.2** Explain the knowledge people need for a full understanding of human sexuality.
- 1.3** List and explain the methods used by researchers in the study of human sexuality.
- 1.4** Display a clear awareness of the ethical rules that researchers must follow for all research into human sexuality.

## Since You Asked

---

1. I'm not sure about this class. I'm afraid it's going to be so embarrassing! (see page 6)
  2. Do we really need a course about sex? I'm married and have a child. I'd say I probably know everything I need to know. (see page 9)
  3. Is it normal to have an orgasm by masturbating but never to have one during intercourse? (see page 13)
  4. I am 21 years old and had a "wet dream" two weeks ago. Is that normal at my age? (see page 13)
  5. Why did my high school stop the sex ed class? Now they're saying we should just all wait until marriage to have sex. No one's really going to do that, are they? (see page 13)
  6. My parents never had "the talk" with me. Were they just embarrassed, or did they think I would learn on my own? (see page 14)
  7. How is it possible to study people's sexual lives when it's such a private, personal experience? (see page 17)
  8. Is it really ethical to study people's actual sexual behaviors? (see page 29)
- 

The intricacies of human sexuality play a part in everyone's life. And human sexuality, in one way or another, affects virtually everything you do. Have you given much serious thought to your knowledge, desires, or identity as a sexual being? Most people haven't. Yet few areas in your life are more important for self-reflection than sex. How can you ensure *for yourself* a physically and emotionally gratifying sexual life? Do you have a sense of what you want or don't want in terms of sexual intimacy with another person now or in the future? Under what conditions and with whom will you feel comfortable allowing that intimacy to grow? What is your vision of a healthy and fulfilling romantic relationship? Can you be sure that you will make choices and decisions that are right for you when sexual situations arise? How will you keep yourself safe from unwanted pregnancy, sexually transmitted infections (diseases), and sexual violence? How will you interact with others who are sexually different from you?

We will return to the theme of your self-knowledge, attitudes, and actions at the close of this chapter—and every other chapter in this text—and offer you the opportunity to incorporate what you have learned in the chapter into your **personal sexual philosophy**. Remember, studying human sexuality is about far more than "getting the facts." It is about knowing who you are, what you want or don't want, and planning ahead.

**Human sexuality** is a complex area of study that focuses on all aspects of humans as sexual beings. This includes such topics as sexual anatomy and responses, sexual feelings and behaviors, intimate relationships, sexual identity and desires, sexual health and well-being, and the way we perceive and express our individual sexual selves. Each chapter in this text is just one piece of the rich and challenging puzzle of human sexuality.

In this chapter, we will examine the ways in which people learn about human sexuality. In the most basic sense, these learning experiences may be divided into two categories: (1) *experiencing* your own sexuality and (2) deepening your *understanding* of human sexuality issues. On the experiential side, we will explore your emotional reactions relating to sexuality, getting to know yourself as a sexual person, developing your personal set of sexual **morals** and values, making responsible choices about sexual activities, discovering the full range of sexually intimate behaviors, and enhancing your lifelong sexual fulfillment and satisfaction.

In order to attain a deeper understanding of sexuality, we will focus on its surprising complexity. We will work toward helping you:

- Reject myths and misconceptions you may hold about sexuality
- Develop an understanding and respect for sexual diversity

### personal sexual philosophy

A person's unique foundation of knowledge, attitudes, and actions relating to what the person wants and who he or she is as a sexual being.

### human sexuality

An area of research and study focusing on all aspects of humans as sexual beings.

### morals

A person's individual, unique attitudes about what constitutes right and wrong.



**Table 1.1** Guiding Principles for This Text

It's no secret that most students never read the prefaces in textbooks. You know who you are! In this book's Preface, I explained seven principles for presenting human sexuality information correctly, effectively, and understandably. Because these principles have influenced me every step of the way in my teaching and writing about human sexuality and because many of you may have missed them, I will summarize them again here.

Principle	How It Applies to This Text
Personal Choice and Responsibility	The assumption throughout this text is that you are an adult and in charge of your personal sexual choices. Throughout your life, it is your responsibility to make decisions that are right for you that you can feel good about and that do not harm anyone else.
Authoritative Information	The content of this text is based on the most up-to-date, scientific, and accurate research available.
Acceptance of Your Own Sexuality	This text highlights the importance of developing your personal sexual philosophy, so that you are in charge of the sexual situations in your life instead of the other way around.
Real-Life Relevancy	Every effort has been made to ensure that this text is relevant and meaningful to you.
Physical and Emotional Health and Wellness	This text is designed to focus on specific as well as general sexual health issues and to decrease your discomfort in seeking care and treatment for sexual problems, if necessary.
Critical Analysis of Research and Information about Sexuality	This text will give you the ability to evaluate, intelligently and critically, the vast amount of sexual information you are receiving—both from the media and from your social interactions with others.
Awareness and Respect for Sexual Diversity	The information in this text will assist you in understanding the world around you and how and where you fit into it; this mosaic of diversity plays a major role in making human sexuality such a rich and fascinating study.

- Acquire a sense of what is sexually “normal” and “abnormal”
- Study what it means to stay “sexually healthy”
- Figure out how to become a critical, educated consumer of research and reporting about human sexuality
- Learn how to talk to your own children about sex if and when the time comes, and

Later in this chapter we will review the scientific methods researchers use to study human sexual behaviors, attitudes, and emotions. We will then consider the importance of ethics as it relates to sexuality research. As you read this chapter and throughout this text, keep in mind the guiding principles for this book, discussed in the Preface and summarized again for you in Table 1.1.

## Historical Perspectives

### A Human Sexuality Time Line (in the Preface)

Many of the topics covered in this book are rooted in ancient history, some dating back millennia and others reaching back to the very beginning of humankind (or else humankind might no longer exist!). We touch on many of these events in greater detail in the Historical Perspectives section early in each chapter. Here in Chapter 1, the Historical Perspectives section offers you a glimpse of the major events of the past 150 years that have shaped sexual history in the United States and much of the Western world. Each event on the time line located at the end of the Preface to this book, notes the chapter number where you will find a more detailed discussion of that topic in its current context. Enjoy your trip through sexual time!

## Experiencing Human Sexuality

### 1.1 Review the key issues people should be aware of to enjoy a healthy experience of human sexuality.

We experience sexuality in many personal and subjective ways. Our individual experiences regarding sexuality vary greatly from negative to positive, painful to joyful,

traumatic to sublime. The factors that determine how we experience our sexuality may include any of the issues discussed next.

## Enriching Self-Knowledge

First and foremost, we are born to be sexual beings. This does not imply that we all engage in any particular sexual activity or that we all have the same or even similar sexual feelings and desires. But sexuality will always be a part of what makes each of us a unique individual. From infancy through old age, we have the capacity to experience both physical and emotional sexual feelings.

It follows, then, that your perception of your own sexuality is a major part of your self-identity. To demonstrate this concept, imagine that you wake up tomorrow morning and have no idea whether you are a man or a woman. How would this make you feel? Confused? Probably. Disoriented? At least! You might think, “I no longer know who I am!” Your **gender identity**—the concept of yourself as a man or woman, masculine or feminine—is one of the most important components of your sexual identity. And you do not need to study human sexuality to know what yours is. You are already very clear about that, and it will *not* change as you read this book.

Certain components of your sexual self may not be so clear to you, however. For example, some people are confused, at least at some point in their lives, about their **sexual orientation**, whether they are more attracted to members of the same sex or the other sex romantically, emotionally, and sexually. Others may be unsure about what qualities they desire in an intimate relationship or confused about their comfort level with specific sexual activities. This book and this course will help you find answers and better understand yourself.

### gender identity

The sex (male or female) that a person identifies himself or herself to be.

### sexual orientation

Term specifying the sex of those to whom a person is primarily romantically, emotionally, and sexually attracted.

## Sex Is Emotional

Students’ personal experiences in a human sexuality course can often trigger emotional reactions, sometimes very strong ones. These feelings may include general discomfort, confusion, anxiety, embarrassment, anger, arousal, surprise, or nervousness. Because these emotions make some people uncomfortable about studying human sexuality, we will spend a moment near the beginning of each chapter, in a feature called “Focus on Your Feelings” (see p. 9), to discuss the possible emotional reactions you may experience as you read and learn.

## Your Morals and Values

Part of discovering yourself sexually usually involves developing your uniquely personal set of morals and values as they relate to sexual issues. You probably already have a sense of the morals and values that were instilled in you by your parents, your religious teachings, your peers, or other factors that have influenced you throughout your early life. As you have grown into adulthood, however, you may have begun to question those beliefs and wonder if they still apply to you as an independent, mature individual. Some of you may feel the need to make modifications in your system of morals and values that are more in line with how you choose to live your life. Morality and personal values play a central role in how you experience most, if not all, of the issues discussed in this book.

It is not the job or intention of this book to encourage you to adopt anyone else’s sexual morals or values (including the author’s). As you study human sexuality, you will acquire or enhance the knowledge and awareness you need to develop your own sexual standards and belief systems that make sense and feel right to *you* in *your* life.

## Focus on Your Feelings

Sex is emotional. Virtually every emotion you can think of can be involved. Students studying human sexuality often experience unexpected emotional reactions. These reactions range from positive, happy, even euphoric feelings to discomfort, embarrassment, shock, anger, confusion, fear, or various combinations of these and other emotions. Your personal, individual reactions will depend on your attitudes about sexual issues, your family and religious background, and your past and present sexual and relationship experiences. For example, here are two journal entries from students in the author's human sexuality classes:

I was raised in a very strict religious household. Sex was never discussed, and even mentioning anything related to sex was not allowed. I'm learning a lot in this course, but I find it very difficult to read the material and participate in the class discussions. I'm embarrassed and feel that I am doing something wrong (guilt!). This is why I have missed so many classes.

Maya, first-year student

I've never told anyone this before, but from the time I was 8 until I was 12, I was sexually molested by my father. When we were in class discussing sexual abuse, it brought all this back to me. I don't know if I should get some counseling. I never thought it really bothered me, but now I'm not so sure.

Rick, sophomore

Many (and luckily most) people have generally positive emotions and experiences about sex and sexuality. But in your human sexuality class, you should expect to experience emotions that you would not usually feel in other courses. *These emotions are completely normal.* However, if you find that you are having feelings that are bothersome, or if they interfere with your ability to enjoy and do well in this course, it would be a good idea to discuss them in private with your instructor or perhaps with a professional counselor (usually available through your college's counseling services). Remember, you should never feel *forced* to read material or attend classes that would be emotionally painful for you. Your sexuality professor should be willing and open to discuss with you ways of reducing your discomfort and maximizing your benefit from this class.

Consider the value in taking the time to weigh these issues and make some conscious decisions about how you want to live your sexual life. In this way, your values and moral beliefs can help guide you through the complexities of life as a sexual being and form an important part of your sexual philosophy. At any moment, you may find yourself facing difficult decisions about your sexual behavior and interactions, without time for thought or reflection. In the absence of a personal moral compass, you may make choices that you later regret. In other words, the situation may take charge of you rather than the other way around.

## Making Responsible Choices

Having a clear sense of your sexual morals and values is only one factor in making responsible sexual choices throughout your life. Choosing to be sexually active in today's world requires you to make an almost overwhelming number of crucial decisions. For example, how will you protect yourself and your partner from HIV and other sexually transmitted infections? How can you be sure to avoid an unwanted pregnancy? How can you keep yourself safe from sexual violence and coercion? What are your expectations of dating and relationships? How can you and your partner communicate your needs and desires openly and honestly to each other? How will you handle a sexual problem with your partner?

## Sex Is *More* than Intercourse

Yes, you read it right: *sex is more* than intercourse. This theme runs throughout the text and plays a role in many of the topics in various chapters (look for the box in the margin). Why? Partly because equating sex with intercourse neglects the full range of sexual experience and pleasure that is available to us as human beings. Western cultures often tend to take *sex* as a synonym for *intercourse* (Goodson et al.,

2003). Consequently, any other pleasurable, arousing, and satisfying sexual behaviors—such as kissing, touching, massage, masturbation (solo and mutual), and oral sex—become lumped together into a single category called “foreplay,” or “that which leads up to intercourse,” and are not thought of by a majority of people as “having sex.” But in reality many behaviors can be sexually fulfilling in themselves, and for some individuals or couples they may even be more satisfying than intercourse.

Another reason for understanding that sex is more than intercourse is that most of today’s sexual problems, such as unwanted pregnancy, transmission of sexually transmitted infections, and sexual dysfunctions, stem from *insertive sexual practices*, especially vaginal, oral, and anal sexual activities. Many of these problems could be reduced if more people were increasingly comfortable with the idea of sexual intimacy *without* these activities. This does not imply becoming **celibate**—forgoing all sexual intimacy and activities—but may involve a decision to engage in only “safe” or “preferred” sexual behaviors for a while (this decision is sometimes referred to as “selective abstinence”). In addition, many situations may arise in your life that make intercourse uncomfortable, difficult, or medically inadvisable, but this does not mean that sexual intimacy must stop (Hatcher et al., 1994; Kowal, 1998a). Other intimate, sexually fulfilling activities can still be enjoyed fully.

Although many people have discovered the pleasures of sex without intercourse, to others this is a new and strange idea. Culturally, especially for heterosexual couples, it is not a widely accepted concept. On the contrary, many, if not most, people will argue that you haven’t really had sex if you haven’t had intercourse (Bogart, Cecil, Wagstaff, Pinkerton, Abramson, 2000; Hans, Gillan, & Akande, 2010; Petersen & Muehlenhard, 2007). This can be misleading and even dangerous. In one recent study, only 20% of college students believed that oral sex constituted “having sex” (Hans, Gillan, & Akande). This belief carries with it the strong possibility that these same students may believe that oral sex is also “safe sex,” which it is not. Oral sexual activities have the potential to transmit nearly all sexually transmitted infections.

### celibate

choosing to forego all sexual activities.

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### Since You Asked

1. I’m not sure about this class. I’m afraid it’s going to be so embarrassing!
- 

## Enhancing Sexual Fulfillment

At some point in your life, nearly all of you will choose to be sexually active and to share sexual intimacy with a partner. Once that decision is made, you will desire and deserve a healthy, satisfying, and fulfilling sex life.

This text in no way intends to recommend, encourage, or promote any particular sexual behavior, feeling, or attitude. You should never feel pressured to do anything sexually that makes you feel uncomfortable. As discussed in the next section, sexuality is complex, and, consequently, a fulfilling sex life is not always easy to achieve. One route to this goal, however, involves acquiring accurate and authoritative information—such as what is provided in this text—about as many aspects of sexuality as possible. This foundation of knowledge will provide you with the tools to experience and maintain an enhanced, enriched, and exciting sexual life for yourself and your partner.

It is important to stress here that there should be no doubt in your mind that *your body belongs to you*, and that your sexual behavior is, or should be, completely in your control. This principle, of course, refers to consensual, honest, and responsible sexual behavior between adults. Behaviors such as rape, telling someone you are using contraception when you are not, or not warning a partner about having a sexually transmitted infection are contrary to this premise because these activities are nonconsensual, dishonest, and irresponsible.

# Human Sexuality

## 1.2 Explain the knowledge people need for a full understanding of human sexuality.

Your college education in human sexuality is only partly about your *experience* of being a sexual person. Other specific topics are essential for your *understanding* of human sexuality, which we will consider next.

### Sex Education or Abstinence Only?

At some point almost everyone must answer important questions about sexual issues that arise in their lives. If you make the wrong decisions owing to lack of knowledge, misinformation, or poor judgment, the consequences can be extremely serious. How do you find the answers that are right for you? First, you are off to an excellent start because you are taking this course and reading this book. Research has shown that people who take a human sexuality course tend to make better, more informed, and more thoughtful choices. For example, high school seniors who received education about HIV and AIDS were found to engage in fewer high-risk sexual activities and had a reduced risk of HIV infection (Klitsch, 1994; Underhill, Montgomery, & Operario, 2007). In another study, college students enrolled in a freshman seminar focusing on sexual health were more likely to use condoms and other forms of contraception (Turner et al., 1994). Also, students who complete a human sexuality course have been shown to be significantly *less tolerant* of rape in general, and date rape specifically, and less likely to believe common rape myths such as “most rapes are committed by strangers” and “some women ask to be raped by the way they dress” (Fischer, 1986; Flores & Hartlaub, 1998; Patton & Mannison, 1994).

Personal choice and responsibility are recurring themes throughout this book. The more accurate and complete information you have about sex, the better prepared you are to make responsible choices about your behavior. Without this knowledge, “sex” often equals “trouble.” In the United States, many teens have missed out on this important information due to a complete lack of sex education in the schools or because any teaching about sex has focused on instructing students simply not to have sex at all. The **abstinence-only approach** is based on the idea that teens should resist engaging in any and all sexual activities and should wait until marriage for sexual intimacy. The abstinence methodology, therefore, assumes that teens should have no need to be educated about sexual activities, contraception, or how to prevent sexually transmitted infections. Abstinence-only programs in schools, supported and funded during the conservative political climate in Washington, DC, from 2000 to 2008, were widely seen to have failed (Boonstra, 2009). Numerous studies have demonstrated that when school districts attempted to implement these programs (rather than risk losing federal funds), the outcome was the dissemination of inaccurate information and no decrease in teen sexual activity, unintended pregnancy, or the incidence of sexually transmitted infections (STIs). In fact, in numerous school districts, unwanted pregnancy and STI rates *increased* as teens failed to receive the learning they needed in order to make responsible choices (DiCenso et al., 2002; Bruckner & Bearman, 2005; Hollander, 2007; Boonstra, 2009). Moreover, in a recent evaluation of teen pregnancy, researchers determined that the rate of pregnancy has, for years, been underestimated because the statistics took into account all teens, rather than those who were sexually active and actually at risk of pregnancy. When these statistics are adjusted for teens who are sexually active, the number of unintended teen pregnancies increased from 40 per 100,000 to 147 per 100,000 for girls age 15 to 17, and from 108 per 100,000 to 162 per 100,000 for girls age 18 to 19 (Finer, 2010). This is more than 300% and 50% higher than previously reported. Because you may not have received correct or adequate sexual

#### **abstinence-only approach**

The decision to *avoid* teaching adolescent students about sexual activity, STIs, contraception, etc., based on the theory that such education is unnecessary if students are taught to abstain from sexual behavior.

information early in your teens, it is crucial to you now. And, even though you are now an adult and in college, it's never too late!

The new, more progressive climate in Washington, DC, during the second decade of the 2000s has created changes in sex education in the United States. The abstinence-only funding expired in 2009 but was added back into the budget as part of a health care reform bill. However, the language in the abstinence-only law has been eased, allowing for more balanced and accurate information to be taught (Boonstra, 2010). The movement in sex education now is away from abstinence-only and toward more comprehensive teaching about sexuality that stresses accurate information to help teens make responsible personal decisions about sexual behavior. Table 1.2 summarizes the difference between these two approaches.

## It's More Complex than You Think

One of the most important (and obvious) reasons to study sexuality is to increase your knowledge of the subject. This will not be difficult because human sexuality is a huge field. For example, in the next two chapters, you will be introduced to sexual anatomy and physiology. Right away you'll begin to see that even our sexual bodies are wonderfully complex in form and function. But in many ways the biology of sex is far simpler than the psychological and social intricacies of sexual feelings, desires, choices, interactions, and behaviors.

To acquire a general idea of how much you already know about the range of topics this book will cover, take a few minutes to complete and score the section titled: "Self-Discovery: Sexual Knowledge Self-Test." When you finish this textbook many weeks from now, you may wish to take the test again. You will have a significantly higher score—guaranteed.

**Table 1.2** Comparison of Principles of Abstinence-Only and Comprehensive Sex Education in the Public School System

Abstinence-Only Approach	Comprehensive Sex Education
<i>An abstinence-only education program during the years 2000–2008 that qualified for federal funding is a program that</i>	<i>A comprehensive sex education program, encouraged following the 2008 presidential election, is a program that</i>
1) has as its exclusive purpose teaching the social, physiological, and health gains to be realized by abstaining from sexual activity	1) is age-appropriate and medically accurate
2) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;	2) stresses the value of abstinence while not ignoring those young people who have had or are having sexual intercourse
3) teaches that abstinence from sexual activity is the only certain way to avoid pregnancy outside of marriage, sexually transmitted diseases, and other associated health problems	3) provides information about the health benefits and side effects of all contraceptive and barrier methods used— (a) as a means to prevent pregnancy; and (b) to reduce the risk of contracting sexually transmitted diseases infections, including HIV/AIDS
4) teaches that a mutually faithful, monogamous relationship in the context of marriage is the expected standard of human sexual activity	4) encourages family communication between parent and child about sexuality
5) teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effect;	5) teaches young people the skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical, and sexual advances and how to avoid making verbal, physical, and sexual advances that are not wanted by the other party
6) teaches that bearing children outside of marriage is likely to have harmful consequences for the child, the child's parents, and society	6) develops healthy relationships, including the prevention of date rape and sexual violence
7) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances	7) teaches young people how alcohol and drug use can affect responsible decision making
8) teaches the importance of attaining self-sufficiency before engaging in sexual activity.	8) does not teach or promote religion.

**SOURCE:** Boonstra, H. (2009). Advocates call for a new approach after the era of "abstinence-only" sex education. *Guttmacher Policy Review*, 12(1). Retrieved from <http://www.guttmacher.org/pubs/gpr/12/1/gpr120106.html>

# People Know a Lot About Sex—And Much of It Is Wrong

Each of you is unique in your level of sexual knowledge and experience. As you will discover if you answer the questions in “Self-Discovery: Sexual Knowledge Self-Test,” all of you come into this course with a base of knowledge—a starting point for your

## Since You Asked

2. Do we really need a course about sex? I’m married and have a child. I’d say I probably know everything I need to know.

## Self-Discovery

### Sexual Knowledge Self-Test

Mark each of the statements *True* or *False*. If you know someone you would like to pass the self-test along to, you may want to answer on a separate sheet of paper. Scoring instructions and interpretations are at the end of the test.

#### TRUE OR FALSE?

##### Chapter 1: Studying Human Sexuality

- \_\_\_\_\_ 1. Because of ethical and personal privacy considerations, it is not possible to conduct first-hand scientific research on human sexuality.
- \_\_\_\_\_ 2. The average length of a man’s penis when erect is about 7.5 inches.
- \_\_\_\_\_ 3. Electronic devices that measure penile and vaginal changes during sexual arousal are sometimes used by researchers to study sexual responding.

##### Chapter 2: Sexual Anatomy

- \_\_\_\_\_ 4. Erection of the penis is caused by contracting muscles and the buildup of semen.
- \_\_\_\_\_ 5. Semen is produced by the testicles.
- \_\_\_\_\_ 6. When a girl is born, her ovaries contain over 400,000 immature eggs.

##### Chapter 3: The Physiology of Human Sexual Responding

- \_\_\_\_\_ 7. The clitoris and penis both become erect during sexual stimulation.
- \_\_\_\_\_ 8. Women generally say that intercourse is the most reliable and satisfying method for achieving orgasm.
- \_\_\_\_\_ 9. When someone carries a sexually transmitted infection, he or she may transmit the infection even without engaging in oral sex, anal sex, or vaginal intercourse.

##### Chapter 4: Love, Intimacy, and Sexual Communication

- \_\_\_\_\_ 10. Physical attractiveness is a relatively unimportant factor in the formation of romantic relationships.
- \_\_\_\_\_ 11. In abusive or violent relationships, the victim often remains in the relationship, sometimes for years, even though the abuse continues.
- \_\_\_\_\_ 12. Physical violence is virtually always present in abusive relationships.

##### Chapter 5: Contraception: Planning and Preventing Pregnancy

- \_\_\_\_\_ 13. Vaccines now exist that can prevent most cases of cervical and anal cancers.
- \_\_\_\_\_ 14. The intrauterine device (IUD) contraceptive is becoming increasingly more popular among young women.
- \_\_\_\_\_ 15. A new birth control pill has been approved that is taken 365 days each year and eliminates a woman’s period entirely.

##### Chapter 6: Sexual Behaviors: Experiencing Sexual Pleasure

- \_\_\_\_\_ 16. Most sexual behaviors may be divided into one of three categories: (a) heterosexual, (b) gay, or (c) lesbian.
- \_\_\_\_\_ 17. Research shows that about the same percentage of males and females masturbate.
- \_\_\_\_\_ 18. Most women do not routinely experience orgasm during heterosexual intercourse.

##### Chapter 7: Sexual Problems and Solutions

- \_\_\_\_\_ 19. Problems with erection for men and orgasm for women are rare.
- \_\_\_\_\_ 20. Nearly all sexual problems are easily treated and solved.
- \_\_\_\_\_ 21. Lack of sexual desire is one of the most common sexual problems couples face.

##### Chapter 8: Sexually Transmitted Infections

- \_\_\_\_\_ 22. Bacterial sexually transmitted infections (STIs) are generally curable; viral STIs generally are not.
- \_\_\_\_\_ 23. Most sexually transmitted infections (or diseases) may be spread through oral sexual activities.
- \_\_\_\_\_ 24. Some strains of the human papilloma virus (HPV) that cause genital warts have also been shown to be the primary cause of cervical cancer.

##### Chapter 9: Conception, Pregnancy, and Birth

- \_\_\_\_\_ 25. A woman can get pregnant during her period.
- \_\_\_\_\_ 26. During each menstrual cycle, there are about seven to ten days during which unprotected intercourse can lead to pregnancy.