Human Sexuality
Handout

Sex means different things to different people. For some people, it’s a sport, for others it’s an oppressive duty, for some it’s recreation, for others it’s business. This handout will take a look at how we express our sexuality and how this affects our adjustment.

Becoming A Sexual Person:

How people express their sexuality differs from person to person. Some people have difficulty in expressing themselves, while others can express their sexual urges with abandon, engaging in casual sex with great ease.

Key Features of Sexual Identity:

Sexual Identity - refers to the complex of personal qualities, self-perceptions, attitudes, values, and preferences that guide one’s sexual behavior. In other words, your sexual identity consists of your sense of yourself as a sexual person. This conception of sexual identity includes four key features: your sexual orientation, body image, sexual values and ethics, and erotic preferences.

Sexual Orientation: Heterosexuals seek emotional-sexual relationships with members of the other sex. Bisexuals seek emotional-sexual relationships with members of both sexes. Homosexuals seek emotional-sexual relationships with members of the same sex.

Body Image: Your body image is your perception of your physical appearance (whether accurate or not). A positive body image is correlated with greater sexual activity and higher sexual satisfaction. The increase in plastic surgeries to enhance certain body features testifies to the importance of body image.

Sexual Values and Ethics: All cultures impose morality-based constraints on expected sexual behavior. We are trained to believe that certain expressions of sexuality are “right” while others are “wrong.” Messages about sex come from our parents, peers, schools, religions, and the media. As with other aspects of socialization, the nature of the sexual messages we receive from these sources often varies with our sex, race, ethnicity, and socio-economic status. For example, the double standard encourages sexual experimentation in males but not in females.

Erotic Preferences: People differ in what they find enjoyable. One’s erotic preferences are one’s personal tastes in sexual activities. This shaping process encompasses a complex interplay of physiological and psychosocial influences.

Physiological Influences:

Hormones and Sexual Differentiation: Hormones play an important role in the process termed sexual differentiation. Around the third month of prenatal development, different hormonal secretions begin to be produced by male and females gonads - the sex glands. In males, the testes produce androgens, the principal class of male sex hormones. Testosterone is the most
important of the androgens. In females, the ovaries produce estrogens, the principal class of female sex hormones. With the arrival of adolescence, hormones once again play a key role in sexual development. Adolescents attain reproductive capacity as hormonal changes stimulate the maturation of the sex organs. Hormonal changes also regulate the development of secondary sex characteristics (physical features that distinguish the sexes but are not directly involved in the reproduction).

**Hormones and Sexual Behavior:** Hormonal fluctuations regulate sex drive. Androgen levels seem related to sexual motivation in both sexes. High levels of testosterone in female and male subjects are correlated with higher rates of sexual activity.

**Psychosocial Influences:** Sexual identity is shaped by families, peers, schools, and the media.

**Families:** Parents and the home environment can affect the development of sexual identity throughout life, but they are especially influential in the early years. Parental reactions to sexual exploration and curiosity can have a telling impact on a child’s feelings about sex. Some parents respond to youngsters’ sexual exploration with horror and dismay. These sorts of reactions tend to convey the message that sex is “dirty.” Parents who are uncomfortable with their sexuality can pass that discomfort on to their children. When it comes time for more systematic sex instruction, many parents have difficulty talking with their children. Adolescents’ attitudes toward sexual conduct are more similar to their parents’ attitudes when they are raised in families that encourage open sexual communication. Parents who make sex a taboo subject reduce their influence on their child’s evolving sexual identity. As a result, their children turn elsewhere to seek information about sexuality.

**Peers and Schools:** Friends are by far the principal source of sex information for both males and females. Friends may be ill informed themselves, so one’s peer group can be a source of highly misleading information.

Schools may influence sexual identity through sex education programs.

**Media:** Books and magazines are another major source of information on sex. Unfortunately, many of these publications perpetuate myths about sex and miseducate their young readers. Although youngsters may pick up the facts of life from reading materials, music and television may have more impact on their sexual ethics. Although erotic materials do not appear to incite overpowering sexual urges, they may alter attitudes in ways that eventually influence sexual behavior.

**Gender and Sexual Orientation Differences in Sexual Socialization:**

Adolescent boys are encouraged to experiment sexually, to take the initiative in sexual activities, to strive for immediate sexual gratification, to separate love and sex, and to enjoy sex without emotional involvement. These experiences make it less likely that boys will experience sex solely, if at all, in the context of love and other tender emotions. As a result, sex has a greater variety of meanings for men. That is, they may emphasize “sex for fun” in casual relationships and reserve “sex with love” for committed relationships.
Adolescent girls are usually taught that love “provides both the justification and meaning for sex.” They learn about romance and the importance of physical attractiveness and catching a mate. It is not until women actually begin to have sexual experiences that they see themselves as sexual persons. The process of sexual socialization appears to take longer in females than in males. One reason is sexual guilt. That is, while social norms encourage males to be sexually active, they typically discourage this behavior in females - sexually active women may be looked on as “sluts” or “easy targets.” Because of these gender differences in sexual socialization, males and females are likely to enter relationships with different expectations, especially during adolescence and early adulthood. Because of these different views of sexuality, males and females are likely to be out of sync regarding relationships and sexuality, particularly in adolescence and early adulthood. Because of the effects of earlier socialization, apparently it is not until adulthood that men become comfortable with emotional intimacy and commitment, and that women become comfortable with themselves as sexual persons.

Homosexuals seem to take longer to recognize their sexual orientation than heterosexuals. One reason for this time lag is the assumption that heterosexuality is universal. Another reason has to do with the stigma associated with homosexuality. A third reason is that homosexuals report both same and other sex erotic arousal and sexual behavior during adolescence and early adulthood. Identity development in gay men and lesbian women is as follows:

1) Initial awareness of same-sex erotic desires
2) Reconciliation of sexual orientation with negative societal attitudes
3) Exploration of gay and lesbian subcultures
4) Disclosure of sexual orientation to others

Interaction In Sexual Relationships:

Motives Underlying Sexual Interactions: What motivates us to engage in sexual encounters?

* Affection - A longing for love, closeness, and physical and emotional union
* Lust - A passion for intensifying and gratifying sexual desires
* Duty - A feeling that it’s our responsibility to have sex or to keep our partner from being frustrated
* Boredom - The use of sex to enhance a dull environment or routine activities
* Mending Wounds - The use of sex as a way of “making up”
* Accomplishment - The wish to have sex as often as we think everyone else does, and to break records with our “scores”
* Recreation - Having sex for fun and games
* Self-Affirmation - The acting out of our perceived sexual identity so that the other will notice and approve of it.

Sexual Scripts - culturally programmed sets of expectations about the way various social interactions should evolve. In the traditional religious script, sex is acceptable only within marriage. In the romantic script, sex means love. If we grow in love with someone, it’s OK to “make love,” either in or out of marriage. In the sexual friendship script - people who are friends can also have an intimate sexual relationship. In the casual/mutual horniness script - sex is defined as recreational fun. In the utilitarian-predatory script, people have sex for some reason other than
pleasure, reproduction, or love. The reason might be economic gain (as in prostitution), career advancement, or power.

**The Sexual Response Cycle:**

1) Excitement phase - initial phase of excitement, usually escalates rapidly  
2) Plateau phase - arousal continues to build but at a slower pace  
3) Orgasm phase - sexual arousal reaches its peak intensity and is discharged in a series of muscular contractions that pulsate through the pelvic area  
4) Resolution phase - the physiological changes produced by sexual arousal subside.

**Sexual Arousal and Satisfaction:** (erogenous zones - areas of the body that are sexually sensitive or responsive). Techniques for achieving sexual arousal: fantasy, kissing and touching, self-stimulation, oral and anal sex, intercourse.

**Practical Issues in Sexual Activity:**

**Contraception:**

Barriers To Effective Contraception - 1) they must define themselves as sexually active, 2) they must have accurate knowledge about fertility and conception, 3) their chosen method of contraception must be readily accessible, 4) they must possess the motivation and skill to use the method correctly and consistently.

Selecting a Contraceptive Method - A rational choice requires accurate knowledge of the effectiveness, benefits, costs, and risks of the various methods. The ideal failure rate is the estimated probability of conception when the technique is used correctly and consistently. The actual failure rate is what occurs in the real world, when users’ negligence is factored in. 
Contraceptives are a joint responsibility. The two most widely used birth control methods in the Western world are: oral contraceptives (i.e. the pill) and condoms.

**Sexually Transmitted Diseases:** (STD) is an illness that is transmitted primarily through sexual contact. There are about 20 sexually transmitted diseases. Some of them, such as pubic lice, are minor nuisances that can be readily treated. But are severe, difficult-to-treat afflictions such as syphilis (which can cause heart failure, blindness, and brain damage if it isn’t detected early, and AIDS.

Six points to keep in mind regarding STD’s:

1) You should consider any activity that exposes you to blood, semen, vaginal secretions, menstrual blood, urine, feces, or saliva as high-risk behavior unless you and your partner are in an exclusive relationship and neither of you are infected.  
2) The risk of contacting STD’s is clearly related to the number of sex partners one has. The more numerous your sex partners, the greater your chances of exposure to a sexually transmitted disease (STD).  
3) Don’t assume that the labels people attach to themselves (heterosexual or homosexual) accurately describe their actual sexual behavior.
4) People can often be carriers of sexually transmitted diseases without being aware of it.
5) Even when people know they have a sexually transmitted disease, they may not remain abstinent or inform their partner.
6) Engaging in anal intercourse puts one at a very high risk for AIDS. Rectal tissues are very delicate and can easily be torn, so that the virus can pass through the membrane. Oral-genital sex may also transmit AIDS particularly if the semen is swallowed.

Prevention:

Abstinence is the best way of reducing the risk of acquiring an STD. Short of this, the best strategy is to engage in sexual activity only in the context of a long-term relationship so that you have an opportunity to get to know your partner well. Use safe sex approaches: because AIDS can be transmitted through anal sex, try to avoid this type of sex, use rubber condoms if you will not be in an exclusive relationship (never use oil-based lubricants with rubber condoms; use water-based lubricants instead), the spermicide nonoxynol 9 has been found to be relatively effective in killing the AIDS virus. Use with a condom, wash your genitals with soap and water, urinate soon after sex, watch for soars, etc, be leery of a person with several partners.