

THINKING ABOUT HUMAN SEXUALITY

AFTER STUDYING THIS CHAPTER, YOU SHOULD BE ABLE TO

- [1] Describe the components of human sexuality.
- [2] List and describe the traditional sources of sexual knowledge and describe how science can expand such understanding.
- [3] List and describe social institutions that influence our sexuality.
- [4] List recent social changes and describe how they have an influence on our sexuality.
- [5] Contrast the typical person's ways of trying to understand sexuality with the three major ways utilized by the sexuality scholar.
- [6] Summarize some of what scholars know about sexuality in ancient cultures of Mesopotamia, the Middle East, Asia, and Greece and Rome.
- [7] Describe the historical events and Christian traditions that influence modern Western concepts of sexuality.
- [8] Describe those aspects of Victorianism that influence contemporary North American sexuality.
- [9] Summarize the impact of the second wave of feminism on contemporary North American sexuality.
- [10] Summarize the environmental and technical problems involved in conducting sexuality research.
- [11] Explain why people should understand the methods used to study human sexuality.
- [12] Describe the strengths and weaknesses of surveys, observation, experiments, correlational studies, and clinical studies.
- [13] List the major ethical principles that guide sexuality research, practice, and education and explain their purpose.
- [14] Define critical thinking and describe nine general guidelines for thinking critically about sexual information.

1

1.1 What Is Sexuality?

1.2 Sources and Foundations of Our Personal Sexuality

1.3 Ways We Seek to Understand Human Sexuality

1.4 Selections from the Known History of Human Sexual Behavior

1.5 The Scientific Approach to Understanding Sexuality

1.6 Ethical Issues in Sexuality Research, Practice, and Education

1.7 Critical Thinking about Human Sexuality

Summary

1.1 WHAT IS SEXUALITY?

Examining a thorough definition of *sexuality* will tell you about what follows in this book.

The term *sex* has two general meanings. First, it refers to genetic endowment, anatomical features, and physiological functions. Specifically it refers to whether one is female or male. This may seem simple enough, but you will learn that this is sometimes not as clear-cut as most of us believe. The term also refers to lovemaking or genital contact between two people, as in “having sex.”

Depending on our anatomical sex, we secrete eggs or produce sperm, and can either impregnate or gestate and birth offspring. All of this constitutes another facet of our sexuality, namely our *reproductive role*. All of these aspects of sexuality are covered in chapter 4 (“Female Sexual Anatomy and Physiology”), chapter 5 (“Male Sexual Anatomy and Physiology”), chapter 11 (“Biological Sexual Development”), chapter 15 (“Fertility Management”), and chapter 16 (“Conception, Pregnancy, and Childbirth”).

At the moment of birth, we are labeled according to our biological category (female or male) and then assigned to a social category (girl or boy; in some societies there may be more than two such social categories). At that point, culture takes over to shape us into an appropriately feminine or masculine person for that particular society. This very profound aspect of our sexuality is called our *gender role* and will be discussed in chapter 12 (“Gender Identity and Gender Roles”).

An additional aspect of our sexuality is our pursuit of the *sensual and physical pleasures* that accompany human sexual behavior. How we go about pleasuring ourselves when alone or with others is another important aspect of our sexuality. These will be discussed in chapter 8 (“Patterns of Sexual Response”) and chapter 9 (“Sexual Pleasuring”).

For most human beings, reproduction and sexual pleasure take place in the context of relatively lasting *emotional relationships*. In our society, romantic love and monogamy are ideals for these relationships. You will find a thorough exploration of this complex facet of our sexuality in chapter 2 (“Communication and Sexuality”) and chapter 3 (“Love and Intimacy”).

The sexual relationships of those with certain types of *physical and mental challenges* are discussed in chapter 10 (“Sexuality in Disability and Illness”). Other kinds of difficulties arise when an individual’s preferred type of sexual expression is in conflict with socially approved norms. We discuss *problematic sexual expression* in chapter 17 (“Variations in Sexual Behavior”) and chapter 18 (“Commercial and Coercive Sex”).

As we move from infancy through childhood, adulthood, and ultimately old age, our sexuality might be expressed in different ways. Chapter 13 (“Childhood and Adolescent Sexuality”) and chapter 14 (“Adult Sexuality”) deal with *sexual development over the course of life*.

To fully enjoy and express our sexual selves, we must attend to the troublesome issue of *sexually transmitted infections* (STIs). These are discussed in chapter 6 (“Sexually Transmitted Infections”) and chapter 7 (“HIV and AIDS”).

Our sexuality is both broad and complex, and it consists of all of the aspects mentioned: sex, reproductive roles, gender roles, sensual and sexual pleasure, romantic and intimate relationships, sexual expression throughout the life span, sexual dysfunctions, problematic sexual expression, and concerns regarding sexually transmitted infections.

1.2 SOURCES AND FOUNDATIONS OF OUR PERSONAL SEXUALITY

Where did you obtain your present knowledge and understanding of sexual behavior? If you are typical of most people in North America, your initial information (and perhaps misinformation) came from your *peers*. Later on, all sorts of *media* brought you models of how sexual expression is “supposed to be.” For example, in children’s books and movies you may have learned that males *do brave and exciting things and select their princesses*, while females *look pretty and wait until their princes select them*. Living in the “Information Age,” we are engulfed by sexuality-related information from the media and some of it isn’t very accurate or honest. When most people encounter sexual “information” in our society, they often find it in magazine articles with titles such as “Keeping the Ecstasy Alive” or “Sexual Secrets of the South Seas Islanders.” Movies show scenes of perfect, “seamless” sex in which no one fumbles, worries about bad breath, or stops to put on a condom. Television talk shows seem to be overrun with “cross-dressing grandfathers” and “mother-daughter prostitutes.” Much of this material is designed to be entertaining or arousing rather than informative.

If you were exposed to a formal program of sexuality education in your *school*, it probably emphasized the reproductive aspects of sexuality, rather than the complex socioemotional side of sex. Nor was the course likely to dwell on sensitive issues such as sexual values or sexual diversity (American Public Health Association, 1994).

Somewhere in all of this, our *parents* got lots of sexual information across to us. For some of us, one or both of our parents tried to talk with us about sex,

or perhaps they gave us a book or video. For *all* of us, our parents' *behavior* was a powerful source of all kinds of data. For example, we might have learned that long-married couples kiss, fondle, and flirt with each other. Or we may have learned that long-married couples barely speak to each other, let alone engage in romantic or sexual acts. We may have learned that fathers and mothers share the care of their children equally, or observed the challenges that face single parents. Can you think of some other examples of what you learned about sexuality from your parents?

As we grow older, we look to our own *personal experiences and preferences* for more understanding about sexuality. For example, we might learn that we get aroused from a gentle kiss on the neck, or that alcohol helps us feel less anxious about behaving sexually. We learn that in our culture it might be okay to tell someone else about how great it felt to touch so-and-so, but it's probably *not* okay to tell anyone how great it was to touch yourself in a warm bath or shower.

For many people all over the world, *religious or philosophical teachings* are also an important source for understanding and guiding sexual behavior. These teachings differ from faith to faith and from culture to culture. Religious or philosophical traditions can sometimes be incomplete or restrictive, especially if they are the only source of information about sexuality. But an awareness of one's values and beliefs can help put sexual feelings, information, and behavior into the context of your life as a whole person.

In this book and in your course, you will be exposed to one more source of sexual information: *science*. In fact, this text will emphasize scientific knowledge. This might conjure up visions of computer screens, confusing graphs, and people in white lab coats, but that's not really what it's about at all. Science is really nothing more than a method that Western society has developed of asking and answering certain kinds of questions according to agreed-upon rules.

What are some of these rules? One has to do with the *type of questions* the scientist asks. For example, the sexuality scientist does not ask if living together before marriage is *right or wrong*. This is a moral question, best left to philosophers and theologians. The sexuality scientist might ask if there is a relationship between premarital cohabitation (living together) and divorce rates or "reported levels of marital satisfaction." Thus, the scientist does not ask if some aspect of sexuality is right or wrong, good or bad. Rather, she or he might ask how that factor is *related* to other factors. Second, the sexuality scientist answers questions about sex by collecting and examining **empirical data**. The third rule is that the knowledge must be *public*. That is, any new knowledge

must be submitted to other scientists for their examination and criticism. Most often this is done by presenting this new knowledge at a professional conference or by publishing it in a scientific journal or book. Other scientists then attempt to **replicate** the first scientist's findings, to see if his or her conclusions were justified.

Much of the information in this text will come from scholarly books, and from journals such as these:

American Journal of Public Health
Annual Review of Sex Research
Archives of Sexual Behavior
Chinese Mental Health Journal
Gender and Society
International Journal of Law and Psychiatry
Journal of Homosexuality
Journal of Sex Education and Therapy
Psychology of Women Quarterly
Sexual and Marital Therapy

You may want to take a look at a recent issue of one or more of these journals in your library or online to see the kinds of things sexuality scientists and practitioners are writing about. It is important for you to understand how our knowledge and understanding of sexuality develops and where you can go to increase your knowledge about a particular sexuality-related issue.

1.2.1 Social and Cultural Forces That Influence Our Sexuality

We normally think of our sexual expression as something private and personal. We experience our sexual preferences and behaviors as arising from within us and expressing a central aspect of our personality or personhood. However, we should recognize that there are also many environmental forces that have a great influence on how we express our sexual selves. That is, our biological potentials are filtered through and interact with many external forces that shape our sexuality (Nichols & Schwartz, 1995). Of course, human beings are not just passive recipients and responders to these external forces; we actively use them to create our sexual reality (Kelly, 1996). Let's look at some specifics.

empirical data	knowledge derived from observation or experimentation
replicate	to redo or reproduce a study to determine if the findings are dependable or occurred by chance

Social Institutions That Affect Our Sexuality

Various *cultures* shape their members' sexuality in very diverse ways. For example, the nineteenth-century Victorian ideal of "true femininity" implied that sexual desires and intense sexual pleasure in a woman might call for medical intervention to reduce them (Mason, 1994). Ejaculation within a minute of vaginal insertion would be considered a sexual problem in our culture (we call it "premature ejaculation"), but this behavior is quite acceptable and expected in other cultures. Cultural influences are so pervasive and run so deep inside people, they often lead a society's members to view the sexual norms of their own culture as the only "natural" ones. This sexual **ethnocentrism** is pervasive and gets in the way of appreciating the true variety of human sexual expression.

The concept of *family* differs from culture to culture. A family may consist of a mother and her children, an adult male and an adult female and their offspring (biological, adopted, or **blended**), or an extended group, consisting of offspring, parents, grandparents, and various other parental siblings or relatives. Sometimes a whole village or clan might be considered family. Or a family might be defined by whoever inhabits a particular dwelling. The definition of family affects such issues as learning the proper roles for a "woman" or "man," how mates are selected, who instructs youngsters about sexual matters, and who is considered a desirable sexual or marriage partner.

Religious teachings affect many aspects of our sexuality. For example, our religious orientation might determine who we consider to be a suitable sexual or marital partner, what sexual behaviors we are willing to engage in, our attitude toward fertility control, and our acceptance of differences in sexual behavior both in ourselves and in others. Religious traditions can affect our attitude toward masturbation, how we relate to our sexual partners, the importance we place on sexual behavior in marriage, and what sexual teachings and attitudes we pass on to our children.

Recent Social Changes That Affect Our Sexuality

Our time in history also affects our sexuality. As we enter the twenty-first century, our sexual expression will be influenced by certain changes that have recently occurred. Some of these changes have occurred only in our own society, while others are truly global in scale.

One ongoing social change in North American society is the acceptance of *premarital sexual behavior*. Some see this new norm as destructive and harm-



In light of social change, we might need to broaden our idea of what a "family" looks like.

ful to our society, believing that it has contributed to sexual callousness, the spread of sexually transmitted infections, and unwanted pregnancies. Others see it as bringing an end to the sexual *double standard*, and as an adaptive response to the strong economic pressures to postpone marriage. How do you view (or live out) this relatively new social norm?

It is difficult for most students to imagine a world in which *contraceptive devices* are illegal or inaccessible, or where knowledge regarding fertility control is considered "obscenity," but this was social reality just a few decades ago. It is still reality for many people all over the world.

Although the majority of Americans tend to select partners of their own or similar ethnicity (Laumann et al., 1994), there is now a greater acceptance of *interethnic sexual relationships*. Interethnic relationships have always existed in our society, but they were often based on exploitive or unequal social power. There was a time when relationships between people of different ethnic groups elicited ostracism, violence, or even murder. Today such relationships might still be disapproved of by many, but attitudes have become more egalitarian and accepting in many segments of our society.

While societies have a diversity of attitudes toward those who engage in sexual activities with those of their own sex, there is now *greater openness regarding homosexuality and bisexuality* in many cultures. In some segments of our society there is more toleration of this form of sexual expression; in others, very negative attitudes and behaviors prevail. However, issues related to gay men and lesbian women are now frequently examined in the headlines, mass media, courtrooms, and classrooms of our society.

Recent years have brought an *increased awareness regarding coercive and violent sexual behavior*. It is difficult for most of us to realize that up until about



Greater openness regarding same-sex relationships has resulted in advertising that openly markets to this segment of our population.

twenty-five years ago concepts such as “date rape” and “sexual harassment” did not exist. This is a good example of how knowledge or understanding about sexual phenomena may be “constructed” within a culture (Gergen, 1985). Rape, child sexual abuse, and incest were once believed to be extremely rare events, perpetrated by deranged deviants. Today, descriptions of these acts permeate our novels, movies, and news media. Sexuality researchers study them, and therapists try to help persons who are recovering from such trauma. Sexuality educators attempt to prevent such acts from occurring.

The twentieth century has been characterized by *migrations of people and their cultures* to other parts of the world (Hoerder, 1994). North America is just one of the places where large numbers of diverse people have newly settled. There may be groups in your school and community with vastly different sexual customs. You may encounter African women who have undergone—or who are fighting not to undergo—“female circumcision” (more commonly known as **female genital mutilation**). You might meet an attractive classmate who knows little about our custom of dating. You might have new neighbors who have radically different expectations for their daughters’ behavior and their sons’ behavior.

The *mass media* has inundated North American society with sexual images and sexual material. Much of it is frivolous and designed to sell, titillate, or entertain. Some of it seeks to enhance our sexual lives, whereas some communicates harmful or violent norms and false notions about human sexuality. Today, sexually explicit and pornographic materials are available to anyone with a television or a modem. Many believe that these materials have a very negative effect on interpersonal relationships as well as on sexual attitudes and behaviors. Others celebrate the greater openness about sexual matters.

With the *increase in affluence and leisure* in our society, many more people can afford to pursue the more pleasure-oriented aspects of sexuality. They can buy or rent videos that demonstrate exotic sexual techniques, pay to learn how to increase their orgasmic capacities, purchase penile implants to experience erections well into old age and so forth.

Thirty years after the “sexual revolution” of the 1960s, the *AIDS epidemic* has changed the way most of us view casual sexual encounters. Certainly the sexual norms of the North American gay male community have been radically altered in response to this health crisis. Today, researchers, educators, and political leaders are attempting to reach other communities, especially teenagers, intravenous drug users, and ethnic minority groups, in order to facilitate lifesaving changes in sexual behavior.

All of these forces have a direct or indirect impact on our personal sexual attitudes and behaviors. They influence our sexual thoughts, fantasies, and concerns as well as our sexual decision-making. Ultimately they affect our behavior. The ideas and information presented in this book help you deal with all of these influences as you live your life as a sexual person in the twenty-first century.

1.3 WAYS WE SEEK TO UNDERSTAND HUMAN SEXUALITY

1.3.1 The Typical Person

Because our society both idealizes sexuality and also keeps the reality of sexuality very private, most adults are very curious about sex. The average person seeks to satisfy this curiosity through several means. One’s own personal sexual fantasies and experiences are a primary, but limited, source of insight into sexuality. We might also talk with others about their sexual interests or experiences, but in this day and time we also depend upon electronic and print media, literature, art, and television to fill in our “understanding.”

ethnocentrism (eth'-nō-cen'-trizm)	the belief that one’s own ethnic group is superior to others
blended family	family unit made up of adults and their offspring from previous marriages or relationships
female genital mutilation	surgical removal of the clitoris and all or part of the labia (a cultural ritual)

1.3.2 The Sexuality Scholar

The sexuality scholar uses three approaches to understand this aspect of living. *Historical accounts* are very useful in providing a picture of human sexual behavior (Bullough, 1990). Sexologists also find *cross-cultural comparisons* very useful because they remind us of all the different shapes human sexuality can take, and they also serve to place our society's version of human sexual expression in perspective. Lastly, sexologists apply *scientific methods* to understanding sexuality. This could involve *observations and comparisons across species*; asking people questions about their sexual attitudes and behaviors (*surveys*); watching, describing, and measuring behavior in the real world or in the laboratory (*naturalistic or laboratory observation*); studying groups of individuals who have some sexuality-related problem (*clinical studies*); or conducting carefully controlled *experiments* in the laboratory or in the field (i.e., in the real world).

These various approaches often overlap. For example, a researcher might examine and compare nudes that appear in sixteenth-, eighteenth-, and twentieth-century paintings to determine what physical features were considered attractive or ideal for men and women in each of these centuries. This combines a historical approach with a scientific one. Another researcher might survey college students in Canada, Argentina, Italy, Ethiopia, and Malaysia about their attitudes and behavior regarding premarital sex, thus combining a scientific technique with a cross-cultural approach. In section 1.4, we will examine each of the three major approaches (historical, cross-cultural, and scientific) that sexologists use to understand human sexual expression.

1.4 SELECTIONS FROM THE KNOWN HISTORY OF HUMAN SEXUAL BEHAVIOR

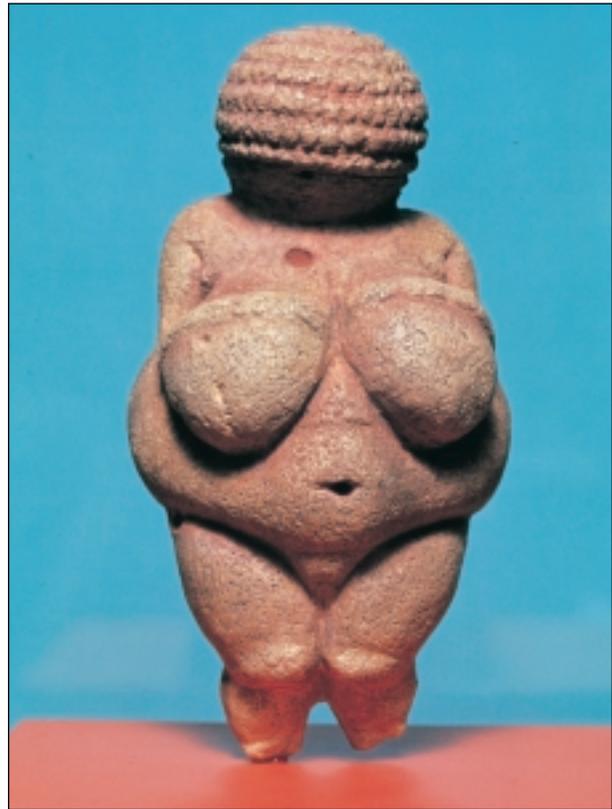
Like Jell-O, (human) sexuality has no shape without a . . . sociohistorical container of meaning and regulation. And, like Jell-O, once it is formed it appears quite fixed and difficult to re-form. A kiss is not a kiss; in this perspective, your orgasm is not the same as George Washington's, premarital sex in Peru is not premarital sex in Peoria, abortion in Rome at the time of Caesar is not abortion in Rome at the time of John Paul II, and rape is neither an act of sex nor an act of violence—all of these actions remain to be defined by individual experience within one's period and place.

Leonore Tiefer, *Sex Is Not a Natural Act and Other Essays*, 1995, Westview Press, Boulder, CO.

1.4.1 Earliest Human Cultures (Mesopotamia)

Between ten thousand and thirty thousand years ago, human beings fashioned the first objects that did *not* have a direct use for physical survival (arrows, scrapers, etc., were clearly needed for survival). These objects were carefully carved statuettes of females with exaggerated secondary sex characteristics (breasts, hips, rounded buttocks), and they were often covered with markings that seemed to have symbolic significance. They have been found in many locations throughout the Middle and Near East and are often referred to as “Venus statuettes.” It seems that early humans were in awe of the powers of the female body in terms of fertility and nourishment, and it is likely that some form of worship of the Great Mother prevailed in most human groups (Bullough, 1976).

As humans were transformed from hunter-gatherers into farmers and keepers of animals, the male role in fertility became recognized. The sex act itself became the symbol of fertility, so many fertility festivals involved sexual acts with priests and priestesses. Some human groups began worshipping the **phallus**.



The Venus of Willendorf (Austria), sculpted about 30,000 years ago. Note the exaggerated breasts, abdomen, and genital area. What do her armlessness and facelessness suggest to you?

1.4.2 North Africa and the Middle East

In ancient Egypt, women had relatively high status. They could own property, bring lawsuits, and pay taxes, but men were dominant in affairs of social and public life. Monogamy was the rule in marriage. There were also instances of marriages between brother and sister, especially among royalty (Ackerman, 1994). Temples were still dedicated to the Great Mother (now incarnated in the goddesses Cybele, Ishtar, and Isis). At these temples, sexual fertility rites included same-sex and other-sex couplings. The Egyptians recognized a place for nonprocreative sex and even developed some contraceptive technologies, such as inserting crocodile or elephant dung into the vagina and tampons made of honey and various other substances (Bullough, 1990).

Among the ancient Hebrews who wandered throughout the Middle East about 1000 B.C., quite another view of sexuality prevailed. Recognizing that social and military power came through sheer numbers, these tribes developed the biblical prescription to “be fruitful and multiply.” This led to an emphasis on procreative sexuality and a proscription against any sexual expression that would not result in reproduction. Solomon’s erotic *Song of Songs*, written at approximately 300 B.C., describes a guiltless approach to sensuality and a celebration of sexual expression within marriage. The Hebrew laws, as recorded in the Torah (or Old Testament) addressed a number of sex-related issues. Concerns about paternity resulted in adultery becoming a crime punishable by death for women. For men, adultery was merely a property crime against another man, and the adulterous man had only to compensate the wronged husband. Hebrew laws condemned male homosexuality and bestiality, although there was no mention of lesbian relationships in the Old Testament. No mention was made of abortion or contraception, with the exception of Onan’s sin of “dropping his seed on the ground,” which appears to be a condemnation of *coitus interruptus*. Later, this passage was misinterpreted as referring to masturbation (Tissot, 1766/1985).

Islam also originated in the Middle East and is based on the teachings of Muhammad, who was born in the city of Mecca around A.D. 570 or 580. Like the Bible, the Quran (Koran) is considered to be the revealed word of God. It is also a book of prescriptions and proscriptions that regulates many aspects of Muslim life. In terms of sexuality, there is a strong emphasis on controlling female sexuality, which is seen as dangerous and insatiable (Sabah, 1984). Between men and women there must be no public interactions, no dancing, and no handshakes.



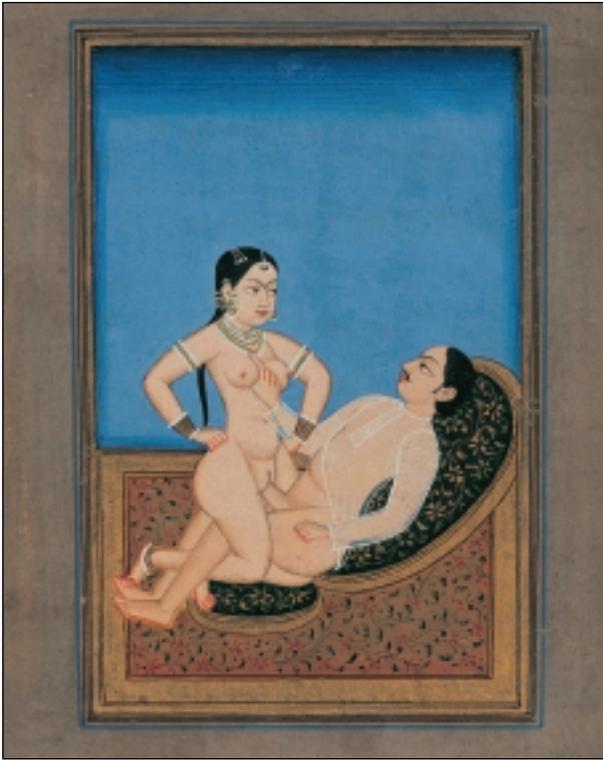
Fauziya Kacinga fled to the United States from Togo to escape an arranged marriage and genital mutilation. She sought political asylum and was imprisoned here for eighteen months before being granted asylum.

Nonetheless, Islam has a tradition of treasuring marriage and marital sex (Farah, 1984). Other Muslim traditions include proscriptions against masturbation, sodomy, *coitus interruptus*, and intercourse with a menstruating woman. Pleasurable marital relations are seen as preventing adultery (Farah, 1984).

1.4.3 Asian Traditions

In Asia, a tradition of associating sexuality with spirituality arose. In Taoism, sex is seen as a sacred duty or a form of worship that could lead to immortality. The first “sex manual,” *The Pillow Book*, written in Japan in about 200 B.C., encouraged frequent and extended intercourse, so that a husband could absorb his wife’s *yin* (female energy) and thus enhance his own *yang* (male energy). Masturbation was acceptable for women, but not for men. Oral and anal sexual acts were acceptable as long as no ejaculation occurred, so that no semen was wasted. Chinese literature dating back to the seventh century describes same-sex relationships in terms of “the cut sleeve”—a reference to a famous ancient king who preferred to cut the sleeve of his own silken garment rather than awaken his male lover who lay upon it. Lesbian love poems were

phallus (fa'-lus)	the penis
coitus interruptus	withdrawal of the penis from the vagina before ejaculation
(kō'-ih-tus ihn-ter-rup'-tus)	



The Kama Sutra, a Hindu sex manual, contains many graphic illustrations of sexual techniques. Most scholars believe it was written between the third and the fifth century A.D.

written by Buddhist nuns from 520 to 480 B.C. (Bullough & Bullough, 1994) and there are records of formal associations for lesbians in nineteenth-century Shanghai (Ruan & Bullough, 1992). Under communism, the Chinese sustained decades of sexual repression. Today, new issues arise in China due to confrontations between ancient traditions and the modern world (Pan, 1993).

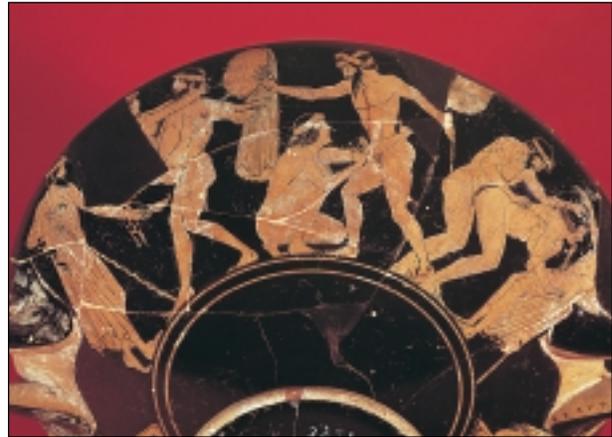
In India, another sex manual, the *Kama Sutra*, was written by Vatsyayana sometime between 300 and 500 A.D. This work is a compendium of descriptions and illustrations of sexual positions. It includes recipes for supposed aphrodisiacs, ways of kissing, and ways of touching and caressing to ensure maximum pleasure. Eleventh-century religious temples contain statuary demonstrating combinations of people engaging in remarkable sexual acts. A series of social and political upheavals led Hindu society to become much more sexually restrictive after about A.D. 1000 (Tannahill, 1980).

1.4.4 Greco-Roman Society

The ancient Greeks, like their Egyptian neighbors, were very tolerant of most sexual activities, as long as they did not disrupt families. Classical Athenian society idealized masculine beauty and male sexuality.



Carvings from the façade of the Kandarya-Mehadeva Temple in India. The eroticism is overt and unabashed.



Same-sex sexual activities in classical Greece had a meaning that was quite different from in our own society.

Women had virtually no rights and were confined to their homes to rear children (Ackerman, 1994).

Men engaged in many types of same-sex relationships, but, in contrast to contemporary Western society, they did not have a *social identity* as “homosexual.” In Greek society, men learned their “manliness” through social and sexual contact with older men. This tradition of **pederasty**, or sexual activity between older men and adolescent males, often occurred in the context of a student-teacher relationship. The teacher-student norm may have been paralleled by Sappho, a teacher and poet. She was apparently happily married and lived on the Greek island of Lesbos with her affluent women students during the sixth century B.C.

Some other Greek sexual norms bear mentioning. Masturbation was seen as appropriate for young men who had not yet begun having intercourse, and a great many ancient writings discuss the great interest of girls and young women in acquiring *olisbos*

TABLE 1.1 DIMENSIONS OF DIVERSITY: GLOBAL EROTICS

From the beginning of human culture, some have devoted themselves to the creation of erotic works. Like much of today's sexuality-related material, some of it is instructive and some is entertaining. All of it attempts to celebrate an enjoyable and intense part of life.

EARLY EROTIC WORKS

<i>Title</i>	<i>Author</i>	<i>Culture of Origin</i>
Six Chapters of a Floating Life	Shen Sanpo	Chinese
Reminiscences under the Lamplight	Chiang T'an	Chinese
The Pillow Book	Sei Shonagon	Japanese
Song of Solomon	Solomon, King of Israel	Hebrew
Ars Amatoria	Ovid	Roman
Ecclesiazusae, Lysistrata	Aristophanes	Greek
The Perfumed Garden	Shaykh Nefzawi	Arabian
The Arabian Nights	unknown	Persian
Kama Sutra, Kama Kalpa	Vatsyayana	Indian
Aranga Ranga	Kalyana Malla	Indian

Source: Donald McCormick, *Erotic Literature: A Connoisseur's Guide* (New York: Continuum Books, 1992).

GO ASK ALICE

Dear Alice,
What exactly is tantric yoga and how does it
affect love making?
Guru

Dear Guru,

The tantric tradition is found in both Hinduism and Buddhism and it emphasizes both sexual and cosmic energy. Tantric yoga stresses the idea that a great vein runs from the lowest part of the spine, where the serpent power, Kundalini, rests, to the highest center, the mind (symbolized by the lotus). In Tantra, the greatest source of energy is sexual

and ritualized intercourse, and orgasm is considered a cosmic and divine experience. The tantric practice called Karezza involves prolonged intercourse without ejaculation. It involves breathing control, meditation, postures, and finger pressure to prolong the state of climax without ejaculating. It is described in the *Kama Sutra* and is not learned easily. However, it can be learned with practice on your own and/or with a partner.



<http://www.mhhe.com/byer6>

(self-satisfiers) either for solitary use or for sharing with a friend (Bullough, 1976). The ancient Greeks had a large slave population, and what we would now call a major "sex industry" with brothels and street prostitutes in great supply. One class of educated and refined prostitutes, the *hetaerae*, tended to be the only women viewed as suitable social companions for affluent men, and some enjoyed considerable respect and affluence through their connection with powerful men.

The early Romans were considerably more conservative about some aspects of sexuality, and more progressive about others. Marriage by age twelve for girls and fourteen for boys was the norm. Prostitution was commonplace and, again, large populations of slaves provided these services. While Romans seemed to have many traditions of phallus worship

(Priapus was a popular god), their artwork shifted from an earlier emphasis on male nudes to female nudes. Ovid's *Art of Love* was basically a handbook for extramarital seduction (McCormick, 1992). Table 1.1 lists examples of classic erotic literature from all over the ancient world.

aphrodisiac (ah-frō-dē'-sē-ak)	a substance believed to increase sexual capacity or pleasure
pederasty (pe'-der-as'-tee)	sexual contact between adult men and adolescent boys
hetaerae (heh-tir'-ī)	courtesans; an educated and cultured class of female sexual companions for affluent Greek men in ancient Greece

1.4.5 Christianity

Early ideas that there was something inherently shameful about sex may have come from important contemporaries of the early Christians—Greek Stoic philosophers who advocated **asceticism**. Their philosophy included the idea that the repression of emotions and pleasure was inherently virtuous. This was reflected in Augustine’s (A.D. 354–430) writings that all sexual experience was lustful and shameful and would lead one to burn in hell for all eternity. Celibacy was considered the ideal, but for the weak-willed it was “better to marry than to burn.” Augustine himself saw intercourse as an animal lust to be tolerated for the sake of procreation. He confessed to an erotic element in his friendships with men, and this led to his declaring same-sex relationships to be “unnatural.”

Thomas Aquinas (1225–1274) condemned any sexual activity that was not procreative, and continued the tradition of sex as a “necessary evil.” “Lust in the heart” became an additional sin, and led to our traditions of guilt and shame about sexual thoughts and fantasies. Aquinas’ ideas became official church **dogma** in 1563 and dominated until the end of the Middle Ages. Masturbation or engaging in intercourse while unclothed, or during daylight, or in forbidden postures became sexual crimes that had to be confessed (Bullough & Bullough, 1994). By the fifteenth century, antisexual and especially antiwoman sentiments reached their apex (Bullough, 1990). In 1486, two German monks, Jakob Sprenger and Heinrich Kramer, wrote the *Malleus Mallificarum* (The Witches’ Hammer)—a handbook devoted to finding evidence of witchcraft in women.

In the Eastern Christian church, established in Constantinople, castrated men, or **eunuchs**, were highly valued during the eighth and ninth centuries. Parents who were ambitious for a son’s success would seek to have him castrated during boyhood. If he were smart and competent, he was likely to be appointed to high posts in the government, military, or church. Castration guaranteed that an appointee could never seek to pass on his position, property, or wealth to his own children (Bullough & Brundage, 1982).

By the seventeenth century several herbal abortive agents were known (McLaren, 1981). A woman could legally terminate her pregnancy up until she could feel the fetus move (“quickening”), and the church held that a fetus was not “ensouled” until about fourteen weeks. However, all abortion was made illegal in England in 1803; in the United States it became illegal in 1821 (Degler, 1980).

Other important events in Western history had significant effects on the practice and perception of human sexual behavior: the Renaissance, the Protestant Reformation, European colonization of the Americas,

and the importation of African slaves to the West (see “Dimensions of Diversity: Sexuality and Family Life Under American Slavery”), the Age of Enlightenment, and the beginning of the Industrial Revolution. More recent events in England and the United States at the beginning of the nineteenth century had impacts on our sexuality that are still felt today, and some of these are summarized here.

1.4.6 Our Victorian Legacy

The Victorian era was a time of great sexual contradiction and hypocrisy. By the second half of the nineteenth century, ideas about “the true nature” of male and female sexuality had reversed. “Women” (specifically middle- and upper-class white women) were now viewed as delicate, passive, asexual, passionless creatures who were concerned only with their “proper sphere,” the home (Marcus, 1966). Men were now seen as continually under the influence of their brutish lusts. Many of these ideas about the “nature” of female and male sexuality persist in some form in the West to this day. In general, our society still prescribes that women should be indirect about their sexual interests. It is generally believed that sexual drive and interest are more intense among men, that it is “natural” for men to have to persuade women to engage in intercourse, and that it takes effort to get women aroused and orgasmic. Stereotypes regarding the overly sexual nature of nonwhites also continue today (Nettles & Scott-Jones, 1987).

In England, Dr. William Acton (1814–1875) wrote a very popular book about “functions and disorders of the reproductive organs.” The book is about male sexuality and contains only two passages about women, but these two passages are the ones enshrined in history: Acton declared that the normal, healthy woman was in a state of “sexual anesthesia” and that “the majority of women (happily for them) are not very much troubled with sexual feeling of any kind” (Acton, 1841, as cited in Marcus 1966, p. 31).

Meanwhile, the Reverend Sylvester Graham (1794–1851) and John Harvey Kellogg (1852–1943) became wealthy by selling graham crackers and corn flakes. These bland foods were recommended to control the masturbatory and other lustful appetites of

asceticism (as-cet’-i-sizm)	a philosophy advocating extreme self-denial and self-discipline
dogma	a principle or doctrine believed by its advocates to be absolutely true
eunuch (ū’nuck)	a castrated male (testicles removed)

DIMENSIONS OF DIVERSITY



SEXUALITY AND FAMILY LIFE UNDER AMERICAN SLAVERY

The lives and bodies of slaves belonged to their masters. Slaves were totally at the mercy and whim of their owners, and this reality permeated every aspect of their existence.

The slave-owners' norms of white female purity were based on the need to establish the paternity of heirs to property, but slaves had no property, so in that sense premarital chastity made little sense for them. However, settled, monogamous, marital unions were a powerful norm among slaves, and this was deeply ingrained in slave culture, especially by the churches. One remnant of African culture that slaves managed to keep intact was their very strong ties to an extended family. This led to strong prohibitions against marriage among cousins, a norm that did not exist among the white planter class. Among slaves, this norm often meant marriage between slaves living on different plantations—which were called “broad” marriages. The children resulting from these marriages remained with the mother and were considered the property of her master. The fathers had to obtain a pass to visit their wives and children.

Among slaves, courtship rituals varied, but it was expected that men would initiate courtship and ask the master's permission to marry. These marriages had absolutely no legal recognition, but were accompanied by a ceremony. Most common was the tradition of “jumping the broom,” with a black preacher or white overseer presiding. The vows taken offer insight into the reality of the slave's life: “until death or distance do you part,” or “till death or buckra (the master) part you” (Degler, 1980). After marriage, monogamy or serial monogamy was a typical pattern, largely because spouses often died or were sold away.

Two realities overshadowed the slave woman's life. Laws made it legitimate for the slave owner to “work out” his sexual desires with slave women (Katz, 1968). Mulatto children accounted for over one-fifth of the children born out of wedlock in Virginia in the early 1800s (D'Emilio & Freedman, 1988). Second, many slave women had additional roles as “breeders” who could increase their

masters' wealth by producing children who could then be sold. This was especially true after the overseas slave trade was abolished in 1807. One rice planter gave some “rest” privileges to slave women who had six children alive at any one time (Gutman, 1976). See the photo of an announcement of a sale of slaves, to understand the prevalence of all of these sexual norms.

BY
HEWLETT & BRIGHT.
SALE OF
**VALUABLE
SLAVES,**
(On account of departure)

The Owner of the following named and valuable Slaves, being on the eve of departure for Europe, will cause the same to be offered for sale, at the NEW EXCHANGE, corner of St. Louis and Chartres streets, on *Saturday, May 16, at Twelve o'Clock, viz.*

1. SARAH, a mulatress, aged 45 years, a good cook and accustomed to house work in general, is an excellent and faithful nurse for sick persons, and in every respect a first rate character.
2. DENNIS, her son, a mulatto, aged 24 years, a first rate cook and steward for a vessel, having been in that capacity for many years on board one of the Mobile packets; is strictly honest, temperate, and a first rate subject.
3. CHOLE, a mulatress, aged 36 years, she is, without exception, one of the most competent servants in the country, a first rate washer and ironer, does up lace, a good cook, and for a bachelor who wishes a house-keeper she would be invaluable; she is also a good ladies' maid, having travelled to the North in that capacity.
4. FANNY, her daughter, a mulatress, aged 16 years, speaks French and English, is a superior hair-dresser, (pupil of Guillot's,) a good seamstress and ladies' maid, is smart, intelligent, and a first rate character.
5. DANDRIDGE, a mulatto, aged 26 years, a first rate dining-room servant, a good painter and rough carpenter, and has but few equals for honesty and sobriety.
6. NANCY, his wife, aged about 24 years, a confidential house servant, good seamstress, mantuamaker and tailoress, a good cook, washer and ironer, etc.
7. MARY ANN, her child, a creole, aged 7 years, speaks French and English, is smart, active and intelligent.
8. FANNY or FRANCES, a mulatress, aged 22 years, is a first rate washer and ironer, good cook and house servant, and has an excellent character.
9. EMMA, an orphan, aged 10 or 11 years, speaks French and English, has been in the country 7 years, has been accustomed to waiting on table, sewing etc.; is intelligent and active.
10. FRANK, a mulatto, aged about 32 years speaks French and English, is a first rate hostler and coachman, understands perfectly well the management of horses, and is, in every respect, a first rate character, with the exception that he will occasionally drink, though not an habitual drunkard.

NOTE: All the above named Slaves are acclimated and excellent subjects; they were purchased by their present vendor many years ago, and will, therefore, be severally warranted against all vices and maladies prescribed by law, save and except FRANK, who is fully guaranteed in every other respect but the one above mentioned.

TERMS:—One-half Cash, and the other half in notes at Six months, drawn and endorsed to the satisfaction of the Vendor, with special mortgage on the Slaves until final payment. The Acts of Sale to be passed before WILLIAM BOSWELL, Notary Public, at the expense of the Purchaser.

New-Orleans, May 13, 1835.

PRINTED BY BENJAMIN LEVY.

An advertisement for the sale of slaves in New Orleans in 1835. Note the high number of slaves of mixed ethnicity. Note also the absence of any indication that young children would remain with their parents. Dandridge, Nancy, and Mary Ann might well all be separated by this sale.

AT ISSUE



WHO WERE THE MOTHERS AND FATHERS OF MODERN SEXOLOGY?

HENRY HAVELOCK ELLIS (1859–1939):

Ellis, an unconventional English physician, established the sexological tradition of challenging unfounded ideas about human sexuality. In his *Studies in the Psychology of Sex*, he suggested that lovemaking could be pleasurable for both partners, homosexual interests might be inborn, masturbation could serve as means of mental relaxation, and there were *erogenous zones* of the body.

SIGMUND FREUD (1846–1939):

Freud highlighted the centrality of sexuality in normal human development. He emphasized how important it was to not repress sexual energy (libido), but to channel it appropriately (his ideas about what was appropriate were quite conservative). Because psychoanalytic ideas dominated thinking about sexuality from about 1930 to 1960, one of the tasks of modern sexologists has been to disprove many of the ideas that originated with Freud and his disciples. Some of these harmful ideas were that (a) his patients' accounts of childhood sexual abuse were mere "fantasies" (Kilpatrick, 1992), (b) only immature women experienced orgasms through stimulation of the clitoris (Masters & Johnson, 1966), and (c) sexual attraction to persons of one's own sex implied immaturity and psychological maladjustment (Strickland, 1995).

CLELIA DUEL MOSHER (1863–1940):

Mosher's life stands in sharp contrast to Victorian norms. Mosher showed that the severe menstrual pains that "naturally" incapacitated Victorian women were caused by the then-fashionable constrictive corsets worn by middle- and upper-class women (see figure 1.1). These corsets damaged women's internal organs and

deformed their bone structure. Mosher also determined that fear of menopause was more psychological than physical. It was Mosher rather than Kinsey who conducted the first known sexuality survey (Bullough & Bullough, 1994; Jacob, 1981). Her questions inquired about such intimate issues as reasons for intercourse, frequency of orgasm, whether contraception was used, and desired and actual frequency of intercourse. Contrary to prevailing beliefs, Mosher found that her middle-class respondents desired intercourse and experienced relatively frequent orgasms with their husbands. About two-thirds of her respondents used some form of contraception; methods included withdrawal, douching, "male sheaths," and the use of various ineffective substances, including cocoa butter (Jacob, 1981).

MAGNUS HIRSCHFELD (1868–1935):

Hirschfeld is considered to be the founder of scientific sexology (Bul-

lough & Bullough, 1994; Vyras, 1996). His works dealt with topics such as love, sex crimes, and even the impact of maternal alcoholism on the developing fetus. He was the first to distinguish between homosexuality and *transvestism*. Hirschfeld established the first scientific journals devoted to sexuality in general, and then to homosexuality. He was both consultant and actor in the first film aimed at educating the public about homosexuality (*Different from the Others*). In Berlin, his Institute for Sexual Science housed the first marital counseling clinic, medical and research facilities, and an impressive library devoted to sexuality. This internationally recognized institute provided lectures for professionals and informational sessions for the general public. It offered treatment for sex-related problems such as infertility and sexually transmitted infections. While Hirschfeld was on an international tour, Nazis destroyed the institute and publicly burned its 20,000 volumes,



FIGURE 1.1 To be attractive and fashionable, Victorian women permanently damaged their bodies with tight corsets. Can you think of any current fashion statements that are dangerous and damaging to the body?

Who Were the Mothers and Fathers of Modern Sexology—continued

Magnus Hirschfeld, a man whose work was threatening to the forces of authoritarianism and bigotry in Nazi Germany.

35,000 photographs, and 40,000 biographical documents. Some irreplaceable documents were smuggled out of the country, but their location is still a mystery. A few other materials made it to the Kinsey Institute for Sex Research in Bloomington, Indiana.

MARGARET SANGER (1879–1966):

Two events shaped Margaret Higgins-Sanger's attitudes toward sexuality. She attributed her mother's early death to her seven miscarriages and eleven live births. Secondly, while working as a nurse among the immigrant poor of New York City, she witnessed the death of one of her penniless patients after repeated self-induced abortions. Sanger thereafter devoted herself to achieving reproductive rights for women. She attempted to provide poor women with information about the safest and most effective contraceptives then known, and published articles about female sexuality in the journal *The Woman Rebel*. When she mailed contraceptive information to married couples, she was indicted under the infamous Comstock Laws, which classified her pamphlets and booklets as "obscene material." She and her sister opened the first American birth control clinic in Brooklyn,

New York. Police raided the center, and imprisoned both women. The trial was a public spectacle and Sanger became widely known, nationally and internationally. Sanger was convicted, and when she successfully appealed the conviction, she won the right for doctors to provide contraceptive information (but only to cure and prevent disease). She established the organization that later became the Planned Parenthood Federation of America. In 1936, Sanger initiated the case *United States v. One Package*, which resulted in freedom for physicians to send and receive contraceptives through the mail.

EVELYN HOOKER (1907–1996):

In 1992, Dr. Evelyn Hooker won an American Psychological Association award for distinguished contribu-

tions to psychology in the public interest. Her work was a major factor in the decision of the American Psychiatric Association to no longer consider "homosexuality" a mental disorder (Hooker, 1993). Hooker (1957) matched a group of gay men with a group of heterosexual men in terms of age, education, and IQ levels. She took detailed life histories, administered several personality inventories, and a battery of psychological tests. She then asked several professionals to distinguish the heterosexual men from the homosexual men based on their psychological profiles and test results. Their inability to do so showed that there were no psychological differences between the two groups, demonstrating that gay men were neither more nor less psychologically healthy than heterosexual men.

MOTHERS!

Can you afford to have a large family?
Do you want any more children?
If not, why do you have them?
DO NOT KILL, DO NOT TAKE LIFE, BUT PREVENT
Safe, Harmless Information can be obtained of trained
Nurses at

46 AMBOY STREET
NEAR PITKIN AVE. — BROOKLYN.

Tell Your Friends and Neighbors. All Mothers Welcome
A registration fee of 10 cents entitles any mother to this information.

מוטערס!

זײַט אײַער פּערזענלעך צו האָבען אַ גרויסע פּאַמיליע?
וױלט אײַער האָבען נאָך קינדער?
אײַב נײַט, וואָרום האָט אײַער זײַ?
מעדיצערס נײַט, נעקמפּ נײַט קײן לעבען, גור פּערדאָם זײַ.
ווערעט אײַנשטודירט אײַסגעזעט קעגן אײַער געקומען פּיר געזאַמעט גורעס און

46 אמבוי סטריט נייער פּליקאָן עײַגענע **ברוקלין**

אמבוי סטריט נעקאם נעאר פּיטקין און ברוקלין. יעדער מוטער און אײַלעבדיג
פּיר 10 סענט אײַנשטודירט זײַט אײַער געקומען צו זײַטע אײַנזאַמלונגען.

MADRI!

Potete permettervi il lusso d'avere altri bambini?
Ne volete ancora?
Se non ne volete piu', perche' continuate a metterli
al mondo?

NON UCCIDETE MA PREVENITE!
Informazioni sicure ed innocue saranno fornite da infermiere autorizzate a
46 AMBOY STREET Near Pitkin Ave. Brooklyn
a cominciare dal 12 Ottobre. Avvertite le vostre amiche e vicine.
Tutte le madri sono ben accette. La tassa d'iscrizione di 10 cents da diritto
a qualunque madre di ricevere consigli ed informazioni gratis.

Margaret H. Sanger

A flyer distributed to poor immigrant women in the neighborhood surrounding Sanger's birth control clinic. The languages represented are Yiddish, Italian, and English.



The results of “self-pollution” dramatically illustrated in a nineteenth-century text.

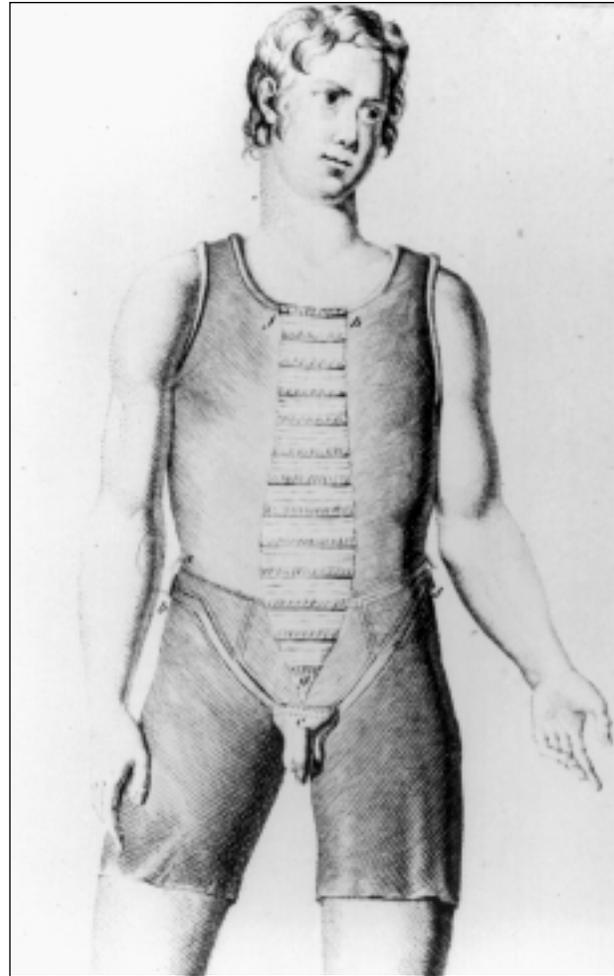
young men. According to many popular medical writers and moral leaders of the day, masturbation was clearly the cause of epilepsy, a pale complexion, pimples, blindness, memory loss, and even insanity. Quack medicinals and cruel and humiliating devices were sold to prevent the “vice of self-pollution” in adolescent boys. Girls found to be masturbating might be subjected to clitoridectomy (Mason, 1994). It was in this world of extreme sexual prudery and hypocrisy that Sigmund Freud developed his theory that conflicts about sex lay at the core of mental illness.

In the United States, the leaders of the Social Purity movement began to support sexual abstinence as the only way to better the health of women. This eventually led to support of the Comstock Laws, which classified contraceptive information and devices as “obscene materials” (Gordon, 1976).

In spite of all of the public posturing regarding sexual virtue and restraint, prostitution flourished in both England and the United States. Some historians estimated that during the late nineteenth century London was home to about eighty thousand prostitutes; authorities counted twenty thousand prostitutes in Manhattan in 1830 (D’Emilio & Freedman, 1988; Gilfoyle, 1992).

The Victorian era was also characterized by extreme ambivalence toward homosexuality. While such activity had previously been considered merely a sin, it was now criminalized. At the same time, homosexual activity flourished in the all-male English educational institutions, where, in a very repressive atmosphere, it took on a sadistic flavor. To this day, flagellation (whipping associated with erotic arousal) is known as the “English vice.”

This brief history suggests that control of sexuality is an issue of power. In the West, the *church* controlled sexual expression up until about the beginning of the Renaissance. Attempts to control sexuality then gradually passed over to an increasingly powerful *state*



Antimasturbatory technology.

(Harrison, 1978). Beginning in the eighteenth century, and up through the present, *science* (and all too often *pseudoscience*) began to assert itself as the last word on human sexual expression (Bullough, 1990).

1.4.7 Feminism

The term **feminism** properly refers to political, social, and economic equality for both sexes (McCormick, 1996). While many tend to see the feminist movement as beginning during the 1960s, the first wave of organized feminism in the United States came in the early twentieth century with the fight to win the vote (Bullough, 1996). It soon became apparent that unless women could control their fertility, they could never really manage their lives and improve life for their children. In the United States, the fight for the right to obtain and use contraceptive information and services persisted into the 1950s. In the 1960s, feminists (both women and men) began a second struggle for economic, social, and sexual equality. The fight for **reproductive rights** (David, 1994) was

one facet of this new wave of feminism. Contraceptive options were critical, and the right to abort an unwanted pregnancy was seen as a key issue in giving women control over their own fertility. This debate regarding the rights of women versus protection of the developing fetus has yet to be resolved. But once again, technological innovation is likely to change this debate forever, as RU-486 and similar drugs become easily available (see chapter 15).

A second aspect of the impact of feminism on the history of sexuality involved revelations regarding the many ways girls and women are sexually exploited: the virtual enslavement of many poor young girls into lives of prostitution, as well as the biases in the traditional laws surrounding rape, sexual assault, sexual abuse, and sexual harassment. Feminist women and men around the world have helped change both laws and attitudes concerning these behaviors.

A third aspect of feminism's impact on twentieth-century Western sexuality is increased acceptance of differences in human sexuality: the view that there are many "human sexualities" and that they all are legitimate means of sexual self-expression as long as there is no harm or exploitation of self or others. Thus, celibacy, bisexuality, homosexual relationships, heterosexual relationships, marriage, coparenting, single parenthood, cohabitation, childlessness, and remaining single are all viewed as acceptable life choices. What are your attitudes about this perspective?

1.5 THE SCIENTIFIC APPROACH TO UNDERSTANDING SEXUALITY

An important approach to understanding human sexuality involves the application of scientific methods to answering questions about sexuality. A "scientific approach" involves trying to answer questions about sexuality according to certain agreed-upon rules (the scientific method). This is called scientific **research**. These rules have to do with what kinds of questions are asked, how information is collected to answer those questions, how to evaluate and interpret that information, and how to communicate that information to other scholars and to those who will use the knowledge to help other people (**applied practitioners**). Physicians, sex therapists, marriage and family counselors, and nurses are all applied practitioners who might use new information about sexuality.

We should begin by noting that there are lots of problems in conducting sexuality research. There are *environmental* problems. For example, people with certain political views are opposed to scientific investigations of sexual behavior (Udry, 1993). They believe that sexual behavior is a moral issue or a very private act, and simply should not be examined. Cer-

tain religions hold that clergy, not scientists, should be in control of sexual knowledge. In addition, there are many cultural taboos against asking people questions about their sexual behavior or attitudes.

Even if these are somehow overcome, there are many *technical* problems. For the moment we'll just list them, and then later we'll take a closer look at these issues as we learn about the specific methods used to study sexual behavior.

1. Obviously, a researcher cannot question all the people on the planet about their sexual behavior or attitudes, so information is gathered from a **sample** of respondents. But how can one be sure that the sample *represents* an accurate cross section of people in terms of age, ethnicity, marital status, educational level, sexual orientation, and so forth? Accurate *sampling* is always an important technical problem. Other related problems have to do with respondents' poor memory, inadequate vocabulary, and misinterpretation of questions.
2. How can the researcher be sure that just the *act of measuring* some attitude or behavior doesn't influence the behavior? For example, if a couple knew that the amount of time they spent stimulating each other before joining in coitus were being measured, might they increase (or decrease) that time just because it was being measured? Some political leaders believe that questioning adolescents about their sexual activities results in an increase in teen sex, and so they oppose surveys of teen sexuality (Holden, 1994).
3. People have a tendency to present themselves in the best possible way. When people are asked if they have ever used force or trickery to get someone to be sexual, are they likely to accurately report this? What if they simply forget that they have ever done so? This problem is called **self-report bias**.

pseudoscience (sū'-dō-sī'-ens)	a theory or practice that has no scientific basis
feminism	belief in the social, economic, and political equality of the sexes
reproductive rights	legal and political control over various aspects of reproduction
research	scholarly or scientific investigation or study
applied practitioner	a professional who applies scientific knowledge to assist others
sample	a portion that represents a whole population
self-report bias	a tendency to offer a generally favorable description of one's own behavior or attitude

4. Later on you will read how William Masters and Virginia Johnson got volunteers to come to their laboratory and engage in various sexual acts while connected to electrodes and probes. How likely is “a regular person” to volunteer for such research? How likely is your partner to volunteer? See the problem? Are people who volunteer for such research different in some important way from people who refuse to volunteer (Clement, 1990)? What about people who respond to the “sex questionnaires” that appear in *Cosmo* or *Playboy*? Are their sexual attitudes and behaviors likely to be different from those who never read magazines or from those who subscribe to *Scientific American*? The sex researcher is forever dealing with the issue of **volunteer bias** (Bogaert, 1996).
5. Here’s another tough one. If research participants show a particular response in the laboratory, or if thousands of college students answer a sexual question a particular way, is it safe to conclude that this response also occurs outside the lab? What about the responses of everybody who is not attending college? In other words, can the findings in one situation or the responses of one population group be **generalized** (applied) to other situations or groups?
6. Scientists depend on their own creativity and available technology to study what intrigues them. Just as scientists could not study bacteria until they had microscopes to make microbes visible, sexuality scientists could not study the process of physiological arousal until they had the proper instruments to do so. You will learn more about **plethysmography** later. Understanding of sexuality is constrained by *technological limitations*. *Psychological pleasure* is clearly an important aspect of human sexuality. What kinds of technological innovation would allow researchers to be able to compare how much psychological pleasure is felt during different kinds of kissing or during various fantasies?
7. Scientists, and therefore sexologists, cannot go around doing whatever they please to satisfy their curiosity. Researchers, applied practitioners, and educators are all guided by a set of **ethical principles** designed to *safeguard the welfare* of research participants, patients or clients, and students.

1.5.1 Why You Should Understand the Specific Methods Used to Study Human Sexuality

While it is unlikely that you will become a *producer* of scientific sexual information, virtually every reader of this text will become a *consumer* of such knowledge. At various points in our lives, we all have to

make decisions about some aspect of our sexuality. For example, how does a heterosexual couple decide which type of contraception makes the most sense for them? What kind of information would help a lesbian couple decide whether to adopt a child or try artificial insemination? What’s the best way to proceed if your supervisor or professor is making annoying sexual comments, or touching you in ways that scare or intimidate you? To make better decisions, people often need information, and not all information is equally valid or useful. By understanding the specific methods used to collect or produce information, as well as the strengths and weaknesses of each of those methods, you can determine how much weight to place on various types of information or data.

1.5.2 The Survey: Taking a “Photograph” of Patterns of Sexual Behavior

Surveys involve asking people questions, recording their answers, and analyzing groups of responses to uncover patterns of behavior or attitudes. It is like taking a photograph, because a good survey offers a still picture of sexual attitudes, behaviors, and values at one particular moment in time. Sometimes written questionnaires are used and sometimes face-to-face or telephone interviews. To get accurate data, survey researchers have to deal with quite a few issues. Failure to deal effectively with these problems results in a useless collection of numbers. One of the biggest problems is *sampling*. Here’s a real-life example. Shere Hite (1976) set out to learn about the sexual attitudes and behaviors of American women. She sent out over 100,000 questionnaires to readers of women’s magazines, members of feminist groups, and women frequenting university centers. (Does this sound like a cross section of American women to you?) Only 3 percent of the questionnaires were ever returned. This study clearly did not survey a representative sample, and it was further flawed by a terribly low **response rate**. Thus, this information tells us virtually nothing about the sexual behavior and attitudes of American women. Yet *The Hite Report* became a best-seller and popular writers still make reference to it.

In spite of the many weaknesses of surveys, the pioneering work of Alfred Kinsey (1894–1956) deserves special mention. In the 1940s and 50s, Alfred Kinsey and his associates interviewed 16,000 Americans about their sexual behavior. The responses of 5,300 men and 5,940 women formed the basis for *Sexual Behavior in the Human Male* (1948) and *Sexual Behavior in the Human Female* (1953). (Note that in spite of their titles, neither of these surveys looked at *human* sexual behavior in general; the researchers *merely attempted to describe American sexual behavior in the 1950s*). Rather than a

representative sample, Kinsey interviewed a **sample of convenience**, and this resulted in the overrepresentation of certain groups (educated people) and the underrepresentation of other groups (Jews, Catholics, and African Americans). In spite of its many flaws, the work of Kinsey and his associates will always have a special place in the history of sex research. Before these efforts, literally no one knew how Americans conducted their sexual lives.

Kinsey and his colleagues tried to take a verbal and statistical photograph of American sexual life in the 1950s. Three findings caused particular upset. First, about half the women interviewed were sexually active before marriage and were enjoying non-procreative sex as much as men were. Second, the incidence of masturbation far exceeded polite predictions and popular assumptions. Actual rates were 90 percent for men and 62 percent for women. Most startling of all, Kinsey found that 4 percent of men described themselves as exclusively homosexual, while many others reported occasional or intermittent same-sex contact. Kinsey and his colleagues developed a seven-point scale on which to graph the incidence of same-sex behavior and concluded that it was inaccurate to believe that most men could be classified as *either* homosexual or heterosexual: sexual orientation seemed to exist along a continuum.

Some other surveys worth mentioning include Bell, Weinberg, and Hammersmith's (1981) groundbreaking survey of the sexual attitudes and behavior of gay men and lesbian women: their sample was limited to those living in the San Francisco area. Blumstein and Schwartz (1983) conducted a very intriguing survey, *American Couples*, describing and comparing a large and diverse sample of heterosexual, gay, and lesbian couples. Gail Wyatt and colleagues (Wyatt, Peters, & Guthrie, 1988a, 1988b; Wyatt & Dunn, 1991) explored the sexuality of white and African American women in three small studies. Most recently, Laumann et al. (1994) completed the National Health and Social Life Survey (known as the NHSLS, for short). These researchers used the most sophisticated survey methodology available to obtain a **representative sample** of 4,369 *households*. Eventually 3,432 *individuals* completed interviews, for a remarkable response rate of 80 percent. While their sampling and methodology are not perfect, their photograph seems as clear and detailed as scientists can presently make it (see "At Issue: Patterns of Contemporary American Sexual Expression"). Like the Kinsey report, the NHSLS caused an uproar, but for different reasons. This survey found that although Americans clearly engage in a wide array of sexual activities, they are much less sexually active than is generally believed. They also found that the vast majority of respondents are quite satisfied with their sexual lives.



Alfred C. Kinsey, a true pioneer who changed our understanding of American sexual behavior.

volunteer bias	behavioral and attitudinal differences that exist between those likely to volunteer and those who are not
generalization	the degree to which a characteristic or claim is applicable to other individuals or groups
plethysmography (pleh-thiz-mah'-gra-fee)	measurement of the size or state of an organ based on the amount of blood flowing through it
ethical principles	guidelines for moral or correct conduct in a relationship
survey	a method of studying a topic by forming specific questions and asking them of a specific group
response rate	the proportion of those contacted in a survey who respond
sample of convenience	a survey target group that is easily available or from whom it is easy to collect data
representative sample	a survey target group that has the important characteristics of the whole population

1.5.3 Naturalistic and Laboratory Observation

Obviously, **observation** refers to watching people's behavior. Some observational research is carried out in the *field*, that is, it involves watching people in their *natural environment*. A fair amount of sexuality-related behavior takes place in public. For example, a person's gender will affect all sorts of public behaviors, and one can observe flirting behavior in bars, at social gatherings, or even in the student center.

The work of William H. Masters (a gynecologist) and Virginia E. Johnson (a psychologist) represents the best-known examples of laboratory observation in the area of human sexuality. The goal of their research was to reveal the actual physiology of sexual arousal and response. They recruited 700 volunteers who agreed to have intercourse while connected to an electrocardiograph (heart monitor), an electromyograph (which measures changes in muscle activity), and other devices. Penile erection and vaginal changes were measured with a **penile strain gauge** and a **vaginal photoplethysmograph**. Their pioneering work resulted in remarkable insights into the physiology of sexual activity. Thousands of such laboratory observations formed the basis for their book *Human Sexual Response* (1966), and also their well-known and highly accepted four-stage model called the *human sexual response cycle*.

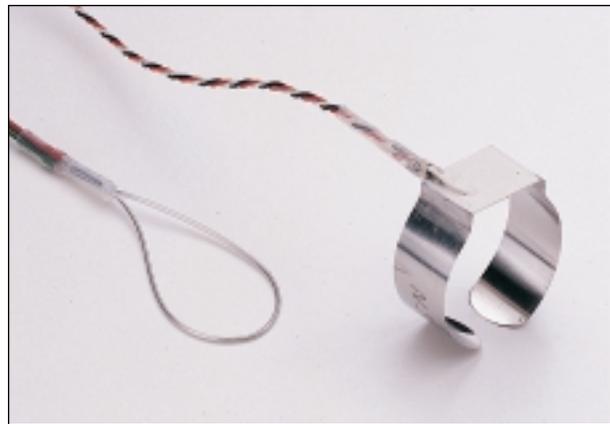
Although most sexologists view the work of Masters and Johnson as a major contribution to the understanding of sexuality, a few critics see their work as unethical. Others have found fault with their methodology (Tiefer, 1995). How would you evaluate their work in terms of what you now know about *measurement effects*, *volunteer bias*, and *generalizability*? Some insist that a more accurate title for their book might have been "Sexual Responses of Relatively Affluent Americans Who Volunteer to Have Orgasms while Monitored by Scientists."

1.5.4 The Experiment: Searching for Causes

To investigate **cause-and-effect relationships**, sexual researchers turn to the **experiment**. This technique often involves taking a sample of volunteers and **randomly assigning** each of them to one of two or more groups. Because the groups are formed randomly, there should be no important differences between the two groups on most factors. One group, the **experimental group**, is then exposed to some **variable** while the other group (the **control group**) is not. After exposure to this variable, the two groups are compared again on some factor of interest. Let's describe a simplified version of a series of experiments carried out to answer the important



The research of William Masters and Virginia Johnson resulted in another level of understanding of sexual response.



(a)



(b)

a: A penile strain gauge, and **b:** a vaginal photoplethysmograph. These devices are used to measure blood flow to the genitals, thus giving an indication of level of arousal.

question of whether exposure to violent pornography could *cause* men to behave more aggressively toward women. Donnerstein, Linz, and Penrod (1987) *randomly assigned* college men to one of three groups. Because of random assignment, it was assumed that all three groups were initially equivalent in their aggressiveness. One group was exposed to mildly erotic films, a second was exposed to explicit but non-violent pornography, and the third was exposed to pornography that showed high levels of sexual violence toward women. Later, supposedly in the context of another study, *all* of the men had the opportunity to “deliver painful shocks” to a woman whom they believed to be another research participant. (Actually no shocks were ever administered.) The men who were exposed to the violent pornography “administered” the highest level of shocks. Since all three groups were assumed to be equivalent in aggressiveness before the experiment, it was concluded that the increase in aggressiveness on the part of members of one group (the one exposed to violent pornography) was *caused by* exposure to the violent pornography. Experiments offer a high degree of control, precision, and the opportunity to learn about which factors cause effects in other factors. However, experiments have been soundly criticized for being very artificial and therefore having little *generalizability*. Just because these male students behaved this way in the highly unusual setting of a psychology laboratory, can we safely conclude that men in the real world would behave this way too?

1.5.5 Examining Correlational Studies

Almost every week one hears a news story about how researchers have found a *relationship* or *association* between two factors or variables relevant to sexuality. For example, the likelihood of developing cervical cancer is *related to* (or *correlated with*) the number of different male sex partners a woman has had over the years she has been sexually active (Sikstrom et al., 1996). That is, the more male partners a woman has, the greater her likelihood of getting cervical cancer. Many people don’t understand that just because researchers found a *relationship* between these two factors, it does not mean that having more sexual partners *caused* women to develop cervical cancer. Women who have many sexual partners might also engage in many other behaviors that result in cervical cancer. Or some unknown factor might lead some women to have many sexual partners *and* to develop cervical cancer. Recently, it has been shown that cervical cancer is not *caused by* “many sex partners.” It is actually caused by infection with the human papilloma virus, or HPV. An increased number of coital partners or beginning sexual intercourse at an earlier age

increases the odds that a woman will be infected with HPV at some point in her life (Associated Press, 4 April 1996, as cited in “Cervical Cancer Deaths Preventable,” 1996, p. 5). When you read or hear a report about a relationship between two factors, you need to know if the researcher was describing the findings of a *correlational study* or an *experimental study*. As we saw, experiments can tell us if a factor could *cause* some *effect*, but correlational studies cannot.

1.5.6 Clinical Research

Sexuality researchers often study groups of individuals who manifest some type of disorder or dysfunction. Because they come to the researcher or practitioner for help or treatment, they are described as a **clinical population** (an in-depth study of a single *patient* is called a **clinical case study**). For example,

observation	the describing or recording of ongoing, visible behavior
penile strain gauge	a device used to measure penile engorgement during arousal
vaginal photoplethysmograph (fō'-tō'-pleh-thiz'-moh-graf)	a device used to measure engorgement of the vaginal walls during arousal
cause-and-effect relationships	how changes in one variable affect or cause change in a second variable
experiment	a research method in which one of two or more equivalent groups is exposed to a treatment to measure its effect on some variable of interest
random assignment	assigning research participants to groups in such a way that each participant has an equal chance of being in any group
experimental group	the group in an experiment that is exposed to some treatment or variable
variable	any factor that can vary in level, size, or intensity
control group	the group in an experiment that is <i>not</i> exposed to some treatment or variable
correlation	a relationship or association between two naturally occurring variables
clinical population	patients/group seeking, or identified as needing, treatment
clinical case study	an in-depth study of an individual patient

AT ISSUE



PATTERNS OF CONTEMPORARY AMERICAN SEXUAL EXPRESSION: SOME FINDINGS FROM THE 1994 NATIONAL HEALTH AND SOCIAL LIFE SURVEY (LAUMANN ET AL., 1994)

WHO PARTICIPATED IN THE SURVEY?

Making use of the latest thinking about scientific sampling, 3,432 individuals were surveyed. They ranged from 18 to 59 years of age. This final sample represented an 80 percent response rate.

SOME INTERESTING (AND SOME UNEXPECTED) FINDINGS

- Eighty percent of those interviewed had one or no sexual partner in the year preceding the interview.
- Ninety percent of women and slightly more than 75 percent of men surveyed reported marital fidelity.
- Married people have more sex than singles do, but cohabiting singles have the most sex.
- About 75 percent of the married women reported they usually or always had an orgasm during intercourse. Ninety-five percent of the men reported orgasms during intercourse.
- The size of the population who identified themselves as having a same-sex orientation was found to be smaller than previously estimated (2.8 percent of male respondents and 1.4 percent of female respondents).
- Asking relevant questions differently brought different responses regarding same-sex orientation. About 9 percent of men and 5 percent of women had at least one same-sex experience. Forty percent of the men in this category had their experience before age 18. The majority of the women in this category had their same-sex experience after age 18.
- The three most preferred sexual activities for self-identified heterosexuals were (in order of preference) vaginal intercourse, *watching a partner undress*, and oral sex.
- More than half the men, but only 19 percent of the women, reported they thought about sex every day.
- About half of all cohabiting relationships last less than one year.
- Masturbation was generally regarded as a normal and healthy sexual outlet, particularly among males.
- Masturbation was more common among those between 24 and 34 compared to younger age groups.
- Contrary to the myth that adults masturbate if they do not have an available sexual partner, those who had the most sex with others also tended to masturbate the most.
- About 80 percent of the white college-educated male respondents regularly engaged in oral-genital stimulation, but only 51 percent of the African American respondents (regardless of education) did.
- Men engaged in more overall sexual behavior with more partners (median number was 6) compared to women (median number was 2). However, the range was great, with 26 percent reporting one lifetime partner. One woman reported 1,009 partners and one man reported 1,016.

CRITICAL THINKING QUESTIONS

1. Which of the above findings are most and least in keeping with popular beliefs about American sexuality?
2. Which findings are most surprising to you?
3. Which findings would you guess would be very different if this survey were conducted in 1954 or in 2044?

you might read about clinical studies that involve older men who suffer from erection problems, or women who experience pain during intercourse.

Clinical studies are invaluable for helping scientists understand the problematic aspects of sexuality,

but such studies have an important weakness. Failure to understand that a clinical population is *not representative* of a whole population can lead to terrible biases and injustices. For example: As the idea of seeking psychotherapy or counseling for psychological or

emotional problems became more socially acceptable, many lesbian women and gay men sought help with their personal problems. During these years homosexuality was so hidden and considered so mysterious in our society, these gay men and lesbians (as well as those in prison and mental hospital populations) were the only ones available for scientific study. Because this clinical population demonstrated psychological problems, many practitioners concluded that *all* gay men and lesbian women were poorly adjusted. This is simply not true, as Evelyn Hooker clearly showed in her research (see, p. 12, “At Issue: Who Were the Mothers and Fathers of Modern Sexology?”).

1.6 ETHICAL ISSUES IN SEXUALITY RESEARCH, PRACTICE, AND EDUCATION

Ethics serve as guides about how people should treat each other, and set limits on what is acceptable behavior between people. What goes on between the sexuality researcher and the research participant, between the counselor or therapist and the client or patient, and between the educator or supervisor and the student, all constitute a real human relationship. However, these are relationships of unequal power and influence, so there must be safeguards to protect the rights and welfare of the person in the more vulnerable role. You may recall that sexology is a multidisciplinary field, and so professionals will be guided by the ethical principles developed by their respective professional groups such as the American Medical Association or the American Psychological Association. In addition, the American Association of Sex Educators, Counselors and Therapists has developed its own set of ethical principles to guide its members (AASECT, 1993). These principles exist primarily for the benefit of the consumer of sexual knowledge and society in general. As students, and as potential counseling/therapy consumers or research participants, you should be aware of these ethical guidelines.

First, the sex educator, counselor, therapist, or supervisor should have adequate *competence and integrity* in the area of sexuality to perform their tasks optimally. Competence in the area of sexuality is acquired through formal education, training, and practice and through supervision by a more qualified person. Integrity includes knowing the limits of one's competence and relating to the consumer in a way that benefits the consumer.

Second, sexologists will adhere to the recognized professional *moral, ethical, and legal standards* of their usual profession. This includes rejecting any inhumane practices and avoiding dual relationships

that could harm the consumer or reduce the consumer's rights.

Third, recognizing that the consumer is vulnerable, the sexological professional acts in a way that *promotes the welfare of the consumer*. This principle covers issues such as appropriate confidentiality, the safety of the consumer and others to whom the consumer relates, dealing with minors and their parents, rejecting any sexual involvements with the consumer, and informed consent. Informed consent means that the student, client, or research participant understands the nature of what will happen in the relationship and voluntarily agrees to participate.

The fourth principle deals with the *welfare of students, trainees, and others*. This includes maintaining high standards of scholarship, not coercing or requiring students or trainees to become participants in research, and also rejecting any dual relationship that could harm the student or trainee. The sexuality scholar must also be concerned with the *welfare of research participants*. This means that any research proposal must be reviewed by qualified peers to be sure that the study follows accepted ethical standards and protects participants from harm. Researchers must be qualified to carry out the proposed study, protect the confidentiality of participants, and be honest and accurate with participants and consumers about the nature and results of the research conducted.

1.7 CRITICAL THINKING ABOUT HUMAN SEXUALITY

There are many definitions of critical thinking. For our purposes, **critical thinking** is *the avoidance of biases and preconceptions as we evaluate information, claims, and arguments* (Smith, 1995; Wade & Tavris, 1996). A lot of information about sex is available, but a fair proportion of it is *misinformation*. How can you separate the useful from the useless, the truth from the trash? Critical thinking is a tool to help you do just that. To take a look at some of your own attitudes, see “Where Do I Stand? Attitudes and Personal Sexual Expression.”

critical thinking	awareness and avoidance of biases and presumptions in evaluating information, claims, and arguments; using facts and logical reasoning to reach conclusions
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WHERE DO I STAND?

ATTITUDES AND PERSONAL SEXUAL EXPRESSION



All through this text you will find references to *sexual attitudes* and how they influence a person's sexuality. In the spirit of the first principle of critical thinking (*understanding terms and concepts*), it seems wise to take a moment to explore exactly what attitudes are and how they are related to our actual behavior or our evaluation of others' behavior.

An **attitude** is a positive or negative evaluation of an object. The "object" could be a person or group of people, things, events, or issues. Attitudes are related to a person's *beliefs, feelings, and behavior* toward the attitude object (Franzoi, 1996). For example, your attitude toward anal intercourse probably comes from your beliefs about whether

such activity is normal, healthy, or moral (do these criteria sound familiar?). You might also consider whether this behavior is legal or illegal where you live. Your feelings might be based on your personal experiences around such behavior.

Use the scale below to describe your attitude toward the following sexuality-related "objects." On what beliefs, feelings, and behaviors are your attitudes based?

If so inclined, you can compare the attitudes of various subgroups in your class on these items: women versus men, students of traditional college age (18–22) versus those who are over 35, married versus unmarried, the various ethnic groups represented in your class, etc.

My attitude toward each of the following is best described as

1	2	3	4	5
Very	Unfavorable	Neither	Favorable	Very
Favorable		Unfavorable nor Favorable		Favorable

Masturbation	_____
Intercourse in the absence of a caring relationship	_____
Male genitals	_____
Female breasts	_____
Commitment to a monogamous relationship	_____
Breast-feeding infants in a public place	_____
The sexual double standard	_____
Sex toys	_____
Pornography	_____
Love and romance	_____
Sexual attraction to a blind person	_____
Same-sex relationships	_____

You may want to consider how your attitudes about these affect your sexual behavior.

1.7.1 Some General Guidelines for Thinking Critically About Human Sexuality

1. *Understand the meaning of terms and concepts.* Some chapters in this book contain a section called "What's in a Name?" In science and sexuality, it is very important to know what we are naming. For example, what is a person's **gender** and is that different from a person's **sex**? Scholars have found it useful to distinguish between

the two. What's the difference, if any, between a **transvestite** and a **transsexual**? In order to examine information or discuss a controversial issue in sexuality, we must agree on what we mean by particular terms.

2. *Adopt an attitude of healthy skepticism.* When advertisers, researchers, or even sexuality instructors make claims, be wary. One of the benefits of depending on science for understanding the "truth about the world" is that our understanding can change. It was once said to be

“true” that an advanced education for women led to shrunken breasts, a withered uterus, and deformed children (Hall, 1904). Our society sees the relationship between women’s education and fertility quite differently today.

3. *Question conventional wisdom.* The idea that “Everyone knows . . .” can be dangerous. For example, “everyone knows” that in the United States, the *number* of births to unmarried teenagers is alarmingly high. However, what is not conventionally known is that the *proportion of sexually active teens who become parents is lower than it has ever been* (Kantor & Haffner, 1995). Why? More sexually active teens use contraceptives, and more teens terminate their unwanted pregnancies. As you proceed through this course and through this book, be on the lookout for information that challenges conventional wisdom about sexuality.
4. *Identify the assumptions and biases behind claims and arguments.* This is tough, because it goes back to the very roots of how we know what we think we know. For example, during the last several decades, male infants born in the United States were routinely circumcised. Many assumed that because this practice was so prevalent, there must be an important health benefit from removal of the foreskin. Many parents wanted their sons circumcised so that their child wouldn’t appear “different.” But in 1999, following an analysis of numerous scientific and medical studies, the American Academy of Pediatrics issued the following statement: “Existing scientific evidence demonstrates potential medical benefits of newborn male circumcision; however these data are not sufficient to recommend routine neonatal circumcision” (American Academy of Pediatrics, 1999). Since then, the frequency of circumcision in the United States has declined, but for years, the practice was based on mistaken assumptions and cultural biases.
5. *Develop a solid knowledge base so you have reasons and information to support your own beliefs and values.* Do you believe that men who like to dress in women’s clothing are homosexual? Do you believe that most married men have extramarital affairs? Do you believe that access to condoms encourages teenagers to have intercourse? Are these beliefs based on dinner table conversation or talk-show programs? Or perhaps amusing stories from an uncle or a neighbor? Did you read about this in *Cosmo* or *Playboy*? This book will attempt to offer you the most *current scientific knowledge* about these issues and many others. The goal is for you to have a cur-

rent, solid knowledge base for your beliefs and values.

6. *Try to evaluate the quality of arguments, evidence, or claims.* In 1990, a physician in Atlanta and a second in Mexico City claimed that they could cure HIV (human immunodeficiency virus) infections by heating and replacing the blood of infected individuals (“Once Rejected AIDS Treatment Resurfaces,” 1994). At what point should AIDS patients, physicians, the general public, and you accept this claim? The Atlanta patient was later found not to have HIV, the Mexico City patient died, and no other physicians could duplicate their results. However, recently (Steinhart et al., 1996), a variation of this treatment was tried again with fairly good results. Should this claim be accepted now? At what point, and under what circumstances, should other scientists or you accept any claims of a cure or improvement due to new procedures or technologies?
7. *Be open-minded: make room for new information that contradicts old beliefs.* Many people assume that gay men and lesbian women do not have children. However, researchers found that about 25 percent of lesbian women have children from previous relationships with men. More recently, with the greater availability of artificial insemination, changing values within the lesbian and gay communities, and new adoption policies (including easier international adoptions), the

attitude	a positive or negative evaluation of some “object” (person, group, idea, behavior, etc.)
sexual double standard	belief that certain behaviors are acceptable for one gender but not for the other
gender	a societally constructed status to which one is assigned (boy or girl, woman or man)
sex	a biological status (female or male), typically based on the appearance of one’s genitals
transvestism	dressing in the clothing and ornamentation usually associated with the other gender
transsexualism	intense and prolonged psychological discomfort with one’s sexual anatomy, often to the degree that one seeks surgery to “correct” the condition

percentage of lesbian women and gay men who have children is rising substantially (Patterson, 1994, 1995). What about the popular belief that rapists are mentally ill? Or the belief that men cannot care for infants as adequately as women can?

8. *Don't oversimplify or overgeneralize.* We all rely on our own personal experience to make judgments and come to conclusions. However, this can lead to erroneous thinking and even dangerous behavior. In the past, many believed that the most common rape scenario was when a deranged stranger attacked a woman in a dark, deserted area. We now know that most rapes are committed by dates and acquaintances (Koss, 1992, 1993).

What about the following examples of knowledge gained by personal experience? “My neighbor Jane is only thirteen years old and is pregnant. Nowadays, teenagers tend to be very promiscuous.” Or what about the women and men on a recent talk show: “They all had terrible eating disorders and they all said they were sexually abused when they were kids. People with eating disorders have been sexually abused when they were children.” It is important not to generalize from these personal “stories.” These are **anecdotal reports**; they might be very vivid and personally meaningful, but they do not tell us what is happening to *most* people.

anecdotal reports	stories of individual experiences or observations that may or may not be representative
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SUMMARY

1. Our sexuality includes our biological sex, reproductive roles, gender roles, sensual and sexual pleasure, the initiation and maintenance of intimate relationships, lifelong sexual expression, problematic sexual expression, and concern about sexually transmitted infections.
2. Typical sources for our personal sexual knowledge are our peers, parents, media, and schools, and our own experiences. This text will emphasize scientific inquiry as a useful source for learning about sexuality.
3. Although our sexuality emerges from our biological and psychological selves, it is shaped by many environmental forces. These include various social institutions (cultural norms, family, religion), and social changes.
4. The sexuality scholar depends on historical accounts, cross-cultural comparisons, and scientific research methods to understand human sexuality.

5. Historical information from Mesopotamia, North Africa, the Middle East, Asia, ancient Greece and Rome, the Christian West, the Victorian Age, and the decades since the second wave of feminism reveals a wide variety of prescriptions and proscriptions for sexual behavior.
6. The scientific methods used to study sexuality include surveys, naturalistic and laboratory observation, experimentation, correlational studies, and clinical research. Each method has its own strengths and weaknesses.
7. There are several important ethical principles that guide the activities of sexuality educators, practitioners (counselors, therapists and supervisors), and researchers. The welfare of the student, trainee, client/patient, and research participant is protected through standards for such things as professional competence, avoidance of harm, informed consent, no sexual intimacies, freedom from coercion, confidentiality, accuracy in instruction, and institutional approval for research projects.
8. Critical thinking involves the avoidance of biases and preconceptions in evaluating information, claims, and arguments.
9. Some general guidelines for critical thinking involve
 - a. understanding the meaning of terms;
 - b. healthy skepticism;
 - c. questioning conventional wisdom;
 - d. identifying assumptions and biases;
 - e. developing a solid knowledge base;
 - f. evaluating the quality of arguments, evidence, or claims;
 - g. open-mindedness;
 - h. looking for alternative explanations; and
 - i. not oversimplifying or overgeneralizing.

CRITICAL THINKING CHALLENGES

1. How have your attitudes about sexuality been influenced by your family? Your religion? Your friends? Your culture? Try to identify ideas you hold where more information might affect your thoughts or opinions.
2. Locate a recent article about a sex-related topic in a newspaper, magazine, or the Internet. Read it critically, asking yourself the following questions: What is the purpose of the article? Does it provide accurate information? What could I do to confirm its accuracy? How will this information be used?
3. Imagine that you are a sexuality researcher. What type of study would you plan? How would you present your project to a granting agency? To the public? What are some of the technical difficulties with your method that you should consider?